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**ALCOHOLISM, FAMILY PATTERNS AND PERSONAL PROJECTS:
A CRITIQUE OF THE 'HIGH RISK' RESEARCH STRATEGY**

by

GORĐANA ELJDUPOVIC-GUZINA, B.A.

**A thesis submitted to
the Faculty of Graduate Studies and Research
in partial fulfillment of
the requirement for the degree of**

Master of Arts

Department of Psychology

Carleton University

Ottawa, Ontario

August 30, 1994

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ALCOHOLISM, FAMILY PATTERNS AND PERSONAL PROJECTS:
A CRITIQUE OF THE 'HIGH RISK' RESEARCH STRATEGY

submitted by Gordana Eljdupovic-Guzina, B.A.
in partial fulfillment of the requirements for the degree of Masters of Arts

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Thesis Supervisor

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Chairman, Department of Psychology

Carleton University

September, 1994

Abstract

The study compared the 'high risk' strategy approach to studying alcoholism with alternative views which question some of its assumptions. From the 'high risk' strategy viewpoint, it was hypothesized that the 'high risk' group (characterized by the presence of family history of alcoholism) would manifest a lower quality of family environment and more 'struggle' with current life, as measured via personal projects, evidence of alcohol abuse and lower general well-being, compared to the 'low risk' (absence of family history of alcoholism) group. From the alternative view point it was expected that family history of alcoholism would not influence characteristics of current life (personal projects, drinking problems and general well-being) and that family environments of the 'high' and of the 'low' risk group would not differ in all aspects. Under this view, current drinking habits might be seen to result from some specific characteristics of the family environment and/or from a dissatisfying current life.

The study also explored whether a family history of alcoholism effects women and men similarly. If women from the 'high risk' group tend to react more with depression to a positive family history of alcoholism while men tend to react by drinking excessively, than it was expected that men from the 'high risk' group would drink more than women and that women from the 'high risk' group would be more depressed.

Differences between the 'high' and the 'low' risk group were assessed by a series of analyses of variance. Regression analyses were employed to examine the second set of hypotheses and assess how much weight should be given to the family 'heritage' and characteristics of present life when predicting alcohol abuse and/or general life satisfaction.

The results of the study support some of the assumptions of the 'high risk' strategy approach. Subjects from the 'high risk' group tend to have more problematic drinking patterns than those from the 'low risk' group. Some aspects of the family environment of the 'high risk' group seemed to be more troubled than those of the 'low risk' group. However, there were no differences between the risk groups on other aspects of the family environment, personal projects domains and general life satisfaction. No gender differences were found in relation to the risk groups. None of the variables assessed in the study significantly predicted the subjects' own drinking habits, thus neither set of hypotheses was confirmed in this respect. However, results showed that in contrast to the 'high risk' strategy, specific family environment domains as well as personal projects domains seem to strongly predict general well-being over and above parental drinking.

Implications and limitations of the study were discussed.

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Introduction

It is often believed that the number of alcoholics should be multiplied by five in order to assess the number of people affected by alcoholism (Paolino & McCrady, 1977, p. 4). These people are usually considered to be members of the alcoholic's family. Just like the alcoholic him/herself, family members could also be affected by his/her alcoholism in terms of their physical health, psychological and social functioning. Children of alcoholics have been extensively studied from many different perspectives. For example, the self-help literature identified the Adult Children of Alcoholics as a specific group. It suggests that children whose parent (or parents) were alcoholics develop specific traits in order to 'survive' and to adapt to the long term, highly stressful family dysfunction. These people tend to maintain these characteristics and to continue to perceive the world and themselves in the same way even at the age of adulthood. On the other hand, literature also points out the phenomenon of resiliency i.e. that some children of alcoholics do not manifest any of the characteristics associated with either children of alcoholics or adult children of alcoholics and that these people seem as 'normal' as everyone else.

Another way in which the children of alcoholics have been studied is in terms of their own development of alcoholism. Many studies strongly suggest that children of alcoholics are more likely to become alcoholics than children whose parents were not alcoholics. Thus it has been often stated that 'alcohol runs in the family' and many researchers agree on that. However, it seems much harder to determine and agree on the factors which underlie the transmission of alcoholism in the family. These factors could range from very broad ones, such as the socio-economic status of the family to very specific ones, such as 'genetic markers' which are being transmitted from one generation to another.

The general research strategy for studying these factors is often referred to as the 'high risk' strategy or the 'familial alcoholism paradigm' (Alterman & Tarter, 1983). This strategy identifies and compares 'high' and 'low' risk group on various dimensions. The 'high risk' group is characterized by a positive family history of alcoholism (FH+) whereas the 'low risk' has the negative family history of alcoholism (FH-). Relatives' alcoholism is usually determined on the basis of the subjects' report which sometimes raises the question of the validity of the results. Another characteristic of the 'high risk' strategy which could create difficulties is that the meaning of the positive family history of alcoholism varies across studies. As Alterman and Tarter's review (1983) of the 'high risk' strategy research shows, positive family history of alcoholism could refer to a very broad and nonsystemic grouping of relatives-alcoholics. Mixing of first and second degree relatives sometimes occurs which means that a 'high risk' group could consist of people whose parents are alcoholics but also of those whose grandparents or uncles and aunts (but not parents) are alcoholics as well.

Within the 'high risk' or 'familial alcoholism paradigm' some researchers tend to design their research and interpret results in favor of genetic factors. Their research strategy is usually directed towards examining various differences in physiological processes and in reactions to alcohol between the 'high risk' and the 'low risk' group. (Wilson, Tate & Sitar, 1993; Sher & Levenson, 1982; Schuckit, 1979). Differences in these physiological reactions to alcohol as well as in metabolic processes are believed to reflect a genetic predisposition for developing alcoholism.

Another way of examining the impact of a family history of alcoholism on the offspring is to analyze their current 'drinking status.' Thus, studies of twins brought up separately (Goodwin, 1976), and of adopted and nonadopted sons of alcoholics (Goodwin, Schulsinger, Moller, Hermansen, Winokur & Guze, 1974)

all suggest that genetic predispositions seem to be the leading factor in offspring's alcoholism and that environment appears to be of minor relevance.

Contrary to the studies mentioned so far which clearly tend to interpret their results in terms of genetic factors, other researchers do not advocate any particular type of relation (nature or nurture) between the family history of alcoholism and the alcoholism of offspring. Rather, they focus on the incidence rate of alcoholism among the children of alcoholics. For example, McKenna & Pickens (1981) explored whether the gender of the alcoholic was related to both or one parent being an alcoholic. Their data suggested that more female alcoholics had parents who were both alcoholics than did male alcoholics.

Another 'high risk' strategy for studying development of alcoholism focuses more on the 'prealcoholic personality' and does not consider the presence/absence of a family history of alcoholism. 'Prealcoholic personality' refers to "personality characteristics of individuals without current drinking problems who later become alcoholics" (Sher & Levenson, 1982, p. 351). These characteristics are believed to lead towards development of alcoholism. An often quoted and 'confirmed' longitudinal study suggests that "...problem drinkers emerge from among the group of boys whose behavior in the school years was rated as undercontrolled, assertive, rebellious, pushing the limits and overtly hostile" (Jones, 1968, p. 10).

Some research has studied the combination of 'risk factors': the personality characteristics or tendencies as well as the family history of alcoholism. Saunders & Schuckit (1981) showed that, compared to the nonalcoholic offspring of nonalcoholic parents, the nonalcoholic offspring of alcoholics tend to score higher on one of the 'recognized' devices for detecting future alcoholics (MAC - MacAndrew Alcoholism Scale). In another study, Schuckit, Gunderson, Heckman & Kolb (1976) compared three groups: alcoholics, nonalcoholic offspring of alcoholic parents and nonalcoholic offspring of nonalcoholic parents and

concluded that the second group "suggests a prealcoholic picture" since it was more similar to the alcoholic group than to the comparison group in terms of higher rate of alcohol problems. However, the same study showed that when compared on some other characteristics, nonalcoholic offspring of alcoholics were closer to the nonalcoholic offspring of nonalcoholics (for example, these two groups did not differ in terms of the quantity of alcohol consumed). This raises questions concerning the interpretation of these findings. This study also showed concordance with other studies which suggest that the offspring of alcoholics manifest 'prealcoholic characteristics' such as aggressiveness, impulsiveness, antisocial tendencies etc. In another study, Schuckit & Rayes (1979) showed that young men with alcoholic first-degree relatives had more alcohol, drug and psychiatric problems. They were also significantly more depressed than the control, 'low risk' group.

All the research reviewed so far supports the notion of a 'high risk' group. There are however, certain limitations and drawbacks of this research. In describing these, the rationale for this study will be presented at the same time. As to my own understanding of alcoholism, I tend to feel close to Shaffer and Robbins' point of view. They state that "an immature field like the addictions... has not experienced sufficient revisions to recognize addiction as a metaphor. Rather than recognizing facts as standardized opinions ... some contemporary addiction treatment specialist view facts as carved-in-stone reality. ... Explanations of addictive behavior are constructs, ideologies, or ways of making meaning" (1991, p. 401) and at different times and in different contexts, different theoretical models can be successfully utilized.

Placing someone in a 'high risk group' on the basis of his/her family history of alcoholism leads us to assume that this 'risk factor' represents a homogeneous category. Studies which select their 'high' and 'low' risk groups on the basis of this

very general criterion usually did not look into any other aspects of family functioning which could easily lead them to biased interpretations of the obtained results.

For example, Goodwin's study suggested that "the severity of parental alcoholism (measured by the number of hospitalizations) ... may be a factor in the 'transmission' of the illness" (1974, p.168) as opposed to the 'mere exposure to the alcoholic parent' which did not at all contribute to the offspring's development of alcoholism in this study. Goodwin suggested that these findings speak in favor of the genetic transmission of alcoholism and that they show "how little the 'environment' appeared to contribute" (p.169). There is no reason to argue against the idea that alcoholism could be genetically transmitted as Goodwin suggests. However, there is also no reason to believe that environment does not contribute considerably only on the basis of his finding that the length of offspring's exposure to the alcoholic parent was not significantly related to their development of alcoholism. Goodwin's study (and almost all the others mentioned so far) did not look into any other aspects of the family functioning to which the offspring was also exposed.

Some studies (Reiss, 1981; Wynne, Jones & Al-Khayyal, 1982) show that it could be a mistake to think only in terms of dysfunction when looking at families in which one member manifests symptoms (in this case alcoholism). The title of Wynne et al.'s article ("Healthy Family Communication Patterns: Observations in Families 'At Risk' for Psychopathology") suggests that other patterns of functioning could also be present in 'dysfunctional' families. Perhaps the offspring of alcoholics whom Goodwin studied did not develop alcoholism because during their lengthy exposures to their alcoholic parents, they were also exposed to 'healthy communication patterns' that were present in these families in spite of alcoholism.

Goodwin's findings can also be viewed from another perspective based on family studies. Goodwin concluded that the alcoholism of the offspring of alcoholic parents is mostly due to genetic transmission because offsprings' alcoholism is significantly related to the severity of parental alcoholism. Steinglass, Bennett, Wolin & Reiss, (1987) showed that the repetition of the alcoholic pattern in the next family generation is related to the degree to which various areas of family life have been disturbed by the presence of alcoholism in one of its members. This would suggest an alternative explanation for Goodwin's findings. Families with more areas of impaired functioning might have been the ones from which severe alcoholics come as well as their offspring, independent of any genetic cause. Again, this is not to say that studies on genetic transmission of alcoholism are not valid but rather to point out that if we take parental alcoholism as the sole general criterion of the risk factor, we may attribute much more weight to genetic factors than is justified. When we consider family history of alcoholism as a risk factor we might be actually talking about very different family settings, or to paraphrase Steinglass et al., we can say that not all alcoholic families are equally alcoholic.

The phenomenon of resilient children (Werner, 1986) also points out that a 'high risk' group selected only on the basis of the family history of alcoholism is not necessarily homogenous. Some people clearly manage to have a 'normal' and 'healthy' life (as resilient children are defined) in spite of their 'dysfunctional' families. Resiliency is another reason for advocating a closer look into alcoholic family dynamics. As has been already suggested, there might be some specific family functioning dimensions that may account for resiliency in dysfunctional (alcoholic) families and some others which may be related to the repetition of alcoholic pattern in the next generation i.e. carrying on the family dysfunction. Not focusing on diversities within the family history of alcoholism within the high

risk group denies us the opportunity to draw more specific conclusions about what is happening in the alcoholic family that might be related to the offspring's repetition of the family pattern generally and specifically with regard to alcohol (ab)use. Steinglass et al. state that "the impact of alcoholism may be largely determined by characteristics of the family environment" (1987, p. 14) which suggests that we should look into it more closely when using 'family history of alcoholism' as a risk factor. Steinglass et al. (1987) suggest some very specific dimensions that are related to this point, as will be detailed bellow.

Although there is a high percentage of alcoholics with an alcoholic family background, it should be kept in mind that there are many alcoholics who do not have that heritage. Thus they would not be a part of the 'high risk' group if we were to follow the alcoholism family paradigm i.e. select them on the basis of family history of alcoholism. Since it has already been suggested that family history of alcoholism might mean very different things (different constellations of healthy as well as unhealthy patterns of family functioning) and since it nevertheless makes sense to assume that each person acquires certain characteristics and orientations in life to which he/she has been exposed in his/her family of origin, it makes one wonder whether the alcoholism of those who come from non-alcoholic families is related to some other dysfunctional patterns that were present in their families of origin. If there are healthy dimensions in unhealthy families which account for resiliency of its offspring, maybe we can ask whether there are any 'unhealthy' dimensions in 'healthy' families which account for alcoholism in its offspring (although until that generation there was no alcoholism in the family).

So far it might seem that if only we could find 'dysfunctional' and/or 'functional' patterns in either alcoholic or non-alcoholic families we would be able to explain or even predict whether the new generation in the family will repeat

alcoholism (dysfunctional patterns) in the family, develop it for the first time or whether they would be considered resilient. However, if we look at the research on resiliency again it will make us wonder how much weight should be given to the past family history when looking at one's current or future life. Research shows (Garnezy, 1974; Werner, 1986) that current, extrafamilial relations and tasks also greatly contribute to the resiliency of some people from 'dysfunctional' families. It seems that something could be learned from this and applied to studying the 'high risk' offspring of alcoholic parents. We need to know much more about the 'high risk' groups' current lives in order to better understand how much importance we can contribute to their past when dealing with our findings. Cahalan's study on 'Problem Drinkers' (1970) supports this suggestion since he showed that a significant change in drinking habits occurs within a fairly short period of time and it is related to the situational and current experiences of the person. Interestingly enough, this very extensive and often quoted study did not even look at the alcoholic heritage of its subjects!

Cahalan's finding that the period of time within which one might change his/her drinking habits could be rather short reminds us of another phenomenon which also points out limitations of the 'high risk' concept. How does the phenomenon of 'maturing out' relate to this? Although manifesting 'symptoms of alcoholism' some people manage to eventually 'mature out' of it without any help and without any consequences. This is particularly present in the life stage which corresponds to the university students' population. Peele (1989) points out that many people at that age could be recruited as alcoholics and/or drug addicts given their 'experimenting' with various substances and yet, many of them will within a short period of time spontaneously give up this 'habit'. What can we conclude if we 'discover' that an adolescent whose parents have drinking problems also drinks excessively? Shall we say that it shows support for the 'high risk' paradigm

because he/she is repeating his/her parents' pattern? Or that he/she is doing what a fairly high percentage of his/her peers are also doing and that he/she will eventually 'mature out' of it? We do not know.

It seems that the only solution to this question would be to follow subjects over a longer period of time which most of the studies of 'high risk' groups do not do. However, the phenomenon of 'maturing out' should not discourage us from taking 'snap shots' and 'freezing' things in order to understand them better, but it should remind us to be careful in drawing conclusions.

If we go back to the suggested idea that the strategy of studying only the 'high risk' group might end up ascribing too much importance to the past, one can argue that the high risk research which uses 'prealcoholic personality characteristics' as a risk factor manages to escape this danger since it is looking at present characteristics of the potential alcoholic. We can agree with that although there are other serious drawbacks of determining certain characteristics as 'prealcoholic personality' and consider them to be a risk factor. It seems that these prealcoholic personality characteristics are often 'hanging in the air' since we do not know anything about their context, that is, the overall current life of the subjects from the 'high risk' group. What do these characteristics mean to the subjects who 'have' them? How are they related to their other tendencies and characteristics, current life preoccupations and striving as well as to the more 'objective' characteristics of the situation they are in?

Schuckit reported (1979) that the high risk group tended to score higher on depression which was related to their drinking and which was further interpreted as another indication that this group is more prone to psychiatric problems. In some instances this might be so, but the meaning of 'scoring high on depression' may well differ in different contexts. One might be depressed because there is a bad fit between his/her characteristics and those of the environment he/she is in.

Sometimes, scoring high on depression might be even a good sign. For instance, maybe some of those students who were Schuckitt's subjects managed to create such relationships with their peers that they felt safe enough to work through some issues and concerns which were 'forbidden' or hidden while living with their parents. In other words, it seems that we should be looking at current lives of the 'high risk' group but we should make sure that characteristics we are looking at are not pulled out of context. This seems to be very important since we might end up relating our findings to something that makes sense to us but not necessarily to our subjects i.e. the context of their life.

In spite of many drawbacks of the 'high risk' strategy in studying alcoholism, it still seems worthwhile pursuing it. Problem drinking is considered to evolve gradually over a long period of time and it is believed that when one eventually becomes an alcoholic, he/she is considerably changed, physiologically, socially and /or psychologically. So, as Sher (1985) points out, by comparing alcoholics with a non-alcoholic control group it would be impossible to determine whether anything indicates that these groups were initially different (etiologic factors) or whether their differences are due to the fact that alcoholics changed considerably over the course of their excessive drinking. This is the main rationale for the 'high risk' approach for studying alcoholism and this is why it tends to look at people "who while not yet alcoholics, are hypothesized to be at high risk for the development of alcoholism" (Schuckit, 1980, p. 248).

Functional Aspects of Dysfunctional Families and Vice Versa

So far it has been stated that when looking at the family history of alcoholism it does not seem adequate to determine the risk factor for developing alcoholism only in terms of presence or absence of alcoholism in the family. Family life is very complex and multi-layered and it deserves to be analyzed in

more detail. Although this study will not be dealing with therapy, it seems useful to see how this area views family dynamics and 'pathology' given that alcoholism is considered to be a therapy-related issue, particularly when constructed as a 'disease' or dysfunction.

In the 60's families came to be viewed as systems, which introduced a major shift in that pathology was seen as an interpersonal rather than an intrapersonal phenomenon. The family itself became a unit of analysis and the focus was on specific characteristics of the whole unit. These characteristics could not be reduced nor ascribed only to some members of the family. They referred to the interaction that existed between them and which maintained the family as a system. When one's 'dysfunction' or symptom started to be viewed in the context of his/her family the symptom acquired a new meaning. It has been pointed out that the symptomatic behavior was an integral part of everyday behavior, feelings and beliefs of all family members. No matter how sudden or strange one's symptom could seem at first sight, when viewed in terms of family dynamics and patterns it became clear that the family was organized in such a way as to maintain that particular symptom or more generally, to maintain a certain way of its (dys)functioning. This also meant that family members' activities and concerns were organized by and around the symptom in a way which most probably further shaped their orientation towards themselves.

The first enthusiasm with this conceptual tool (system) led researchers and clinicians to search for specific characteristics of families whose members 'have' certain 'pathologies'. Thus there has been considerable research done on so called 'schizophrenic families' (Bateson; Haley; Lindz; Weakland etc. quoted in Hoffman, 1981), 'anorexic families' (Minuchin, Rosman & Baker, 1976), 'drug addict families' (Stanton & Todd, 1982), 'alcoholic families' (Paolino & McCrady, 1977; Steinglass et al., 1987) etc. The main focus was not on the

'pathology' of a particular individual (index case) but rather on pathological patterns, interpersonal relationships in which all family members were engaged and which were understood as maintaining the problem. For example, in 'schizophrenic' families the specific pattern which seemed to maintain schizophrenia seemed to be the so called 'double bind'; in 'alcoholic families' it seemed to be the 'wet' and 'dry' pattern of behavior of its members, etc.

Research also showed that families were not as uniform as has been initially expected i.e. in families whose individual member had the 'same pathology' different patterns could be detected. For example, Minuchin's study on the families of delinquent children demonstrated that the "... label 'delinquent' did not always point to the same kind of family organization" (quoted in Hoffmann, 1981, p. 72) and that "...the same outcome did not necessarily mean the same origin, at least in reference to the context of symptomatic behavior" (ibid., p. 72). Similarly, Steinglass et al.'s study on alcoholic families showed that these families can greatly differ regarding the extent to which they manage to 'preserve' family rituals when their alcoholic member is intoxicated.

Not only is it difficult to categorize families according to the pathology of the individual member and related family patterns, but research also cast doubt on healthy (functional) family and unhealthy (dysfunctional) family distinctions, which further complicates things. Oliveri and Reiss (1982) studied both clinical and non-clinical families in a laboratory setting and determined dimensions of the 'family paradigm' i.e. the family's "... shared mode of perceiving and interpreting their social world" (1982, p. 96). Interestingly enough, the same variability in the family paradigm dimensions was found among both samples, which means that some families from the clinical sample would be described exactly the same way as some families from the nonclinical one.

Similarly, within the communicational domain of family functioning, Wynne et al. (1982) distinguished 'communication deviance' and 'healthy communication' and further showed that the latter could be present in a 'dysfunctional' family. The communicational domain has been defined as the communication which referred to the "domain of the family functioning that is important in providing children with a model for developing the cognitive capacities of attending, focusing, remaining task oriented and communicating ideas and feelings clearly and directly" (1982, p. 145). It was further suggested that a well functioning communicational domain could account for resiliency of 'dysfunctional' families' offspring. No matter how contrary these results seem, what is important is that the systemic perspective made it possible to refocus away from the intrapersonal towards the interpersonal domain when looking at pathology. Observations were directed towards patterns and relations rather than isolated elements.

Patterns of family functioning can be viewed at different levels and in different ways. It seems helpful to follow Sluzki's suggestion that there are three "core orientations in the field of family therapy...mutually nonexclusive 'translations' of the systemic paradigm" (1983, p. 469). These three models use different variables and constructs when viewing the family but they all nevertheless emerge from the same perspective.

The first model Sluzki calls 'process oriented' and it tends to focus on family rules defined as "self perpetuating patterns,... that increase the chance that a given sequence of behavior will occur.." (1983, p. 470). There is a specific rule, or we might even call it a meta-rule which many authors (Lawson, Peterson & Lawson, 1983; Paolino & McCrady, 1977; Steinglass et al., 1987) consider typical for alcoholic families. It is the cyclic nature of family relations. Depending on whether the alcoholic has been drinking or not the whole family switches from one

way of highly predictable functioning to another. For example, in some alcoholic families when family members see an empty bottle on the table, it will increase the probability that the children will go to their room, cancel their friends' visits, that the non-alcoholic spouse will not set the table for the family meal, that he/she would do the housework by him/herself etc. The empty bottle marked or delineated the context in a certain way. It triggered certain highly predictable patterns of family members' behavior which characterize the 'wet' phase of family functioning.

It should be mentioned that although switching from one set of patterns to another is highly typical of alcoholic families, there are also considerable differences among alcoholic families in this respect. Steinglass et al. conducted interviews and observed families during the 'intoxicated' as well as the 'non-intoxicated' phase and concluded that "introduction of alcohol does not in and of itself lead to a characteristic set of behaviors in each and every family" (1987, p. 152). They further showed that some families could be organized in such a way that the 'empty bottle' would not invade all areas of their life whereas in some it would have such a strong impact that it can, according to Steinglass et al. "shape the entire course of their history" (1987, p. 24).

Another model Sluzki suggests is the 'structure-oriented' which focuses on the boundaries of the family system, hierarchy, distribution of power, authority and mutual expectations in the family. Roles which family members have in their families are also related to this. Literature on alcoholic families, although not necessarily viewing families from the systems perspective, has identified certain roles of spouses, as well as of children of alcoholics. Whalen (quoted in Paolino & McCrady, 1977, p. 37) distinguishes four 'types' of wives of alcoholics: sufferer, controller, punitive and waverer. Wegscheider (quoted in Lawson et al, 1983, p.182) distinguishes the following roles of children and/or spouse in an alcoholic

family: the dependent one, the chief enabler, the family hero, the scapegoat, the lost child, the mascot. Given the dynamic nature of family life, it seems that the particular roles which various authors mention per se are of less importance. What is important is that the notion of roles implies certain patterns, or recursive, repetitive relations. For example, the role of an enabler can exist only if there is someone else who is being enabled. The 'enabler' establishes his/her role by engaging in a repetitive relationship with the 'enabled' and vice versa.

The structure oriented approach also focuses on subsystems and boundaries within the family. It is considered typical for the alcoholic families that the 'executive', parental dyad is often non-functional, and that the absence of boundaries between this subsystem and the children's leads to enmeshment. Thus in alcoholic families the executive dyad often consists of the non-alcoholic parent and one of the children, most often the oldest one. This child is usually the one for whom, in terms of the 'process oriented' approach, the 'empty bottle' indicates that he/she should go to the kitchen and help the non-alcoholic parent with dishes, take care of younger children, etc.

Steinglass et al.'s study on alcoholic families (1987) showed that one of their main characteristics is impaired potential for growth since the family focuses most of its potential on adapting and solving the 'here and now' problems which constantly occur in these families. These families focus on "... short term stability at the expense of long-term growth" (p. 47). In terms of a structure oriented approach we could say that the boundaries of an alcoholic family are rigid and highly impermeable. The family is not flexible and open to new information and experiences that come either from within or outside of the family. These families "... tend to have very low tolerance for uncertainty and emphasize stability and predictability to the possible exclusion of inventiveness and novelty..." (p. 8). Saying that boundaries in an alcoholic family are rigid is the same as saying that

these families tend to have highly predictable patterns of behavior in terms of the 'process oriented' approach, as already mentioned. Thus we can agree with Sluzki that "process is to structure as verb is to noun" or as L. Hoffman states "what one makes explicit the other makes implicit".

The third model which Sluzki suggests is the 'world-views oriented model' which focuses on the belief system of the family which underlies the structure and the processes in the family. "Belief structures ..not only organize the 'raw' reality but organize our behavior" (1983, p. 472). Belief structures are organizing family members' behavior but they are also being organized (maintained) by this same behavior. Thus Sluzki states that "the performance of any interactional pattern evokes the underlying world view", and that "any member of the family is defined as such because he or she shares with the rest a rather specific way of organizing reality" (ibid., p. 473). Needless to say, family members tend to extend their particular way of 'organizing reality' onto other, extrafamilial situations and relationships. However, it is important to note that it is a two way process, "the past shapes the present and vice versa" (ibid. p. 473). In a new relationship participants go through a negotiation process and they search for the best 'fit' which sometimes might mean repetition of family 'rules' and/or roles but sometimes it might give something new which will automatically shed a different light on the previously held 'world views' as well.

Steinglass et al. (1987) addressed the issue of transgenerational transmission of alcoholism by studying family rituals which "... because of their condensed and bounded nature and their ability to symbolize important family characteristics, serve to teach and reinforce for family members the critical components that make up a family's unique identity," (p. 307) or in Sluzki's terms, the world view that members of the family co-create and maintain. If alcohol(ism) manages to shape and organize family rituals, then in order for the family identity

to be continued in subsequent generations, alcoholism as its core element should be also continued. However, as has been stated earlier, alcoholic families differ in the extent to which the alcoholism of their member 'invades' rituals or in the extent to which family members modify their rituals depending on whether the alcoholic has been drinking or not. Steinglass et al.(1987) conducted an extensive 'ritual interview' with 25 families and described three groups: the subsumptive families whose rituals drastically change due to its member's alcoholism; the distinctive in which none of the ritual areas were disrupted; intermediate families in which half of all rituals were effected. It has been further shown that the .." distinctive families are less 'alcoholic' than subsumptive families" (p. 313) i.e. "the greater the change in family rituals during the period of heaviest parental drinking, the more likely the recurrence of alcohol problems in the children's generation" (p. 315).

These findings certainly offer a new perspective on the family dynamic of alcoholic families as well as on the issue of transmission of alcoholism from one generation to another. However, one can ask why does often only one sibling develop alcoholism and the other one not, when they come from the same family in which rituals were organized in the same way? Since Steinglass et al.'s study was based on the systems and interactional perspective, they studied not only the 'senders' (family of origin) side of the story but also the 'receivers' (children's). They have identified a factor which they called 'deliberateness' which "proved to be powerful predictor of alcoholism transmission. Deliberateness refers to a conscious decision made by an index sibling to shape and organize his or her family rituals along very specific lines vis-a-vis the two families of origin (a selective disengagement from the family identity of a family of origin containing an alcoholic parent)" (p.309).¹ Thus, when viewing the impact of alcoholism at the family level, we can see that some families manage to 'wall off' the impact of alcoholism on their family rituals which can prevent alcoholism from becoming

the core of the family identity. "The underlying issue is whether the family is actively behaving in a way that minimizes the potential damage caused by alcoholism" (p. 316). At the individual level we saw that a similar process occurs. One can 'wall off' the 'family heritage'. When studying the transmission of alcoholism Steinglass et al. focused on the new family that children of alcoholics created, but it seems that we could hypothesize that 'deliberateness' could be reflected earlier in one's life.

Given the presented research and a different perspective on family functioning, it seems that identifying someone at 'high risk' for alcoholism because of his/her family history of alcoholism does not tell us much. If we were to relate one's problematic drinking to his/her family of origin, specific dimensions of the family functioning should be explored. It is not enough only to categorize people into 'low' and 'high' risk group on the basis of the presence/absence of alcoholism in their families. It seems that Wynne's suggestion that "dimensionalized rather than categorical approach" (1983, p. 297) brings us closer to understanding risk factors, should be kept in mind. Family patterns may contribute directly to categorization errors. Keeping all of that in mind this study selected the 'high' and the 'low' risk group on the basis of the presence/absence of alcoholism in the family of origin as has been done in many 'high risk' studies so far, but the study also looked at certain dimensions of family functioning of subjects from both groups which will be discussed more in detail further bellow.

Personal Projects Analysis

It has been suggested earlier that the ways of assessing the personality characteristics of the 'high risk' group might be misleading because they often do not tell us anything about the context nor what they mean for subjects themselves, for the ones who 'have' these characteristics. Personal Projects Analysis (Little,

1983) is an assessment methodology which avoids these difficulties. It was applied in this study in order to explore current lives of subjects from the 'high' as well as from the 'low' risk group.

Personal projects represent personal action constructs or extended sets of personally relevant actions. They "...could be regarded as middle level constructs" (Little, 1992) and in that sense they reflect both the specific, behavioral aspects of our actions as well as our core values. They represent the 'meeting point' of all three fundamental aspects of personality: cognitive, conative and behavioral. Thus a very concrete project such as 'doing laundry' as well as a general and somewhat everlasting project such as 'finding the meaning in my life' equally reflect all of these aspects. Projects are units of analysis which could represent bigger or smaller slices of one's project system, which could be meaningfully related to each other either from the 'outside'(researchers') perspective or from the 'inside'(subjects') perspective. Being inherently intentional i.e. directed towards something, projects necessarily imply the 'outside.' We could call it the environment or one's ecology. Little states, " ... biological, cultural, social, environmental and personal-intentional systems of influence converge on the organism whose overarching survival project is the implementation, reconciliation, and integration of the demands of these competing systems of influence. Personal projects under this model, serve as one way of meeting the adaptational demands imposed upon us by our diverse and competing ecologies....thus, by their very nature, personal projects provide a lens through which to examine not only individuals but their enveloping contexts" (Little, 1992, p. 505).

One's projects form a system, so they are never isolated nor do they happen in the vacuum. They are interrelated and '..may overlap in content or share or compete for time and resources" (Omodei & Wearing, 1990, p. 764) in addition to being related to more than one context. One way of looking at the context of a

project is in terms of a hierarchy of projects. In that sense some projects can be designated as the 'core ones' whereas others can be seen as more peripheral. Projects can also be studied in terms of their relationship with each other. In that sense, a project system can be described in terms of its balance. We could say that a project system tends to be unbalanced if one is mainly pursuing only certain type of projects and leaving other areas (ecologies or memberships) of his/her life unattended to. On the other hand it seems that for a more balanced projects system, some kind of an acceptable 'trade off' has to occur. A third way of looking at projects' context is in terms of interpersonal relationships. One's project system is likely to be related to the project systems of his/her significant others. There may be a tension between members' project systems if expansion of one member's system occurs at the expense of the others. If we go back to Steinglass's findings on alcoholic families and rephrase them in terms of projects, we could say that alcoholic families differ on the extent to which the alcoholic's project 'to drink' expands at the expense of other family (members') projects.

Projects are "framed within and often engendered by the individual's immediate and historical contexts" (Little, 1992, p. 503). It seems that this definition could be a starting point for exploring the relationship between family patterns to which one has been exposed as well as those co-created with other members of his/her family on one hand and his/her current life on the other. This definition recognizes the importance of one's 'history' as well as the immediate, new and different context one is a part of which could range from specific cultural values and expectations to very basic, physical characteristics of the environment. It is very important to keep in mind the significance of one's current life context since one does not engage in a project only on the basis of his/her 'inner' needs nor on the basis of his/her 'history' but also as a function of the affordance of a situation or of what is available 'out there'.

Personal Projects Analysis (PPA), the methodology for assessing personal projects, is based on the credulous approach which means that the subjects are considered to know the best about what they are 'up to' as well as to be the best judges of what they feel about their own projects. This assessment postulate is contrary to the one which ascribes certain characteristics to subjects according to the 'outside' observer's or researcher's point of view. The latter has been more often used in the 'high risk' strategy research and the drawbacks of that strategy have been already discussed on previous pages.

Steinglass et al.'s study on alcoholic families (1987) showed that it is of great importance to considering how one frames his/her current life when studying the transgenerational transmission of alcoholism. They identified 'deliberateness' as a powerful factor which refers to one's conscious decision not to shape his/her life similarly to his/her parents (alcoholics). It seems that credulous approach corresponds to this concept which further justifies applying Personal Projects Analysis as an assessment methodology for studying current life of the 'high' and the 'low' risk groups.

Personal Projects Analysis allows studying projects in respect to their contents. Depending on the general type of activities and/or concerns involved in each project, projects could be classified as occupational, intrapersonal, leisure, etc. It has been suggested earlier that it is of great importance to look at the context and the subjects' own meaning of certain experiences which researchers often tend to define as 'signs' of depression. It seems that project analytic approach and exploring personal projects contents would enable a contextual approach to studying these experiences. It was shown that the frequency of intrapersonal projects could have both depressogenic as well as adaptive consequences. These projects represent "... the self relevant aspects of one's unfolding life", such as, "to control my temper better" or "to work through my

feelings about my parents' divorce" (Little, 1993, p. 34). Howe (1986, quoted in Little, 1993) showed that the high proportion of intrapersonal projects in one's projects system is related to depression. However, it was also shown that intrapersonal projects are related to Openness of Experience and that they could have a very positive meaning for subjects. In that case an intrapersonal project which could be interpreted as depression related when viewed from outside could be actually adaptive when viewed from within.

In PPA subjects are asked to list their projects and then choose 10 which they would further rate on certain dimensions. There are 18 dimensions which are used in the standard PPA methodology which form five themes or "core central domains of projects" (Little, 1993, p. 19): project meaning, structure, community, efficacy and stress. "Project meaning dimensions tap whether one's pursuits are seen as worthwhile or worthless. Project structure dimensions assess the extent to which projects are organized or in disarray. Project community dimensions evaluate the extent to which projects are both known and supported by others. Project stress dimensions question whether the demands of our projects exceed our capacity to cope with them. Project efficacy dimensions probe whether one's undertakings have been, and will continue to be, progressing well" (ibid., p. 20).

Research has explored the relation between these five personal projects domains and one's well-being as well as their relationship with the "Big Five" domains of Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness. The results show that "...well being is enhanced to the extent that an individual is engaged in projects which are meaningful, structured, supported, perceived to be efficacious and relatively distressful" Regarding the 'Big Five' it has been shown that "...individual differences in neuroticism and conscientiousness are closely linked with scores on these factors, such that neuroticism is associated with patterns of stressfulness, disorganization, and

inefficacy in projects while conscientiousness is associated with greater meaning, efficacy and less stress" (Little, 1993, p.17).

These findings seem important for this study for a couple of reasons. The 'Big Five' represent traits or "havings" whereas projects represent "doings" (Little, 1992). At the beginning of this paper it was suggested that most of the research on 'prealcoholic personality' refers to 'havings' and the assessment methodology used does not allow for the simultaneous and mutual influence of current context and 'havings' to be 'captured' or assessed. For this reason applying PPA methodology seems appropriate.

The Present Study

This study focused on groups identified as 'high' and 'low' in risk for developing alcoholism . These groups were characterized by the presence or absence of family history of alcoholism which was determined on the basis of subjects' answers on the parental shorter Michigan Alcoholism Screening Test (F-SMAST and M-SMAST).

It has been argued earlier that presence/absence of alcoholism in the family (usually assessed by M-SMAST and F-SMAST) does not give sufficient information about family heritage nor does it allow us to infer a direct relation between current drinking status, personality characteristics and family history of alcoholism as has been often done in 'high risk' strategy research. A dysfunctional family could have functional domains and vice versa. These domains might differently contribute to one's current drinking status, current activities and concerns (projects) and well-being. For this reason this study also assessed certain family dimensions of subjects from both the 'high' and the 'low' risk group. These are the Relationship Dimension, Personal Growth Dimension and System

maintenance Dimension measured by the Family Environment Scale (FES) developed by Moos in 1974.

The Family Environment Scale covers areas of particular potential importance for the assessment of alcoholic families. As noted earlier, Steinglass et al. (1987) showed that in some alcoholic families there is little space for personal growth. Thus, it seems relevant to explore the personal growth dimension and compare the 'high' and the 'low' risk groups on this aspect. The same study also showed that family rituals are factors which account for transgenerational transmission of alcoholism and which contribute to the formation of the family identity. Family identity also refers to one's feeling of belonging to a family which is covered by the family relationships dimension of the Family Environment Scale. Finally it has been also stated that the alcohol(ic) has 'control' over the family's functioning since s/he sets the onset of the wet or dry phase of the family's life. This could be explored by the System Maintenance dimension.

This study explored whether the 'high' and the 'low' risk group are distinct or whether they overlap in terms of these dimensions. The degree to which these dimensions are related to the subjects' current drinking status and their general well-being was also explored. By exploring these dimensions of family functioning and not only the presence or absence of alcoholism, two things could be achieved: a more detailed understanding of the family 'heritage' as well as an assessment as to what extent (if at all) it is justified to apply a very general criterion for the 'high' and 'low' risk group such as the absence/presence of a family history of alcoholism, as do most of the 'high risk' studies.

The study also explored current activities and concerns (personal projects) of subjects from both the 'high' and the 'low' risk group using the Personal Projects Analysis assessment methodology which has been developed by Little (1983). It is a flexible and contextual assessment methodology which provides meaningful

(both from the 'subjective' as well as 'objective' perspective) units of analysis. Studying the subjects' current activities and concerns (projects) with this methodology seems to avoid many drawbacks of studying characteristics and 'pathologies' of one's current life which characterizes the majority of 'high risk' strategy research. In the standard PPA procedure, the subjects are asked to list their projects and then to choose 10 which they will rate on 15 standard dimensions. These dimensions form five personal projects domains: meaning, structure, community, efficacy and stress. However, Personal Projects Analysis is a flexible methodology which allows 'zooming into' areas of one's projects system which are of particular interest either for research or clinical work.

For the purposes of this study, several 'ad hoc' dimensions were added in order to have a closer look into the community domain of projects. These dimensions were expected to help in exploring the link between one's 'family heritage' and current life. Each subject was asked to assess the extent to which his/her mother and father would support and hinder each project. The subjects were also asked to rate support and hindrance they get for each project from the person whom they currently consider to be the most important one in their life. This person could be mother, father, or any other member of the subjects' familial as well as extrafamilial support system. Ruchlman & Wolchik (1988) showed that support and hindrance were two independent dimensions. Support was significantly related to well-being whereas hindrance was significantly related to both well-being and distress. Their research also showed that the support or hindrance which subjects received from the person whom they considered to be the most important one in their lives is significantly related to subjects' well-being and distress. These findings represent the rationale for the dimensions which were added in this research. Since the 'high risk' subjects come from families where one parent is an alcoholic, it also seemed appropriate to separately assess the

components of the parental support system. It was of interest to assess to what extent support of the family of origin contributes to the current drinking habits and well-being of both 'high' and 'low' risk groups. This might permit investigation of several questions, such as the extent to which psychological well-being is accounted for by the support of the family of origin when dealing with young adult subjects. This can perhaps clarify the question regarding the extent to which we can interpret current behavior of young people whose parents are alcoholics by this 'fact'.

This study also explored specific personal projects content categories - intrapersonal projects and family projects. It was of interest for this study to explore intrapersonal projects given that they could be an indicator of depression and also given that the 'high risk' strategy suggests that those with a positive family history of alcoholism tend to manifest depression. What seems to be a particular advantage of applying Projects analytic approach in studying this is that it permits viewing subjects' experiences from their own perspective and within the context of other activities and concerns in their lives which is quite different from the usual assessment methodology applied in the 'high risk' strategy research. For the same reasons, the Projects analytic approach also seems to permit studying subjects' perception and experiences of their activities and the concerns which involve their family members (family projects), which might contribute to a better understanding of the 'link' between extra familial and familial lives of the 'high' and the 'low' risk groups. Finally, given that those with the positive family history of alcoholism are considered to be at 'high risk' for developing alcoholism as well as other psychological difficulties, this study assessed drinking status of subjects from the 'high' and from the 'low' group as well as their life satisfaction /well-being.

This study will also explore gender differences. Research suggests different expectations as to the existence of gender differences. Many 'high risk' strategy research authors (Wilson et al. 1993; Sher & Levenson, 1982; Schuckit, 1979) studied the effects of a positive family history of alcoholism only on the male offspring without offering a rationale for excluding females. An interesting explanation of this was proposed by an opponent of this research strategy, Alexander (1987). He points out that in one of the Goodwin's studies (1979) which is very often quoted by the 'high risk' strategy approach for its findings that alcoholism is hereditary, not all results speak in favor of an hereditarian explanation. Differences which could be attributed to heredity were found only in males whose parents were alcoholics, but not in females. On the other hand, one of the rare research reports which studied factors that can differentiate those with the positive and with the negative history of alcoholism and whether they are influenced by or a result of gender, indicates that "... factors of alcoholism and family history seem to operate in similar fashion in both male and female populations" (Glenn & Parsons, 1989, p. 125).

However, this is not to say that parental drinking is necessarily being reflected in the same way on men and women. Some studies suggest that women whose parents are alcoholics might not react to this by developing alcoholism as much as men would, but that they would instead tend more to develop depression (Gomberg, 1993). Some feminist literature on the other hand, suggests that the underlying reasons for women's alcoholism are quite different from those for men. Abuse (often in the family) and general oppression of women has often been argued to be one of the main underlying causes of their addiction (Lundy, 1991; Prather & Minkow, 1991). This study did not focus on this specific issue. However, it was expected that some of these experiences and gender differences might be reflected to some extent on some of the measures which were used: well

being, personal projects and subjects' perception of their family environment. Feminist literature (Van Den Berg, 1991) also suggests that oppression of both men and women could underlie their excessive drinking, which again was not directly measured in this study, but it leads to expectations that general life (dis)satisfaction could be strongly related to one's drinking habits irrespective of the family history of alcoholism.

Feminist literature does not only maintain that the underlying causes for women's and men's drinking behavior are different, but it also suggest that women's alcoholism can be manifested differently than men's. For instance, Gonberg's (1993) comparison of male and female alcoholics shows that women tend to drink more by themselves, less in public places and they do not tend to act out aggressively when intoxicated. The same study also suggests that differences/similarities between male and female alcoholics depend on their age and life stage. Thus it has been shown that at the age of college students, women and men tend to have the same drinking style. Given that the measure of drinking habits used in this study (MAST, Michigan Alcoholism Screening Test) is the one that is most often used in the 'high risk' strategy approach, that is, in exploring male alcoholics, it could be that this instrument is more tailored for men than for women. However, given the findings that male and female students do not differ in their drinking style, the MAST was expected to represent a good enough measure especially since it was already tested on the student population (Sher, 1985). Also, this study was looking at effects of parental drinking habits on other characteristics of one's current life and not only on drinking and it was expected that gender differences could be reflected on those other measures (personal projects, family environment).

Formulating Hypotheses

Different sets of hypotheses arise depending on the general point of view which we choose to adopt. When we follow the 'high' risk paradigm the following pattern was expected. Compared to the 'low' risk group, the 'high' risk group would manifest lower quality of the family environment and a higher number of subjects with evidence of personal alcohol abuse. Their PPA profile would indicate more 'struggle' with current activities and concerns, they would have a greater number of intrapersonal projects which could be indicative of depression, and their experience of their family projects as well as intrapersonal ones would reflect more difficulties. Their life satisfaction i.e. well-being, would also be lower.

When the research which does not 'fit' the 'high risk' paradigm was followed, far less distinctions between the 'high' and the 'low' risk group were expected. It was expected that family history of alcoholism might not affect current life, i.e. general life satisfaction, personal projects and drinking habits. It was also expected that regardless of presence/absence of parental alcoholism, characteristics of the families of subjects who manifest alcohol abuse and of those who do not would differ. Families of the former would reflect poorer relationships, lower possibility for self growth and/or poorer system maintenance. It was also expected that, regardless of the family history of alcoholism, the PPA profile of subjects who manifested alcohol abuse would reflect more 'struggle' with current life and lower life satisfaction. The main aim of exploring these hypotheses was to understand better to what extent weight should be given to the family 'heritage' and present context when predicting alcohol abuse and life satisfaction.

In exploring the 'high' risk group in more detail and based on findings that there is usually one alcoholic parent in the family rather than two, it was expected

that support and hindrance of alcoholic parent would be reflected differently on subjects' life satisfaction than support and hindrance of the non-alcoholic parent. Also, if the currently most important person was not a family member, it was expected that this non-family support/hindrance would be more related to subjects' well being than parental support and hindrance.

The study also explored gender differences and different hypotheses arose depending on how women's alcoholism was viewed. No gender differences were expected if we were to assume that family history of alcoholism is reflected in the same way on women's and on men's lives. However, if the view that women tend to react to the positive family history of alcoholism more with depression whereas men tend to react more by drinking is accepted, than it was expected that men from the 'high risk' group would drink more than women and that women would manifest more intrapersonal projects and lower life satisfaction (well-being) than men.

Method

Subjects

In the mass testing of Introductory psychology students, 1200 subjects (692 females and 508 males) were pretested with F-SMAST (short version of the Michigan Alcoholism Screening Test regarding father's drinking) and M-SMAST (short version of the Michigan Alcoholism Screening Test regarding mother's drinking). The age range of pretest respondents was from 17 to 65 for females (mean age 19.97) and 17 to 56 for males (mean age 20.04). According to the F-SMAST score, there were 1016 subjects in the 'low' risk group and 179 subjects in the 'high' risk group. According to the M-SMAST, the 'low' risk group consisted of 1125 subjects, whereas the 'high' risk group consisted of 65 subjects (see Table 1, Appendix A).

Subjects were selected on the basis of their prescreening measure (F-SMAST and M-SMAST scores) and recontacted by telephone six months later and invited to participate in the study. Fifty-four percent of the subjects received 2 experimental credits for participating in the study while the remainder received money (\$5). The final sample consisted of 115 subjects (64 women, 51 males) who were classified in the 'low' risk group and 86 subjects (47 females, 39 males) in the 'high' risk group. The mean age for the 'low' risk group was 19.44 ($SD = .84$) and 19.80 ($SD = 1.06$) for the 'high' risk group. The majority of subjects (81.59%) from both groups grew up in the biological family defined as 'lived with one or both parents most of the time'; 14.42% of subjects lived in a step family defined as 'lived with one of the biological parents and his/her partner most of the time or moved back and forth between parents and their new partners at different times'; 2% of subjects were adopted and 2% lived in 'other' types of families. During the time of participating in the study, 60.20% of subjects did not live with

their families and 39.80% did. In both groups the majority (43.78%) of subjects were oldest children in their families, 33.83% were the youngest, 15.42% a middle child, 6.47% were the only child in their families (see Table 2, Appendix A).

There were no gender differences on any of these variables.

Measures

Parental drinking habits - 'high' and 'low' risk group. The 'high' and the 'low' risk group were selected on the basis of subjects' answers on the Shorter Michigan Alcoholism Screening Test for mother (M-SMAST) and for father (F-SMAST). It consists of 13 questions which refer to alcoholism-indicating situations. The subjects are asked to give yes/no answers, reporting whether their parents have been in any of these situations. Each subject rated these situations separately for the mother (M-SMAST) and for the father (F-SMAST). The score which has usually been adopted as the indicator for parental alcoholism and which has also been chosen for this study is a rating of 5 or more for at least one parent. Thus, subjects whose SMAST score for at least one parent was 5 or more were considered to be in the 'high' risk group. The 'low' risk group consisted of subjects whose SMAST scores for both parents was below 5. This instrument is currently being used in alcoholism 'risk' studies and it is considered to be reliable in screening for parental alcohol abuse (Crews and Sher, 1992; Sher et al., 1985; Wilson et al., 1993). Crews and Sher's (1992) assessment of these questionnaires indicates high reliability and validity. Reliability was assessed in terms of internal consistency, test-retest stability and agreement between siblings for parental alcoholism. Internal consistency for F-SMAST was .87 and .74 for M-SMAST. Test-retest reliability (Pearson r) for time intervals from 10 days to 3 weeks was .94 for F-SMAST and .84 for M-SMAST. Intersibling agreement determined by Kappa was .79 for F-SMAST and .85 for M-SMAST indicating a high degree of

agreement between siblings. Validity was assessed by comparison of the results obtained from offspring on F-SMAST and M-SMAST with the parents' answers on SMAST regarding their own drinking habits. Pearson correlation coefficient for F-SMAST versus father's SMAST was .70 whereas for M-SMAST versus mother's SMAST was .63.

As in past research (Wilson et al., 1993; Sher & Descutner, 1986) one additional question was added to the F-SMAST and M-SMAST. Subjects were asked for their global judgment (yes or no) as to whether they consider either their mother or father to be an alcoholic. This question seems relevant since it provides a 'subjective' measure of parental alcoholism, that is how the subjects themselves assessed the drinking status of their parents independently of the 'objective' indications of alcoholism which are covered by the F-SMAST and M-SMAST.

In order to assess whether the 'objective' and the 'subjective' measure of parental drinking habits were related, Chi-square tests of independence were performed between the two risk groups and the subjects' agreement or disagreeing as to whether their parents were drinking problematically. Results indicated that there was a high degree of association between the 'objective' measure of paternal drinking (5 or more points on F-SMAST) and subjects' global judgment as to whether their father could be considered an alcoholic ($\chi^2_{(1)} = 119.52, p < .001$). Similarly, results also indicated that there was a strong association between the 'objective' measure of maternal drinking habit (5 or more points on M-SMAST indicating alcoholism) and subjects' global judgment as to whether their mother could be considered an alcoholic ($\chi^2_{(1)} = 41.29, p < .001$). Given this high agreement, all subsequent analyses in this study were based on the SMAST measures of alcoholism.

Family Environment. In order to assess the family environment, subjects were given the Family Environment Scale (FES) developed by Moos (1974). This scale

is based on the interactionist perspective which "... contends that behavior is best understood as a joint function of the person and the environment" (Jacob & Tennenbaum, 1988, p. 70) and it covers the domain of family relationships, potential for personal growth in the family and system maintenance dimensions. composed of 10 subscales with 9 yes/no items each. The Family Relationship dimension refers to family members' feeling of belonging to the family, being proud of their family, degree of conflictual interactions etc. It consists of the cohesion, expressiveness and conflict subscales. The Personal Growth dimension covers the extent to which independence of family members, their achievement, active orientation etc. are emphasized in the family. It consists of the independence, achievement orientation, intellectual-cultural orientation, active recreational orientation and moral-religious emphasis subscales. The System Maintenance dimension refers to the extent of the organization and control in the family. The subscales have been shown to have good test-retest reliabilities (Bagarozzi, 1984, quoted in Jacob & Tennenbaum, 1988, p. 72) Many studies also support the construct validity of FES, with respect to alcoholism treatment (Moos & Moos, 1983), in discriminating 'disturbed' from 'normal' families (Moos & Moos, 1981, quoted in Tennenbaum, 1988, p. 73) and exploring differences in children as a function of parents' diagnostic status (Wald et al., 1984, quoted in *ibid.*). In the present study, the ten subscale scores were used for all statistical analyses, while the three domains were only used as frames of reference.

Personal Projects Analysis. The study also explored current activities and concerns (the personal projects) of subjects from both the 'high' and the 'low' risk group using the Personal Projects Analysis assessment methodology which has been developed by Little (1983). Following the standard PPA procedure, subjects were asked to list their projects and then to choose 10 which they further rated on 22 dimensions. The following fifteen dimensions were taken from the standard

PPA procedure: importance, enjoyment, difficulty, control, initiation, stress, time adequacy, outcome, self identity, value congruency, positive impact, negative impact, progress, challenge and absorption. Following more recent research in the area of Personal Projects Analysis, a new dimension - commitment - was added as well as 6 dimensions regarding support and hindrance since they seemed to be of particular interest for this study. In particular, subjects were asked to rate the extent to which each of their projects was being hindered and supported by their father, mother, as well as by the person whom they considered to be the most important in their current life. The suggested procedure of adding new dimensions has been applied in many previous studies (Goodine, 1988; Mavis, 1981; Ruehlman & Wolchik, 1988).

Factor based scales. In order to reduce the number of variables (dimensions) and to determine the underlying structure of personal project dimensions, a principal component factor analysis with a varimax rotation was conducted on the mean ratings of 16 dimensions (the six support and hindrance dimensions were excluded since they were of particular interest for the study and were treated separately). The factor analysis yielded three factors with the eigenvalues greater than 1 (see Table 3, Appendix A)².

Factor-based scales were constructed following the 'simple loading pattern' (Kim & Mueller, 1982, p. 70)³. The mean ratings on variables (dimensions) with the loadings of .40 and above were included in each factor. The two complex variables which loaded above .40 on two factors were included into both of the respective factor based scales⁴.

The scale based on Factor 1 (Commitment) is composed of the absorption, commitment, outcome, progress, time adequacy, enjoyment, importance, positive impact and self identity dimensions. This factor seems to tap whether one is actively and enjoyably working on one's projects. The scale based on Factor 2

(Stress) was composed of challenge, difficulty, stress and importance. This factor assesses whether the demands of the projects exceed the person's capacity to cope with them (Little, p. 19, 1989). The scale based on Factor 3 (Value) was composed of value, initiation, self identity, negative impact, control. This factor taps whether projects are seen as meaningful and valuable pursuits. As can be seen in Table 4 (Appendix A) these factor-based scales were moderately intercorrelated.

The content of projects was also of interest in this study. Project contents were classified according to the Content Categorization Guidelines which has been developed in the Social Ecology Lab at Carleton University (see Appendix B). The principal investigator examined and rated all 2010 projects. In order to assess the interrater reliability of projects categorization, a second independent rater rated a random subsample of 200 projects and Cohen's Kappa was calculated. Results indicated high agreement between the raters (Kappa = .81). Thus, all further analyses were based on the principal investigator's rating of projects categories. Of particular interest were the family and the intrapersonal projects. The former refer to projects which involve family members whereas the latter refers to clarification or expression of religious beliefs, psychological changes, meaning of one's life, etc.

Life satisfaction. Five items were used as a measure of well being, that is life satisfaction. Using an eleven point scale (ranging from '0' (completely dissatisfied) to 10 (completely satisfied) subjects rated the extent to which they were satisfied or dissatisfied with their life in general as well as with specific life domains (physical life, social, emotional and academic). These scales reflect a direct assessment approach advocated by Burisch who showed that "...simple content oriented scales were as valid as ...scales constructed by more sophisticated procedures" (1984, p. 89) but also more 'communicable'. These scales were

selected for the following reasons. Given the large number of Personal Projects dimensions it seemed relevant to also include a brief, global and valid measure referring to one's current life. Both Personal Projects methodology as well as these self-rating scales reflect a credulous approach in assessment. Previous research showed that the global life satisfaction scale correlates extensively with the Personal Projects domains (Little, 1988) and thus it was expected that the former could give a general assessment of PPA domains, as well as vice versa, that PPA domains can offer a better insight into the components of one's general life satisfaction.

A regression of general life satisfaction on satisfaction with specific life domains was performed in order to reduce data and see whether only general life satisfaction could be used in subsequent analyses. All variables significantly contributed to the prediction of the general life satisfaction ($R^2 = .592$), $F(4,196) = 71.33$, $p < .001$ (see Table 5, Appendix A). Thus, most of the analyses in regard to life satisfaction which were conducted were based only on the general life satisfaction.

Subjects' drinking status. The Revised Michigan Alcoholism Screening Test (Selzer, Vinokur & Rooijen, 1975) was used to assess subjects' drinking habits. This test screens for subjective alcoholism, that is self-reported drinking habits, and it has been widely used in the alcoholism 'risk' research paradigm. Selzer et al.'s (1975) assessment of MAST support its reliability and validity as a screening device. Internal consistency determined by coefficient alpha was .95 and the reported validity coefficient (Pearson r) was .79. MAST is also considered to be a valid indicator of drinking problems in the student population (Sher, 1985). The Revised MAST consists of 24 questions which refer to alcoholism-indicating situations. The subjects are asked if they have ever been in any of those situations

by indicating yes or no. A score of 5 or more (based on standardized scoring procedure) is considered to be evidence of alcohol abuse (Wilson, 1993).

All measures are presented in Appendix C.

Procedure

Subjects who participated in the mass testing were contacted by phone and asked to participate in the study. The study was described as an exploration of family patterns and current activities and concerns of people whose parents most probably drink problematically and of those who do not.

Most subjects were tested in small groups (ranging in size from 1 to 20 people) scheduled at their convenience. The study was designed so that respondents could sign the consent form upon arrival and afterwards they received a package of tests to complete. The order of measures was random i.e. not all subjects filled out tests in the same order. Upon completion of the package, subjects were given a written debriefing on the study which they could keep and which included names of people and places subjects could contact in the case any of the questions from the package created discomfort and they felt they wanted to talk to someone about it. The principal investigator is not aware of any subjects feeling uncomfortable due to any of the questions from the package.

During the mass testing, it seemed that some subjects had difficulties interpreting the term 'normal drinker' which appeared in some of the questions on F-SMAST and M-SMAST. It has also been noticed that some respondents had answered 'no' to all questions regarding drinking behaviors on the part of their parents which actually gave them a couple of points on the test and which was inconsistent with the comments they spontaneously added that their parents never drink. Thus, to ensure the validity of subjects' answers on F-SMAST and M-

SMAST as indicated in the mass testing premeasure, subjects were provided with the full definition of the 'normal drinker' and they were asked to reexamine their original responses and indicate whether they would answer differently this time.

The majority of subjects (67.6%) did not make any changes and kept the same score. The remainder changed one to three answers. However, it should be noted that changes mainly occurred within the 'low risk' group and that most of the subjects did not change risk groups.

Results

A series of multivariate analyses of variance 2 (risk: 'high' vs. 'low') X 2 (gender: women vs. men) was performed in order to explore the effects of the 'risk' variables according to the assumptions of the 'high risk' strategy approach. A series of regression analyses was also conducted in order to look at the alternative explanations of alcoholism.

Comparison Between the 'High' and 'Low' Risk Groups

Risk and gender effects on subjects' own drinking habits. To assess differences in subjects' own drinking habits, a 2(risk: 'high' vs. 'low') X 2 (gender: women vs. men) analysis of variance (ANOVA) was performed. The main effect for risk was significant, $F(1,197) = 4.84, p < .05, \eta^2 = .02$, indicating that regardless of gender, subjects from the 'high' risk group tended to manifest more alcoholism indicating behaviors, than did subjects from the 'low' risk group ($M(\text{high risk})=3.85; M(\text{low risk})=2.69$). The main effect for gender was not significant, $F(1,197) = 2.02, ns$, nor was the interaction effect, $F < 1$.

Risk and gender effects on family characteristics. In order to assess whether women and men whose parental drinking puts them at 'high' vs. 'low' risk for drinking differed on their family environment, a 2 (risk : high vs. low) X 2 (gender: women vs. men) between subjects multivariate analyses (MANOVA) was performed on 10 subscales of the Family Environment Scale (cohesion, expressiveness, conflict, independence, achievement orientation, intellectual-cultural orientation, active recreational orientation, moral-religious emphasis, organization and control)⁵. The main effect for risk was significant (Pillais = .22, $F(10,188) = 5.21, p < .001$). Univariate comparisons showed that the families of the 'low' risk group were more cohesive, more intellectually-culturally oriented,

more active-recreational oriented, had a stronger moral-religious emphasis and less conflict in comparison to the 'high' risk group (see Table 7, Appendix A)⁶. There were no differences on any other subscales. Neither the main effect for gender ($F < 1$) nor the two-way interaction (Pillais = .08, $F(10,188) = 1.55$, ns) between risk and gender was significant.

Personal Projects Analysis

Risk and gender effects on Personal Projects domains. In order to determine whether there were any differences between risk and gender groups on Personal Projects domains a 2 (risk groups) X 2 (gender) MANOVA was performed on the three domains (Commitment, Stress, Value). The main effect for gender was significant, Pillais=.08, $F(3,195) = 5.29$, $p < .01$. Univariate comparisons showed that compared to men, women tend to be more committed to their projects ($M(\text{women}) = 6.79$, $M(\text{men}) = 6.52$) ($F(3,195) = 3.88$, $p < .05$, $\eta^2 = .02$) and experience their projects as more stressful ($M(\text{women}) = 6.32$, $M(\text{men}) = 5.77$) ($F(3,195) = 10.63$, $p < .001$, $\eta^2 = .05$). There were no differences between women and men on Value. The main effect for risk was not significant, Pillais = .03, $F(3,195) = 1.76$, ns, nor was the two way interaction, $F < 1$.

Projects categories. A Chi square test of independence was performed in order to see whether the 'high' and 'low' risk groups differed on the reported number of intrapersonal projects. A greater number of intrapersonal projects could be an indication of depression which is, according to the 'high risk' strategy, a characteristic of the 'high risk' group. Results indicated that there was no association between the risk group and number of intrapersonal projects ($\chi^2_{(1)} = 1.56$, ns).

In order to see whether there are any risk and gender differences on personal projects domains (Commitment, Value, Stress) for the intrapersonal

projects in comparison to other projects (non-intrapersonal) a mixed measures MANOVA was performed on the ratings along the three personal project domains: 2 (risk group) X 2 (gender) X 2 (project category: intrapersonal vs. non-intrapersonal). None of the main effects nor interactions were found to be significant.

The same analyses was performed on family projects. A mixed measures MANOVA was performed on the ratings along the three personal projects domains: 2 (risk group) X 2 (gender) X (project category: family vs. non-family) and neither interaction nor main effects were found.

Risk and gender effects on general satisfaction with life. To assess risk and gender effects on general life satisfaction a 2 (risk group) X 2 (gender) ANOVA on general life satisfaction was performed. Neither the interaction nor the main effects were found to be significant ($F_s < 1$).⁷ On average, respondents were moderately satisfied with current life ($M = 6.7$, $SD = 1.88$).

Predicting Drinking Habits and Life Satisfaction

Subjects' Drinking Habits, Parental Drinking, PPA Domains, FES and Life

Satisfaction. To examine the extent to which family 'heritage' and current life predicted subjects' drinking habits a hierarchical regression was performed.

Opponents to the 'high risk' model of alcoholism (based on parental drinking) suggest that characteristics of one's family background and current life situation should significantly predict drinking habits over and above parental drinking habits. Thus, parental drinking, gender and their interaction were controlled for on the first step, the Family environment subscales, Personal Projects domains (Commitment, Stress, Value) and general life satisfaction scores were entered on the second step.

Contrary to the 'high risk' strategy assumptions, the first block of variables (parental drinking habits, gender and their interaction) did not significantly contribute to the variance explained in subjects' own drinking habit, ($R^2 = .03$; $F(3,197) = 2.16$, ns). However, subjects' drinking habits were not explained further by the addition of the family environment, Personal Projects domains and general life satisfaction ($F(14,183) = 1.32$, ns).

Subjects' Drinking Habits and the Support/Hindrance of Others. In order to see how the parental support/hindrance and support/hindrance of the person who is not a family member but whom subjects consider to be the most important person in their current lives, are associated with subjects' drinking habits a series of hierarchical regressions were performed. Subjects' drinking was regressed separately on the support and hindrance subjects were receiving for their projects. Regressions were conducted separately for the 'high' and 'low' risk groups. For the 'high risk' group, parental support/hindrance was divided into support/hindrance of an alcoholic parent and support/hindrance of a non-alcoholic parent. Because the 'low risk' group did not have an alcoholic parent a joint measure of parental support/hindrance was used. In this way it was possible to focus in more detail on the 'high' risk group.

'High Risk' Group. A hierarchical regression in which subjects' drinking was regressed onto support from an alcoholic parent and support from a non-alcoholic parent on the first step, and support from the most important person on the second step, was conducted. Results indicate that none of the variables contribute significantly to subjects' drinking habits, $F_s < 1$. Another hierarchical regression was performed but with hindrance from an alcoholic parent and non-alcoholic on the first step and hindrance of the most important person on the second. Results indicate that none of the variables contribute significantly to subjects' drinking habits.

"Low Risk' Group. A hierarchical regression in which subjects' drinking was regressed onto support from parents on the first step, and support from the most important person on the second step, was conducted. Results indicate that none of the variables contribute significantly to subjects' drinking habits, $F_s < 1$. Similar to the previous analysis, another hierarchical regression was performed with hindrance from parents entered on the first step and hindrance of the most important person on the second. Results indicate that none of the variables contribute significantly to the general life satisfaction.

General Life Satisfaction, Parental Drinking, PPA Domains and FES. The 'high' risk strategy approach suggests that parental drinking would be a good predictor of general life satisfaction whereas the non-'high' risk approach would give more weight to more specific characteristics of one's family and current activities and concerns. Thus, a hierarchical regression was performed in order to explore relationship between general life satisfaction with family characteristics and current activities and concerns (projects). As in the previous hierarchical regression, parental drinking, gender and their interaction were controlled by entering them on the first step. Family environment scales and Personal Projects domains were entered on the second step to see whether they predicted general life satisfaction over and above the 'risk' variables (see Table 8, Appendix A)⁸.

Variables entered on the first step did not significantly contribute to the variance explained in the general life satisfaction, $R^2 = .02$, $F(3,197) = 1.42$, ns. However, family environment characteristics and Personal Projects domains, significantly predicted 24.3% of the variance in life satisfaction over and above parental drinking, gender and their interaction, $F(13,184) = 4.14$, $p < .001$. Of this, family environment predicted 17.5% of variance in general life satisfaction, $F(10,184)$, $p < .001$. The only variables from this set which explained the unique variance were expressiveness ($b = .26$) and organization ($b = .17$), in that the more

expressiveness was fostered in subjects' family and the more the family was organized, the greater their life satisfaction was. Personal Projects domains explained an additional 4.0% of the variance, $F(3,184) = 3.36, p < .01$. In particular, the more subjects valued their projects ($b = .18$) and the less stressed ($b = -.14$) they were about them, the greater their life satisfaction.

General Life Satisfaction and the Support/Hindrance of Others. In order to see how the parental support/hindrance and support/hindrance of the person who is not a family member but whom subjects consider to be the most important person in their current lives, are associated with subjects' general life satisfaction a series of hierarchical regressions were performed following the same pattern of exploring subjects' drinking habits and support/hindrance of others.

'High' Risk Group. To assess the relationship between support from an alcoholic parent, a non-alcoholic parent and from the currently most important person who is not a family member and life satisfaction, a hierarchical regression was performed. Results indicated that none of the variables contributed significantly to the general life satisfaction, $F_s < 1$.

A similar hierarchical regression in which life satisfaction was regressed onto hindrance from an alcoholic parent and hindrance from a non-alcoholic parent on the first step, and hindrance from the most important person on the second step, was also conducted (see Table 9, Appendix A). Parental hindrance significantly explained 17.5% of variance in general life satisfaction, $F(2,57) = 6.07, p < .01$. Hindrance of an alcoholic parent ($b = -.40$) explained unique variance, such that the less subjects' projects were hindered by the alcoholic parent the more satisfied they were with their lives. Contrary to the expectations, hindrance of the currently most important person who is not a family member did not significantly predict variance in general life satisfaction over and above parental hindrance, $F < 1$.

'Low' Risk Group. A hierarchical regression, with parental support entered on the first step, ($F(1,87) = 2.03$, ns) and support from the most important person entered on the second ($F(1,86) = 2.61$, ns) was conducted and again, neither variable contributed significantly to the variance in general life satisfaction.

A hierarchical regression in which life satisfaction was regressed onto parental hindrance on the first step and hindrance of the currently most important person on the second was also conducted. Parental hindrance significantly predicted 8.0%, of the variance in general life satisfaction, $F(1,87) = 7.64$, $p < .01$. Hindrance of the most important person, entered on the second step, did not significantly contribute to the variance explained in general life satisfaction over and above parental hindrance, $F(1,86) = 1.38$, ns (see Table 10, Appendix A).

Discussion

The main purpose of this study was to examine two frameworks for understanding and predicting drinking habits. The first stems from the assumptions of the 'high risk' strategy approach to studying alcoholism whereas the other one is based on assumptions which do not follow this approach. The latter does not represent a homogenous group but rather different assumptions and findings regarding addictions which question various aspects of the 'high risk' strategy. If the 'high risk' strategy assumptions were followed, it was expected that the family environment of subjects from the 'high risk' group (defined by the presence of family history of alcoholism) would be of lower quality, that current activities and concerns (projects) would reflect more difficulties, and the general life satisfaction would be lower than those from the 'low risk' group (defined by the absence of a family history of alcoholism), as well as that subjects from the 'high risk' group would tend to exhibit more drinking problems compared to the subjects from the 'low risk' group.

Research which does not follow the 'high risk' strategy approach suggests that there is not a clear cut difference between the 'high' and the 'low' risk group. One's current life i.e. drinking problems, general well-being (life satisfaction) and personal projects might not be a result of the family history of alcoholism. Some more specific characteristics of the family environment such as poorer family relationships, lower possibility for self-growth and maintenance of the family regardless of the family history of alcoholism might affect current drinking habits as well as life satisfaction. It was also expected that one's drinking habits could be a result of an unsatisfying current life (low life satisfaction and difficulties with personal projects) irrespective of the family 'heritage'. Thus, this study also attempted to assess how much weight should be given to family 'heritage' and

characteristics of present life when predicting alcohol abuse and/or general life satisfaction.

The study also explored gender differences on all variables. Different views of women's alcoholism would suggest different expectations as to the gender differences. If family history of alcoholism is similarly reflected on women and men then no gender differences were expected. On the other hand if women from the 'high risk' group tends to react more with depression to the positive family history of alcoholism while men tend to react by drinking excessively, than it was expected that men from the 'high risk' group would drink more than women and that women from the 'high risk' group would be more depressed, which would be manifested by the greater number of intrapersonal projects and lower life satisfaction.

The results of this study support some assumptions of the 'high risk' strategy approach hypothesis. 'Low' and 'high' risk groups differ on subjects' own drinking habits and some aspects of the family environment. However, there were no differences between the risk groups on personal projects domains (commitment, stress and value), general life satisfaction, or satisfaction with specific life domains.

Findings regarding subjects' own drinking habits support the 'high risk' strategy assumptions. Subjects from the 'high risk' group tend to have more problematic drinking patterns than those from the 'low risk' group.

As to the family environment, the risk groups were compared on the Relationships domain which consists of cohesion, expressiveness and conflict, the Personal Growth domain characterized by independence, achievement orientation, intellectual-cultural orientation, active recreational orientation, moral religious and the System Maintenance domain which consists of organization and control. Within the relationship domain, the 'low' risk group reported that their families

were more cohesive and had less conflicts than the 'high' risk group. There was no difference between the groups on reported family expressiveness. The groups also differed to some extent regarding the potential for personal growth in the family: there was more encouragement for an active-recreational orientation and a stronger intellectual-cultural orientation in the 'low' risk group than in the 'high' risk group. Families from the 'low risk' group also expressed a stronger moral-religious emphasis. However, the two groups did not significantly differ on the other two aspects of the personal growth domain i.e. independence and achievement orientation.

Finally, the 'high' and the 'low' risk group did not differ in respect to the organization and control of the family which defines the System Maintenance domain. Some of the family environment differences that were determined in this study are consistent with Moos' (1983) findings which show that alcoholic families are less cohesive, have more conflict and express less active-recreational orientation which could speak to some extent in favor of the 'high risk' strategy that family environment differs in relation to the presence or absence of alcoholism in the family. However, the family environment of the two risk groups did not differ in all its aspects, which indicates that although alcoholism in the family shapes the family environment in a certain way, it does not necessary 'contaminate' every aspect of its functioning which is consistent with some of Steinglass' (1987) findings regarding alcoholic families. The absence of a clear cut distinction between the family environment of the 'high' and the 'low' risk group is also in accordance with Oliveri & Reiss' (1982) finding that clinical and non-clinical families could be described in exactly the same way in respect to some domains, as well as with Wynne et al.'s (1982) findings that there could be functional domains within dysfunctional families.

It is interesting that alcoholic and non-alcoholic families do not differ on the System Maintenance domain i.e. on how the families are organized and 'run'. It seems that in spite of the presence of alcoholism, families from the 'high risk' group manage to divide roles and duties in such a way that it allows the family to maintain its main structure and organization as an entity. On the other hand it also seems that keeping the family going i.e. maintaining organization and at the same time dealing with alcoholism, could impair other areas of family life. It could exhaust the family and leave less energy available for perhaps more sophisticated interactions - interpersonal relationships as well as potential for self growth in the family. As Steinglass et al. (1987) suggest, the alcoholic family's constant focus on the 'here and now' problems (which are most often related to the drinking habits of one of its members) precludes them from being more flexible, open for novelty and new experiences. This could explain more difficulties in the Relationship domain in alcoholic families expressed by more conflicts and less cohesion in these families, as well as lower potential for self growth of family members, given that in these families there was less emphasis on the active-recreational and cultural-intellectual orientations. Family members probably do not have much energy left for those needs and activities given that their main focus is just to keep the family going and get back the balance in the family which is often being disrupted with difficulties related to the alcoholism of one of its members.

Inconsistent with the 'high risk' strategy approach assumptions, the current life of the 'high' and of the 'low' risk group did not differ. There were no differences between risk groups on personal projects domains i.e. on the extent to which subjects from either group were committed to their projects, experienced them as stressful and as worthwhile pursuits. Moreover, according to the 'high risk' strategy approach, it was expected that subjects from the 'high risk' group would have more intrapersonal projects than the 'low risk' group given that the higher

number of intrapersonal projects seems to be related to depression. It was also expected that the PPA profile would reflect more difficulties with intrapersonal projects compared to other projects (non-intrapersonal) in one's projects system and that the risk groups would differ in this respect. Also, given the 'high risk' strategy assumptions that the families of the 'high risk' group are more 'dysfunctional', it was expected that subjects' PPA profiles from this group would reflect considerably more difficulties with their family projects than those from the 'low risk' group. None of the above expectations were confirmed. The 'high' and the 'low' risk groups did not differ on the number of intrapersonal projects, nor did they differ in how they experienced and felt (commitment, value and stress) about their intrapersonal and family projects. This is on the other hand consistent with the alternative views that there is not a clear cut difference between the 'high' and the 'low' group and that their current lives, in spite of the family history of alcoholism might not be so different. A very clear example of this would be resilient children from 'dysfunctional' families. In her longitudinal study, Werner (1986) showed that some children of alcoholics manage to be as 'healthy' and 'normal' as children who come from 'functional' families i.e. in spite of their family background, their current lives were similar.

Also inconsistent with the 'high risk' strategy hypothesis, the 'high risk' and the 'low risk' groups did not differ as to their well-being (general life satisfaction), another aspect of the current life that was explored in this study. Additional exploration of subjects' satisfaction with specific areas of their life (physical, emotional, academic and social) also did not show any differences between the risk groups. It seems that the 'pre alcoholic personality' which was expected to characterize the 'high risk' group as suggested by Schuckit (1979) and which would exhibit more psychiatric problems, more depression and general poorer overall functioning, was not confirmed as assessed in this study. It could be that the

applied methodology was not able to capture them. However it could also be that the meaning of some characteristics often measured in isolation (for example depression) would be different when a more contextual approach to assessment is applied as in the Personal Projects analytic approach.

Given that results suggest that there is not a clear distinction between the 'high' and the 'low' risk group on most of the variables, this study further explored the weight which could be ascribed to the family 'heritage' and characteristics of present life in explaining drinking habits and general life satisfaction. None of the variables assessed in the present study significantly predicted respondents' own drinking behavior and neither set of hypotheses regarding subjects' drinking was confirmed. The 'high risk' strategy would suggest that parental drinking would significantly predict subjects' drinking, whereas the alternative views would give priority to current life. Focusing more on the current life would be either in terms of extrafamilial activities and concerns which would be tapped by personal project domains and/or life satisfaction as Cahalan's study (1970) suggested by showing that current drinking is related to current experiences of the person, whereas the Steinglass et al.'s (1987) study on families would speak in terms of more specific domains of family functioning which were expected to be tapped by the family environment scales.

Subjects' drinking habits do not appear to be a straightforward reflection of subjects' parental drinking, nor of subjects' current activities and concerns, family environment and general satisfaction with life. Those who drink might not drink in order to correct the state they are in, to sedate themselves and distance from an unhappy, dissatisfying, stressful life nor because their parents drink or because their family (dys)functions in a certain way which are the usual explanations of alcoholism-indicating behavior. This might be due to subjects' young age and life style in which current drinking habits could be quite transient. Given that the

subjects were university students, this type of behavior in the case of many of them could have been related to the general life style and 'experimenting' which is a characteristic of this age group as has been suggested by Peele (1989) and from which most of them will probably eventually 'mature out'. However this is just a tentative interpretation given that one of the limitations of this study was that it was not able to explore the students' general life style and those activities and concerns which do not get on the personal projects matrix as well as the 'maturing out' process which would be more appropriately studied via a longitudinal study.

However, the offered tentative interpretation does not deny the possibility that in the case of some people, their current alcoholism indicating behavior will develop further and that they will eventually be considered 'alcoholics'. Cahalan (1970) suggested that excessive drinking becomes a problem and impairs more areas of one's current life as the person persists in this 'habit' during his/her late 20s and later on, since the significant others and/or other life tasks do not tolerate it any more nor interpret it as 'age appropriate'. Over time this 'transient' life style can gradually invade other areas of one's life, lead one to feel less satisfied with life, experience his/her projects as stressful, less worthwhile and be less committed to them, which might lead him/her to drink (to correct the intolerable state) which could lead to even more dissatisfaction with one's life, finding it even more intolerable and finally to the tendency to 'correct' it (by drinking). Thus a vicious circle would be created and the stronger association between current activities and concerns and drinking habits established. The results of this study regarding the prediction of subjects' drinking habits suggest that they are not a direct result of either parental drinking or characteristics of current familial and extra-familial life. Other results of this study indicate that subjects from the 'high risk' group drink more than subjects from the 'low risk' group but that very little variance was explained by the risk factor. Thus it is not surprising that the effect of risk was lost

due to the shift which was introduced by predicting subjects' drinking habits from parental drinking and other variables. It remains for further research to explore whether there is some relationship between the parental drinking and one's own drinking habits no matter whether the latter are transient or an indication of alcoholism.

The 'high risk' framework suggests that parental drinking is not only related to offspring's own drinking habits but also to creating for them a more troubled current life, a tendency to be depressed, to manifest other psychological difficulties, etc. Thus, the relationship between general life satisfaction and the risk variables (parental drinking, personal projects domains and family environment scales) was examined. In contrast with the 'high risk' framework, specific family environment domains as well as personal projects domains seem to strongly predict life satisfaction over and above parental drinking.

It is interesting to mention that the family environment variables that predict life satisfaction, family organization and expressiveness in the family, are variables on which the 'high' and the 'low' did not differ. Thus the variables that affect life satisfaction do not seem to be related to parental drinking and that those affected by parental drinking are less integral to the life satisfaction. This seems to be in accordance with some findings (Oliveri & Reiss, 1982; Steinglass et al., 1987; Wynne et al., 1982) which suggest that although families are dysfunctional in some ways, they have some domains which are functional and which account more for the variance in its offspring's life satisfaction than do others.

Given that family environment can be a predictor of life satisfaction it was of interest to further explore whether it is related to the more direct influence of parents on their children's current lives, in hindering and/or supporting their projects. At the same time it was also kept in mind that some studies (Garmezy, 1974; Werner, 1986) indicate that extrafamilial relations can have a great impact

on the well-being of some people from 'dysfunctional' families. Reulhman and Wolchic (1988) demonstrated that the hindrance/support of the person who is considered to be the most important in one's life, contributes the most to his/her well-being. Thus, this study explored whether support/hindrance of the person whom subjects consider to be the most important one in their current life and who is not a family member, predicts general life satisfaction over and above the parental hindrance/support. It was expected that both support and hindrance would predict life satisfaction and that the impact of the peer relationship, close friend or a partner on respondents' current life would be greater than the impact of parents.

Contrary to the expectations, results showed that in both the 'high' and the 'low' risk group parental support as well as support of the most important person (non-family member) did not significantly explain variance in general life satisfaction. However, parental hindrance was a significant predictor of general life satisfaction whereas hindrance of the most important person did not significantly predict life satisfaction over and above it. This result seems quite interesting given that subjects were asked to rate the extent to which their parent is frustrating the project or would frustrate it. It could be that in some cases the parent did not even know about the project and only subject's prediction that his/her alcoholic parent would hinder the project affected his/her general life satisfaction more than the hindrance of a non-family member who had been chosen by the subject to be the most important person in his/her current life and whose hindrance was real⁹. However, this needs to be explored in further research since there is not sufficient information to know whether most of the subjects' parents really hindered the project or whether their hindrance was assessed on the basis of subjects' assumptions as to what would have happened if the parent was aware of the project.

The results of this study did not show any gender differences on any of the variables related to the family history of alcoholism. This could suggest that men and women from the 'high' and the 'low' risk groups perceive and react to their family environment in a similar way, as well as that their family history of alcoholism is being reflected in the same way on their current lives i.e. their own drinking habits, personal projects and life satisfaction. However, it could also be that the assessment methodology applied did not allow for these differences to manifest themselves and/or that some 'tools' are not equally suitable for exploring men's and women's experiences, as the feminist literature suggests.

One of the main limitations of this study is that it does not allow a closer look at men and women from the 'high' and from the 'low' risk group. At the same time, this study can also represent a starting point for further research in this direction and in studying the effects of a family history of alcoholism in both women and men.

Another limitation of the study related to gender issues is that it does not allow better understanding as to whether the differences between alcoholic parents' gender has any effect on the family environment as well as on the characteristics of the current life of its offspring. By placing families in which mothers were alcoholics and families in which fathers were alcoholics into the same group ('high risk') the study was not sensitive to differences of alcoholic families in respect to the gender of the alcoholic parent.

This study represents more a 'snapshot' than a 'film' in looking at alcoholism, it's possible causes and development especially given the prevailing view that it takes time for alcoholism to develop. More light could be shed on some of the results of this study, such as that current life as well as family 'heritage' are poor predictors of one's drinking habits, if subjects were followed

throughout a longer time period. This limitation of the present study also points out its implications for future research in the area of alcoholism. A wider time span (context) is needed in order to appropriately understand the phenomena captured on the 'snapshot'.

Applications of this study could be viewed in both practical and theoretical terms given that how we view things guides what we do about them. It seems that the prevailing view of alcoholism reflects the notion that alcoholism is a disease and most likely transmitted from the previous generation. From this perspective it seems enough to know whether one's family history of alcoholism is positive or negative in order to understand his/her 'disease'. On the other hand this study seemed to show (as did some others) that the positive history of alcoholism is not a homogenous criterion and that our understanding of differences as well as similarities between the 'high' and the 'low' risk group can enhance our understanding of effects on offspring. Thus, the study showed that there are some domains on which alcoholic families differ from the non-alcoholic ones but also that there are some domains on which they do differ from the non-alcoholic families; which account for children's life satisfaction. If general life satisfaction (well-being) is a reflection of how one copes with his/her life, then this could have a practical implication as to pointing out areas on which interventions could be focused in order to enhance well being.

This study followed the general approach to studying alcoholism of the 'high risk' strategy but used a different assessment methodology which was believed to be more contextual and yet focused on same areas (family background, coping with current life, depression) as is the 'high risk' strategy. Many results did not confirm hypotheses of the 'high risk' strategy, which might indicate that the same phenomena when looked at from different perspective can gain different meanings.

FOOTNOTES

¹ Again, we can recognize Sluzki's statement that 'the past shapes the present, but also vice versa.' It is interesting to mention that some studies on resiliency which did not base their research on the systemic paradigm, suggest similar findings. It has been shown that for the resiliency of the child it is very important how he/she perceives parental pathology and how involved s/he is in it (Anthony, 1974; Beardslee & Podorefsky, 1988).

² The obtained three factor structure did not completely correspond to the typical five factor structure routinely found with this methodology. This is most likely due to the exclusion of some standard dimensions from this study. The first factor based scale in this study, Commitment, is composed of dimensions which in the typical five factor structure come from efficacy (outcome, progress), structure (time adequacy, positive impact) and meaning (absorption, enjoyment, importance, self-identity). The second factor based scale, Stress, corresponds almost entirely to the Stress factor from the typical five factor structure. The original one consists of challenge, difficulty and stress whereas in this study importance also merged with this factor. The third factor based scale, Value, represents a blend of dimensions from the meaning (value congruency, self identity) and structure (initiation, negative impact, control) themes of the typical five factor structure.

³ Factor scales may vary from sample to sample and may not maintain the stability they have in the population (Kim & Mueller, 1982, p. 70) while factor-based scales may lose the more refined distinctions, that is the lower weightings, but they seem to maintain stability because they include only substantial loadings. This allows the factor based scales to preserve the main structure. Thus in order to be able to use same solution through analyses which did not use all the same projects, factor-based scales were utilized.

⁴ Most of the main analyses were replicated using the factor scales and the same pattern of results was obtained.

⁵ Although most of these subscales are moderately correlated, the assumptions regarding multicollinearity were not violated (see Table 6, Appendix A). The highest correlation between subscales was below .70 which is considered to indicate the problem of multicollinearity (Tabachnick & Fidell, 1989, p. 87).

⁶ In order to determine whether there is an association between the risk group and whether subjects live on their own or with their families, a χ^2 test of independence was performed. Results indicate that there is no association

between the two for either women ($\chi^2_{(1)} = .03$, ns) and men ($\chi^2_{(1)} = .58$, ns) i.e. whether subjects' living on their own or with their family was not related to the risk group of the subject. However, another χ^2 test of independence showed that there was an association between risk and type of family ($\chi^2_{(1)} = 7.11$, $p < .05$). Compared to the 'high' risk group, the 'low' risk group was more likely to have lived with biological families than step families.

Whether subjects' assessment and perception of their families was affected by their 'geographic' distance or closeness to their families was also examined. A 2 (risk: 'high' vs. 'low') X 2 (gender: women vs. men) X 2 (distance: with family vs. away) MANOVA was performed on family environment variables. None of the main effects nor interactions were significant.

To examine whether type of the family might be associated with subjects' perception of their family environment a 2 (risk: 'high' vs. 'low') X 2 (gender: women vs. men) X 2 (type of family: biological vs. step) MANOVA was performed on the family environment variables. None of the main effects nor interactions were significant.

⁷ In order to see whether risk or gender had any effect on satisfaction with specific life domains (physical, emotional, academic and social), a 2 (risk) X 2 (gender) MANOVA was performed on specific life domains. The main effect for gender was significant, Pillais = .48, $F(4, 194) = 2.44$, $p < .05$. Univariate comparisons indicated that women ($M = 6.18$) are slightly less satisfied with their emotional life than men ($M = 6.93$), ($F(1, 197) = 4.52$, $p < .05$, $\eta^2 = .02$). However, women and men did not differ on their satisfaction with other specific life domains. The interaction effect and the main effect for risk (Pillais = .02) were not significant, $F_s < 1$.

⁸ In order to obtain the R^2_{change} for each set of variables i.e. Family Environment scales and Personal Projects domains, two hierarchical regressions were conducted in which each set was entered last into the equation.

⁹ Subjects were asked to rate the extent to which the most important person frustrates the project.

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APPENDIX A: Tables

Table 1**'Low' and 'High' Risk Group Based on M-SMAST and F-SMAST**

		'Low Risk'	'High Risk'
Parental	mother	1125	65
Drinking*	father	1016	179

* 5 subjects did not have F-SMAST and 10 M-SMAST.

Table 2
Sample Description

		LOW RISK GROUP				HIGH RISK GROUP			
		WOMEN (64)		MEN (51)		WOMEN (47)		MEN (39)	
		freq.	%*	freq.	%	freq.	%	freq.	%
TYPE OF FAMILY	biological	55	85.94	45	88.24	34	72.34	30	76.92
	step	7	10.94	3	5.88	13	27.66	6	15.38
	adopted	1	1.56	3	5.88	0	0.00	0	0.00
	other	1	1.56	0	0.00	0	0.00	3	7.69
BIRTH ORDER	oldest	29	45.31	23	45.10	23	48.94	13	33.33
	youngest	17	26.56	19	37.25	15	31.91	17	43.59
	middle	14	21.88	5	9.80	5	10.64	7	17.95
	only	4	6.25	4	7.84	3	6.38	2	5.13
	other	0	0.00	0	0.00	1	2.13	0	0.00
DISTANCE	with family	27	42.19	21	41.18	19	40.43	13	33.33
	away from family	37	57.81	30	58.82	28	59.57	26	66.64

* percentage of total sample

Table 3
Factor Loading Matrix of Personal Projects Dimensions

	Factor 1	Factor 2	Factor 3
Absorption	.70	.16	.13
Commitment	.70	.21	.22
Outcome	.70	-.23	.26
Progress	.70	-.14	.05
Time adequacy	.67	-.32	.04
Enjoyment	.59	-.12	.26
Importance	.52	.48	.13
Positive impact	.44	.38	.21
Challenge	-.08	.87	-.07
Difficulty	-.20	.82	-.09
Stress	.04	.82	-.21
Value congruency	.13	.10	.75
Initiation	.27	-.12	.65
Self identity	.46	.22	.53
Negative impact	.01	.26	-.47
Control	.32	-.26	.45
Eigenvalue	4.56	2.95	1.11
Variance (%)	28.50	18.40	7.00

Table 4
Correlations Between Personal Projects Domains

	Stress	Value
Value	-.15*	
Commitment	.10	.59**

* $p < .05$

** $p < .01$

Table 5
Regression of General Life Satisfaction on Satisfaction
with Specific Life Domains

<u>Predictor Variables</u> <u>in Equation</u>	r	β	R_{Total}
Emotional Life	.72**	.51***	
Academic Life	.49**	.17**	
Social Life	.53**	.17**	
Physical Life	.43**	.12*	.592***

* $p < .05$

** $p < .01$

*** $p < .001$

Table 6
Correlations Between Family Environment Subscales

	Cohesion	Express	Confl	Independ	Achieve	Intcult	Actrec	Moral	Organiz
Express	.37**								
Confl	-.59**	-.31**							
Independ	-.01	.14	-.09						
Achieve	-.05	-.17**	.21**	-.07					
Intcult	.52**	.29**	-.30	.02	.06				
Actrec	.46**	.31**	-.22**	.09	.01	.55**			
Moral	.25**	-.10	-.13	-.08	.14	.24**	.17*		
Organiz	.40	-.06	-.35**	.01	.24**	.17*	.13	.23**	
Control	-.08	-.41**	.22**	-.29**	.34**	.01	-.12	.29**	.29**

* $p < .05$

** $p < .01$

Table 7

**Univariate Analysis of Differences Between 'High' and 'Low' Risk
Groups on Family Environment Subscales**

	High Risk		Low Risk		η^2	F
	Mean	SD	Mean	SD		
Cohesion	6.75	2.22	5.07	2.88	.10	21.45**
Intellectual cultur. orientation	5.67	2.13	3.99	2.54	.11	25.11**
Active-recreat. orientation	6.20	2.07	4.87	2.16	.09	19.29**
Conflict	3.06	2.00	4.66	2.56	.11	24.29**
Moral-religious emphasis	4.11	2.41	3.36	2.03	.03	5.50*
Expressiveness	4.91	2.06	5.11	2.02	.01	.15
Independence	6.67	1.47	6.78	1.51	.00	.70
Achievement	6.00	1.90	6.04	1.61	.00	.30
Organization	4.95	2.52	5.51	2.26	.00	.76
Control	3.63	2.32	3.81	2.16	.01	.09

* $p < .05$

** $p < .001$

Table 8
Regression of Life Satisfaction on Family 'Heritage'
and Personal Projects Domains

Predictor Variables in Equation	r	B	R _{Change}	R _{Total}
Parental Drinking	.09	.22		
Gender	.05	-.01		
Gender X Parental Drnk.	.06	-.03	.021	.021
Family Environment				
Subscales				
Expressiveness	.34**	.26***		
Independence	.11	.03		
Achievement	-.03	.02		
Moral	.06	.06		
Organization	.21**	.17*		
Active Recr. Orient.	.16**	-.08		
Control	-.12	-.04		
Intellect. Cult. Orient.	.01	.15		
Conflict	-.24**	-.06		
Cohesion	.29	.07	.175***	
 Personal Projects				
Domains				
Stress	-.19**	-.14*		
Value	.17*	.18*		
Commitment	.12	-.07	.040**	.243***

* $p < .05$

** $p < .01$

*** $p < .001$

Table 9

'High Risk' Group - Regression of Life Satisfaction on Parental Hindrance and Hindrance of the Most Important Person (non-family member)

<u>Predictor Variables</u> <u>in Equation</u>	<u>r</u>	<u>B</u>	<u>R</u> <u>Change</u>	<u>R</u> <u>Total</u>
Step 1				
Hindrance of Alcoholic Parent	-.41**	-.40*		
Hindrance of Non- alcoholic Parent	-.33**	.08	.175**	.175**
Step 2				
Hindrance of Most Important Person	-.27*	-.11	.007	.183**

* $p < .05$

** $p < .01$

Table 10

'Low Risk' Group - Regression of Life Satisfaction on Parental Hindrance and Hindrance of the Most Important Person (non-family member)

<u>Predictor Variables in Equation</u>	<u>r</u>	<u>B</u>	<u>R</u> Change	<u>R</u> Total
Step 1				
Parental Hindrance	-.26**	-.33**	.080**	.080**
Step 2				
Hindrance of Most Important Person	.01	.13	.014	.095*

* $p < .02$

** $p < .01$

APPENDIX B: Project Categorization Guidelines

Project Categorization Guidelines

The categorization scheme outlined in the following pages was developed in the Social Ecology Laboratory at Carleton University by B. Watkinson with the help of H. Little.

Project Categorization

Personal projects can be sorted into content categories by considering the general types of activities involved in each project. Described below, you will find the six main categories of projects. With the exception of the category HEALTH/BODY, there are subcategories within these main categories.

Please read over the following descriptions and, for the list of projects that are to be categorized, indicate in the right hand margin beside each project the category and subcategory, if any, to which the project belongs.

Some overlap of categories may exist for certain projects, e.g., Sally's involvement in intramural basketball may be mainly for fun (LEISURE) but she knows that it will also help her to lose five pounds (HEALTH/BODY). Classification should be based on the primary focus of the activity, e.g., Sally's basketball project should be categorized as a LEISURE activity.

1. OCCUPATIONAL/ACADEMIC:

Because this category includes actual work or tasks on the job (e.g., finish report) and school-related projects (e.g., assignments, essays, exams, readings), there are two subcategories:

1. ACADEMIC PROJECTS

2. JOB-RELATED PROJECTS

NOTE: this category would not include recreational reading (LEISURE) or a course on learning to play bridge (LEISURE).

2. HEALTH/BODY:

This category includes activities relating to health, appearance, fitness (e.g., lose weight, stop smoking, work out, jog, sleep, play a sport with a fitness goal clearly stated. This category should not include recreational sporting activities. Recreational sporting activities would be included under LEISURE. There are no subcategories.

3. INTERPERSONAL:

This category includes projects dealing with others on a personal level. There are five subcategories:

1. FAMILY PROJECTS involving parents, spouse, grandparents etc., either individually or in a group.

2. INTERPERSONAL INTIMATE PROJECTS involving boy/girlfriend or close friend e.g., getting over Mary, sexual

activities, not boy-watching (LEISURE) or girls (INTERPERSONAL SECONDARY).

3. INTERPERSONAL SECONDARY PROJECTS involving dealing with acquaintances such as classmates, teachers, co-workers, e.g., getting along with my boss, entertaining, going out with the gang, but not partying (LEISURE).

4. COMMUNITY SUPPORTIVE PROJECTS involving activities related to groups of people other than family or friends, e.g., soccer coach, volunteer work, scouts/girl guides, helping people.

5. META-PROJECTS e.g., getting my social life in order.

4. INTRAPERSONAL/VALUE CONCERNS:

This category includes projects dealing with outlook and attitudes relating to the self. There are three subcategories:

1. SPIRITUAL OR PHILOSOPHICAL PROJECTS, relating to the clarification or expression of religious beliefs, philosophical questioning.
2. SELF-IMPROVEMENT PROJECTS, i.e., psychological as opposed to physical changes.
3. META-PROJECTS, e.g., maintaining some sense of order in my life, increase the scope of my knowledge, my ideas, expressing myself more clearly or more honestly.

This category includes recreational activities that are done alone or with others. There are 10 subcategories:

1. ENTERTAINMENT, e.g., television, movies, museums, theatre.
2. PARTIES/DANCES
3. HOBBIES
4. CONSUMER, e.g., pleasure shopping.
5. DRINKING/DRUGS, e.g., getting high, not top taking drugs (HEALTH/BODY).
6. PLEASURE READING AND WRITING, LETTER WRITING.
7. VACATION PROJECTS, planning, packing, organizing.
8. RECREATIONAL ACTIVITIES, which may include knitting or building projects, interest courses such as a quilting course, and favourite pass times such as tinkering with a car, or learning or playing a game such as chess, bridge, Airborne.
9. SPORTS played for recreational purposes and not for fitness or health.
10. ENJOYING YOUR PFT, e.g., playing with my cat, not taking the dog for a walk, which would be classified as ADMINISTRATIVE/MAINTENANCE.

6. ADMINISTRATIVE/MAINTENANCE:

This category includes projects relating to organization and administration. There are six subcategories:

1. MUNDANE ACTIVITIES related to finding a place to live or finding employment.
2. HOUSEHOLD/GENERAL MAINTENANCE PROJECTS such as repairs, house-cleaning, shopping for groceries and other necessities.
3. CAR MAINTENANCE, e.g., taking the car in for a lube and oil change, changing the filter, not buying a new car (LEISURE, pleasure shopping).
4. ARRANGING FINANCES, paying bills, loans.
5. Getting registered for a course or program.
6. Tasks involving your pet, e.g., taking Spot for a walk, taking the cat to the vet, not having fun with Spot (LEISURE).

7. OTHER:

If at all possible try not to classify any of the projects in this category; but if it is necessary, please indicate the new category or categories below, along with the codes you have used. In some cases the dimension scores may be helpful, e.g., the project "Mary" may refer to "breaking up with Mary" or "buying Mary a birthday present." Whichever it is, referring to the dimension scores may distinguish whether it is an INTERPERSONAL/INTIMATE project or a LEISURE project. If this is the case, make a note beside the project. The dimension scores can be referred to later.

PROJECT CATEGORIZATION GUIDELINES (SHORT VERSION) 83

1. OCCUPATIONAL/ACADEMIC
  1. ACADEMIC PROJECTS
  2. JOB-RELATED PROJEFCTS
2. HEALTH/BODY-APPEARANCE, HEALTH, FITNESS.
3. INTERPERSONAL
  1. FAMILY
  2. INTERPERSONAL INTIMATE
  3. INTERPERSONAL SECONDARY--ACQUAINTENANCES, ETC.
  4. COMMUNITY/SUPPORTIVE PROJECTS
  5. META-PROJECTS; E.G., GETTING MY SOCIAL LIFE TOGETHER
4. INTRAPERSONAL/VALUE CONCERNS--RELATING TO THE SELF
  1. SPIRITUAL OR PHILOSOPHICAL PROJECTS
  2. SELF IMPROVEMENT PROJECTS
  3. META-PROJECTS; E.G., GETTING A SENSE OF ORDER IN MY LIFE
5. LEISURE
  1. ENTERTAINMENT
  2. P^ARTIES, DANCES
  3. HOBBIES
  4. CONSUMER
  5. DRINKING/DRUGS
  6. PLEASURE READING AND WRITING, LETTER WRITING
  7. VACATION PROJECTS
  8. RECREATIONAL ACTIVITIES
  9. SPORTS
  10. ENJOYING YOUR PET
6. ADMINISTRATIVE/MAINTENANCE
  1. MUNDANE ACTIVITIES; E.G., FINDING A PLACE TO LIVE OR OBTAIN EMPLOYMENT
  2. HOUSEHOLD MAINTENANCE
  3. CAR MAINTENANCE
  4. PAYING BILLS, ARRANGING FINANCES, LOANS
  5. GETTING REGISTERED FOR A COURSE OR PROGRAM
  6. TASKS INVOLVING YOUR PET
7. OTHER

Note: This shortened version is easier to use when actually categorizing projects.

APPENDIX C: Consent Form, Measures, Debriefing Form

INFORMED CONSENT FORM

The purpose of this form is to provide you with sufficient information so that you can understand the purpose of the study and what would be the requirements if you decide to participate in it.

Present Study: Personal Projects and Family Patterns

Research Personnel: Please feel free to contact the following people who are involved in the present study: Gordana Eljdupovic-Guzina (Principal Investigator) 788-2444 (for message), Dr R. Wells (Faculty Supervisor) 788-2661. In case you have further concern about the study please contact: Dr. L. Paguet (Chair, Ethics Committee, Department of Psychology) 788-2692 and/or Dr. W. Jones (Chair, Department of Psychology) 788-2648.

Purpose: The main purpose of this study is to explore family characteristics, drinking habits and personal projects i.e. everyday activities and concerns of students whose parents may have problematic drinking patterns and of those whose parents do not.

Task requirements: Please write your name, student number, sex and phone number and read the instructions carefully. Circle T (true) or F (false) for each statement referring to your family, circle Y (yes) or N (no) for each statement regarding your drinking habit and rate each of your projects from ten to zero.

Duration and local: Testing for the first stage of the study took place during mass testing. Testing for the second stage of the study will be conducted during the time which is convenient for the participant in one of the offices at the Department of Psychology.

Possible risk and/or discomfort: In case you find any of the questions upsetting and you would like to talk about it please contact Counseling and Student Life Services at Carleton University (788-6000) or Dr. R. Wells (788-2661) who is supervising this study (and who is a Registered Psychologist).

Anonymity/Confidentiality: All obtained data will be treated in an anonymous and confidential manner. It will not be possible to associate your name with the specific results of the study.

Right to withdraw: You have the right to withdraw from the study at any time and/or not to answer questions without academic penalty.

I have read the above description of the study on Personal Projects and Family Patterns and I understand the conditions of my participation. My signature bellow indicates that I agree to participate.

Participant's Signature _____ Date _____

Name _____ Age _____ Sex _____

We would like to get some information from you about your family. By "family" we mean the people you personally consider to be your family, whether you are currently living with them or not. Types of families might include "biological", "adaptive", "fostered", "step" and other kinds.

1. To help us understand your family better, please indicate with an 'x' which of the following adjectives apply to your family:

_____ "Biological" - I lived with one or both of my biological parents most of the time.

_____ "Step" - I lived with one of my biological parents and his/her partner most of the time - or I moved back and forth between my parents and their new partners at different times.

_____ "Foster" - I did not live with either of my biological parents, but I was not formally adopted.

_____ "Adoptive" - I did not live with either of my biological parents, and I was formally adopted.

_____ "Other" (please explain) _____

2. Please indicate for each of the following categories, how many people in that category are members of your family as defined above.

_____ Parents	_____ Step-parents
_____ Sisters	_____ Other (relatives)
_____ Brothers	_____ Others (not relatives)
_____ Step-siblings (half-brothers or half-sisters)	

3. Please describe where you are among other children in your family (if any). I am:

_____ an only child
 _____ the oldest of two or more
 _____ in the middle (neither oldest nor youngest) of three or more
 _____ the youngest of two or more
 _____ other (please explain _____)

2 of/de 2

PM-1 3½"x4" PHOTOGRAPHIC MICROCOPY TARGET
NBS 1010a ANSI/ISO #2 EQUIVALENT

PRECISION^{SM} RESOLUTION TARGETS

4. Do you presently live with your family?

_____ Yes

_____ No (How long have you been on your own? ____ mos.)

When you completed our initial questionnaire back in September, you indicated some things about your parents' patterns of alcohol consumption. We would like to ask you again to describe those patterns.

5. Do you feel that your father has been a normal
drinker (by normal we mean drink less than or as
much as most other people)? _____ Yes _____ No

6. Do you feel that your mother has been a normal
drinker (by normal we mean drink less than or as
as much as other people)? _____ Yes _____ No

GLOBAL AND DOMAIN SPECIFIC LIFE SATISFACTION SCALES

1) In general, how satisfied or dissatisfied are you with your life as a whole as it is right now? Circle the number on the scale below that comes closest to how you feel.

0	1	2	3	4	5	6	7	8	9	10
COMPLETELY DISSATISFIED			NEUTRAL					COMPLETELY SATISFIED		

2) In general, how satisfied or dissatisfied are you with your physical health as it is right now? Circle the number on the scale below that comes closest to how you feel.

0	1	2	3	4	5	6	7	8	9	10
COMPLETELY DISSATISFIED			NEUTRAL					COMPLETELY SATISFIED		

3) In general, how satisfied or dissatisfied are you with your social life as it is right now? Circle the number on the scale below that comes closest to how you feel.

0	1	2	3	4	5	6	7	8	9	10
COMPLETELY DISSATISFIED			NEUTRAL					COMPLETELY SATISFIED		

4) In general, how satisfied or dissatisfied are you with your emotional state as it is right now? Circle the number on the scale below that comes closest to how you feel.

0	1	2	3	4	5	6	7	8	9	10
COMPLETELY DISSATISFIED			NEUTRAL					COMPLETELY SATISFIED		

5) In general, how satisfied or dissatisfied are you with your academic life as it is right now? Circle the number on the scale below that comes closest to how you feel.

0	1	2	3	4	5	6	7	8	9	10
COMPLETELY DISSATISFIED			NEUTRAL				COMPLETELY SATISFIED			

INSTRUCTIONS FOR PERSONAL PROJECTS ANALYSIS⁸⁹

We are interested in studying the kinds of activities and concerns that people have at different stages of their life. We call these *personal projects*. All of us have a number of personal projects at any given time that we think about, plan for, carry out, and sometimes (though not always) complete.

Here are some examples of projects:

- Completing my English essay.
- Trying to help Gary get along better with others.
- Overcoming fear of meeting new people.
- Getting more outdoor exercise.
- Trying to finish the book Allan gave me.
- Taking a trip to Ottawa.
- Cutting the grass.
- Finding a part-time job.
- Redecorating my bedroom.
- Trying to clarify my religious beliefs.
- Losing ten pounds.
- Making a birthday present for my friend.

We are also very interested in finding out how people feel about these personal projects, how enjoyable they are, and so on. We would appreciate it if you could begin by just writing down in the next ten minutes as many personal projects as you can that you are engaged in or thinking about at the present time—remember these are not necessarily formal projects, or important ones—we would prefer you to give us more of the everyday kinds of activity or concerns that characterize your life at present.

List of Projects

Please go ahead and write down as many as you can in ten minutes.

[illegible]

Now copy the projects in as brief a form as possible on the Personal Projects Matrix. Just make your description long enough to keep each project clearly in mind. As you can see, there is space for 10 projects. If your initial list contains more than 10, select the 10 that you are most likely to engage in over the next month or so. If you wrote down fewer than 10, see if you can think of several more, or break down some of those you listed into several projects. It is important for everyone to try to fill in 10 projects.

In columns 1 to 22 please rate each one of your projects using any number from 0 to 10 on the following dimensions. Remember that numbers between 0 and 10 can also be used.

1. Importance: how important each project is to you at the present time (use 10 if the project is very important to you and 0 if it is not at all important to you).
2. Enjoyment: how you enjoy working on each project (use 10 if you enjoy it a great deal and 0 if you do not enjoy it at all).
3. Difficulty: how difficult you find it to carry out each project (use 10 for a project that you find very difficult to carry out and 0 for the one that you do not find difficult at all).
4. Control: how much you feel you are in control of each project (use 10 for a project over which you feel in complete control and 0 for a project over which you feel you have no control at all).
5. Initiation: how much you feel responsible for having initiated each project (use 10 if you feel fully responsible for having initiated a project and 0 if you feel you have taken no part whatsoever in initiating a project).
6. Stress: how stressful it is for you to carry out each project (use 10 if a project is very stressful to carry out and 0 if a project is very relaxing to carry out).
7. Time adequacy: how much you feel that the amount of time you spend working on each project is adequate (use 10 if you feel that the amount of time spent on a project is perfectly adequate and 0 if you feel, for one reason or another, that the amount of time you spend working on a project is not at all adequate)

- 8. Outcome:** what you anticipate the outcome of each project to be (use 10 if you think that a project will be extremely successful and 0 if you think that a project will turn out to be a total failure)
- 9. Self-identity:** how typical of you each project is (use 10 if a project is very typical of you and 0 if it is not at all typical of you)
- 10. Value congruency:** to what extent is each project consistent with the values which guide your life (use 10 if a project is totally consistent with your values and 0 if a project is totally at odds with them)
- 11. Positive impact:** how much you feel that each project helps the others. Don't worry whether it hinders or not, we'll get to that on the next dimension (use 10 to indicate that a project greatly increases your chances of working on other projects and 0 to indicate that a project has no positive effect).
- 12. Negative impact:** how much you feel that each project hinders other projects (use 10 to indicate that a project seriously hinders your chances of working on other projects and 0 to indicate that it does not have any negative effect).
- 13. Progress:** how successful you have been in a project so far (use 10 to indicate that you have been very successful and 0 to indicate that you have had no success at all).
- 14. Challenge:** to what extent each project is demanding and challenging to you (use 10 if a project is most challenging and 0 if it is not challenging at all)
- 15. Commitment:** to what extent are you committed to the successful completion of this project (use 10 if you are totally committed and use 0 if you are not at all committed).
- 16. Absorption:** to what extent you become engrossed or deeply involved in a project (use 10 if you generally get absorbed in an activity and 0 if you tend to be uninvolved when doing it)

17. Support-mother: to what extent you feel that your mother supports or would support this project (use 10 if you feel she supports/would support this project a great deal and 0 if she does/would not support it at all).
18. Hindrance-mother: to what extent you feel that your mother frustrates or would frustrate this project (use 10 if you feel she frustrates/would frustrate this project a great deal and 0 if she does/would not frustrate it at all)
19. Support-father: to what extent you feel that your father supports or would support this project (use 10 if you feel he supports/would support this project a great deal and 0 if he does/would not support it at all).
20. Hindrance-father: to what extent you feel that your father frustrates or would frustrate this project (use 10 if you feel he frustrates this project (use 10 if you feel he frustrates /would frustrate this project a great deal and 0 if he does/would not frustrate it at all).

Think of one person whom you consider to be the most important one in your current life and write who that person is in the blank space in columns 21 and 22 on your Personal Projects Matrix. Here are some examples:

Support-friend	Support-brother
Hindrance-friend	Hindrance-brother
Support-girlfriend	Support-uncle
Hindrance-girlfriend	Hindrance-uncle
Support- room-mate	Support- cousin
Hindrance- room-mate	Hindrance- cousin
Support-friend's mother	Support-professor
Hindrance-friend's mother	Hindrance-professor

If the most important person in your current life is your mother or father please write mother/father in columns 21 and 22 and then skip the rating since you have already done that in columns 17-20. Now, please rate:

21. Support-: to what extent you feel that the most important person in your current life supports this project (use 10 if you feel he/she supports this project a great deal and 0 if he/she does not support it at all)
22. Hindrance-: to what extent you feel that the most important person in your current life frustrates this project (use 10 if you feel he/she frustrates this project a great deal and 0 if he/she does not frustrate it at all).

Personal Projects Matrix

[illegible]

MAST

Read the questions carefully and answer each question by circling Y (Yes) or N (No). The word 'drinking' refers to drinking of alcoholic beverages. Please answer all questions.

1. Do you feel you are a normal drinker (by normal we mean drink less than or as much as most other people)? Y N
2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening? Y N
3. Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking? Y N
4. Can you stop drinking without a struggle after one or two drinks? Y N
5. Do you ever feel guilty about your drinking? Y N
6. Do friends or relatives think you are a normal drinker? Y N
7. Are you able to stop drinking when you want to? Y N
8. Have you ever attended a meeting of Alcoholics Anonymous? Y N
9. Have you ever gotten into physical fights when drinking? Y N
10. Has drinking ever created problems between you and your wife, husband, a parent or other near relative? Y N
11. Has your wife, husband, a parent or other near relative ever gone to anyone for help about your drinking? Y N
12. Have you ever lost friends because of your drinking? Y N
13. Have you ever gotten into trouble at work because of your drinking? Y N
14. Have you ever lost a job because of drinking? Y N
15. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking? Y N
16. Do you drink before noon fairly often? Y N

17. Have you ever been told you have liver trouble?
Cirrhosis? Y N
18. After heavy drinking have you ever had delirium
tremens (DTS) or severe shaking, or heard voices or
seen things that weren't really there? Y N
19. Have you ever gone to anyone for help about your
drinking? Y N
20. Have you ever been in a hospital because of drinking? Y N
21. Have you ever been a patient in a psychiatric hospital
or on a psychiatric ward of a general hospital where
drinking was part of the problem that resulted in
hospitalization? Y N
22. Have you ever been seen at a psychiatric or
mental health clinic or gone to any doctor, social
worker or clergyman for help with any emotional
problem, where drinking was part of the problem? Y N
23. Have you ever been arrested for drunken driving,
driving while intoxicated, or driving under the
influence of alcoholic beverages? Y N
24. Have you ever been arrested, even for a few hours,
because of other drunken behavior? Y N

F E S

INSTRUCTIONS

There are 90 statements in this booklet. They are statements about families. You are to decide which of these statements are true of your family and which are false. If you think the statement is TRUE or mostly TRUE of your family, circle T (true) beside the statement. If you think the statement is FALSE or mostly FALSE of your family, circle F (false) beside the statement.

You may feel that some of the statements are true for some family members and false for others. Circle T if the statement is TRUE for most members. Circle F if the statement is FALSE for most members. If the members are evenly divided, decide what is the stronger overall impression and answer accordingly.

Remember, we would like to know what your family seems like to YOU. So DO NOT try to figure out how other members see your family, but DO give us your general impression of your family for each statement.

1. Family members really help and support one another. T F
2. Family members often keep their feelings to themselves. T F
3. We fight a lot in our family. T F
4. We don't do thing on our own very often in our family. T F
5. We feel it is important to be the best at whatever you do. T F
6. We often talk about political and social problems. T F
7. We spend most weekends and evenings at home. T F
8. Family members attend church, synagogue or Sunday School fairly often. T F
9. Activities in our family are pretty carefully planned. T F
10. Family members are rarely ordered around. T F
11. We often seem to be killing time at home. T F
12. We say anything we want to around home. T F
13. Family members rarely become openly angry. T F
14. In our family, we are strongly encouraged to be independent. T F
15. Getting ahead in life is very important in our family. T F
16. We rarely go to lectures, plays or concerts. T F
17. Friends often come over for dinner or to visit. T F
18. We don't say prayers in our family. T F
19. We are generally very neat and orderly. T F
20. There are very few rules to follow in our family. T F
21. We put a lot of energy into what we do at home. T F
22. It's hard to "blow off steam" at home without upsetting somebody. T F
23. Family members sometimes get so angry they throw things. T F
24. We think things out for ourselves in our family. T F

25. How much money a person makes is not very important to us.	T	F
26. Learning about new and different things is very important in our family.	T	F
27. Nobody in our family is active in sports, Little League, bowling, etc.	T	F
28. We often talk about the religious meaning of Christmas, Passover, or other holidays.	T	F
29. It's often hard to find things when you need them in our household.	T	F
30. There is one family member who makes most of the decisions.	T	F
31. There is a feeling of togetherness in our family.	T	F
32. We tell each other about our personal problems.	T	F
33. Family members hardly ever lose their tempers.	T	F
34. We come and go as we want to in our family.	T	F
35. We believe in competition and "may the best man win."	T	F
36. We are not that interested in cultural activities.	T	F
37. We often go to movies, sports events, camping, etc.	T	F
38. We don't believe in heaven or hell.	T	F
39. Being on time is very important in our family.	T	F
40. There are set ways of doing things at home.	T	F
41. We rarely volunteer when something has to be done at home.	T	F
42. If we feel like doing something on the spur of the moment we often just pick up and go.	T	F
43. Family members often criticize each other.	T	F
44. There is very little privacy in our family.	T	F
45. We always strive to do things just a little better the next time.	T	F
46. We rarely have intellectual discussions.	T	F
47. Everyone in our family has a hobby or two.	T	F

48. Family members have strict ideas about what is right and wrong.	T F
49. People change their minds often in our family.	T F
50. There is a strong emphasis on following rules in our family.	T F
51. Family members really back each other up.	T F
52. Someone usually gets upset if you complain in our family.	T F
53. Family members sometimes hit each other.	T F
54. Family members almost always rely on themselves when a problem comes up.	T F
55. Family members rarely worry about job promotions, school grades, etc.	T F
56. Someone in our family plays a musical instrument.	T F
57. Family members are not very involved in recreational activities outside work or school.	T F
58. We believe there are some things you just have to take on faith.	T F
59. Family members make sure their rooms are neat.	T F
60. Everyone has an equal say in family decisions.	T F
61. There is very little group spirit in our family.	T F
62. Money and paying bills is openly talked about in our family.	T F
63. If there's a disagreement in our family, we try hard to smooth things over and keep the peace.	T F
64. Family members strongly encourage each other to stand up for their rights.	T F
65. In our family, we don't try that hard to succeed.	T F
66. Family members often go to the library.	T F
67. Family members sometimes attend courses or take lessons for some hobby or interest (outside of school).	T F
68. In our family each person has different ideas about what is right and wrong.	T F

69. Each person's duties are clearly defined in our family.	T F
70. We can do whatever we want to in our family.	T F
71. We really get along well with each other.	T F
72. We are usually careful about what we say to each other.	T F
73. Family members often try to one-up or out-do each other.	T F
74. It's hard to be by yourself without hurting someone's feelings in our household.	T F
75. "Work before play" is the rule in our family.	T F
76. Watching T.V. is more important than reading in our family.	T F
77. Family members go out a lot.	T F
78. The Bible is a very important book in our home.	T F
79. Money is not handled very carefully in our family.	T F
80. Rules are pretty inflexible in our household.	T F
81. There is plenty of time and attention for everyone in our family.	T F
82. There are a lot of spontaneous discussions in our family.	T F
83. In our family, we believe you don't every get anywhere by raising your voice.	T F
84. We are not really encouraged to speak up for ourselves in our family.	T F
85. Family members are often compared with others as to how well they are doing at work or school.	T F
86. Family members really like music, art and literature.	T F
87. Our main form of entertainment is watching T.V. or listening to the radio.	T F
88. Family members believe that if you sin you will be punished.	T F
89. Dishes are usually done immediately after eating.	T F
90. You can't get away with much in our family.	T F

Personal Projects and Family Patterns

Debriefing

Family patterns are fairly constant ways in which members of the family act, interact among each other, perceive and interpret things. Often family members tend to maintain some of these patterns and/or develop certain, specific characteristics which represent a good 'fit' or 'match' for the existing family relationships. These patterns or characteristics can stay even when the person leaves his/her family or they may change. One interesting family pattern concerns drinking. We wondered whether people whose parents exhibited potentially problematic pattern differ from other people whose parents did not show these patterns.

In this study I would like to explore Personal Projects of students whose parents have exhibited those potential problematic patterns and of those who have not. I would also like to explore how they perceive various domains of their families and what are their own drinking habits. Questions which you filled out in mass testing provided us with measures which suggest whether your parents showed potentially problematic drinking patterns or not.

Personal Projects are extended sets of personally relevant actions. They may range from seemingly trivial pursuits of daily life, such as 'walking my dog' to the magnificent obsessions of a life-time, such as 'liberate my people". They represent our everyday activities and concerns, our intentions and wishes but also the current context, constraints and opportunities of the situation we are in. Projects are ways of our 'muddling through' our lives. Some of them we just have to do whereas some, we enjoy a great deal and experience as an integral part of ourselves.

Studying Personal Projects of students whose parents probably exhibited drinking patterns and of those whose parents did not exhibit these patterns would allow us to see if family relations are reflected in the students' current, everyday tasks and joys, and if so, to what extent and how. Are there any areas (types of Personal Projects) that students whose parents most likely manifest drinking problems find more difficult, more enjoyable or more interesting than do students whose parents do not express these patterns. Since the purpose of the study is to relate one's current life with his/her family patterns the study will also explore various aspects of the family environment. It seems that specific characteristics of the family environment can differently contribute to how one currently feels about his/her life (projects) no matter whether his/her parent had a problematic drinking habit or not. Thus, some families where there is not a drinking pattern might have some other less satisfactory aspects which could be reflected in one's dissatisfaction with the current life (projects). Also, in some families where drinking patterns exist some other aspect of their functioning could be satisfactory which could be further reflected in one's satisfaction with the current life (projects). Since drinking could be one of the patterns that the next generation in the family could repeat from the previous one (but also develop it for the

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