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Romantic Attachment Styles, Gender, and Reasons for Living

A thesis

presented to

the faculty of the Department of Psychology

East Tennessee State University

In partial fulfillment

of the requirements for the degree

Master of Arts in Psychology

by

Niles Adrian Cruz

May 2006

Dr. Chris Dula, Chair

Dr. Wallace Dixon

Dr. Blake Snider

Keywords: Attachment Styles, Romantic Relationships, Gender, Suicide, Reasons for Living

ABSTRACT

Romantic Attachment Styles, Gender, and Reasons for Living

by

Niles Adrian Cruz

The purpose of this study was to examine reasons for living in people with secure, avoidant, and anxious/ambivalent romantic attachment styles. Romantic attachment style was assessed by use of the Adult Attachment Questionnaire (AAQ). Reasons for living were assessed using the Reasons for Living Inventory (RFL). The independent variables were gender and romantic attachment style. The dependent variable was the RFL score.

Participants included 235 male and female students from a southeastern university. A brief demographic questionnaire, the RFL (Linehan, M., Goodstein, J., Neilson, S., & Chiles J., 1983), and the AAQ (Hazan & Shaver, 1987), were administered in electronic format on-line.

A 3 (attachment style) X 2 (gender) Analysis of Variance with unequal cell sizes was used to test for main and interaction effects. The significance level was set at .05.

Implications of findings and suggestions for future research were discussed.

DEDICATION

I dedicate this work to anyone who has ever felt alone in the world, and to all those who have dared to truly love someone.

ACKNOWLEDGEMENTS

I thank God for giving me life and form, discernment and free-will, and the opportunity to play a part in his divine creation. I thank my parents, Mary Helen Johnson and Nils Lennie Cruz, for keeping me nourished and sheltered when I could not provide these things for myself, and for the love and support they have shown me to this day. I thank my sister, Leyla Evangeline Cruz, for being my best and oldest friend. I thank all those I have met in this life for being my mirrors and allowing me to be theirs; especially Maria Zakharova and Stephanie Renee Parker, for opening my heart and revealing to me my strengths as well as my weaknesses and for inspiring in me the courage to accept or change myself.

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CHAPTER 1

INTRODUCTION

Suicide has been around for a long time, and its impact has been felt all over the world (Johnson, Krug, & Potter, 2000). In one year over 30,000 people committed suicide in the United States alone (National Center for Health Statistics, 2001). And although the rate of adult suicide has declined recently in the United States, the rate of adolescents and young adults committing suicide has tripled since 1950 (Bloch, 1999). In contemplation of these statistics, it appears that finding meaning in life and reasons to live can be difficult for some people.

Human-beings have long sought to discover the purpose and meaning of life; this quest for truth may be central to our understanding of the world and to the formulation of a sense of belonging that may serve to fuel our desire to exist in the world. Philosophers, poets, and theologians have spent centuries in search of the ultimate truth, purpose, and meaning behind personal conscious awareness of existence. The work they have done has provided us with general belief structures that help people to define themselves and give purpose to life. For some individuals however, when faced with calamity, loss, and pain, these structures may be too impersonal to sustain their individual will to live. For these people it is very important that they have developed close and trusting relationships with others who are available to offer them support and care in times of need. A strong social support system can enable even the most depressed and hopeless person to persevere in times of crisis. We are social creatures; our relationships with others are a central focus of our lives. We look to others for confirmation and validation of both ourselves and outside reality, we build our hopes dreams and fears on the information we receive and attach much of our life meanings to people and ideals. Finding meaning in life is to find reasons to live.

Meaning in life

Frankl (1984) suggested in his theory that if one is to maintain reasons for living in an intolerable situation, it is of vital importance that one have hope for a brighter day or believe that some higher purpose will be served by one's survival or endurance of suffering. In his book "Man's search for meaning," Frankl wrote of his personal experiences in the German concentration camps of World War II and of how his observations of human behavior during that time enabled him to develop the core of his theory and therapeutic doctrine. This theory defines our central life drive as finding meaning in existence. In the words of Frankl, "Man's search for meaning is the primary motivation in his life and not a 'secondary rationalization' of instinctual drives. This meaning is unique and specific in that it must and can be fulfilled by him alone; only then does it achieve a significance which will satisfy his own *will* to meaning" (p. 105).

Frankl (1984) observed that sometimes the only thing that separated those who survived the camps from those who did not was simply whether they perceived meaning in their suffering. Without a sense of meaning in life one tended to lose purpose, direction, and motivation, resulting in a loss of reasons to live. He realized that, although he and his fellow prisoners were hopeless in escaping their physical suffering and could not control the events they were subjected to, in a spiritual sense they were free to alter the way in which they perceived their situation. This freedom offered them the opportunity to create purpose in their lives and hope for the future by enabling them to feel a sense of control over their own reactions to suffering and by giving that suffering meaning. Frankl found that this shift in perception could manifest in faith in oneself and the belief that the hardships and pain one faced would not be in vain. In summarizing his theory, Frankl quotes Nietzsche, "He who has a why to live for can bear with almost any how" (p. 84).

CHAPTER 2

PREDICTORS OF SUICIDAL BEHAVIORS

In efforts to develop more reliable methods of preventing suicide, much research has been directed at uncovering personal characteristics that might serve to aid counselors in predicting which patients in their care are at risk for suicide. This research has led to the determination that suicidal individuals tend to be depressed (Dori & Overholser, 1999; Fenton, 2002; Mazza & Reynolds, 1998; Stewart, Lam, Betson, & Chung, 1999), and anxious (Westefeld et al., 2000). They have been found to have low self-esteem (DeWilde, Keinhorst, Diekstra, & Wolters, 1993), experience feelings of hopelessness (DeWilde et al.; Joiner & Rudd, 1996), and display perfectionistic cognitions, cognitive rigidity, and irrational behaviors (Dean, Range, & Goggin, 1996). Suicidal individuals are likely to have a dysfunctional family history with physical or sexual abuse, to engage in substance abuse, (Westefeld et al.), and tend to have problems maintaining intimate relationships (Joiner & Rudd). Those at risk for suicide have also been shown to report fewer reasons for living than their non-suicidal peers (Linehan, Goodstein, Nielson, & Chiles, 1983; Range, & Knott, 1997), and to have a more external locus of control (Froyd & Perry, 1985; Lambley & Silbowitz, 1973; Nelson & Singg, 1998; Sternberg, 1995; Topol & Reznikoff, 1982). In a study by Fenton (2002), the following general risk factors of suicide were cited: male gender, Caucasian, depression, self-reported hopelessness, self-reported suicide ideation, prior suicide attempts, poor psychosocial functioning, social isolation/inadequate social support, deteriorating health, significant loss, current or past substance abuse, and family history of suicide. Studies into suicide risk factors have uncovered a strong tendency for genders to differ in both pre-disposition and susceptibility to specific risk

characteristics and life stressors. These studies reveal that gender influences the effects of risk factors on suicidal ideation and on the way in which individuals act out their ideations.

Gender Differences in Suicidal Behavior

Gender has been shown to be a major factor in studies of completed suicide. Of the 15,555 suicides from one age group in a cross-national comparison study conducted by Johnson et al. (2000), a majority (80.1%) were male. During the 1-year study period, 5,350 (2.8 per 100,000) firearm-related suicides were reported, and of these, 4,743 (88.7%) } suicides were committed by males. Of all male suicides 38% were committed by use of firearms, which is nearly double the percentage of women (20%) who committed suicide with firearms during that year.

Bloch (1999) found that white males account for as much as 71% of adolescent suicides. And even though adolescent females attempt 3 times more often than their male counterparts, males are 4 times more likely to be successful, perhaps because they tend to use more lethal means. Bloch also acknowledged that depressive disorders occur most frequently in suicidal females, which may increase the probability of outside intervention and help for them.

According to Westefeld et al. (2000), men succeed at committing suicide 4.5 times as often as women, although women have higher incidence of suicidal ideation and attempts. Men who commit suicide usually have not sought help from mental health professionals, which leads researchers to believe that help seeking behavior may differ generally for men and women (Westefeld et al.). Research indicates that men are less likely to be in touch with their emotions and less able to talk about their problems with others, this inability to understand and communicate feelings can create added distress and feelings of isolation with no avenue of release or relief (Westefeld et al.). Men also tend to place greater importance on personal accomplishment, while society sets a higher standard of performance and success for them.

Thus, when a man fails to achieve, his self-esteem and sense of meaning in life are at greater risk than those of a woman in similar circumstances (Dean et al., 1996).

Research has shown that men and women react differently to feelings of powerlessness and loss of control. Men have typically displayed less ability than women to deal with situations in which they have no control. In a study by Wenz (1977) groups of 25 suicide attempters, 30 suicide threateners, and 30 controls were assessed to determine their respective level of powerlessness. High powerlessness was shown to distinguish between male attempters and male ideators, but did not distinguish between the females in each group. This suggests that powerlessness is more disturbing to men and can perhaps be linked to male suicide.

In a study of college students, Froyd and Perry (1985) found gender differences in relation to control issues. The authors speculate that this difference may be related to traditional sex-role stereotyping in which men are expected to be in control of their lives and emotions, which may lead men to view loss of control as unacceptable and to experience feelings of worthlessness, depression, and low self-esteem in situations in which they are externally controlled. The effect that sex-role stereotyping has on women seems to enable them to deal with loss of control more easily than men; because women are not expected to display masculine control characteristics, loss of power does not threaten their ego or self-image to the extent that it does men. This suggests that sex-role stereotyping may exert influence over help seeking behaviors in men who fear that asking for help would not be in keeping with a masculine image.

Theories of Suicidal Motivation

Suicide risk characteristics are helpful in identifying those who might be considering suicide; however, when we look at characteristics alone important questions remain unanswered; questions such as: Why would 30,000 people choose to end their lives? What promise could death hold for them that life would not afford them? Psychological research has provided us with two theories of suicide, which both illustrate how an individual's frustrations, cynical expectancies, and pessimistic perceptions of circumstances can impair one's ability to "satisfy his own *will* to meaning" (Frankl, 1984, p. 105).

Baumeister's (1990) Escape Theory of Suicide follows a linear sequence of events beginning with an individual's failure to achieve personal goals or meet social expectations. These personal failures are then internalized by the individual, resulting in feelings of shame, guilt, or worthlessness. This negative self-concept serves to undermine self-esteem, and produces an emotional disturbance such as depression, which could make actions such as suicide seem more reasonable and acceptable to an individual (Dean et al., 1996).

Beck's (Weishaar & Beck, 1992) cognitive theory of suicide deals with the effects of hopelessness on a person's perception of his current situation and his expectancy of probable future outcomes. Hopelessness prevents a person from being able to objectively assess undesired circumstances and their possible solutions to the extent that the individual may believe that there can never be an acceptable resolution to their problems. This belief that one is powerless to escape emotional suffering serves to make the continuation of life seem an intolerable prospect, and may increase the overall appeal of suicide. In support of these theories of suicide, a study conducted by Jobes and Mann (1999) found that 42% of the suicidal counseling patients asked why they were considering suicide reported escape-oriented reasons for dying.

Theories of suicide outline probable scenarios that could lead to suicide and give possible reasons one might have for deciding to commit suicide, but they cannot account for individual differences. There are many reasons to believe that a person's experiences in childhood may be deciding factors behind differences between suicidal and non-suicidal individuals. These early experiences can serve as building blocks for the formulation of personal reality later in life, and this formulation may serve to color the way in which we perceive the world in which we live, and our place in it. When these experiences are negative, painful, or confusing, they often result in poor self-image, low self-esteem, poor problem solving skills, and self-destructive tendencies (Karen, 1998). This concern is especially relevant in discussing the root causes of suicide and suicide ideation. It raises the questions of whether or not the way we are raised by our parents may affect our ability to build relationships of trust with others, to truly experience our emotions, to handle problems and stressors, and to what extent these effects may influence suicidal behavior. In attempting to find answers to these questions one might look to Bowlby's Attachment Theory (1973), which directly addresses the effects that our experiences as children can have on our ability to function well later in life.

Review of Attachment Theory and Literature

Attachment in Infancy

The concept of attachment takes into account the value and power of the relationship established between children and their parents, how this relationship is formed, and how the quality of this relationship can affect the healthy development of children. According to this theory a healthy attachment experience can leave a child feeling as if the world is a safe, accepting place in which he/she has value, instilling the child with a sense of self-confidence,

self-efficacy, and high self-esteem. However an unhealthy attachment experience can result in devastating emotional and psychological damage that can take a lifetime to recover from.

Internal Working Model

One concept of major importance in Bowlby's Attachment Theory (1973) is the formation of what he termed the internal working model, which serves as an individual's template for future expectations of others in intimate relationships and the way in which the individual develops a concept of self. The internal working model is the blueprint, formed during our early attachment experiences, from which we build our understanding of social relationships and our place in them. It is suspected that this model continues to affect attachment relationships well into adulthood where its influence can be seen in the quality of parenting we give our children and the closeness we achieve in our peer or romantic relationships (Bowlby). Internal working models are "believed to be highly resistant to change because they are more likely to assimilate new relational information, even at the cost of distorting it, than accommodating to information that is at odds with existing expectations" (Fraley & Shaver, 2000, p. 136).

An internal working model developed in a negative or unhealthy environment can result in a distorted view of reality for a person in which one expects to find rejection, scorn, disappointment and failure in all relational endeavors (Zimmerman, 1999). These negative expectancies can impair the individual's ability to perceive things as they truly are, thus preventing the individual from functioning well in society (Karen, 1998). Research also indicates that the internal working model can greatly affect an adult's ability to engage in healthy romantic relationships as people tend to rely on past experiences as reference for expectations of how they will be treated by their future partner and in interpreting their partner's actions and intentions (Hazan & Shaver, 1987).

The Strange Situation

Ainsworth (Ainsworth, Blehar, Walters, & Wall, 1978), a colleague of Bowlby, conducted research into attachment using a technique she developed called the “strange situation”; a laboratory model for studying infant-parent attachment. This research was conducted with 12 to 18-month-old infants and their parents whose reactions would be observed as they were systematically separated and reunited in a laboratory setting. From the behaviors exhibited by the participants Ainsworth was able to classify them by attachment or proximity seeking behaviors.

The results of this study led Ainsworth to conclude that caring, responsive, and consistent patterns of child rearing normally result in what she termed “secure attachment”, which serves as a source of emotional well-being. Securely attached infants became distressed when their parents left the room (as evidenced by crying, etc.) but were easily consoled and actively sought out their parents when they returned. Ainsworth found that about 60 -70% of the study participants fell into this category.

Of the remainder of the infants involved in this study, roughly 40%, exhibited attachment behaviors that Ainsworth identified and termed as “insecure or anxious”; which tended to develop in the absence or disruption of nurturing parenting. Half of the insecurely attached infants displayed avoidant behaviors; they showed no distress at their parent’s departure and were not particularly interested in their parent’s return. The other half of insecurely attached infants exhibited anxious-resistant behaviors; they seemed ill-at-ease before they were separated from their parent, were greatly distressed by the parent’s departure, and were very hard to console when the parent returned; these infants often displayed conflicting behaviors that suggested they wanted to be consoled but also wanted to punish their parents for leaving.

Attachment Styles in Adulthood

Attachment research results suggest that the effects of childhood attachment experiences follow us into adulthood as rigid belief structures within our internal working models and continue to affect the quality of our relationships with others throughout our lives (Bowlby, 1973). Securely attached individuals who receive nurturing and consistent parenting will likely develop into adults who are capable of engaging in healthy relationships (Hazan & Shaver, 1987). The secure adult has access to a wide range of memories and feelings, is emotionally expressive, has a balanced view of the world and self, approaches problems readily and effectively, and is able to maintain close relationships with relative ease (Hazan & Shaver; Pistole, 1989). These well adjusted adults usually enjoy productive and satisfying interpersonal relationships and can navigate through life's challenges in constructive ways (Karen, 1998; Pistole). On the other hand, insecurely attached individuals have the tendency to develop problems such as low self-esteem, depression, difficulty or inability in developing and maintaining relationships with others, poor problem solving skills, and an unstable self-concept (Hazan & Shaver; Pistole).

Those whose primary caregivers in infancy were emotionally distant or rejecting tend to become avoidantly attached (Hazan & Shaver, 1987). These people often develop into dismissive adults who reject the importance of feeling love and connection to others and are unlikely to engage in deep reflection and introspection (Hazan & Shaver). Those who received chaotic, unpredictable parenting in an atmosphere of fear, confusion, or violence tend to become ambivalently attached (Hazan & Shaver). Ambivalently attached people usually develop into preoccupied adults who are still trying to work through the anger, fear, and pain of childhood and as a result are unable to clearly comprehend their present circumstances (Hazan & Shaver).

These people have trouble determining what their responsibilities are in relation to others and carry with them a dread fear of abandonment, which causes them to experience great difficulty in building healthy relationships (Karen, 1998).

Attachment Styles and Romantic Relationships

Hazan and Shaver (1987) proposed that romantic love is an attachment process; as supported by the correspondence of the following features of emotional attachments that develop between child and parent and between romantic partners:

- Both feel safe when the other is nearby and responsive.
- Both engage in close intimate contact.
- Both feel insecure when the other is inaccessible.
- Both share discoveries with one another.
- Both play with one another's facial features and exhibit a mutual fascination and preoccupation with one another.

The results of Hazan and Shaver's (1987) study revealed that 55% of participants were involved in secure romantic relationships (confident in self and relationships), 30% in avoidant romantic relationships (detached from one's own feelings and in relationships), and 15% in anxious/ambivalent romantic relationships (apprehensive and distressed with self and in relationships).

Secure Attachment in Romantic Relationships. Hazan and Shaver's (1987) study also served to define the qualitative differences that exist between attachment style categories for partners in romantic relationships. People in securely attached romantic relationships tended to describe their relationships as trusting, intimate, warm, expressive, and balanced. Securely attached couples were also rated highest in self-esteem. They were able to enjoy feelings of love

without doubting their partner's display of love, they were more likely to be willing to change their behaviors and overlook their partner's faults in order to maintain their romantic relationships (Hazan & Shaver). People in this category of attachment are comfortable depending on others and with having others depend on them (Karen, 1998). Couples involved in securely attached romantic relationships deal with conflicts constructively (Pistole, 1989), and tend to have love relationships that last longer than those of insecure couples' (Feeney & Noller, 1990).

Avoidant Attachment in Romantic Relationships. Avoidant subjects tend to be less invested in their romantic relationships and experience less grief when they end. Those in avoidant romantic relationships report feelings of jealousy, fear of communication and intimacy, exhibit a self-reliant demeanor, tend to immerse themselves in work or other things outside of the relationship, and are more likely to engage in substance abuse for tension reduction (Hazan & Shaver). Avoidant subjects experience emotional highs and lows; as their perfectionistic ideal of love encounters relationship conflicts resulting in disenchantment with their partners. These people are likely to withdraw from their partner's in times of stress (Hazan & Shaver; Pistole, 1989). Feeney and Noller (1990) found that avoidant people are more likely to have never been in love and are less likely to be involved in a relationship at any given time.

Anxious/Ambivalent Attachment in Romantic Relationships. Anxious/ambivalent subjects tend to experience jealous and obsessive love for others. They fall in love easily and often. They are eager to find someone with whom they can feel complete union. Unfortunately these people suffer an almost constant fear of being rejected or abandoned by their love partners (Hazan & Shaver, 1987). They are heavily invested in their romantic relationships, sometimes to the point of pushing their partners away from them with clingy and controlling behaviors

(Pistole, 1989). Their unstable self-esteem and high state and trait loneliness scores may put them at special risk at time of break up, as they tend to suffer intense grieving over the loss of romantic relationships (Hazan & Shaver). Anxious/ambivalent romantic relationships usually are short in duration with a high break up rate despite deep involvement (Feeney & Noller, 1990).

The literature on attachment has also consistently found that there is a link between insecure attachment styles and susceptibility to suicidal ideation and actions. This link is evident when one considers the parallels between the risk factors associated with insecure attachment styles and those associated with suicide.

Suicide Risk and Insecure Attachment Styles

General Risk Factors

Recent studies of attachment in adults have revealed meaningful information regarding the effects that attachment styles can have on psychological well-being. Insecure attachment has been shown to negatively affect self-esteem and self-confidence (Bifulco, Moran, Ball, & Lillie, 2002; Cyranowski et al., 2002; Lopez & Gromley, 2002), problem solving and coping skills (Buelow, Lyddon, & Johnson, 2002; Lopez & Gromley), behavior control and emotion regulation (Buelow et al.; Creasey, 2002; Zimmerman, 1999), security of relationships (Cyranowski et al.; Scott & Cordova, 2002), and one's ability to adjust to life changes such as entrance into college and the loss of employment (Lapsley & Edgerton, 2002; Lewis, Feiring, & Rosenthal, 2000).

Other studies have linked insecure attachment to problems as innocuous as a general negative perception of others and dysfunctional attitudes (Reinecke & Rogers, 2001; Vasquez, Durik, & Hyde, 2002) to much more serious concerns, such as high-risk or criminal sexual

behavior (Bogaert & Sadava, 2002; Sawle & Kear-Colwell, 2001) and domestic violence (Babcock, Jacobson, Gottman, & Yerington, 2000). Insecure attachment has even been linked to the development of personality disorders (Bender, Farber, & Geller, 2001; Fossati et al., 2003). But perhaps of most consequence in the prevention of suicide is the link that has been shown to exist between insecure attachment, lack of social supports, and depression.

Insecure Attachment and Social Supports. In a suicide intervention one of the first issues to be assessed by the clinician is the client's level of social support. It is very important for someone who may be engaging in suicide ideation to have people available with whom he/she feels close to and can confide in. Moreira et al. (2003) concluded from the results of their study that perceived social support and intimate support are greatly affected by attachment style; as insecure attachment can limit one's ability to acquire and maintain social supports and can hinder the positive effects normally associated with them; such as trust and open communication. Social isolation and absence of social support has been cited as being relevant in terms of predicting suicide as well as in predicting drug and alcohol use, which is also associated with suicide (Westefeld et al., 2000). Joiner and Rudd (1996) found that loneliness could be identified as both a risk factor for and a feature of depression and hypothesized that loneliness affects suicide ideation because it affects hopelessness.

Insecure Attachment and Depression. The debilitating effect of depression on a person's level of functioning and sense of well-being is often linked to even more serious problems. One of the more serious aspects of depression is its relationship to suicide. Dean, et al. (1996) concluded that "Many variables have been found to account for variance in suicide ideation, including hopelessness, depression, cognitive rigidity, anxiety, negative life stress, and reasons for living. Of these, hopelessness and depression are the main variables associated with suicide

ideation” (pg.181). Fenton (2002) conducted a recent study of depression and suicide as related to people diagnosed with schizophrenia. From the results of his study he concluded that most of those who committed suicide did so while experiencing post-psychotic depressive symptoms.

A significant relationship between depression and insecure attachment styles has been revealed by several contemporary studies. These studies suggest that insecure attachment styles appear to increase one’s vulnerability to depressive symptoms (Bifulco et al., 2002; Reinecke & Rogers, 2001), and to increase the likelihood that an individual will become depressed (Difilippo & Overholser, 2002; Scott & Cordova, 2002; West & George, 2002). Haaga et al. (2002) found that attachment style affects depression and suggests that insecure attachment is a stable factor for vulnerability to depression and not an artifact of current sad mood.

In a study of adolescent psychiatric inpatients Dori and Overholser (1999) sought to better define the relationships between depression, hopelessness, self-esteem, and suicidality. The results of their study revealed that suicidal adolescents experience significantly higher levels of depression and hopelessness and lower self-esteem than their non-suicidal peers. In light of their findings, the authors suggest that treatment of suicidal individuals should focus on the reduction of feelings of depression and on increasing self-esteem. Mazza and Reynolds (1998) conducted a longitudinal study of adolescent suicidal ideators. The results of their study revealed that changes in suicidal ideation were directly related to changes in levels of depression and hopelessness.

In a study conducted by Stewart et al. (1999) in China, more evidence of the relationship between depressed mood and suicide was revealed. In this study it was found that depression is a common concomitant of suicide ideation and attempts, and that ideators show strong symptoms of depression. Depression was also found to be an important mediator in the relationship

between life stressors and suicide. Gender difference in reaction to depression in the findings of this study suggested that women are likely to consider suicide at lower levels of depression than men. The authors conclude that “suicidal ideas and acts relate strongly to depression” (p. 229).

Assessing Adult Attachment

George, Kaplan, and Main (1985) interviewed parents as to their childhood relationships with their parents with the intent of searching the information given to find features that might be used to explain the known attachment classifications that the participant’s children had received in Ainsworth’s strange situation study. Using the Adult Attachment Interview (AAI; George et al.), the authors found a strong association between the adults’ attachment style and that of their children. Adults who appeared to have been securely attached to their parents in childhood tended to have securely attached children. Adults who were dismissive in regard to memories and emotions related to early attachment issues tended to have avoidant children, while those who seemed to be pre-occupied with these memories and emotions tended to have anxious children. The AAI (George et al.) is an accurate measure; however, the complicated nature of its clinical interview portion, which requires specialized training for use, and the fact that the implementation of this measure is quite time consuming make this measure less efficient for use with large groups of respondents (Simpson & Rholes, 1998).

Hazan and Shaver (1987), after consideration of a previous study by Weiss (1982) on the association between insecure attachment and chronic loneliness, sought to determine the relationship between an individual’s attachment style in romantic relationships and its effects on the quality of these relationships. They constructed a simple self-report measure called the Adult Attachment Questionnaire (AAQ), which can be administered with little training to large groups of people. The AAQ (Hazan & Shaver) focuses on the effects of attachment in adult

relationships and adjustment (Simpson & Rholes, 1998) and was intended to be used in research to determine if the secure, avoidant, and anxious/ambivalent attachment styles of the child-parent relationships found in previous studies could be found between adult partners in romantic relationships, and to identify what effects these attachment styles might have on the quality of romantic relationships.

The AAQ (Hazan & Shaver, 1987) consists of attitudes toward romantic attachments that correspond with descriptions of features related to Ainsworth's childhood attachment patterns; secure attachment being represented by attitudes of trust, friendship, and other positive aspects of relationships, avoidant attachment being represented by attitudes involving fear and avoidance of intimacy, and anxious/ambivalent attachment being represented by attitudes denoting preoccupation with love and a desire for extreme investment in love relationships.

Assessing Reasons for Living

Measures of Suicide Risk

A number of systems of measurement have been developed to predict suicidal ideation and behavior. Scales of measurement, which have demonstrated acceptable validity and reliability, such as the Hopelessness Scale (Beck, Weissman, Lester, & Trexler, 1974) and the Scale for Suicide Ideation (Beck, Kovacs, & Weissman, 1979), are intended to detect the presence of organismic variables characteristic of suicidal individuals. However a different approach has been offered in the development of the Reasons for Living Inventory (RFL; Linehan et al., 1983). The RFL, borne of existentialist thought and largely based on the work of Viktor Frankl, is intended to focus on those characteristics normally absent in suicidal individuals that serve to prevent people from committing suicide; that is by determining what their reasons for living are (Westefeld et al., 2000).

The RFL (Linehan et al., 1983) is one of only a few instruments available for assessing suicidal ideation and behavior through the use of adaptive terms. Its 48 items are intended to evaluate an individual's life-sustaining beliefs, which may serve as adaptive characteristics crucial for "life-maintaining" behavior "as life oriented beliefs and expectations may discourage suicidal behaviors". This perspective would suggest that, "life-oriented beliefs and expectations may actually mitigate and prevent suicidal behaviors (i.e., suicide arises in the absence of sufficient reasons for living)" (Jobes & Mann, 1999, p. 98).

Statement of the Problem

Over 30,000 people are committing suicide every year in America (National Center for Health Statistics, 2001). We are social creatures, and our mental / emotional well-being depends partly upon our positive experience with others and our ability to engage in healthy interpersonal relationships. Our need for love and acceptance is so strong that the inability to engage in fulfilling interpersonal relationships with the resulting lack of sufficient social supports has been shown repeatedly in various studies to be a factor in suicide risk.

Studies have shown that there exists a significant relationship between romantic attachment-style and the worth that one attributes to self and others, the level at which one may perceive and openly communicate his/her feelings with others, one's ability to cope and to adjust, and several well established risk factors of suicide such as depression and lack of social supports. This suggests that an individual's romantic attachment-style may affect depression levels and reasons for living. This being the case, the purpose of this study is to identify possible relationships between the quality of intimate relationships and reported reasons for living.

Hypotheses

(H1) The proportion of participants in each attachment category will be comparable to the proportions found in a major previous study of attachment (Hazan & Shaver, 1987). As Hazan and Shaver's AAQ is a measure being used in this study, replication of their previous findings with regard to distribution of romantic attachment styles is expected.

(H2) Those individuals who have developed a secure romantic attachment style will have higher RFL scores than those who have developed an insecure romantic attachment style. Findings of previous studies (e.g. Feeney & Noller, 1990; Hazan & Shaver, 1987; Pistole, 1989) suggest that secure romantic attachment style is indicative of an individual having a positive self concept, enjoying satisfying interpersonal relationships, and possessing superior coping skills. Thus, the secure romantic attachment style should predict higher RFL scores.

(H3) Those who have developed an anxious/ambivalent romantic attachment style will reveal the lowest RFL scores. The literature suggests that those who are anxiously/ambivalently attached are particularly vulnerable to emotional suffering and tend to place stronger emphasis and added importance on their often ill-fated romantic relationships (e.g. Feeney & Noller, 1990; Hazan & Shaver, 1987; Pistole, 1989). Thus, it was reasoned that this particular group should report the lowest RFL scores.

(H4) Females will have higher RFL scores than males. Sex differences have been found in previous studies (e.g. Froyd & Perry, 1985; Westefeld et. al, 2000) regarding help seeking attitudes, utilization of social supports, and level of emotional awareness. In these cases it

appears that females would have attitudes, social supports, and levels of emotional awareness that could lead them to possess better coping skills and more reasons for living than males.

CHAPTER 3

METHODS

Participants

The participants of this study consisted of 235 college students attending a mid-sized southeastern university. All participants were volunteers receiving extra-credit for their involvement in this study. Participants consisted of 180 females (76.6%) and 55 males (23.4%). Ages ranged from 18 to 55, where the mean was 21.7 with a standard deviation of 5.5. The sample was made up of 215 (91.5%) White/European American participants, 8 (3.4%) Black/African American participants, 2 (0.9%) Hispanic participants, and 9 (3.8%) who labeled themselves as Other. With regard to their dating/marital status, 89 (37.9%) said they were in a current relationship, while 146 (62.1%) said they were not in a current relationship; whereas 197 (83.8) said they have never been married, 26 (11.1%) reported being married, and 12 (5.1%) reported being divorced. The mean number of romantic relationships reported by participants for their lifetime was 2.48 ($SD = 3.7$)

Measures

AAQ. (Appendix B) The Adult Attachment Questionnaire (Hazan & Shaver, 1987) can be used to assess large groups of respondents and, unlike the AAI (George et al., 1985) it requires no specialized training for implementation (Simpson & Rholes, 1998). Although the correspondence between the AAQ (Hazan & Shaver) and the A.A.I. (George et al.) is uncertain, it appears that the Adult Attachment Questionnaire is effective in determining the influence of attachment styles on the quality of an individual's experience in romantic relationships; with convergent validity being established with factors such as passion, intimacy, and commitment

(Levy & Davis, 1988), loneliness and relationship duration (Hazan & Shaver, 1987), and relationship satisfaction (Kirkpatrick & Davis 1994; Pistole, 1989; Simpson & Rholes).

Hazan and Shaver wrote three type-descriptions based on how they believed adults with a given attachment style would describe their feelings about operating in the realm of romantic relationships. The AAQ consists of 18 statements taken from the three paragraphs describing the qualitative essence of each romantic attachment style, these statements are divided into three attachment dimensions that deal with attitudes toward dependency (items 1-6), anxiety (items 7-12), and closeness (items 13-18), with internal consistency ranging from .69 to .75. Statements 3, 4, 7, 13, 14, and 17 originate from the “secure” descriptive paragraph; statements 1, 2, 5, 15, 16, and 18 originate from the “avoidant” descriptive paragraph; and statements 6, 8, 9, 10, 11, and 12 originate from the “anxious” descriptive paragraph. Respondents are asked to rate each statement as to the extent to which they identify with it from 1 (Not at all Characteristic) to 5 (Very Characteristic).

RFL. (Appendix C) The Reasons for Living Inventory (Linehan et al., 1983) consists of 48 items, which are the product of responses from diverse samples. And according to Osman, Kopper, Barrios, and Osman (1996) the RFL has adequate internal consistency, test-retest reliability, and good convergent, discriminant, and factorial validity. Those who participated in this measure’s development were asked to “reflect upon a time in their lives when they had been most seriously suicidal and then list the reasons why they did not kill themselves” (Jobes & Mann, 1999, Pg. 97). Participants were asked to rate their responses to these 48 items on a Likert scale from one (Not at all Important) to 6 (Very Important). The items are divided into six sub-scales which the authors determined have internal consistencies ranging from .72 to .92; with an overall internal consistency of .70. The subscales are survival and coping beliefs,

responsibility to family, child-related concerns, fear of suicide, fear of social disapproval, and moral objections (Linehan et al.; Westefeld et al, 2000).

Procedures

Each participant was presented with an informed consent form and asked to read it before being granted access to the on-line survey. Anonymity and confidentiality were explained to the participants. The on-line survey packet contained: A cover letter stating “Your answers are confidential and anonymous;” a brief demographic questionnaire (Appendix A) assessing gender, age, race, the approximate number and average duration of respondent’s romantic relationships, romantic relationship status, and marital status; the Adult Attachment Questionnaire (Appendix B); and the Reasons for Living Inventory (Appendix C). Participants were allowed to skip any questions they did not wish to answer and to discontinue the survey at any time. Participants were separated into groups by their gender as verified by demographic questionnaire, and by their attachment style as revealed by responses to the AAQ (Hazan & Shaver, 1987). These groups were then compared to each other by the scores obtained from the RFL (Linehan et al., 1983).

CHAPTER 4

RESULTS

In categorizing participants in terms of attachment style, it was found that the traditional method of classification left 13 (5.5%) without a clear group membership. These participants had high scores that were equal in more than one attachment style category; in some cases these equal scores were in the secure and an insecure category. As a clear category could not be established for these participants, they were left out of the analyses. The remaining 222 participants fell into the attachment style groups as follows: 135 were Secure (57.4%), 50 were Avoidant (21.3%), and 37 were Anxious/Ambivalent (15.7%).

With regard to Hypothesis 1 (that the proportion of participants in each attachment category will be comparable to the proportions found in a major previous study of attachment conducted by Hazan and Shaver, 1987), the data supported the hypothesis. The proportions of participants falling into each attachment style group in this study were found to be consistent with those found by Hazan and Shaver. Given that the previous data are not available to the current project, a test of differences could not be performed, but a visual inspection of the distributions is sufficient to conclude that they are more or less similar. See Table 1 for comparisons of the distributions between the studies. Table 2 shows the breakdown of sex by attachment style group category.

Table 1
Distribution of Romantic Attachment Styles

Study	Proportion Secure	Proportion Anxious/Ambivalent	Proportion Avoidant
Hazan & Shaver (1987) with Adults	55%	15%	30%
Present Study	61%	17%	22%

Table 2

Distribution of Romantic Attachment Styles in Current Study

Sex	Avoidant	Anxious/ Ambivalent	Secure	Cumulative Proportions
Female	42 (84%)	27 (73%)	102 (75.6%)	171 (77%)
Male	8 (16%)	10 (27%)	33 (24.4%)	51 (23%)
Total	50 (22%)	37 (17%)	135 (61%)	222 (100%)

Hypothesis 2 (those who have developed a secure romantic attachment style will reveal higher RFL scores than those who have developed an insecure romantic attachment style) was not supported. A one-way ANOVA revealed that there were no main effects of romantic categorization on RFL total scores. However, further exploratory analyses revealed that there were main effect differences for various subscales of the RFL. As it turns out there were significant main effects of romantic attachment style on the RFL Coping subscale ($F(2, 219) = 6.31, p = .002$), and the RFL Child-related Concerns (RFL Child) subscale ($F(2, 219) = 3.81, p = .024$), while the effect on RFL Fear of Suicide approached significance (RFL Suicide) ($F(2, 219) = 2.43, p = .090$). The Least Significant Difference (LSD) post hoc test was used to determine the nature of the differences between romantic attachment groups. This analysis revealed that Secure participants ($M = 120.25, SD = 15.22$) scored significantly higher on RFL Coping than the Avoidant participants ($M = 110.90, SD = 21.07$) and significantly higher than the Anxious/Ambivalent participants ($M = 112.51, SD = 21.78$). The Secure group ($M = 15.74, SD = 5.65$) also scored significantly higher on RFL Child subscale than the Avoidant group ($M = 14.40, SD = 4.51$) and significantly higher than the Anxious/Ambivalent group ($M = 13.92, SD = 5.65$). While the main effect of romantic attachment style on RFL Suicide was not significant, it did approach significance at $p < .10$, and the post hoc analysis revealed that Secure participants ($M = 19.65, SD = 8.10$) scored significantly higher on RFL Suicide than Anxious/Ambivalent

participants ($M = 22.76$, $SD = 7.50$), but not significantly higher than Avoidant participants ($M = 21.34$, $SD = 8.56$). See Table 3 for the means and standard deviations of each romantic attachment style group on all RFL scales.

Table 3
RFL Means and Standard Deviations by Attachment Style

RFL Score	Attachment Style						Sig.
	Secure ($n = 135$)		Avoidant ($n = 50$)		Anxious/Ambivalent ($n = 37$)		
	Mean	Std. Dev.	Mean	Std. Dev.	Mean	Std. Dev.	
Total	222.12	29.75	212.94	33.83	214.86	37.89	.163
Coping**	120.25 ^a	15.22	110.90 ^b	21.07	112.51 ^b	21.78	.002
Family	34.77	5.65	34.24	5.75	33.22	7.22	.366
Child*	15.74 ^a	3.48	14.40 ^b	4.51	13.92 ^b	5.65	.024
Fear of Suicide	19.65	8.10	21.34	8.56	22.76	7.50	.090
Social Disapproval	9.41	4.55	10.46	4.61	10.38	5.01	.287
Moral Objection	16.99	5.49	16.80	5.70	17.05	6.56	.974

Note: Total RFL is the full measure, subsequent RFL scores are subscales.

** = main effect significant at $p < .01$, * = $p < .05$

With regard to Hypothesis 3 (that those with an anxious/ambivalent romantic attachment style would have the lowest RFL scores) the data did not support the hypothesis. No main effect was found for romantic attachment group on RFL scores. In inspecting the data, the Avoidant group scored lowest, as indicated in Table 3, though this was obviously not significant.

With regard to Hypothesis 4 (that females will have higher RFL scores than males) was fully supported; as a t-test analysis revealed that females ($M = 221.99$, $SD = 29.84$) scored significantly higher than males ($M = 207.44$, $SD = 36.54$) on the RFL, where $t(1,233) = 3.00$, $p = .003$. It was also revealed that females scored significantly higher than males on RFL Coping ($M = 118.56$, $SD = 16.95$ vs. $M = 111.45$, $SD = 20.82$, respectively, where $t(1,233) = 2.31$, $p = .024$), RFL Family ($M = 118.56$, $SD = 16.95$ vs. $M = 111.45$, $SD = 20.82$, respectively, where $t(1,233)$

= 2.88, $p = .005$), RFL Child ($M = 15.48$, $SD = 4.04$ vs. $M = 13.71$, $SD = 4.84$, respectively, where $t(1,233) = 2.47$, $p = .016$). Females ($M = 17.36$, $SD = 5.60$) scored higher than males ($M = 15.89$, $SD = 5.78$) on RFL Moral Objection, but the difference only approached significance where $t(1,233) = 1.69$, $p = .093$. See Table 4 for the means and standard deviations for females and males on all RFL scales.

Table 4
RFL Means and Standard Deviations by Sex

RFL Score	Male ($n = 55$)		Female ($n = 180$)		Sig.
	Mean	Std. Dev.	Mean	Std. Dev.	
Total **	207.44	36.54	221.99	29.84	.003
Coping*	111.45	20.82	118.56	16.95	.011
Family**	32.00	7.38	35.08	5.23	.005
Child*	13.71	4.84	15.48	4.04	.016
Fear of Suicide	19.31	8.07	20.69	8.20	.274
Social Disapproval	10.07	4.63	9.67	4.65	.571
Moral Objection	15.89	5.78	17.36	5.60	.093

Note: Total RFL is the full measure, subsequent RFL scores are subscales.

** = significant at $p < .01$, * = $p < .05$

CHAPTER 5

DISCUSSION

In exploring the possible connections between romantic attachment styles and reasons for living, hypotheses were formulated based on a review of available literature to serve as tangible and testable statements of probable associations between multifaceted variables. Hypothesis 1 stated that the relative distributions of this study sample would be consistent with those in a major previous study of romantic attachment (i.e., Hazan & Shaver, 1987). This hypothesis was supported.

Hypothesis 2, which stated that participants with secure romantic attachment would have higher RFL scores than those with an insecure romantic attachment style, was not supported by the findings of this study. However, the results did yield significant relationships between romantic attachment style and the RFL's Coping and Child Related Concerns subscales. The fact that securely attached participants scored significantly higher than both of the insecurely attached groups of participants in coping seems to support one of the main assertions of this paper, namely that romantic attachment style can affect the ability to cope with life's challenges.

The securely attached participants' scores on child related concerns were also significantly higher than either of the insecure participant groups. This difference seems to support the idea that people may mimic the parenting style they grew up under with their own children, as it may be indicative of the participant romantic attachment groups' tendencies to pass on the same type of care and consideration they likely received as children. Thus, those who are more secure in their romantic attachment style may be more apt to see an attachment or potential attachment to their own children as a definitive reason for living, whereas the insecure groups would be less apt to feel a life-affirming connection with their own children. This tendency of passing along

attachment styles was suggested in earlier studies (e.g., Bowlby 1973; George et al., 1985).

These studies found that adults were likely to have with their children the same attachment style they reported having had received from their own parents. Thus, the parenting styles parents recall having received seem related to the attachment relationship they have with their own children, and this may be related to the level and type of care that those children will provide to future generations.

An interesting caveat to the current study is that participants were not asked whether they had children. Given that this is a traditional college-aged sample, it is likely that many of the participants did not have children, which is to say that this categorical reason for living may be prospective in nature. Those in the secure romantic attachment group may envision having children as a reason for living. Certainly, this would be a variable to include in future research.

Because the literature suggests that those who are anxiously/ambivalently attached are particularly vulnerable to emotional suffering and tend to place stronger emphasis and added importance on their usually ill fated romantic relationships (Feeney & Noller, 1990; Hazan & Shaver, 1987; Karen, 1998; Pistole, 1989;), it was reasoned in Hypothesis 3 that they should report the lowest RFL scores. This hypothesis was not supported by the data. Interestingly it was the avoidant group that scored lowest on the RFL, despite the emotional protection one might assume comes with their tendency to distance themselves emotionally from others, and the lower level of importance they tend to place on their romantic relationships (Feeney & Noller; Hazan & Shaver; Pistole). This unexpected outcome may be due to an increased level of difficulty in using social supports for those with an avoidant attachment style relative to the anxious/ambivalent group, as lack of social supports has been linked to both depression and suicide (Joiner & Rudd, 1996; Westefeld, 2000;). However, as the difference in RFL scores

between the avoidant and anxious/ambivalent groups was not significant, the lower scores may simply indicate that regardless of which type of insecure attachment group participants fall into, they equally experience the detrimental impact of insecurity on their reasons for living.

Hypothesis 4, which stated that females will have higher RFL scores than males, was fully supported; females did score significantly higher than males on the total RFL score as well as on the following three RFL subscales: coping beliefs, responsibility to family, and child-related concerns. Some possible reasons for this difference may be that men are less likely to be in touch with their emotions and less able to talk about problems (Westefeld et al., 2000), and that women are less affected by perfectionism (Dean et al., 1996) and less affected by loss of control than men (Froyd & Perry, 1985), it may also be that sex-role stereotyping is at the root of these differences. That is to say, females may be socialized to place greater value on communication with and support from family and to be less affected by stereotypically masculine values of needing to be perfect and in control and thus would have a greater reservoir of coping resources. However, there may be other constructs or variables in operation which were not measured in this study that could better account for the sex differences that were found in reasons for living.

Directions for Future Research

In light of the problems that were experienced in determining an appropriate romantic attachment group for some of the participants in this study, it stands to reason that a one-dimensional measure of general romantic attachment traveling along a continuum from secure to insecure romantic attachment may be preferable for use in some types of future research. A measure of this type used in conjunction with a trichotomous split to divide participants into secure, moderately secure, and insecure groupings would not only eliminate the problem of uncertain categorization but would also readily lend itself for use in correlational studies.

Additionally, a one-dimensional romantic attachment style scale might well provide a useful clinical measure with cutoff scores that could enable mental health professionals to better detect and intervene in problems with romantic attachment and thus provide more effective counseling to individuals who present with suicidal ideation or relationship difficulties.

Conclusions

The results of this study, although not definitive, do suggest relationships exist between romantic attachment styles, which dictate the quality of our relationships with others, and some aspects of life satisfaction, ability to cope, and perceived social supports, which may in turn be related to depression and suicidality. Perhaps the most important finding from this study is the discovery of a strong relationship between romantic attachment styles and coping styles. These results show that those who are secure enough to engage in open and trusting intimate relationships are likely to be better equipped to handle life stressors; as our relationships with others may provide us with a sense of stability in our own self-concepts and with a feeling of belongingness to the world in which we live.

Our early experiences may be pleasant, and our parents may be attentive, caring, and supportive; this scenario has been shown to have many positive effects on self-esteem, the ability to cope well with stressors, and on our level of trust and openness with others (Hazan & Shaver, 1987; Karen, 1998; Pistole, 1989). A less positive scenario in which the earliest experiences are unpleasant and the parents uncaring or hostile has been shown to have many detrimental effects on a developing self-concept which can manifest in problems such as low self-esteem, depression, difficulty or inability in developing and maintaining relationships with others, and poor problem solving skills (Hazan & Shaver; Karen; Pistole; Zimmerman, 1999). Thus, a self-concept developed in a negative or unhealthy environment can result in a distorted view of

reality, difficulty in maintaining healthy relationships, and poor coping, whereas a self-concept derived in a positive and healthy environment promotes reality-based thinking, learning to build relationships of trust and open communication, and healthier coping styles. This being the case, one can clearly see there is a likely need to ensure that actions be taken to facilitate the development of security in our children's relationships with others. It is of utmost importance that we provide our children with emotional warmth, clearly defined rules, and consistently respectful treatment in order to facilitate the process of their healthy psychological development.

Our childhood experiences, especially those concerning our relationships with parents, have been shown in previous studies to greatly affect the way in which we learn to perceive ourselves and others. What Bowlby (1973) called our internal working model, which is formed during and shaped by the experiences of our first several years of development, serves as the core of our self concept and of the attachment styles we adopt in the interest of self preservation in relationships (Ainsworth, et al., 1978; & Bowlby; Hazan & Shaver, 1987; Zimmerman, 1999). And as reported by Fraley and Shaver (2000) an internal working model is "believed to be highly resistant to change because they are more likely to assimilate new relational information, even at the cost of distorting it, than accommodating to information that is at odds with existing expectations" (136). In other words, once an individual's early template for perceptions of self and others is formed, it is very difficult to alter. And it is this internal working model that determines the quality of one's intimate relationships with others as it greatly affects the individual's level of perceived social support and intimate support and can limit the ability to acquire and maintain relationships and prevent the positive effects normally associated with healthy relationships such as trust and open communication (Moreira et al., 2003). Continued research into romantic attachment styles may be beneficial in educating people about how their

romantic attachment styles affect their level of functioning and potential parenting style and may also guide us to methods that might ameliorate problem adult romantic attachment styles such that future generations are benefited.

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APPENDIX A

Demographic Questionnaire

1. Gender (circle one): Male Female
2. Age: _____
3. Race:
 - Caucasian
 - African American
 - Native American
 - Asian American
 - Hispanic American
 - Other _____(please specify)
4. How many romantic relationships have you been involved in as an adult?_____
5. What would you estimate is the average length of your romantic relationships?_____
6. Are you currently involved in a romantic relationship? Yes No
7. Marital Status: Married Single Divorced Widowed

APPENDIX B

Adult Attachment Questionnaire

Please rate the extent to which each statement describes your feelings.
(Circle your responses-1=not at all characteristic; 5=very characteristic)

1. I find it difficult to allow myself to depend on others.
1 2 3 4 5
2. People are never there when you need them.
1 2 3 4 5
3. I am comfortable depending on others.
1 2 3 4 5
4. I know that others will be there when I need them.
1 2 3 4 5
5. I find it difficult to trust others completely.
1 2 3 4 5
6. I am not sure that I can always depend on others to be there when I need them.
1 2 3 4 5
7. I do not often worry about being abandoned.
1 2 3 4 5
8. I often worry that my partner does not really love me.
1 2 3 4 5
9. I find others are reluctant to get as close as I would like.
1 2 3 4 5
10. I often worry my partner will not want to stay with me.
1 2 3 4 5
11. I want to merge completely with another person.
1 2 3 4 5
12. My desire to merge sometimes scares people away.
1 2 3 4 5
13. I find it relatively easy to get close to others.
1 2 3 4 5
14. I do not often worry about someone getting too close to me.
1 2 3 4 5
15. I am somewhat uncomfortable being close to others.
1 2 3 4 5
16. I am nervous when anyone gets too close.
1 2 3 4 5
17. I am comfortable having others depend on me.
1 2 3 4 5
18. Often, love partners want me to be more intimate than I feel comfortable being.
1 2 3 4 5

APPENDIX C

Reasons for living Inventory

Many people have thought of suicide at least once. Others have never considered it. Whether you have considered it or not, we are interested in the reasons you would have for not committing suicide if the thought were to occur to you or if someone were to suggest it to you.

On the following pages are reasons people sometimes give for not committing suicide. We would like to know how important each of these possible reasons would be to you at this time in your life as a reason to not kill yourself.

Each reason can be rated from *1* (Not at all important) to 6 (Extremely important).

1-Not at all important.

2-Quite unimportant.

3-Somewhat unimportant.

4-Somewhat important.

5-Quite important.

6-Extremely important.

Please write the response number, which indicates the importance to you for not killing yourself in the space to the left of each statement.

1. ____ I have a responsibility and commitment to my family.
2. ____ I believe I can learn to adjust or cope with my problems.
3. ____ I believe I have control over my life and destiny.
4. ____ I have a desire to live.
5. ____ I believe only God has the right to end a life.
6. ____ I am afraid of death.
7. ____ My family might believe I did not love them.
8. ____ I don't believe that things could be hopeless enough that I would rather be dead.
9. ____ My family depends upon me and needs me.
10. ____ I do not want to die.
11. ____ I want to watch my children as they grow.
12. ____ Life is all we have and is better than nothing.
13. ____ I have plans for the future that I am looking forward to carrying them out.
14. ____ No matter how badly I feel, I know that it will pass.
15. ____ I am afraid of the unknown.
16. ____ I love and enjoy my family too much to leave them.
17. ____ I want to experience all that life has to offer and there are many experiences I haven't had yet which I want to have.
18. ____ I am afraid that my attempt at killing myself would not be successful.

19. ____ I care enough about myself to live.
20. ____ Life is too beautiful and precious to end it.
21. ____ It would not be fair to leave the children for others to take care of.
22. ____ I believe I can find other solutions to my problems.
23. ____ I am afraid of going to hell.
24. ____ I have a love of life.
25. ____ I am too stable to kill myself.
26. ____ I am a coward and do not have enough guts to do it.
27. ____ My religious beliefs forbid it.
28. ____ The effect on my children could be harmful.
29. ____ I am curious about what will happen in the future.
30. ____ It would hurt my family too much and I would not want them to suffer.
31. ____ I am concerned about what others would think of me.
32. ____ I believe that everything has a way of working out for the best.
33. ____ I could not decide where, when, and how to do it.
34. ____ I consider it morally wrong.
35. ____ I still have many things left to do.
36. ____ I have the courage to face life.
37. ____ I am happy and content with my life.
38. ____ I am afraid of the actual "act" of killing myself (the pain, blood, violence).
39. ____ I believe killing myself would not really accomplish or solve anything.
40. ____ I have hope that things will improve and the future will be happier.
41. ____ Other people would think I am weak and selfish.
42. ____ I have an inner drive to survive.
43. ____ I would not want people to think I did not have control over my life.
44. ____ I believe I can find a purpose in life, a reason to live.
45. ____ I see no reason to hurry death along.
46. ____ I am so inept that my method would not work.
47. ____ I would not want my family to feel guilty afterwards.
48. ____ I would not want my family to think I was selfish or a coward.

VITA

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