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# Attachment And Coping With Two Kinds Of Relationship Stressors

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**THE RELATIONSHIP BETWEEN ATTACHMENT STYLE AND COPING WITH TWO  
TYPES OF RELATIONSHIP STRESSORS**

By

**Kate E. Liebman**

A Thesis Submitted to the Honors Council  
For Honors in the Department of Psychology

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### **Abstract**

This study evaluated the relationship between recalled parental treatment, attachment style, and coping with parental and romantic stressors. A group of 66 undergraduate students completed the Parental Bonding Instrument (PBI) (Parker, Tupling, & Brown, 1979), a measure of attachment style (Simpson, 1990), general questions regarding the intensity and frequency of parental and romantic stressors, and their typical ways of coping with each type (Vitaliano, Russo, Carr, Maiuro, & Becker, 1985). Data analysis showed that attachment scores were significantly correlated with coping with both kinds of stress. The most significant correlations were found between attachment and coping with romantic stressors. Overall, high or low use of a specific approach to coping was consistent in the face of parental and romantic stressors. Further, exploratory analysis revealed that the habitual intensity of the experienced stressors could act as a moderator of coping techniques.

*Keywords:* attachment, coping, parental and romantic stressors, levels of habitual stress

## **The Relationship Between Attachment Style and Coping with Two Types of Relationship Stressors**

Since the mid 1950's, there has been a significant body of psychological research focused on attachment theory. Countless studies have examined the ways that bonds forged between children and their caregivers impact different aspects of individuals' future lives. One important component of this research includes discussions of coping; research has linked attachment style to the utilization of different coping mechanisms in adolescents and adults. Despite this addition to the field, however, there still lacks an application of attachment theory to relationship-specific types of stressors. Thus, the purpose of the present study was to investigate the degree to which one's attachment style to his or her primary caregiver relates to coping strategies used with stressful events involving that individual, and, relatedly, the relationship of these same variables to coping with romantic stressors.

### **Attachment Theory**

Attachment refers to the bond that develops between a child and his or her primary caregivers in the earliest months of life. John Bowlby (1958, 1969) was one of the pioneers of attachment research, identifying it as a vital bond between young children and their primary caregivers. Bowlby specifically defined attachment as an affectional relationship between two individuals, characterized by desired proximity, sustained physical contact, and consistent communication (Bowlby, 1958, 1969). Additionally, Bowlby considered the actual proximity-seeking behaviors to be a central component of attachment. Moreover, Bowlby (1973) posited

that the drive behind the formation of attachment bonds could be a response to threatening stimuli in the environment, or to different cues of potential threats (eg. Being alone, being in the dark, loud noises). From an evolutionary standpoint, the development of attached relationships offers dependent children a necessary source of constant care and support, bettering their chances at survival (Bowlby, 1958, 1969, 1973).

Following in Bowlby's footsteps, Mary Ainsworth conducted research that clarified the distinct types of attachment bonds that are formed with qualitatively different approaches to parenting. Specifically, her work put attachment in the context of a lab-controlled scenario. She devised the famous "strange situation" paradigm (1970), which helped to clarify the complex relationship between parenting style and specific types of attachment bonds that can develop. In the study, Ainsworth examined the separation and reunion of young children and their caregivers to evaluate the type of bond they shared (Ainsworth & Bell, 1970). In order to do this, Ainsworth evaluated the children's reaction to being left by their caregivers in a novel environment, as well as their response to a stranger entering the room with them (Ainsworth & Bell, 1970). Further, she observed the children's behavior and affect upon being reunited with their caregivers (Ainsworth & Bell, 1970; Ainsworth, Blehar, Waters, & Wall, 1978).

Upon gathering data, Ainsworth defined three specific types of attachment bonds: secure, insecure-avoidant, and insecure-anxious (Ainsworth et. al., 1978; Ainsworth & Bell, 1970). Later research conducted by Main and Solomon also added a fourth category, known as disorganized, that included children who could not be easily categorized into one group (Main & Solomon, 1986, 1990). Individuals who were labeled as securely attached showed an appropriate amount of distress upon separating from their caregiver, but still felt comfortable



exploring the novel toys around them (Ainsworth et. al., 1978; Ainsworth & Bell, 1970). Additionally, when a stranger was introduced to the setting, securely attached children felt comfortable interacting with the individual when their caregiver was present (Ainsworth et. al., 1978; Ainsworth & Bell, 1970). Finally, securely attached children expressed happiness and relief upon being reunited with their caregiver. Conversely, children who were categorized as having insecure attachments to their caregivers displayed very different behaviors and emotions upon separation and reunion. While insecure-avoidant children showed little concern when their caregiver left and were unenthused at their return, insecure-anxious children were inconsolable when their caregiver departed and when they returned (Ainsworth et. al., 1978; Ainsworth & Bell, 1970).

Research also revealed that different types of parenting and caregiving offered to a child could create distinct types of attachment bonds, identified by the quality of the relationship between the child and their caregiver (Bowlby, 1977; Bowlby, 1988). For instance, a parent who displayed consistent and sensitive parenting could foster a qualitatively different relationship with their child than one who is inconsistent or neglectful (Bowlby, 1977; Bowlby, 1988). After naming the different types of attachment relationships, Ainsworth also described the specific parenting behaviors that correlated to each. Her research revealed that bonds based on sensitivity and consistency fostered secure attachments, as children are able to rely on their caregiver as a constant provider of support and safety. Inconsistent, insensitive, or neglectful parenting, on the other hand, led to bonds that were insecure and disorganized, presumably because these parents were not perceived as constantly helpful or protective by their children (Ainsworth et. al., 1978; Ainsworth & Bell, 1970).

***Secure Base.*** One of the most fundamental concepts of attachment theory that came from these early attachment studies is that of the secure base (Ainsworth, 1979; Ainsworth & Bell, 1970; Ainsworth, et. al., 1978; Bowlby, 1958, 1969). Infants and young children who have become securely attached to their parents have presumably been exposed to high levels of sensitive, protective, and caring parenting; thus, they begin to use their caregiver as a secure base during times of exploration. As Ainsworth (1979) eloquently summarized:

Attachment and exploration support each other. When attachment behavior is intensely activated, a baby tends to seek proximity/contact rather than exploring; when attachment behavior is at low intensity a baby is free to respond to the pull of novelty. The presence of an attachment figure, particularly one who is believed to be accessible and responsive, leaves the baby open to stimulation that may activate exploration. (p. 935)

Infants and young children who place their energies into maintaining proximity with their absent caregiver are given less opportunities to engage in safe exploration. The consistent presence of their caregiver in the past reassures securely attached children that they have a safe individual to return to if necessary, giving them the confidence to experience and explore novel stimuli and activities. As the children become older, they continue to utilize this secure base as a resource while simultaneously gathering vital experiences that shape their social and emotional functioning (Ainsworth, 1979; Ainsworth & Bell, 1970; Ainsworth, et. al., 1978; Bowlby, 1958, 1969). In later years, however, once securely attached adolescents and young adults feel better prepared to face their surrounding environments, they begin to return to their secure base figure less frequently, and thus can develop a healthy sense of autonomy and independence (Coble, Gantt, & Mallinckrodt, 1996).

***Internal Working Models.*** The means by which attachment bonds impact social development can be explained through the concept of working models. Throughout their interactions with caregivers and parents, children observe adults' treatment of and response to their own actions. From these experiences, young children begin to develop schemas, cognitive structures that allow them to organize and understand the world around them; in the specific context of relationships, the interactions that these infants and children have with their parents and caregivers provide them with a sense of typical social interactions (Bowlby, 1977, 1988; Main, Kaplan, & Cassidy, 1985; Paterson & Moran, 1988; West, Sheldon, & Reiffer, 1989). Thus, children who have habitually positive interactions with their caregiver will begin to form the general sense that other individuals can offer dependable support, help, and care; children who experience neglect or coldness from their parent, then, could also develop schemas of other people as being unreliable and unavailable, leading to relationships that offer little reward or comfort (Gianino & Tronick, 1988; Tronick, 1989). Throughout time, schemas remain somewhat flexible to accommodate and adapt in the face of novel stimuli and experiences, though information that conflicts with pre-existing schemas tends to be excluded (Bowlby, 1988; Bretherton, 1985; Paterson & Moran, 1988). Generally, models are mostly consistent and become more stable and fixed over time, leaving adults with a rigid set of cognitions that guide their understanding of themselves, relationships, and the world (Bowlby, 1988; Bretherton, 1985; Paterson & Moran, 1988).

One particular cognitive skill that develops from internal working models is the process of threat and challenge appraisals (which will be further discussed shortly). In observing other individuals' responses to obstacles, both physical and mental, developing children are able to

form a more sophisticated understanding of which environmental stimuli can be interpreted as threatening or problematic (Folkman & Lazarus, 1988; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986).

***Attachment in Adulthood.*** While much of the research on attachment focuses on relationships that emerge in early infancy, more recent studies have revealed that these bonds are generally stable throughout life, and remain the same in adolescence and early adulthood. Waters, Merrick, Treboux, Crowell, and Albersheim (2000) conducted a study that specifically examined the stability of the attachment bonds that were studied in Ainsworth's strange situation. The researchers contacted 50 of Ainsworth's original participants when they were 21 years of age; the study revealed that a significant majority of these individuals were assigned the same attachment bond that they were in infancy, even 20 years after the study was first conducted (Waters et. al., 2000).

Various studies expanded on the preexisting research on attachment bonds by evaluating their salience in later years. The Adult Attachment Interview (George, Kaplan, & Main, 1985; Main & Goldwyn, 1985) was developed to evaluate the different types of attachment bonds that individuals form later in life. The survey asks participants to recall attachment relationships and experiences from their early life, and individuals are scored on different dimensions (eg. coherence, contradictions, and idealization) that are involved in describing their memories. The scores on these dimensions contribute to participants' overall scores on three distinct attachment bonds: dismissing, free to evaluate, and preoccupied. These three styles of adult attachment directly parallel Ainsworth's definitions of secure, avoidant, and anxious/ambivalent attachment in infancy. Hamilton (2000), Waters, et. al., (2000), and Weinfield, Sroufe, and Egeland (2000)

also all found that when faced with consistent meaningful familial and social events, attachment styles for study participants remained mostly stable into young adulthood. Assuming individuals do not face an exceptionally high amount of stressors in their later years, then, early attachment bonds that form between infants and their parents or caregivers can have lasting impacts on the types of relationships people seek out, and contribute directly to people's understanding of healthy social relationships. In addition to revealing the general stability that attachment has throughout later years, studies have identified specific relationships and psychological processes that are deeply affected by attachment.

### **Coping**

In internalizing their working models of attachment, people develop key cognitive skills and learn fundamental concepts and social practices; important to the present investigation, different approaches to coping can be transmitted from caregivers to children, particularly through the development of stress appraisal processes. Coping in the context of this study is defined as “the behavioral and cognitive efforts to reduce, master, or tolerate stressful situations and the motions that accompany them” (Ptacek 1996, p. 504). Folkman and Lazarus (1988) identified the transactional model of coping. According to this model, there are four key components in the process of experiencing stress: the stressor, the environment, the individual, and potential outcomes. Each distinct component interacts with the others, ultimately dictating the cognitive and emotional processes of coping (Folkman & Lazarus, 1988).

Within the transactional model of coping, there are two stages of stressor and threat appraisal that occur internally. The first appraisal focuses on what is at stake in a stressful

situation. This refers to what could potentially be gained or lost due to the stressor. Events that are perceived as threatening are those for which a loss is expected. Following primary appraisal, secondary appraisal evaluates individuals' own ability to handle and address the issue, either by utilizing their own skills and resources or by relying on those of others (Folkman & Lazarus, 1988; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). These evaluations, then, could be focused on a person's sense of self-efficacy as well as the potential support and aid that others could offer. As internal working models of attachment directly provide information to people regarding others' potential for support, they are crucial to the secondary appraisal of stressors (Folkman & Lazarus, 1988; Folkman, et. al, 1986; Mikulincer & Florian, 1995).

To fully comprehend the development and process of coping, it is important to note the most fundamental components of its definition. First, coping is a process-oriented mechanism, meaning that it relies primarily on one individual's thoughts and perceptions of a stressor as it unfolds over time (Folkman, et. al., 1986). Further, coping is a direct process of the context in which a stressor arises: the details of a particular situation and the personality traits of the individual experiencing it have a direct impact on the coping process, explaining why for each person, different coping techniques may be most effective (Carver & Scheier, 1994; Folkman, et. al., 1986). Relatedly, people do not have a sense of the quality of their own coping before they see the results of their own situation; in other words, individuals simply use the tools that they deem appropriate in the moment, with no notion of whether or not these actions are "good" or "bad" approaches to coping (Folkman, et. al., 1986). Finally, the two most important functions of coping mechanisms are to regulate and minimize emotions of stress (referred to as "emotion-focused coping"), and to change the relationship between the individual and the environment as

to decrease the harm of the stressor (known as “problem-focused coping”) (Folkman, et. al., 1986).

Over the past 20 years several studies have been done that elaborate on the links between attachment and coping. For example, Holmberg, Lomore, Takacs, and Price (2011) evaluated the relationship between attachment style and the coping sequence used by participants when reflecting on different stressors. The study found that individuals with an avoidant attachment style employed early distancing coping strategies and sought social support after some time had passed, while anxiously attached participants utilized more immediate emotion-focused coping mechanisms (Holmberg et. al. 2011).

Another study conducted by Howard and Medway (2004) examined links between adolescents’ attachment styles and their responses to everyday stressors. A group of adolescent students completed surveys measuring their current attachment style, and were presented with three descriptions of generically stressful situations that adolescents face (eg. “my boyfriend/girlfriend is acting weird,” “I’m nervous for an upcoming exam”). Finally, the students completed a ways of coping measure and indicated whom they were most likely to turn to in times of stress (Howard & Medway, 2004). The data from this study indicated that securely attached adolescents often used high amounts of familial communication to cope with typical stressors, and tended not to use avoidant coping strategies. On the other hand, insecurely attached adolescents were more likely to avoid social support as a coping mechanism (Howard & Medway, 2004). This particular study offers more evidence of the direct impact that attachment styles can have on coping techniques. However, Howard and Medway relied on descriptions of typical stressors that students may face rather than asking the students to recall an actual stressful

event in their lives and reflect on how they coped with it.

A number of studies have also contextualized the relationship between attachment and coping by examining it in relation to traumatic events. A similar study conducted by Mikulincer, Florian, and Weller (1993) examined people's responses to a missile attack in Israel during the Gulf War. Their data indicated that people with secure attachments felt more comfortable seeking social support to reduce their stress, while ambivalently attached individuals used higher amounts of emotion-focused coping techniques. Finally, avoidant individuals were most likely to employ distance-forming techniques as a way of coping (Mikulincer, Florian, & Weller, 1993). Mikulincer and Florian (1995) also evaluated Israeli soldiers throughout their army training, and examined their coping techniques in response to the stressors they encountered. Their findings mirrored those of the study in 1993: individuals who reported secure and ambivalent attachments to their parents tended to display more emotion-focused techniques, while soldiers with avoidant attachment bonds used coping mechanisms based on creating personal distance (Mikulincer & Florian, 1995).

While a great deal of research has examined attachment and coping in general terms, there is a significant gap in research that applies these concepts to relationship-specific stressors. Campbell, Simpson, Kashy, and Rholes (2001) evaluated the behaviors between romantic couples when one party was exposed to a stressful video and the other was in a position of offering support. Each participant's attachment style was evaluated, and interactions between the couples in response to the video were observed. The authors' findings were, again, consistent with the findings of other coping and attachment studies: securely attached individuals were more likely to act positively towards their romantic partner during times of stress, relying



on their partner as a dependable source of support. Avoidant individuals, on the other hand, were likely to have negative or resentful feelings towards their partner regardless of whether they were viewing the stressor or offering support (Campbell et. al., 2001). This particular study offered a unique examination of attachment and coping mechanisms, as it specifically evaluated the interactions between couples immediately following exposure to a stressful situation.

Another study conducted by Seiffge-Krenke (2006) related attachment to the frequency and intensity of experienced parental, romantic, and friendship-related stressors. In his longitudinal study, coping strategies of adolescents and young adults were evaluated over a period of seven years. In addition to filling out the Adult Attachment Interview, a measure of models of attachment in adulthood, the participants also described the levels of stress they typically experienced with their parents, romantic partners, and close friends (Seiffge-Krenke, 2006). The study found that individuals with secure attachment styles were likely to report low levels of stress in all three types of relationships, and reported higher usage of adaptive coping styles. Individuals with anxious (or preoccupied) attachment models were likely to report higher levels of stress, particularly with their parents, and tended to use coping styles that were generally less adaptive (Seiffge-Krenke, 2006). Seiffge-Krenke's study was one of the first to connect attachment and coping strategies, providing a foundation for further discussion and exploration. Despite their significance, though, his findings and overall conclusions were general, lacking specific connections between attachment styles and distinct approaches to coping with stressors.

To date, though, little research has been done that expands on the relationships between attachment styles, relationship-specific stress, and coping. This gap seems particularly surprising

given attachment itself is a relationship-specific variable and many stresses we experience involve other people. Not only do previous studies fail to explore scenarios of dealing with stressors with parents and caregivers, but they also do not examine the possibility that people with different attachment styles will cope differently with romantic stressors. Evaluating the different approaches to coping within the contexts of different relationships is important because coping itself is context-dependent. In other words, while research has examined these components independently, preexisting studies fail to illustrate a larger picture of the different coping techniques utilized in specific stressful scenarios with parents and romantic peers. Additionally, they do not shed any light on a relationship between these techniques and the attachment bond the individual formed with his or her parent or caregiver.

### **Present Investigation**

The present study seeks to evaluate the relationship between different recollections of parental treatment, attachment styles, and college students' ways of coping with parental and romantic stressors. According to previous research, attachment has a long-lasting and significant impact on future functioning in social relationships, which can be seen specifically in the previous descriptions of the internal working model. A securely attached child has access to a secure base, consistent care and parenting, and positive examples of social interactions. These individuals, then, should have a larger coping arsenal, and be willing to try many problem-focused (or proactive) coping strategies. Insensitive, inconsistent, or neglectful parenting, alternatively, leads to attachment bonds that are fraught with anxiety or avoidance, known as insecure-avoidant, disorganized, or insecure-anxious relationships (Ainsworth 1978). Some

insecurely attached individuals might therefore have fewer coping strategies available, focus more on emotional efforts, and be unlikely to seek support from others (Bowlby 1988, Ainsworth 1978).

**Hypotheses.** The above pre-existing research demonstrates that there are strong theoretical connections between attachment style and coping with stressful situations. However, only a limited amount of empirical work has been done on the topic. I hypothesized that students who reported experiencing high levels of parental care and moderate amounts of parental overprotectiveness would also score higher on the dimension of secure attachment. Further, my hypotheses regarding coping techniques reflected the findings of Holmberg et. al.(2011) and of Mikulincer and Florian (1995): in accordance with their analysis, I hypothesized that participants who reported having a generally secure attachment to their caregivers would employ coping strategies that utilize high measures of social-support and problem-focused coping. Securely attached individuals should also be less likely to use coping strategies that involve self-degradation (self-blame) or anger towards others (blame of others), nor should they frequently use avoidance as a coping strategy. Finally, securely attached individuals should not typically rely on wishful thinking, as this practice reflects a lack of proactive steps taken to correct a stressful situation. Conversely, anxiously attached individuals would employ strategies more focused on their own emotional coping (including wishful thinking and counting blessings), while avoidant individuals will use distance-forming coping techniques (including avoidance). Dependence on religious beliefs as a coping strategy should be a slightly more complicated variable, as it was more closely related with personal faith and upbringing than with a specific type of attachment bond.

More specifically, I believe these results will be consistent in my study in the contexts of both parental and romantic stressors. In other words, then, I hypothesize that individuals' attachment bonds to their caregivers act as a model for coping strategies with both parental and romantic stress.

## **Method**

### **Participants**

This study initially relied on 66 undergraduate students (23 males and 43 females) at Bucknell University who were enrolled in Psychology 100. The participants were mostly Caucasian (87.88%), ranged in age from 18-22 years ( $M_{age} = 18.88$ ), and were mostly members of the classes of 2017 (59%) and 2016 (32%). Potential participants were informed that they were only eligible for the study if they were currently, or had ever been, in a heterosexual romantic relationship that lasted at least three months. Three students indicated that they did not meet the specified dating length requirements, and their responses were excluded from data analysis. This left a final sample size  $N=63$  (21 males and 42 females).

### **Procedure**

As part of signing up to participate, students were instructed to meet in a computer lab at a particular time and date. After signing an informed consent form, each student completed a series of questionnaires online. The surveys evaluated retrospective attachment to the students' parents, their general attachment styles, and their coping mechanisms for two different types of

relationship stressors. The surveys were administered to each student in the same order: the Parental Bonding Instrument was completed first, followed by the general attachment survey, general questions about the nature, frequency, and intensity of their recalled parental and romantic stressors, and the ways of coping survey in regard to both of those kinds of stress. Finally, upon completion of the items, the students signed an attendance sheet and were given attendance slips so they could receive academic credit. On average, students took approximately 20 minutes to complete the surveys.

### **Measures**

***Attachment.*** The Parental Bonding Instrument (PBI) (Parker, Tupling, & Brown, 1979) was completed twice: once in relation to the students' mothers, and once to their fathers. This 25-item survey assesses two subscales of parental bonding using a 4-point response scale (1 = very unlike, 4 = very like). More specifically, the PBI evaluated the nature of the student's recollections of their relationships with their parents on the dimensions of overprotectiveness and care throughout childhood and adolescence. Students who grew up with only one parental figure were instructed to leave the survey blank for the unknown or absent parent. Students were asked to indicate how well different personality and behavioral traits (eg. "was affectionate to me," "made me feel I wasn't wanted") applied to each of their parents on the indicated response scale. Twelve of the items in the PBI corresponded to levels of maternal and paternal care, while 13 were meant to evaluate levels of parental overprotection. Once certain items were recoded, the items corresponding to care and protection were summed separately, giving each a score for maternal care, maternal protection, paternal care, and paternal protection. Cronbach's alpha was

computed for the present data for all four subscales, and proved a strong correlation between them all (see Table 1).

In more recent years, the validity and consistency of subjects' responses to the PBI has been evaluated. Wilhelm, Niven, Parker, and Hadzi-Pavlovic (2005) revisited the PBI and analyzed its consistency over a period of 20 years. The authors administered the test to a group of subjects once in 1978, and then re-administered it to the same pool of applicants 20 years later. Analyses of the subjects' responses showed that the original findings of the PBI remained stable over time, providing additional evidence of the survey's validity (Wilhelm et. al., 2005).

Following the completion of the PBI, students were asked to complete another survey that evaluated specific attachment style, first created by Hazan and Shaver (1987). The original measure of attachment provided subjects with three vignettes that described secure, avoidant, and anxious/ambivalent attachment styles; participants were asked to identify the one vignette that best matched their own behaviors (Hazan & Shaver, 1987). While this version of the attachment measure offered a detailed depiction of each attachment style, it only allowed participants to be placed into one specific category of attachment behaviors. Simpson (1990) adapted this original measure of attachment to allow respondents to obtain a score for each type of attachment bond. Treating attachment style as having three dimensions allowed for a more complex explanation of adult attachment. In this survey, Simpson used phrases and sentences from Hazan and Shaver's original vignettes, and asked participants to rate these different statements describing relationship habits (eg. "I don't like people getting too close to me," "I rarely worry about my partner(s) leaving me") in terms of how well they applied to their own experiences on a scale from 1 (strongly disagree) to 7 (strongly agree.) Each of the 13 items corresponds to Hazan and

Shaver's descriptions of secure, insecure/anxious and insecure/ambivalent attachment bonds. Specifically, five items corresponded to secure attachment, four were meant to evaluate avoidant attachment, and the remaining four evaluated anxious/ambivalent attachment. Once three of the items were recoded, summary scores are computed for each subscale. Analyses of Chronbach's alpha in the original creation of the measure showed moderately significant correlations between the secure (alpha = .51) , avoidant (alpha = .79), and anxious/ambivalent subscales (alpha = .59).

Cronbach's alpha for the present study was calculated to evaluate the correlation between the items in each subscale. While the avoidant and anxious/ambivalent subscales had marginally acceptable alpha values (alpha avoidant = .74 alpha anxious/ambivalent = .61), alpha for the secure subscale was unacceptably low (alpha secure = .42). In an attempt to increase alpha, correlations between the five items were examined, as were the item-total correlations. Three of the items revealed to have no correlation with the other two, and were therefore removed from the secure subscale. Thus, in the present study a new two-item scale of secure attachment was used (alpha new secure = .68).

***Stress and Coping Strategies.*** Participants were prompted to describe (in a couple of sentences) the type of stressful situations that they often experienced with their mother and/or father in the past year. Next, they rated on a numerical scale from 0 (not at all) to 10 (extremely) how much stress they recalled experiencing in the past year as a direct result of their experiences with their parents. The students then indicated how often such stressful events occurred in the past year per week, choosing from "less than one stressful event per week" up to "5 or more stressful events per week." Finally, an identical set of these items was given to the students, but in regard to their current or former romantic partner.

The students were then administered an adapted form of Vitaliano, Russo, Carr, Maiuro, and Becker's Revised Ways of Coping checklist (1985) that evaluated coping mechanisms. In its original form, the Ways of Coping checklist consisted of 68 items. Individuals were asked to indicate whether or not they used a specific approach to coping by indicating "yes" or "no" (Vitaliano et al., 1985). Ultimately, further studies and evaluations of this Ways of Coping checklist led to modifications in its format. One example of this is the modified version, created by Lazarus and Folkman (1985) altered the measure, reducing the number of items from 68 to 57. The current study used this altered version of the measure. The survey consists of 57 items (eg. keep my feelings to myself, pray about it, or criticize or lecture myself) that describe 8 ways of coping (i.e., problem-focused, social support, blaming self, wishful thinking, avoidant, blaming others, counting blessings, and dependence on religious beliefs). The participants were asked to indicate how often they used each of these coping tactics, first in regard to parental stressors and then to romantic stressors, selecting from a scale of options that ranged from 1 (never use) to 4 (regularly use.) Chronbach's alpha was used to evaluate the internal consistency for each of these eight subscales, both in regard to paternal and romantic coping, and all alpha values were satisfactory (see Table 1).

## **Results**

Data analysis occurred in three steps. First, I examined the descriptive statistics for each study variable and explored the possibility of combining some of my predictor variables. Second, the study's main hypotheses were tested with a series of correlational analyses. Finally,



a set of exploratory analyses was conducted, focusing on t-tests and other possible correlations between variables.

Descriptive statistics for all predictor variables can be found in Table 1. Examination of these values alongside the possible range of scores for the measure can shed light on the group overall. The average scores for maternal and paternal protection were 39.05 and 41.21, respectively. When evaluated in terms of the possible range of scores for this subscale, which was 13-52, these average scores seem particularly high, as they are quite higher than the true average of these possible scores. Thus, this group of students seemed to report relatively higher levels of parental protection. Furthermore, similar trends arose in the avoidant and anxious/ambivalent scores. The possible range for both of these subscales was 4-28. The average values, however, were 11.40 and 12.60, respectively. Thus, the group in general had lower scores on these subscales.

Table 1

*Descriptive Statistics Associated with Predictor Variables*

	Minimum	Maximum	Mean	Std. Deviation	Chronbach's Alpha
Maternal Care	12.00	34.00	17.21	5.24	.89
Maternal Protection	26.00	51.00	39.05	5.68	.82
Paternal Care	12.00	34.00	20.29	6.06	.89
Paternal Protection	25.00	52.00	41.21	6.13	.84
Two-Item Secure	2.00	14.00	11.11	2.46	.68
Avoidant	4.00	25.00	11.40	4.88	.74
Anxious/Ambivalent	5.00	23.00	12.65	4.35	.61

To test the normalcy of the distribution of attachment and PBI scores, one-sample Kolmogorov-Smirnov (KS) tests were run between these variables. Testing revealed that all

ranges of scores were normally distributed (average  $r = .40$ ) with the exception of the two-item secure variable ( $r = .03$ ). This finding indicates that any subsequent significant correlations between the two-item measure of secure attachment should be evaluated with caution.

To determine whether or not PBI scores and attachment style scores could be combined, thus creating a smaller number of predictor variables, correlational tests were run between people's scores on all 7 possible subscales. Data analysis showed that the PBI scale of parental bonding and Simpson's scale of attachment styles had significant correlations, as seen in Table 2. Whereas the average absolute correlation was  $r = .32$  and five correlations exceeded  $r = .41$ , these correlations were not so high as to preclude the possibility of differentiated patterns of associations. Significant correlations between the predictor variables were as expected, with high levels of maternal care and protection being significantly correlated with high levels of paternal care and protection. Similarly, the two-item measure of secure attachment was negatively correlated with the avoidant and anxious/ambivalent scores; higher security scores came with lower scores on these other two scales of attachment. Despite these moderate levels of association between PBI and attachment scores, the average level of significance was not high enough to justify combining the variables.

Table 2

*Correlations Between Predictor Variables*

Variable	Maternal Care	Maternal Protection	Paternal Care	Paternal Protection	Two-Item Secure	Avoidant	Anxious/Ambivalent
Maternal Care	–						
Maternal Protection	-.35**	–					
Paternal Care	.40**	-.17	–				
Paternal Protection	-.23	.60***	-.10	–			
Two-Item Secure	.32*	-.33*	.38**	-.01	–		
Avoidant	-.34**	-.43***	-.49***	.07	-.70***	–	
Anxious/Ambivalent	-.37**	.26*	-.24	.16	.28*	.41*	–

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

**Analysis of Coping Variables**

Descriptive analyses of the different coping variables showed high similarities between students' use of coping strategies with romantic and parental stressors. As seen in Table 3, the average score for problem-focused coping with parental stressors 41.50. When examined alongside the possible range of scores for this measure, which was 15-60, it is clear that this average value is particularly high. Conversely, the range of scores for religious coping with parental stressors was 3-12, while the average score was 4.92. This suggests that the group as a whole reported less frequent use of religious coping with parental stressors.

Table 3

*Descriptive Statistics Associated with Parental Coping Variables*

	Minimum	Maximum	Mean	Std. Deviation	Chronbach's Alpha
Problem Focused	18.00	52.00	41.50	6.24	.83
Social Support	7.00	22.00	15.62	3.43	.75
Blame Self	3.00	12.00	7.22	2.10	.73
Wishful Thinking	8.00	29.00	19.44	5.00	.80
Avoidance	10.00	32.00	22.51	4.55	.68
Blame Others	6.00	21.00	12.62	3.56	.83
Count Blessings	6.00	23.00	15.84	3.30	.70
Religion	3.00	10.00	4.92	2.38	.82

Again, one-sample KS tests were run with these variables to test the normalcy of the distribution of scores. The data revealed that all of the parental coping variables were normally distributed (average  $r = .41$ ) with the exception of religious coping ( $r = .00$ ). Thus, any correlations between this and another variable must be interpreted with caution as well.

Analysis of the descriptive data of romantic coping techniques revealed similar trends. While the range of possible scores for avoidant coping was 10-40, the average score on avoidant coping was 21.90. This suggests that the students utilized this coping strategy less often in the face of romantic stressors. Similarly, the possible range of scores for religious coping was 3-12, while the average score for this group of students was 4.29, suggesting that these individuals relied on religion less frequently when faced with romantic stressors.

Table 4

*Descriptive Statistics Associated with Romantic Coping Variables*

	Minimum	Maximum	Mean	Std. Deviation	Chronbach's Alpha
Problem Focused	16.00	56.00	40.70	7.81	.87
Social Support	6.00	23.00	14.80	3.70	.80
Blame Self	3.00	11.00	7.24	2.32	.76
Wishful Thinking	8.00	31.00	19.21	5.31	.81
Avoidance	10.00	38.00	21.90	6.10	.83
Blame Others	6.00	22.00	12.30	4.13	.85
Count Blessings	6.00	24.00	14.70	4.10	.81
Religion	3.00	9.00	4.29	1.90	.67

Finally, one-sample KS tests analyzed the distribution of romantic coping variables.

With the exception, again, of the religious coping variable ( $r = .00$ ) and the self-blame variable ( $r = .028$ ), all distributions proved to be normal (average  $r = .39$ ). Thus, correlations between self-blame and religious coping in the face of romantic stressors must be examined with caution.

### **Tests of Hypotheses**

To evaluate the relationship between different levels of parental bonding and attachment and the various ways of coping with stress, correlations were completed between these variables, both in regard to coping with paternal and romantically related stressors. These correlations can be found in Tables 5 and 6.

Table 5

*Correlations Between Predictor Variables and Parental Coping Strategies*

Variable	Problem Focused	Social Support	Blame Self	Wishful Thinking	Avoidance	Blame Others	Count Blessings	Religion
Maternal Care	.13	-.12	-.19	-.23	-.31*	-.22	.05	-.13
Maternal Protection	-.11	.10	.07	.13	.07	.09	-.04	.30*
Paternal Care	.16	.22	-.06	.08	-.27*	.05	.28*	.07
Paternal Protection	-.16	.18	-.02	.01	.05	.10	-.07	.14
Two-Item Secure	.27*	.28*	-.09	-.15	-.24	-.09	.213	.02
Avoidant	-.17	-.22	.05	.20	.23	-.06	-.15	.06
Anxious/Ambivalent	-.11	.02	.24	.25	.37**	.10	.12	.06

\*  $p < .05$ , \*\*  $p < .01$ 

Table 6

*Correlations Between Predictor Variables and Romantic Coping Strategies*

Variable	Problem Focused	Social Support	Blame Self	Wishful Thinking	Avoidance	Blame Others	Count Blessings	Religion
Maternal Care	.13	-.10	-.16	-.25	-.30*	-.26*	-.02	-.13
Maternal Protection	-.12	.18	-.08	.05	-.01	.04	.11	.26*
Paternal Care	.15	.09	.02	-.13	-.18	.01	.14	.14
Paternal Protection	-.15	.15	-.22	-.12	-.16	-.12	-.01	.14
Two-Item Secure	.24	.16	-.30*	-.32*	-.39**	-.33*	.04	.05
Avoidant	-.12	-.16	.20	.33**	.44***	.17	.12	.01
Anxious/Ambivalent	-.14	-.11	.12	.36**	.37**	.23	.06	-.05

Note: \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ 

As shown in Table 6, PBI scores for maternal and paternal care and protection were not strongly related with the use of different coping strategies with parental stressors, as only two of the 14 correlations were statistically significant. High levels of mother care were significantly correlated with low usage of avoidant strategies ( $r = -.31, p = .01$ ). There was a similar significant relationship between high levels of paternal care and infrequent use of avoidance as

coping ( $r = -.27, p = .04$ ). Even though these two correlations were significant, they were small in magnitude, with effect sizes of  $r^2 = .10$  and  $r^2 = .07$ , respectively. All other correlations between the PBI and coping with parental stressors were non-significant.

There were some significant correlations between attachment style scores and coping with parental stressors. Data analysis showed significant correlations between the two-item measure of secure attachment and problem-focused and social support coping techniques; high scores on the secure attachment variable were associated with frequent use of these two coping strategies. These correlations were weak in magnitude, though, with effect sizes of  $r^2 = .07$  and  $r^2 = .08$ . Additionally, there was a significant correlation between high scores on the anxious/ambivalent attachment variables and frequent use of avoidant coping mechanisms in stressful situations with parents. This correlation had a moderate effect size of  $r^2 = .14$ . Additionally, a simple linear regression test showed that anxious/ambivalent attachment scores independently accounted for a significant amount of variance on the dependent variable of avoidant coping ( $F(3,56) = 4.53, p = .02$ ).

Scores on the PBI were not much more strongly related to the use of coping with romantic stressors, as seen in Table 7. On average, the correlations were small, ranging from .01 to -.30. High levels of maternal care were significantly correlated with less use of avoidant coping and blaming of others. Despite being statistically significant, these two correlations were small in magnitude, with respective effect sizes of  $r^2 = .09$  and  $r^2 = .07$ . Additionally, high levels of maternal protection were positively correlated with reliance on religiosity as a coping mechanism, though the effect size of this correlation was low, at  $r^2 = .06$ .

The strongest and most consistently statistically significant correlations overall emerged between attachment and coping with romantic stressors. Specifically, as seen in Table 7, high scores on the two-item measure of secure attachment were significantly correlated with infrequent use of self-blame, blame of others, avoidance and wishful thinking. Avoidant attachment scores were significantly correlated with wishful thinking and avoidant coping; high levels of avoidance corresponded with high levels of wishful thinking and avoidant coping. Finally, high anxious/ambivalent attachment scores were significantly correlated with frequent use of wishful thinking and avoidance. While statistically significant, these effects still only ranged from small ( $r^2 = .09$ ) to moderate ( $r^2 = .15$ ) in size. Furthermore, linear regression testing revealed that anxious/ambivalent attachment scores independently accounted for a significant amount of variance on the dependent variable of wishful thinking coping ( $F(3,61) = 4.39, p = .044$ ).

### **Exploratory Analyses**

*Coping Based on the Source of Stress.* Correlations between the use of different coping strategies across the stressor type can be found in Table 7. Paired t-tests revealed that, typically, individuals who reported using high levels of a certain coping strategy with parental stressors also reported using similar levels of the same tactics with romantic stressors. The use of all types of coping strategies with parental stress had high positive correlations with the use of those same strategies with romantic stress, ranging from .55 to .84, and averaging .67.



Table 7

*Paired t-Tests: Parental and Romantic Coping*

Variable	<i>r</i>	<i>t</i>
Problem Focused	.77	1.33
Social Support	.59	1.84
Blame Self	.55	-.06
Wishful Thinking	.66	.44
Avoidance	.67	1.15
Blame Others	.56	.66
Count Blessings	.72	3.20**
Religion	.84	3.84***

\*\*  $p < .01$ , \*\*\*  $p < .001$

These data show that the greatest differences in values, indicated by the magnitude of the *t* values, can be seen in regard to the use of counting blessings and religious coping. These differences are statistically significant, with  $p = .002$  and  $p = .000$ , respectively. This indicates that high use of these types of coping in response to one stressor does not indicate the same frequency of use in the face of the other. Specifically, the descriptive statistics associated with these two types of coping show that both counting blessings ( $M = 15.84$ ,  $SD = 3.30$ ) and religion ( $M = 4.92$ ,  $SD = 1.90$ ) are used more frequently in response to parental stressors than to romantic ones.

***Levels of Habitual Stress as a Moderator of Attachment and Coping.*** Data analysis also explored the possibility that associations between all seven attachment scores and coping mechanisms were moderated by the levels of habitual stress the students reported experiencing, both with their parents and their current or former romantic partner. In order to test this, a median split procedure divided the students into “high parental stress” and “low parental stress”

groups. Students who reported that their parental stressors caused them high amounts of stress reported scores of 6 (5 = “moderate”) to 10 (“extreme”), while students were placed in the low stress group if they reported scores of 0 (“not at all”) to 4 (with 5 = “moderate”). The same process was repeated in regard to high and low romantic stressors, producing a “high romantic stress” group and a “low romantic stress” group. In both cases the correlations between the predictor variables and the coping variables were done separately for high and low stress groups, respectively. The correlations for the two groups were examined with an eye toward identifying pairs of correlations that differed markedly in their magnitude, directions, or both.

One significant difference emerged between the high and low paternal stress groups. While individuals with high parental stress showed a significant negative correlation between avoidant attachment and social support coping ( $r = -.54, p = .005$ ), members of the low parental stress group showed an insignificant, weakly positive correlation between avoidance and seeking social support ( $r = .10, p = .67$ ). A two-tailed z-test evaluated the two correlations, and showed a significance difference between them ( $z = 1.96$ ). These statistical analyses can be seen in Tables 8, 9, 10, and 11. Correlations that stood out for their apparent differences have been bolded. As indicated, nine correlations in the high and low parental stress groups were examined more closely, while eight correlations in the high and low romantic stress groups seemed different enough to warrant further investigation.

Table 8

*Correlations Between Predictor Variables and Parental Coping Strategies for the High Parental Stress Group*

Variable	Problem Focused	Social Support	Blame Self	Wishful Thinking	Avoidance	Blame Others	Count Blessings	Religion
Maternal Care	.38	-.20	-.23	-.29	-.15	-.11	.10	-.21
Maternal Protection	-.07	.16	.21	.08	-.15	-.12	.11	<b>.48*</b>
Paternal Care	.32	.50*	.06	.26	-.11	.31	.31	.10
Paternal Protection	.01	.38	.01	.04	-.09	-.04	.23	.33
Two-Item Secure	<b>.54**</b>	<b>.50**</b>	<b>-.54**</b>	-.05	-.16	.09	.30	.20
Avoidant	<b>-.43*</b>	<b>-.54**</b>	.21	.01	.06	-.37	-.21	-.15
Anxious/Ambivalent	<b>-.48*</b>	.15	.34	.34	<b>.21</b>	-.01	<b>.09</b>	.29

Note: \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Table 9

*Correlations Between Predictor Variables and Parental Coping Strategies for the Low Parental Stress Group*

Variable	Problem Focused	Social Support	Blame Self	Wishful Thinking	Avoidance	Blame Others	Count Blessings	Religion
Maternal Care	.07	.11	.003	.05	-.40	-.05	.04	.15
Maternal Protection	-.07	.02	.02	.16	.16	.05	-.03	<b>.14</b>
Paternal Care	.03	-.02	-.20	.14	-.39	-.08	.11	.03
Paternal Protection	-.12	-.17	.14	.07	.18	.18	-.05	-.07
Two-Item Secure	<b>.26</b>	<b>.05</b>	<b>.26</b>	-.14	-.34	-.12	.22	-.13
Avoidant	<b>-.12</b>	<b>.09</b>	-.10	.25	.36	.13	-.03	.28
Anxious/Ambivalent	<b>-.04</b>	-.12	.20	.11	<b>.46*</b>	.12	<b>.51*</b>	.01

Note: \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Table 10

*Correlations Between Predictor Variables and Romantic Coping Strategies for the High Romantic Stress Group*

Variable	Problem Focused	Social Support	Blame Self	Wishful Thinking	Avoidance	Blame Others	Count Blessings	Religion
Maternal Care	.26	.09	-.24	-.30	<b>-.42*</b>	-.25	-.14	-.31
Maternal Protection	-.20	.02	-.18	-.06	-.15	-.10	.09	.53
Paternal Care	-.01*	.28	-.11	-.15	-.06	.27	-.07	.32
Paternal Protection	-.18	.19	-.15	-.20	-.27	.02	-.01	<b>.38*</b>
Two-Item Secure	<b>.41*</b>	.30	-.28	<b>-.16</b>	-.32	<b>-.09</b>	.04	-.04
Avoidant	<b>-.39*</b>	-.37	.28	.33	.43*	.02	.07	.03
Anxious/Ambivalent	-.24	-.21	.31	<b>.49*</b>	<b>.56**</b>	.005	.03	-.07

Note: \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Table 11

*Correlations Between Predictor Variables and Romantic Coping Strategies for the Low Romantic Stress Group*

Variable	Problem Focused	Social Support	Blame Self	Wishful Thinking	Avoidance	Blame Others	Count Blessings	Religion
Maternal Care	.11	-.20	.02	.01	<b>-.08</b>	-.19	.09	.04
Maternal Protection	-.06	.32	-.04	.04	.07	.15	.17	.17
Paternal Care	.23	.07	.05	-.04	-.32	-.08	.25	<b>-.02</b>
Paternal Protection	-.18	-.05	-.32	-.27	-.18	-.28	-.08	.01
Two-Item Secure	<b>.22</b>	.06	-.32	<b>-.45*</b>	<b>-.51**</b>	<b>-.67***</b>	.04	.15
Avoidant	<b>.07</b>	.12	-.01	.30	.49**	.36	.24	.06
Anxious/Ambivalent	-.18	-.05	-.02	<b>.22</b>	<b>.21</b>	.28	.17	-.08

Note: \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

**Gender Differences and Ways of Coping.** Exploratory analyses also evaluated the correlations between the students' reported genders and their use of different coping techniques. Overall, the only significant findings emerged in regard to the use of social support coping. Responses that indicated a female gender identity corresponded with high levels of social

support coping in response to both parental stressors ( $r = .31, p = .01$ ) and romantic stressors ( $r = .32, p = .01$ ).

### **Discussion**

In order to clarify the impact of attachment on coping, this study used two measures of attachment style and examined coping with two relationship-specific stressors. The purpose of the present investigation was to evaluate more specifically the potential links between recalled parental relationships, attachment style, and ways of coping with parental and romantic stressors. Examining these variables in terms of relation-specific stressors could contribute to the larger field of coping and attachment research, particularly because in this study, coping was being examined with the very individual to whom the students were presumably attached. Further, I sought to examine any differences or similarities between coping with these two kinds of stressors in general. I hypothesized that recalled relationships with parents and general attachment style would correlate significantly with individuals' ways of coping with both romantic and parental stressors. I also hypothesized that individuals who frequently used a specific coping style with one type of stressor would also frequently use this coping strategy with the second type of stressor. Overall, the strongest and most significant correlations were between attachment style scores and ways of coping with romantic stressors. Further, students typically used similar coping mechanisms with both kinds of stressors. Finally, significant correlations suggested that the intensity of the stressors could potentially act as a moderator for coping.

The significant correlations between different types of coping and students' attachment can be explained by revisiting the general theories of attachment bonds and the secure base (Ainsworth, 1979; Ainsworth & Bell, 1970; Ainsworth et. al., 1978; Bowlby, 1958, 1969). The data from this study offer evidence that individuals who experience high levels of both maternal and paternal care often score higher on the subscale of secure attachment because they develop internal working models in which others are perceived as stable and dependable. These findings are also logical when examined through the perspective of attachment bonds and the formation of a secure base early in life. Individuals who experience secure attachments to their caregivers are offered sensitive, consistent, and caring parenting (Ainsworth, 1979; Ainsworth & Bell, 1970; Ainsworth et. al., 1978; Bowlby, 1958, 1969). Due to this positive relationship, they are also able to develop a strong reliance on their caregiver as a secure base, knowing that exploration and experimentation are safe, as they can always return to their caregiver for support.

Similarly, when faced with novel stressors, both romantic and parental, securely attached individuals would be more likely to feel comfortable approaching other people for support, relying on the advice of others, and finding logical and more adaptive strategies to address the issues at hand (Campbell et. al, 2001; Mikulincer & Florian, 1995; Mikulincer, Florian, & Weller, 1993). This comfort and sense of safety with their parents or caregivers also directly translates to their internal working models, allowing securely attached individuals to have a generally positive sense of others' capacity for support and guidance (Bowlby, 1977, 1988; Gianino & Tronick, 1988; Main, Kaplan, & Cassidy, 1985; Paterson & Moran, 1988; Tronick, 1989; West, Sheldon, & Reiffer, 1989). Just as secure attachment can manifest itself in the use of social-support seeking and problem-focused coping, avoidant and anxious/ambivalent

attachment have a clear correlation with the use of avoidant coping strategies. Qualitatively, this link is logical, as these coping strategies reflect a desire to distance one's self from others, general avoidance of specific issues and stressors, and a tendency to internally focus on issues rather than take proactive steps towards solving them.

One interesting trend revealed in the data, however, is that there were more significant correlations between attachment style scores and coping than between PBI scores and coping with both kinds of stressors. One potential way to explain this phenomenon is by examining the nature of the PBI and attachment items. The PBI asks individuals to recall their experiences with their parents as they remember them from their first 16 years of life. Thus, the scores that each student received on this measure were a direct product of memories and recalled care and protection. The attachment measure, on the other hand, poses general questions that ask people to describe the way they are in the present moment. The attachment scores people receive reflect the way that they interact with other individuals in the present. This distinction could explain why the attachment scores were more significantly correlated with coping: both of these measures evaluated present behaviors and habits, while the PBI was focused on past events that may not have as much of a clear relationship with current ways of coping.

The high correlations between romantic and parental stressors found in the paired t-tests suggest that ways of coping are relatively stable across certain social contexts. The current body of research surrounding coping has revealed a great deal of information regarding situation-specific coping (Birnbaum, Orr, Mikulincer, & Florian, 1997; Campbell et. al., 2001; Mikulincer & Florian, 1995; Mikulincer, Florian, & Weller, 1993). In one particular study, for instance, Berant, Mikulincer, and Florian (2001) examined coping processes within the specific context of

a diagnosis of illness. Specifically, the study evaluated mothers' responses to diagnoses of heart defects in their infant children. The data revealed that due to the high demand of resources in this particular situation-specific stressor, mothers' ways of coping shifted, as they had to realign their responses to match the newly diminished amount of resources they had at their disposal (Berant, Mikulincer, & Florian, 2001). Other studies have evaluated coping with academic stress as well. Folkman and Lazarus (1985) examined the different coping responses students had throughout a college-level examination. Their findings were revealing of the larger processes of situation-specific coping: as scenarios change and unfold, so do individuals' emotional responses. Furthermore, it is possible for people to use a wide range of different, and sometimes conflicting, coping strategies (for instance, social support and avoidance in response to different aspects of a stressor) (Folkman & Lazarus, 1985).

Overall, then, current research has revealed that coping is a direct product of the related situation. The finding that coping with parental and romantic stressors was relatively stable in this particular study is relevant to the larger study of coping, as it specifically identifies two types of relationships as the situational backdrop of the coping process. However, these concepts could be expanded upon further, and future studies could compare peoples' approaches to coping within a wider range of context-specific relationship stressors. Though most ways of coping were relatively equal in the contexts of romantic and paternal stressors, there was a significant difference in peoples' use of religious beliefs as a way to handle stress. Students tended to depend on religiosity more when dealing with parental stressors than with romantic ones. This distinction could be explained by examining the students' descriptions of the types of events that they typically experienced with their parents and with their current or former romantic partners.



Almost half (48%) of the students mentioned experiencing parental stress that was closely linked with academics, career goals, or the process of selecting a college to attend. On the other hand, 41% of the students mentioned some form of jealousy or infidelity issues in their descriptions of typical romantic stressors. The qualitative differences between academic/professional stress and stress as a product of cheating or romantic jealousy are abundant. Thus, the differences in students' reported use of religious coping could be a direct product of the completely different natures of the stressors they were dealing with. Further studies could expand on this concept by quantitatively recording the types of stressors that typically arise in different relationships and examining this information alongside individuals' reported ways of coping.

The significance of specific correlations that involved levels of habitual stress as a moderator reveal that the specific coping processes people select could be a direct function of exactly how much stress they feel in a given situation. This could be explained by revisiting the appraisal processes of stressors: during the first appraisal, individuals question what they have to lose or gain from a stressful situation (Folkman & Lazarus, 1988; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). Different intensities of experienced stress could have a direct impact on this process, as it could change what is potentially at stake for an individual. Therefore, it is logical that when faced with different levels of stress, people may employ different coping tactics, as their appraisal processes reflect their emotional state and perception of the stressor (Folkman & Lazarus, 1988; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). Further, many of the correlations between attachment and coping in the high and low stress groups were on the verge of significance. Future studies could evaluate the habitual

levels of stress, attachment, and coping reported by a larger sample size to provide more statistical power, and possibly generate more statistically significant results.

Another interesting finding that came from exploratory analyses was that there were significant gender differences in the use of social support coping. In response to both parental and romantic stressors, women in the sample were more likely to seek social support than men were. This difference supports the preexisting body of research, as a number of studies have revealed the same phenomenon (Billings & Moos, 1981; Eschenbeck, Kohlman, & Lohaus, 2007; Ptacek, Smith, & Zanas, 1992; Tamres, Janicki, & Helgeson, 2002). One potential explanation for this difference could be the different qualities that are typically associated with women in Western culture; typically, females are perceived as more in touch with their emotions than men and more likely to be emotionally supportive of and dependent on others (Ptacek, Smith, & Dodge, 1994). It is likely that surveying a larger sample size with more equal numbers of men and women could have generated more statistically significant correlations between gender and different ways of coping, as a number of these have also emerged in the aforementioned literature.

The descriptive data of the predictor variables (Table 1) revealed that most students reported relatively high levels of protection. One potential explanation for this similarity is that the students evaluated represented a particularly homogeneous group, as 87.88% of them were Caucasian, they were of similar age ( $M_{age} = 18.88$ ). The similar demographics of this particular sample could explain the similarities in their reported parenting styles. More specifically, most students at the University are upper middle class; research has shown that upper middle class families typically have better overall health and experience higher levels of parental care,

attention, and support (Bradley & Corwyn, 2002; Brooks-Gunn & Duncan, 1997). Thus, these individuals would also be more likely to develop secure attachments over time; this was the case with the students in the study, as a great number of them scored highly the two-item secure attachment scale.

A limitation to the present study was that the students evaluated represented a somewhat homogenous population. The majority of the students were white, were all in the age range of 18-22 years old, and all had similar levels of higher education. This particular group consisted of college students who could easily recall their relationships and stressors with their parents, as their years of living at home were in the very recent past or the present. Older individuals, though, who have been separated from their parents for a number of years may show different relationships between their parental bonding, attachment styles, and ways of coping with new stressors in their lives. The PBI in particular relies on retrospective recollections of parental treatment and experiences; thus, future studies could gain from evaluating individuals of different ages to see if there is any stability or change in time over attachment and coping. Additionally, surveying a more ethnically heterogeneous group could offer insight into cultural practices that may impact the relationships between attachment and coping strategies.

The low amount of statistically significant correlations that arose in the data of this study could be explained by the small sample size that was evaluated ( $N = 63$ ). Studies that rely on a smaller group of participants generally have lower statistical power, and can therefore typically generate fewer results that are statistically significant. Future studies could examine a larger pool of students, as this could reveal more significant trends that did not arise in this specific study. Relatedly, the students who participated in this survey were mostly females. Active steps

were taken to try and correct for this issue, but the available pool of male subjects was numerically low, particularly once certain men were deemed ineligible to participate due to the romantic relationship requirement. Further studies can correct for this imbalance by evaluating an equal number of men and women to see if there any gender differences in coping with different kinds of relationship stressors.

Another limitation to the study was the unacceptably low alpha of the original scale of secure attachment. As mentioned, the original measure was altered to only include two items in order to improve the alpha value. This change, however, indicates that any significant correlations between variables and the two-item scale of secure attachment must not be accepted with certainty. Furthermore, one-sample KS tests revealed that the students' scores on this subscale were distributed abnormally. In order to correct for these issues, a different measure of attachment could have been used. The Adult Attachment Interview (AAI) (George, Kaplan, & Main, 1985; Main & Goldwyn, 1985), for instance, is a widely used and accepted measure of attachment style in adulthood. Moreover, this measure scores individuals on attachment styles that are modified to more appropriately describe adult relationships (ie. dismissing, free to evaluate, and preoccupied), and could therefore provide a more nuanced depiction of adults' attachments.

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## Appendices

### Appendix 1: The Parental Bonding Instrument (Parker, Tupling, & Brown, 1979)

This questionnaire lists various attitudes and behaviors of parents. As you remember your MOTHER/FATHER in your first 16 years, would you place a tick in the most appropriate box next to each question.

	Very Like	Moderately Like	Moderately Unlike	Very Unlike
1. Spoke to me in a warm and friendly voice				
2. Did not help me as much as I needed				
3. Let me do those things I liked doing				
4. Seemed emotionally cold to me				
5. Appeared to understand my problems and worries				
6. Was affectionate to me				
7. Liked me to make my own decisions				
8. Did not want me to grow up				
9. Tried to control everything I did				
10. Invaded my privacy				
11. Enjoyed talking things over with me				
12. Frequently smiled at me				
13. Tended to baby me				
14. Did not seem to understand what I needed or wanted				
15. Let me decide things for myself				
16. Made me feel I wasn't wanted				
17. Could make me feel better when I was upset				
18. Did not talk with me very much				
19. Tried to make me feel dependent on him/her				
20. Felt I could not look after myself unless he/she was around				
21. Gave me as much freedom as I wanted				
22. Let me go out as often as I wanted				
23. Was overprotective of me				
24. Did not praise me				
25. Let me dress in any way I pleased				

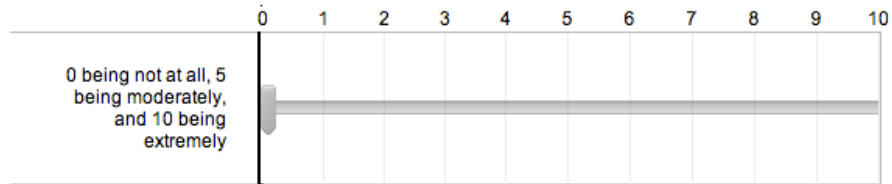
## Appendix 2: Simpson's Adapted Measure of Attachment (Simpson, 1990)

Rate how accurately each of the following sentences describes you.

	Strongly Disagree	Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Agree	Strongly Agree
I find it relatively easy to get close to others							
I am not very comfortable having to depend on other people							
I am comfortable having others depend on me							
I rarely worry about being abandoned by others							
I don't like people getting too close to me							
I am somewhat uncomfortable being too close to others							
I find it difficult to trust others completely							
I am nervous whenever anyone gets too close to me							
Others often want me to be more intimate than I feel comfortable being							
Others often are reluctant to get as close as I would like							
I often worry that others don't really like me							
I rarely worry about my partner(s) leaving me							
I often want to merge completely with others and this desire sometimes scares them away							

## Appendix 3: Evaluation of Parental Stressors

1. Please describe in a couple of sentences the type of situations you experience in your relationship with your mother/father that typically caused you stress in the past year.
2. On the scale below, indicate how much stress your experiences with your mother/father have caused you in

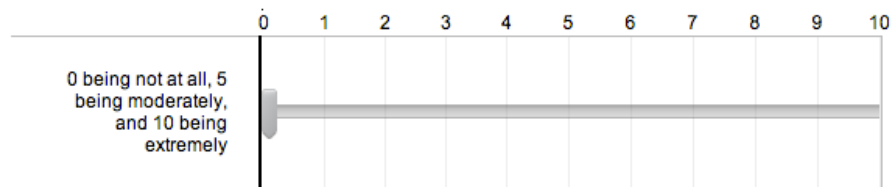


the past year.

3. In the past year, how many stressful events per week did you on average experience with your mother/father?
  - a. Less than one stressful event per week
  - b. 1-2 stressful events per week
  - c. 3-4 stressful events per week
  - d. 5 or more stressful events per week

## Appendix 4: Evaluation of Romantic Stressors

1. Please describe in a couple of sentences the type of situations you have experienced (or are experiencing) in your relationship with your boyfriend/girlfriend that typically cause(d) you stress in the time you were together.
2. Are you still dating the person above?
3. If you are no longer dating, how long ago did you break up (in months)?
4. How long did you date (or have you been dating) the person above (in months)?
5. On the scale below, indicate how much stress your experiences with your boyfriend/girlfriend have caused you in the past year.



6. In the past year, how many stressful events per week did you on average experience with your boyfriend/girlfriend?
  - a. Less than one stressful event per week
  - b. 1-2 stressful events per week
  - c. 3-4 stressful events per week
  - d. 5 or more stressful events per week

## Appendix 5: The Ways of Coping Checklist (Vitaliano et. al., 1985)

The items below represent ways that you may deal with stressful situations arising in your relationship with your mother/father OR boyfriend/girlfriend. We are interested in the degree to which you **typically** use each of the following thoughts/behaviors in order to deal with stresses you have experienced **while you were a relationship with your mother/father OR boyfriend/girlfriend**. Please circle the appropriate number if the thought/behavior is typically: A = never use, B = rarely use, C = sometimes use, or D = regularly use (at least 4 to 5 times per each event).

THOUGHTS/BEHAVIORS	never use	rarely use	sometimes use	regularly use
1. Bargain or compromise to get something positive from the situation. . .	A	B	C	D
2. Count my blessings. . . . .	A	B	C	D
3. Blame myself. . . . .	A	B	C	D
4. Concentrate on something good that can come out of the whole thing. .	A	B	C	D
5. Keep my feelings to myself. . . . .	A	B	C	D
6. Figure out who to blame. . . . .	A	B	C	D
7. Hope a miracle will happen. . . . .	A	B	C	D
8. Ask someone I respect for advise and follow it . . . . .	A	B	C	D
9. Pray about it. . . . .	A	B	C	D
10. Talk to someone about how I am feeling. . . . .	A	B	C	D
11. Stand my ground and fight for what I want. . . . .	A	B	C	D
12. Refuse to believe it has happened. . . . .	A	B	C	D
13. Criticize or lecture yourself. . . . .	A	B	C	D
14. Take it out on others. . . . .	A	B	C	D
15. Come up with a couple of different solutions to the problem. . . . .	A	B	C	D
16. Wish I were a stronger person -- more optimistic and forceful. . . . .	A	B	C	D
17. Accept my strong feelings but don't let them interfere with other things too much. . . . .	A	B	C	D
18. Focus on the good things in my life. . . . .	A	B	C	D

19. Wish that I could change the way I feel.....	A	B	C	D
20. Change something about myself so I can deal with the situation better...	A	B	C	D
21. Accept sympathy and understanding from someone.....	A	B	C	D
22. Get mad at people or things that caused the problem.....	A	B	C	D
23. Sleep more than usual.....	A	B	C	D

*The revised WoC continues on the next page*



THOUGHTS/BEHAVIORS	never use	rarely use	sometimes use	regularly use
24. Speak to my clergyman about it. ....	A	B	C	D
25. Realize I brought the problem on myself. ....	A	B	C	D
26. Feel bad that I couldn't avoid the problem. ....	A	B	C	D
27. I know what has to be done, so I double my efforts and try harder to make things work. ....	A	B	C	D
28. Think that others were unfair to me. ....	A	B	C	D
29. Daydream or imagine a better time or place than the one I am in. ....	A	B	C	D
30. Try to forget the whole thing. ....	A	B	C	D
31. Get professional help and do what they recommended. ....	A	B	C	D
32. Change or grow as a person in a good way. ....	A	B	C	D
33. Blame others. ....	A	B	C	D
34. Go on as if nothing had happened. ....	A	B	C	D
35. Accept the next best thing to what I want. ....	A	B	C	D
36. Tell myself things could be worse. ....	A	B	C	D
37. Talk to someone who can do something concrete about the problem. . . .	A	B	C	D
38. Try to make myself feel better by eating, drinking, smoking, or taking medications. ....	A	B	C	D
39. Try not to act too hastily or follow my own hunch. ....	A	B	C	D
40. Change something so things will turn out right. ....	A	B	C	D
41. Avoid being with people in general. ....	A	B	C	D
42. Think how much better off I am than others. ....	A	B	C	D
43. Have fantasies or wishes about how things might turn out. ....	A	B	C	D
44. Just take things one step at a time. ....	A	B	C	D
45. Wish the situation would go away or somehow be finished. ....	A	B	C	D
46. Keep others from knowing how bad things are. ....	A	B	C	D

47. Find out what other person is responsible. ....	A	B	C	D
48. Think about fantastic or unreal things (like perfect revenge or finding a million dollars) that make me feel better. ....	A	B	C	D
49. Come out of the experience better than when I went in. ....	A	B	C	D

*The revised WoC continues on the next page*

THOUGHTS/BEHAVIORS	never use	rarely use	some- times use	regu- larly use
50. Tell myself how much I have already accomplished.....	A	B	C	D
51. Wish that I could change what has happened. ....	A	B	C	D
52. Make a plan of action and follow it. ....	A	B	C	D
53. Talk to someone to find out about the situation. ....	A	B	C	D
54. Avoid my problem. ....	A	B	C	D
55. Rely on my faith to get me through. ....	A	B	C	D
56. Compare myself to others who are less fortunate. ....	A	B	C	D
57. Try not to burn my bridges behind me, but leave things open somewhat.	A	B	C	D