DRINKING-TO-COPE: IS ADDICTION AN ATTACHMENT DISORDER?

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Abstract

The attachment system an individual develops is shaped in childhood by the bond between the child and their caregiver. When the caregiver's support is inconsistent, the child may turn to outside means for coping with stressful situations. These early attachment experiences have been reported to play an important role in the manifestation of alcohol use disorder (Wedekind, at. al., 2013). Addiction to alcohol continues to be a focus of study and concern for clinical professionals and has a significant impact on society as a whole. The purpose of this study was to evaluate the pattern of alcohol use in college students with disorganized attachment style, an attachment consisting of an unorganized state of mind with respect to relationships, in order to further understand the consequences this attachment style has into their adulthood. The study was conducted using an online survey including questions assessing disorganized attachment, alcohol dependence, and proactive coping skills. With the consideration that attachment styles is of significant importance in the diagnosis and therapy of alcohol addiction, treatment options are proposed to help place a stronger emphasis on repairing and forming attachments in disorganized individuals.

I. Introduction

The attachment system an individual develops is shaped in childhood by the bond between the child and their caregiver. When the caregiver's support is inconsistent, the child may turn to outside means for coping with stressful situations. These early attachment experiences have been reported to play an important role in the manifestation of alcohol use disorder (Wedekind, at. al., 2013). With the consideration that an individual's attachment style is of significant importance in the diagnosis and therapy of alcohol addiction, this thesis will explore past research, give an analysis of the current research study conducted, and propose treatment options to help place a stronger emphasis on repairing and forming a healthy attachment style in hopes of reducing alcohol use disorder.

History

John Bowlby (1969, 1973, 1980) was one of the pioneers of attachment research, identifying it as a vital bond between children and their primary caregivers. This innate attachment system is what motives a child to seek close proximity to their caregivers, particularly in times of distress. The connection we have with our caregivers and our early life experiences become the lens through which we view our self-worth and our capacity to be empathic, caring, and genuine. Parents "are responsible for socializing their children and to help them develop the repertoire of skills necessary for dealing with problems and obstacles in life" (Grossmann, et. al., 2008). These attachment styles influence our feelings of security, the personal meaning we give to our experiences, and the ability to develop and maintain intimacy with others. The attachment styles that develop in childhood affect our behavioral and emotional development into adulthood.

Unless amended and changed by therapeutic intervention, this ability to facilitate relationships sticks with us from cradle-to-grave. We all have perceptions and behaviors across the continuum of attachment styles; however, we tend to adopt one primary style based on our early attachment relationship with our caregivers (Lac, et. al., 2013).

Following in Bowlby's footsteps, Mary Ainsworth conducted research that clarified the distinct types of attachment bonds that are formed as a result of different approaches to parenting. She conducted the famous "strange situation" paradigm (1970), which helped to clarify the complex relationship between parenting styles and the types of attachment bonds that can develop from it. In the study, Ainsworth examined the separation and reunion of children and their caregivers to evaluate the type of bond they shared (Ainsworth and Bell, 1970). In order to do this, Ainsworth evaluated the child's reaction to being left by their caregivers in a new environment, then she observed the child's behavior and affect once reunited with the caregiver (Ainsworth and Bell, 1970). Ainsworth wanted to know if the child was able to use the person they are attached to as a secure base from which to explore and use as a haven of safety and comfort. Or, is the child lacking confidence in the caregiver's availability and responsiveness and thus unable to use the caregiver effectively (Ainsworth and Bell, 1970). In conclusion, Ainsworth defined three specific types of attachment bonds: secure, insecure-avoidant, and insecure-anxious. Later research conducted by Main and Solomon added a fourth category, known as disorganized (Main and Solomon, 1986), which will be the main focus of this thesis.

Secure Attachment Style

Bonds based on sensitivity and consistency between a child and their caregiver fosters secure attachment (Paetzold, et. al., 2015), as these children are able to rely on their attachment figure as a constant provider of support and safety. They know they can depend on their caregiver in times of distress. Therefore, these individuals acquire a healthy internal working model of themselves and others. Adults with secure attachment are able to develop skills necessary to regulate their emotions and manage their impulses (Lac, et. al., 2013).

Insecure-Avoidant Attachment Style

When attachment figures consistently reject their child's need for comfort in times of distress, they develop an avoidant attachment to them. According to Paetzold (2015) this rejection teaches the individual to not turn to their attachment figures when distressed, but instead to actively ignore them and seek to cope through their own efforts. Since more avoidant individuals have experienced rejection and fear further rejection, this fear encourages distancing for self-protection which motivates individuals to seek independence and autonomy and tend to fear intimacy and dependence of their partners.

Insecure-Anxious Attachment Style

Caregivers who are inconsistent in their actions towards their child, sometimes being responsive and sometimes unresponsive, produce individuals with anxious attachment to them because they were not perceived as constantly helpful or protective. This leads adults with anxious attachment to be conflicted, desiring close proximity in times of distress, but lacking trust in their partner's availability. Anxious individuals fear

abandonment, which encourages approach to attachment figures to ensure that their needs are met and abandonment does not take place (Paetzold, et. al., 2015).

These three primary types of attachment are considered to be "organized" because they provide coherent working models that allow the individual to select strategies that are most adaptive within the constraints of their relationships with their attachment figures.

Disorganized Attachment Style

Individuals labeled as disorganized, do not demonstrate organized secure, avoidant, or anxious strategies for dealing with stress. These individuals are viewed as a result of simultaneous activation of two competing responses to their attachment figure. According to Main and Solomon (1990), children with disorganized attachment develop a fear of their caregivers because these figures display frightening behaviors in their everyday interactions with their children. This fear provokes the child to avoid their attachment figure. However, this response is opposed by our biological nature to seek proximity to our attachment figure when afraid. The attachment system ironically encourages the individual to approach the source of their fear to relieve their fear. This fright without solution (Main and Solomon, 1990) is considered to be the core of disorganization and can be seen in Ainsworth's Strange Situation paradigm, where children who demonstrated disorganized attachment "seemed momentarily terrified by their parent's reentry, while others approached and retreated with a dazed expression unable to make an organized response to their distress" (Ainsworth and Bell, 1970).

Unlike avoidance and anxiety, the central characteristic of disorganization in adulthood is a fear of romantic attachment figures in general. The fear of one's partner is a more elemental and pervasive type of fear. This "fright without solution" (Main and Solomon, 1990) puts adults who are disorganized in a unique position. Their fear of attachment figures encourages contradictory and confused behavior as they seek to approach the partner in times of distress, but these approaches may be interrupted or incomplete, appearing to be chaotic or incoherent, because their fear of the partner may simultaneously cause apprehension and a desire to distance themselves.

Early disorganized attachment is linked to a higher risk of internalizing behavior later in life. When attachment needs are frustrated, not only does the individual become angry, but they also experience general anxiety in their efforts to maintain proximity to their caregiver (Paetzold, et. al., 2015). This combination of anger and anxiety leads to the inability of the adult to form stable and secure attachment relationships (Bowlby, 1980), which brings about symptoms or behaviors like sadness, depression, anxiety, and social withdrawal. These symptoms or behaviors that may lead an individual to depend on outside sources, such as alcohol, to cope with these internal feelings of inadequacy.

Problem Drinking

Alcohol is a significant and tragic coping mechanism for the daily life of many people in the United States. According to the 2015 National Survey on Drug Use and Health (NSDUH), about 43 percent, or 76 million, people in the United States have been exposed to alcoholism in the family whether they grew up with, married, or had a blood relative who was a problem drinker (Alcohol Facts and Statistics, 2017). Finding a more

effective treatment is crucial to improving the lives of millions of individuals. The personal tragedy of an individual struggling with addiction, or knowing someone who struggles with addiction, involves loss of life, fortunes, freedom, and futures. Without question alcohol abuse and dependence are among one of the most substantial issues facing American society today.

Research has shown that early attachment experiences play an important role in the manifestation of alcoholism. The clinical evidence that most addicts experience difficulties in interpersonal relationships has given rise to the perception of addiction as an attachment disorder. In particular, Wyrzykowska (2014) sought out to research the attachment styles and their dimensions amongst a group of alcohol dependent persons. The study showed that individuals with alcohol dependence significantly differ from non-alcoholics in terms of attachment style. They received significantly lower scores on secure attachment style and higher scores on insecure attachment style: anxious-ambivalent and avoidant, as well as higher scores on the dimension of displaying severe anxiety and avoidant characteristics. These results are consistent with the results of other studies in which the percentage distribution of the occurrence of secure attachment style in addicted individuals vary from 5.4 to 40%, while insecure attachment styles vary from 66 to 94.6% (De Rick, 2017; Juen F, et. al, 2013; Wedekind, et. al., 2013). Dependent persons are significantly less prone to manifest secure, trusting attachments to others, in contrast, they are more likely to exhibit distrust, fear, insecurity, and to avoid closeness and intimacy in relationships with loved ones (Wyrzykowska, et. al., 2014).

Attachment theory asserts that the capacity to develop healthy interpersonal relationships depends on the quality of early infant-caregiver interactions (De Rick and

Vanheule, 2007). The self-medication hypothesis shares with attachment theory an attachment perspective of addiction, and the idea that "substance abuse is an expression of vulnerability and dysfunction in regulating self-esteem, self-care, and interpersonal relationships" (Suh et. al., 2008, p. 528). This inability to manage emotions leads the person to seek out alcohol when confronted with emotions that are overpowering or intolerable.

Coping

Coping is the behavioral and cognitive efforts to tolerate, reduce, or master stressful situations and the emotions that accompany them. Internalizing their working model of attachment, individuals develop key cognitive skills based on the approach conveyed from their caregivers as children. This happens particularly through the development of stress appraisal processes. Stress appraisal refers to the process by which an individual evaluates and copes with a stressful event (Folkman, et. al., 1986). Stress appraisal theory is concerned with individuals' *subjective evaluation* of the event, rather than with the objective nature of the event per se.

People differ in how they construe what is happening to them, the details of a particular situation and the attachment style of the individual experiencing a stressor has a direct impact on the coping process. Since coping relies primarily on one's individual thoughts and perceptions of a stressor, this explains why for each attachment style different coping techniques may be most effective (Folkman, et. al., 1986).

One reason that individuals may be motivated to use alcohol to cope with negative emotions is associated with interpersonal distress (Cooper et al., 1995). If

treatment in the addicted population is a significant issue, then treatment programs would benefit from a stronger emphasis on repairing and forming attachments. Thus, it is crucial in knowing a problem drinker's attachment style in order to better treat the individual.

Purpose of the study

Despite the rise in perception of addiction as an attachment disorder, empirical studies on this topic are still limited. Most research regarding the effects of attachment style into adulthood are done in respect to the organized category of attachment style, they have infrequently focused on the character of disorganized attachment in adults. My hope is that this research will not only expand the knowledge of the consequences disorganized attachment has in adulthood, but also provide further grounds for treating individuals with alcohol addiction using a stronger emphasis on developing healthy interpersonal relationships due to the lack thereof based on their attachment style.

I will be focusing on alcohol use and proactive coping skills in college students with disorganized attachment style to see if there are any links between drinking-to-cope and disorganization. My hypothesis is that adults with disorganized attachment (compared to other attachment styles) will have a riskier pattern of alcohol use, and that this relationship (i.e., between attachment and alcohol use) will be significantly influenced by participants' levels of proactive coping. For instance, individuals with higher levels of disorganized attachment will have lower levels of proactive coping skill, which will lead to a riskier pattern of alcohol use (i.e., higher levels of problem drinking). These predictions are shown in Figure 1.
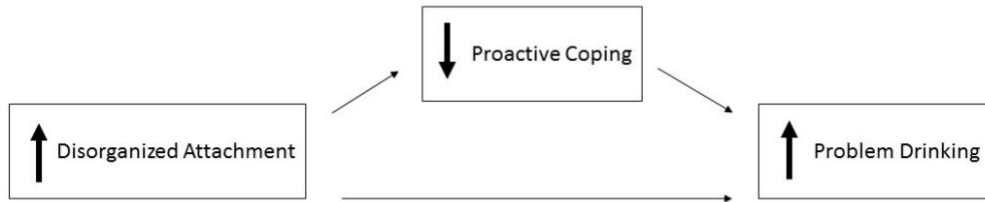
Figure 1. Hypothesized Relationships between Disorganized Attachment, Proactive

Coping, and Problem Drinking

II. Method

Participants and Procedure

A sample of 160 participants were recruited from PSY 1300 Introductory Psychology course at Texas State University as part of the PSY 1300 Research Experience program. Participants who completed the survey received 1 "credit" toward their 4 credit research participation requirement. Data was collected anonymously via an online survey using Qualtrics.

Measures

The online survey (see Appendix) contained the following measures: (1) Demographic Information and Alcohol History, (2) Alcohol Dependence Data Questionnaire (SADD), (3) Adult Disorganized Attachment Scale (ADA), and (4) Proactive Coping Scale.

Demographic Information and Alcohol History

Participants completed a demographic questionnaire, which included questions regarding the participant's sex, age, and ethnicity. Along with questions based on their drinking history and their family's drinking history.

Alcohol Dependence Data Questionnaire (SADD)

The Alcohol Dependence Data Questionnaire (SADD) (Raistrick et. al., 1983) consists of fifteen questions that cover a wide range of topics having to do with drinking. Each question has four responses: "never", "sometimes", "often", and "nearly always". The SADD has a maximum score of forty-five. And is scored based on the following

scale: 1-9 low dependence, 10-19 medium dependence, and 20 or greater high dependence.

Adult Disorganized Attachment Scale

The Adult Disorganized Attachment Scale (ADA) (Paetzold et. al., 2015) consists of nine questions that measure the participant's feelings towards romantic relationships. Participants rated their agreement with each statement on a 7-point scale, from 1 (strongly disagree) to 7 (strongly agree).

Proactive Coping Scale

The Proactive Coping Scale (Greenglass et. al., 1999) consists of fourteen questions that deal with reactions the participant has towards various situations. Participants indicate how true each of the statements are using four responses: "not true at all", "barely true", "somewhat true" and "completely true".

III. Results

One outlier with a problem drinking score greater than three standard deviations from the mean was removed prior to analysis. All continuous variables were then examined for normality. Categorical variables for demographics and alcohol use were examined using frequencies, and continuous variables were described using means, standard deviations, and ranges. Relationships between disorganized attachment, problem drinking, and proactive coping were examined using Pearson's Correlations on continuous data to determine whether or not results warranted a subsequent test of mediation via multiple regression using the methods of Baron and Kenny (1986).

Demographics

The participant sample was predominately female (80%), 19% male, and 1% non-binary. In terms of race/ethnicity, the participant sample was 45% White, 29% Hispanic/Latino, 8% African American/Black, 1% American Indian/Native American, 1% Asian, and 16% were bi-racial or multi-racial. The mean age of participants was 19 years (*S.D.* = 2 years, range = 18-38 years).

Alcohol Use

On average, participants reported having their first drink of alcohol (even if it was given to them as a child) at age 13.6 (*S.D.* = 4 years, range = 1-21 years). Forty-seven percent of participants were family history positive for alcohol use disorder. Sixty-three percent reported a personal history of binge drinking, and 27% reported binge drinking during high school. Fifty-eight percent of participants reported pre-gaming, that is, drinking alcohol at home (or other private residence) prior to attending an event where
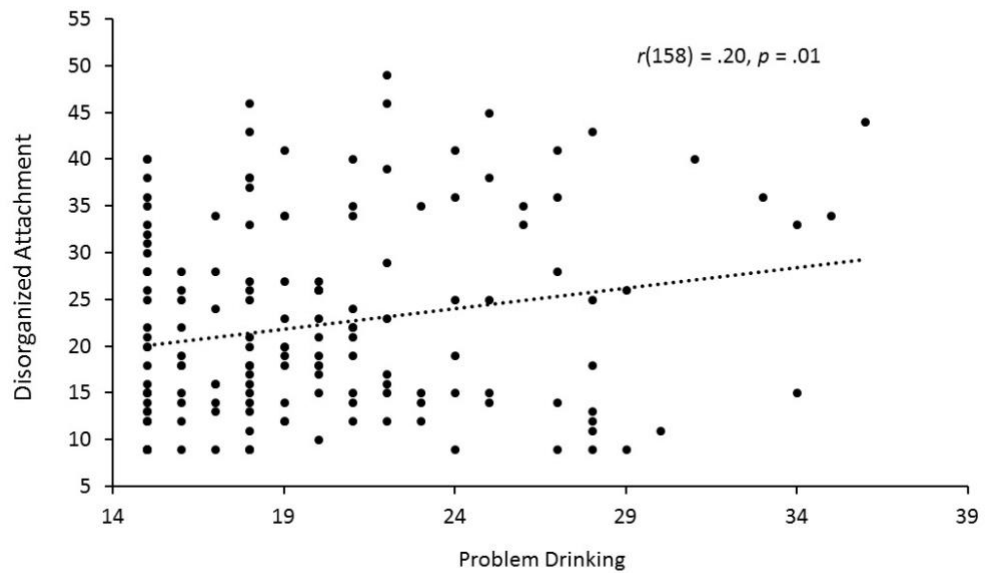
additional alcohol would be served. Seventy percent reported playing drinking games. In terms of problem drinking, 56% of participants had SADD scores in the "medium" range, and 44% were in the "high" range of alcohol consumption. None of the participants in this study fell within the "low" range of alcohol consumption. When continuous SADD scores were examined, the average total score was 19.97 (S.D. = 4.87, range = 15 – 36).

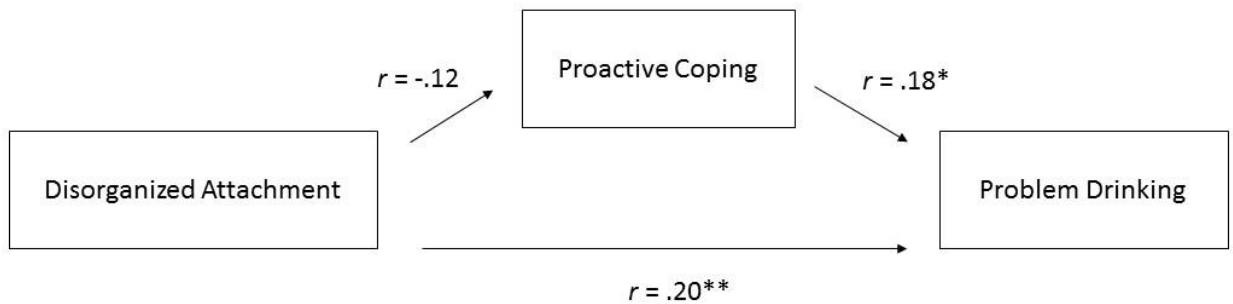**Disorganized Attachment and Proactive Coping**

On the Adult Disorganized Attachment Scale (ADA) section of the survey, the average total score was 22.26 (*S.D.* = 10.54, range = 9 - 49). In terms of proactive coping, the average total score on the Proactive Coping Scale was 43.49 (S.D. = 6.01, range = 23 – 55).

Correlations

As hypothesized, participants' levels of disorganized attachment were positively correlated with their alcohol consumption ($r(158) = .20$, $p = .01$), such that those with more disorganized attachment had more problematic drinking habits. See Graph 1. Interestingly, proactive coping and problem drinking were significantly, positively related ($r(158) = .18$, $p = .03$), such that participants who endorsed a greater number of proactive coping tendencies were more likely to have more problematic drinking habits. However, disorganized attachment was not significantly related to proactive coping ($r(158) = -.12$, $p = .14$), thus, further tests of mediation were not appropriate and no additional analyses were conducted. For an overview of results, see Figure 2.

Graph 1. Correlation between Disorganized Attachment and Problem Drinking

*p < .05, **p = .01

Figure 2. Correlations between Disorganized Attachment, Proactive Coping, and

Problem Drinking.

IV.   Discussion

Discussion of Results

A central purpose of this study was to add to the limited research available on the influence that disorganized attachment may have on behavior in adulthood. Specifically, this study was designed to determine if there are any links between drinking-to-cope behaviors and disorganized attachment style.

The first research question was to answer if there was a positive relationship between adults with disorganized attachment and problem drinking. This relationship was significant. Individuals with higher levels of disorganized coping had higher levels of alcohol consumption. All participants scores on the SADD were in the potentially concerning levels of alcohol dependence, which is not unusual in the college drinking culture. Forty-seven percent of participants in the current study were family history positive for alcohol use disorder, which aligns with Alcohol Facts and Statistics (2017) findings that 43% of people in the United States have been exposed to alcoholism in the family. *American Addiction Center (2018)* writes that those who grow up in households with alcohol addiction are *four times more likely to develop* alcoholism in their own adult lives. These high levels of alcohol use may not subside after college, and those with greater disorganized attachment may be particularly vulnerable to alcohol use disorder.

It was predicted that the relationship between disorganized attachment would be influenced by proactive coping. To test this prediction, correlations between the three variables (i.e., disorganized attachment, alcohol use, and proactive coping) were examined. The finding of significant correlations between all three variables would have

triggered a mediation analysis to determine the extent of the influence of proactive coping on the relationship between disorganized attachment and alcohol use. No significant relationship was found between proactive coping and disorganized attachment. Further, although it was predicted that proactive coping would be *negatively* associated with drinking (i.e., it was expected that individuals with a higher level of proactive coping skill would have lower levels of alcohol consumption), a *positive* relationship was found. This unexpected finding may be related to the fact that the participant sample was composed of college students who drank relatively heavily. Despite heavy alcohol consumption, the population of college students may also engage in more proactive coping strategies as part of their student role, as compared to individuals in the general, non-college population of the same age group.

Strengths and Limitations

A strength of this study was that the research sample was inclusive of a variety of ethnicities, which represented the school population as a whole. A limitation of this research study is that it is not representative of a larger population of student and non-student participants. This participant sample was primarily young and female. These results should be examined in a larger sample with more equal distribution of gender. The age of participants, and the fact that they were all college students enrolled in an introductory psychology course may also have influenced our findings, particularly with regard to the unexpected positive correlation between proactive coping and problem drinking. This hypothesis should be examined in a larger population composed of students and non-students. In addition, it is important to note that disorganized attachment level was determined via survey and does not constitute an official diagnosis.

The potential inter-relationships of disorganized attachment, alcohol use and proactive coping may differ in clinical populations.

Implications for Future Research

Since the college culture promotes drinking, and potential rewards proactive coping strategies, in further research I would like to conduct this study using a different sample so it would be more representative of the general population. I believe using participants from local rehabilitation facilities and support groups like Alcoholics Anonymous would provide more accurate results for the purpose of this study.

To further explore if there is a connection between drinking-to-cope and disorganized attachment, I would research whether negative (instead of positive) coping skills could lead to problem drinking. One type of negative coping skills is avoidant coping or escape coping, which is a maladaptive coping mechanism characterized by the effort to avoid dealing with a stressor (Boyes, 2013). As I have previously stated, this inability to manage emotions can lead the person to seek out alcohol when confronted with emotions that are overpowering or intolerable. Fromme and Rivet (1994) discovered that avoidance coping was found to predict increased levels of alcohol consumption. For the purpose of this study, further exploration should be done to see if there is a correlation between disorganized attachment, avoidant coping, and problem drinking.

As a result of these implications, the continuation of this subject of research needs to occur in order to advance our understanding of the effects disorganized attachment has in adulthood.

Implications for Treatment

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Because there was a positive correlation between disorganized attachment and problem drinking a bigger stress needs to be placed on addiction as an attachment disorder. Attachment styles in individuals with alcohol use disorder should be evaluated that way a professional can work with the individual on building their foundation in relationships. It is imperative that alongside rebuilding their skills needed to form healthy and stable relationships, that they are taught healthy coping mechanisms at a basic level. I believe with this combination of rebuilding relationship skills and healthy coping mechanisms it will help individuals with alcohol use disorder.

Although proactive coping was not linked to less alcohol consumption or disorganized attachment in terms of this study, there is still the possibility that there is a connection that was not apparent in the college population included in this study. Thus, further research needs to be done in order to better understand the effects of disorganized attachment.

V.   Appendix

Demographic Information and Alcohol History

Demographic Questions

- What is your gender? _____

- What is your age in years? _____

- Which racial categories to do identify yourself as? Choose all that apply.

  o American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

  o Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

  o African American or Black. A person having origins in any of the black racial groups of Africa.

  o Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

  o White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

  o Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

Alcohol History Questions

- In your lifetime, have you ever had a drink of alcohol, even if it was given to you as a child? Yes/No

- How old were you when you had your first drink of alcohol, even if it was given to you as a child? _____

- How old were you the first time you consumed enough alcohol to get drunk? (If you've never been drunk, then type n/a) _____

- How old were you the first time you began drinking on a regular basis? (If you've never consumed alcohol on a regular basis, then type n/a) _____

- In the previous 6 months, how often did you have any kind of beverage containing alcohol whether it was beer, wine, whiskey, or any other alcoholic drink?

  o No alcohol at all in the last 6 months

  o At least one time in the last 6 months

  o About once a month

  o Two or three times per month

  o One or two days a week

  o Three or four days a week

  o Every day or nearly every day

  o Twice a day

- o   Three times or more per day

- Do you ever play drinking games? Yes/No

- Do you ever "pre-game" or drink BEFORE attending an event where more alcohol will be served? Yes/No

- Since you first started drinking alcohol, have you ever consumed more than 4 drinks (if you are a woman) or more than 5 drinks (if you are a man) within a two-hour period? Yes/No

- If yes, would you say that this (4+ for women; 5+ for men, in 2 hours) is your typical drinking pattern? Yes/No

- Have you consumed alcohol in this way (4+ for women; 5+ for men, in 2 hours) in the past? (check all that apply)

- o   6 months

- o   3 months

- o   1 month

- o   2 weeks

- Did you consume alcohol in this way (4+ for women; 5+ for men, in 2 hours) during your senior year of high school? Yes/No

- Now we are going to ask about your "primary relatives", that is, your mother, father, brothers and sisters. Have any of these relatives ever had a problem with alcohol? Yes/No

- o   If so, how many (write a number only) _____

- Now we are going to ask about your "secondary relatives", that is, your aunts, uncles and grandparents on both sides of your family tree. Have any of these relatives ever had a problem with alcohol? Yes/No

o If so, how many (write a number only) _____

Alcohol Dependence Data Questionnaire (SADD)

Think about your MOST RECENT drinking habits and answer each question by clicking the most appropriate heading:

1	2	3	4
Never	Sometimes	Often	Nearly Always

Do you find difficulty in getting the thought of drinking out of your mind?

Is getting drunk more important than your next meal?

Do you ever plan your day around when and where you can drink?

Do you drink in the morning, afternoon, and evening?

Do you drink for the effect of alcohol without caring what the drink is?

Do you drink as much as you want irrespective of what you are doing the next day?

Given that many problems might be caused by alcohol do you still drink too much?

Do you know that you won't be able to stop drinking once you start?

Do you try to control your drinking by giving it up completely for days or weeks at a time?

The morning after a heavy drinking session do you need your first drink to get yourself going?

The morning after a heavy drinking session do you wake up with a definite shakiness of your hands?

After a heavy drinking session do you wake up and retch or vomit?

The morning after a heavy drinking session do you go out of your way to avoid people?

After a heavy drinking session do you see frightening things that later you realize were imaginery?

Do you go drinking and the next day find you have forgotten what happened the night before?

Adult Disorganized Attachment Scale (ADA)

Please indicate how much you agree with the following statements using the 7-point scale, ranging from strongly disagree to strongly agree:

1	2	3	4	5	6	7
Strongly disagree	Disagree	More or less disagree	Undecided	More or Less Agree	Agree	Strongly disagree

Fear is a common feeling in a close relationship

I believe that romantic partners often try to take advantage of each other

I never know who I am with romantic partners

I find romantic partners to be rather scary

It is dangerous to trust romantic partners

It is normal to have traumatic experiences with the people you feel close to

Strangers are not as scary as romantic partners

I could never view romantic partners as totally trustworthy

Compared with most people, I feel generally confused about romantic relationships

Proactive Coping Scale

Indicate how true each of these statements are depending on how you feel about the situation. Do this by clicking the appropriate box:

1	2	3	4
Not at all true	Barely true	Somewhat true	Completely true

I am a "take charge" person

I try to let things work out on their own

After attaining a goal, I look for another, more challenging one

I like challenges and beating the odds

I visualize my dreams and try to achieve them

Despite numerous setbacks, I usually succeed in getting what I want

I try to pinpoint what I need to succeed

I always try to find a way to work around obstacles; nothing really stops me

I often see myself failing so I don't get my hopes up too high

When I apply for a position, I imagine myself filling it

I turn obstacles into positive experiences

If someone tells me I can't do something, you can be sure I will do it

When I experience a problem, I take the initiative in resolving it

When I have a problem, I usually see myself in a no-win situation

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