The Proactive Coping Inventory (PCI):
A Multidimensional Research Instrument

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ABSTRACT

The present paper introduces a new psychometric tool, the Proactive Coping Inventory (PCI), which takes a multidimensional approach to coping. A distinction between self-regulatory threat appraisal and self-regulatory goal attainment is made to account for a positive facet of coping, namely setting of, and striving for goals. It goes beyond traditional risk management when people face a threat and attempt to build up their resistance resources well ahead of time. Rather, proactive coping integrates processes of personal quality of life management with those of self-regulatory goal attainment as illustrated by the prototypical lives of entrepreneurs, scientists, artists, teachers, or missionaries, for example. The PCI is distinguished by three main features: (a) It integrates planning and preventive strategies with proactive self-regulatory goal attainment; (b) It integrates proactive goal attainment with identification and utilization of social resources, and (c) It utilizes proactive emotional coping for self-regulatory goal attainment. A large pool of test items was generated and administered to samples of Canadian and Polish-Canadian respondents. Scale reduction techniques were used to derive the seven scales (based on 55 items) that constitute the Proactive Coping Inventory (PCI). Results reported indicated that the scales possess good reliability and validity.

THE PROACTIVE COPING INVENTORY (PCI):
A MULTIDIMENSIONAL RESEARCH INSTRUMENT

       This paper presents the development of a new coping inventory, **The Proactive Coping Inventory**. (See pp. 16-18 for the items in the Proactive Coping Inventory). Proactive coping is driven by high scores on the Proactive Attitude Scale, beliefs in the rich potential of changes that can be made to improve oneself and one's environment (Schwarzer, 1999b). Behaviors and cognitions associated with this coping can occur at any point in time. The Proactive Coping Inventory consists of seven scales and a total of 55 items which implement, on a cognitive and behavioral level, a way of coping based on resourcefulness, responsibility, and vision. The Inventory is premised on the idea of coping as multidimensional, as a process over time, and at the same time, coping activities are seen to occur simultaneously on cognitive and behavioral levels.

Background

       Traditionally, research on coping has distinguished between problem-focused and emotional-focused coping. Problem-focused coping is seen as consisting of efforts aimed at altering the person-environment transaction or altering or managing the source of stress, and emotion-focused coping is aimed at regulating emotional responses elicited by the situation (Folkman & Lazarus, 1980). Research has shown differences in the effectiveness of these two coping forms. Many agree that problem-focused coping is an effective individual coping strategy given research findings that it is negatively related to distress symptoms (Billings & Moos, 1984; O'Neill & Zeichner, 1985). Greenglass (1988) reports negative relationships in managers between job anxiety and problem-focused coping, and in particular, internal control, a coping strategy which depends on one's own efforts to change the situation. The same research also found significantly negative correlations between job anxiety and preventive coping. High use of preventive coping was associated with lower job anxiety.

       Perceived control. An essential aspect of problem-focused coping is perceived control. Research reports that situational appraisals of control have been linked to performance of active problem-solving coping strategies (Folkman et al., 1981). Employees who believe that they have little control over work domains are less likely to engage in active problem-solving coping and more likely to employ emotion-focused strategies (Folkman, 1984). In this context, perceived control refers to the belief that one can influence the environment. Control strategies reflect a "take charge" approach often involving making a plan of action, focusing efforts on solving the problem at hand and taking direct action. Research indicates that perceived control is associated with decreased stress levels and improved worker health (Israel, House, Schurman, Heaney, & Mero, 1989; Spector, 1986). Perceived control also buffers the potentially deleterious effects of stress on mental and physical health (Karasek, 1979; Karasek et al., 1981; Perrewe & Ganster, 1989). Additional research suggests that individuals high on self-efficacy are more likely to feel they are able to control challenging environmental demands by taking adaptive action (Bandura, 1992). If one feels confident enough to be able to control challenges or threats, then successful action is more likely (Schwarzer, 1993). Individuals who hold beliefs that outcomes are within their own control, are more likely to employ control coping strategies than those who see outcomes resulting by chance (Schwarzer, 1992;1993; Folkman, 1984; Bandura, 1992).

       Emotional coping. Additional findings indicate that emotional coping, including wishful thinking and self blame, are positively correlated with psychological distress such as job anxiety,

depression and somatization. Additional findings indicate that emotional coping is negatively associated with job satisfaction (Greenglass, 1993), thus suggesting that negative emotional coping itself may be a distress symptom. Other research suggests that positive emotion focused coping strategies are beneficial ways of coping with stressful events (Dunkel-Schetter, Feinstein, Taylor, & Falke, 1992). Research findings show that positive affect is related to the use of positive reappraisal (Haley et al., 1996). According to Folkman (1997), coping theory needs to be modified to take into account positive psychological states. While the distinction between problem-focused and emotional coping is an important one, later research has found that it has not captured the multivariate aspects of coping. Research reports, for example, that responses to the Ways of Coping Scale (Folkman & Lazarus, 1988) form several factors rather than two (e.g., Aldwin, Folkman, Schaefer, Coyne, & Lazarus, 1980)

Social support and coping. In the past, research on coping and social support has tended to be separate, conceptually and empirically. Recently, however, there has been research attention directed towards linking coping and social support in order to evolve an interpersonal theory of coping with stress. For example, DeLongis and O'Brien (1990) in their treatment of how families cope with Alzheimer's disease, discuss how interpersonal factors may be important as predictors of the individual's ability to cope with the situation. They talk about the importance of drawing on the resources of others for coping with difficult situations. Hobfoll, Dunahoo, Ben-Porth, and Monnier (1994) also address the interpersonal, interactive nature of coping and social resource acquisition.

There are several advantages to linking social support to coping. First, in viewing social support as a form of coping, one can theoretically link areas that have been previously viewed as conceptually distinct. This allows for the elaboration of traditional constructs using theoretical developments in the other area. Second, conceptualization of social support as coping broadens the concept of coping as it has traditionally been defined to include interpersonal and relational skills. Third, this approach recognizes the importance of resources in others which can be transformed into the behavioral and cognitive coping repertoire of the individual. Moreover, according to the present reformulation, interpersonal strength and relational skills are conceptualized as positive coping strengths, which can be developed.

In a study in which support from supervisors and relatives and friends was a significant contributor to coping, primarily in women managers, Greenglass (1993) provides data supporting the Functional Support Model. According to this model (Wills, 1990), close relationships help a person cope with stress because in such relationships the person can disclose and discuss problems, share concerns, and receive advice that is keyed to a person's needs. This model suggests that close relationships contribute to well-being through increasing use of more effective coping forms, i.e., instrumental and internal control, and by decreasing use of negative, emotion-focused coping, with a corresponding decrease in negative affect. For Thoits (1986), social support is seen as coping assistance; coping and social support are seen as having functions in common -instrumental, emotional and perceptional which includes informational support that can alter perceptions of meaningful aspects of stressful situations. Coping includes the process of cognitive restructuring.

Proactive behavior. Additional data indicate that people are often able to recognize cues suggesting that there is trouble on the way and they take steps to deal with it before it occurs. The processes through which people anticipate or detect potential stressors and act in advance to prevent them can be seen as proactive behavior. To the extent that individuals offset, eliminate, reduce or modify impending stressful events, proactive behavior can eliminate a great deal of

stress before it occurs. The skills associated with this behavior include planning, goal setting, organization and mental simulation (Aspinwall & Taylor, 1997). According to Schwarzer's Proactive Coping Theory (1999a), the proactive individual strives for improvement in his or her life and environment instead of mainly reacting to a past or anticipated adversity. Proactive coping is autonomous and self-determined goal setting and realisation of goals; it deals with self-regulatory goal attainment processes and explains what motivates people to strive for ambitious goals and to commit themselves to personal quality management (Schwarzer, 1999a).

The Proactive Coping Inventory

In the present paper, a new coping inventory is presented, **The Proactive Coping Inventory (PCI)**. Individuals scoring high on the Proactive Coping subscale are seen as having beliefs that are rich in potential for change particularly in ways that would result in improvement of oneself and one's environment. The proactive individual is defined as resourceful, responsible and principled (Schwarzer, 1999b). Coping for the proactive individual is not a single response, it is a view of oneself and one's world. It is an approach to life, an existential belief that things will work out not because of luck or other uncontrollable factors, but because the individual takes responsibility for outcomes. Proactive coping is distinguished from other coping forms in that it incorporates and utilizes social and non-social resources; it employs visions of success; it uses positive emotional strategies. Proactive coping includes goal setting and tenacious goal pursuit.

Two elements are essential to a proactive belief system. First, for the proactive individual, a life course is determined by the individual <u>not</u> by external factors; the proactive individual takes responsibility for making things happen. Second, for the proactive individual, life is full of abundant resources. The proverbial glass is always half *full* rather than half empty. The proactive individual accumulates resources, takes steps to prevent resource depletion, and is capable of mobilizing resources when needed. Thus, the proactive individual also possesses highly developed social skills to mobilize resources.

The basis of the PCI was a psychometrical analysis of an earlier version of the Proactive Coping Inventory consisting of 137 items, 18 sub-scales and five dimensions (Greenglass, 1998). The aim was to create a comprehensive and exhaustive inventory that evaluates proactive cognition and behavior as a positive facet of coping. These included three dimensions of stress appraisal, two forms of proactive reflective coping, four dimensions of proactive resource management, three of proactive emotional coping and five forms of proactive goal-oriented coping action. The item pool was analyzed and reduced in order to develop a parsimonious set of coping scales with good psychometric properties.

Methodology

Respondents

The scales were developed on a Canadian student sample and validated using a Polish-Canadian adult and student sample. In the Canadian sample, the respondents were college students recruited for the survey during class. The sample consisted of 252 individuals, 66 males and 179 females (7 did not indicate their gender). Age ranged from 17 to 60 years, mean age was 21.74 years. All were undergraduate students (see Table 1). The Polish-Canadian sample consisted of 144 Polish immigrants living in Canada. There were 46 males and 98 females. They were recruited in the Polish-Canadian community in Toronto. Age ranged from 16 to 60 years,

mean age was 38.93 years. Only 18 were students and the remaining respondents, 126 were adults. 68 respondents occupied white collar occupations and 48 were in blue collar occupations (see Table 1). The statistical analysis was performed by Steffen Taubert (1999).

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Insert Table 1 about here
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Results

Seven new scales consisting of a total of 55 items were developed from the original 137 PCI item set using statistical techniques such as Pearson product-moment correlation, confirmatory factor analysis, principal component analysis, and reliability procedures. Theoretical considerations derived from Schwarzer's Proactive Coping Theory (1999a) were also taken into account in the construction of the PCI scales. A primary draft of the scales was developed using the Canadian sample and then tested with the Polish-Canadian sample. The seven scales of the PCI are: The Proactive Coping Scale, the Reflective Coping Scale, Strategic Planning, Preventive Coping, Instrumental Support Seeking, Emotional Support Seeking, and Avoidance Coping.

The Proactive Coping Scale. This scale, consisting of 14 items, combines autonomous goal setting with self-regulatory goal attainment cognitions and behavior (see Table 2a). The Proactive Coping Scale items and scale characteristics are presented in Tables 2b and 2c. The scale has high internal consistency as seen in reliability measures (α) of .85 and .80 in the two samples. In addition the scale shows good item-total correlations and acceptable skewnes as an indicator of symmetry around the mean. A principal component analysis confirmed its factorial validity and homogeneity.

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Insert Tables 2a, b, & c about here
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The Reflective Coping Scale. This scale, with 11 items, describes simulation and contemplation about a variety of possible behavioral alternatives by comparing their imagined effectiveness and includes brainstorming, analyzing problems and resources, and generating hypothetical plans of action (see Table 3a). Items and scale characteristics for the Reflective Coping Scale are shown in Tables 3b and 3c. A principal component analysis revealed three components with an eigenvalue above one. However, the scree plot showed a distinct break between the steep slope of the first factor and the gradual trailing off of the remaining factors. Theoretical considerations and reliability analysis did not support exclusion of items that load high on factors two or three. The Reflective Coping Scale was exclusively extracted from the original PCI file of test items by employing varimax rotated factor analysis with alpha factoring. The Reflective Coping Scale has good internal consistency as seen in Cronbach alphas of .79 and .80 in the Canadian and Polish-Canadian samples, respectively.

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Strategic Planning. This 4-item scale focuses on the process of generating a goal-oriented schedule of action in which extensive tasks are broken down into manageable

components (see Table 4a). This scale has acceptable reliability, α =.71 in both samples. Scale items and scale characteristics are shown in Tables 4b and 4c. A principal component analysis confirmed its factorial validity and homogeneity.

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Preventive Coping. Preventive coping deals with anticipation of potential stressors and the initiation of preparation before these stressors develop fully (see Table 5a). Preventive coping is distinct from proactive coping. Preventive coping effort refers to a potential threat in future by considering experience, anticipation or knowledge. In comparison, proactive coping is not based on threat but is driven by goal striving. The 10-item Preventive Coping Scale has good internal consistency and item-total correlations. Items and scale characteristics are shown in Tables 5b and 5c. A principal component analysis confirmed its factorial validity.

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Instrumental Support Seeking. This scale (8 items) focuses on obtaining advice, information and feedback from people in one's social network when dealing with stressors (see Table 6a).The Instrumental Support Seeking scale has good reliability (see Table 6c). Items and scale characteristics are displayed in Tables 6b and 6c. A principal component analysis confirmed its factorial validity and homogeneity.

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Emotional Support Seeking. This 5-item scale is aimed at regulating temporary emotional distress by disclosing to others feelings, evoking empathy and seeking companionship from one's social network (see Table 7a). It is emotional self-regulation with the assistance of significant others. The Emotional Support Seeking scale has good reliability and the items show good item-total correlations. Items and scale characteristics are displayed in Table 7b and 7c.

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Avoidance Coping. Avoidance Coping, measured by a 3-item scale, eludes action in a demanding situation by delaying (Table 8a). It has higher reliability in the Polish-Canadian sample than in the Canadian sample (Tables 8b & 8c). A principal component analysis confirmed its factorial validity.

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Intercorrelations of PCI Scales: Canadian and Polish-Canadian Samples

In the Canadian sample, scores on the Proactive Coping Scale correlated positively with Preventive Coping, Reflective Coping and Strategic Planning. Proactive Coping also correlated positively with Emotional Support Seeking and with Instrumental Support Seeking. Although the correlations were significant, they tended to be moderate in size (Table 9). Similar results were found in the Polish-Canadian sample (Table 10) with the exception of Instrumental Support Seeking which was not significantly correlated with Proactive Coping. In both samples, Proactive Coping correlated negatively with Avoidance Coping. To the extent that individuals engage in Proactive Coping, they are less likely to employ Avoidance Coping in dealing with demands of daily life.

In both samples Preventive Coping involves elements of Reflective Coping and Strategic Planning. Further data indicate that Instrumental Support Seeking and Emotional Support Seeking are highly correlated. Nevertheless, they had sufficient discriminant validity to justify their separation, as suggested by theory.

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Validity Findings and Current Research

In order to evaluate the construct validity of the PCI scales, respondents in both samples completed additional scales which measured coping styles, related attitudes and depression. These included :

1. The Proactive Attitude Scale (Schwarzer, 1999b) ($\alpha = .76$) consisting of 15 items which assess attributes such as resourcefulness, responsibility, values and vision.

2. The General Perceived Self-Efficacy Scale (Schwarzer, 1998) ($\alpha = .78$), a 10-item scale assessing the belief in one's own competence to deal effectively with stressful demands.

3. The Brief COPE, a coping inventory of 14 subscales, each with two items (Carver, 1997). Reliability and validity data have been reported by Carver (1997) where Cronbach alphas ranged from .50 to .90. Some of the coping scales are Active Coping, Behavioral Disengagement, and Denial.

4. Depression is measured by the Hopkins Symptom Checklist (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974). The scale assesses extent of withdrawal from life interests, lack of motivation and hopelessness. This 10-item scale has an α of .86.

5. Internal Control (9 items), which measures extent to which the individual takes the initiative in coping efforts. Preventive Coping (6 items) and Self-Blame (5 items) were assessed as well. These scales were derived from the Coping Inventory of Peacock and Wong (1990). Greenglass (1988) reports Cronbach alphas of .75 for Internal Control, .64 for Preventive Coping, and .85 for Self-Blame.

Table 11 reports correlations between scores on the **Proactive Coping Scale** and additional measures in both samples. The high correlations in both samples between Proactive Coping, Proactive Attitude and Self-Efficacy are expected. The positive correlations between Proactive Coping, Preventive Coping, Internal Control, and Active Coping in both samples underlines the theoretical basis of proactive coping, that people are able to recognize cues suggesting that there is trouble on the way and they actively take steps to deal with it before it occurs. These findings support the idea that proactive coping emphasizes the individual's taking the initiative rather than reacting to a stressor that has already occurred. Further correlations

indicate that proactive coping involves planning, positive reframing and some acceptance. At the same time, given the moderately negative correlations between proactive coping, depression, self-blame, denial and behavioral disengagement, the data suggest that proactive coping does not tend to include negative elements but remains positively focused on the tasks at hand.

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In Table 12, correlations are reported between scores on the **Reflective Coping Scale** and additional measures in the Canadian and Polish-Canadian samples. Results show that Reflective Coping is moderately related to a proactive attitude and to self-efficacy. Reflective coping is also positively related to Preventive Coping and to Internal Control since both of these coping forms involve contemplation of behavioral alternatives in the future. Reflective coping correlates positively with Active Coping, Positive Reframing, Planning, and Acceptance.

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Insert Table 12 about here

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Correlations between **Strategic Planning** and additional measures are shown in Table 13. Scores on Strategic Planning correlate positively with proactive attitudes and with self-efficacy. Strategic planning also correlates positively with Preventive Coping and with Internal Control. Thus, Strategic Planning involves coping forms that depend on one's own efforts to change a situation. Strategic Planning also correlates positively and moderately with Active Coping, Positive Reframing and Planning. In Canadians only, Strategic Planning correlated negatively with depression and with Denial.

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Relationships between **Preventive Coping** and additional measures are reported in Table 14. Preventive Coping correlates positively with proactive attitudes and with self-efficacy. The PCI Preventive Coping Scale correlates positively with another measure of Preventive Coping (Peacock & Wong, 1990), with Internal Control, Active Coping, Planning and Acceptance. In Canadians only, Preventive Coping was negatively related to depression.

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Instrumental Support Seeking correlated moderately with the Proactive Attitude Scale in both samples and with Self-Efficacy only in the Canadian sample (Table 15). Small correlations were observed between Instrumental Support Seeking, Preventive Coping, Internal Control, Active Coping, Positive Reframing and Acceptance in the Canadian sample only. In all respondents, Instrumental Support Seeking correlated positively with Emotional Support and with Instrumental Support as measured by the COPE. Thus, the higher the Instrumental Support Seeking, the greater the seeking of assistance, information or advice about what to do and the greater the seeking of empathy from others.

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Insert Table 15 about here
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Emotional Support Seeking and additional measures indicated that it correlated positively with a proactive attitude and with self-efficacy (Table 16). In the Canadian sample only, Emotional Support Seeking was positively correlated with Preventive Coping, Internal Control, Active Coping, Positive Reframing, and Acceptance, and negatively with Self-Blame. Since Emotional Support Seeking was associated with positive coping in the Canadian sample only, this may partly account for the negative association in Canadians only between depression and Emotional Support Seeking. Thus, depression is more likely to be lower when Emotional Support seeking is employed along with other active and preventive coping forms. In all respondents, Emotional Support Seeking correlated positively with Emotional Support and with Instrumental Support, as measured by the COPE. Thus, the higher the Emotional Support Seeking, the greater the seeking of assistance, information or advice about what to do and the greater the seeking of empathy from others.

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Small significant negative correlations were found between **Avoidance Coping**, Preventive Coping, Internal Control, and Active Coping (Table 17). Thus, to the extent that individuals deal with stressful situations by eluding or delaying action, they are also less likely to use preventive, active coping forms which rely on their own efforts. Avoidance Coping also correlated positively with Behavioral Disengagement. Thus, to the extent that individuals employ Avoidance Coping, they are more likely to give up or withdraw effort from striving for goal attainment.

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Insert Table 17 about here
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The PCI and Gender Differences
T-tests were conducted on mean scores on PCI scales between women and men. Consistent gender differences were observed in both the Canadian and Polish-Canadian samples. In each, females were significantly higher than males on Emotional Support Seeking and on Instrumental Support Seeking (see Table 18). No other significant gender differences were found.

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Discussion
The PCI as a Measure of Positive Coping
The Proactive Coping Inventory consists of 7 scales and 55 items. One scale with 14 items measures proactive coping exclusively. Six of the seven Proactive Coping Scales focus on positive facets of coping including taking initiative, envisioning success, planning for future

eventualities, and accumulating resources that will strengthen coping initiatives. The advent of The Proactive Coping Inventory is consistent with a relatively recent shift in approaches to psychology from a focus on helplessness and pathology to a more positive, optimistic approach that emphasizes health and the promotion of well-being (Folkman, 1997; Seligman, 1990). While coping is traditionally seen as something which occurs temporarily after a stressful event, the present approach to coping is future-oriented in that the individual is seen as being able to take preparatory steps in coping with anticipated stress. In contrast to traditional coping theory which can be seen as "reactive", the present approach is "proactive". At the same time, part of the PCI measures motivational and intentional aspects of self-determined goal setting, as stated in The Proactive Coping Theory in which the individual is seen as striving for improvement of life instead of reacting to past or anticipated adversity (Schwarzer, 1999a).

Coping as a Multidimensional Construct

Conceptually, coping is multidimensional, occurring on several levels including attitudinal, cognitive-reflective, emotional, and behavioral levels. In contrast to traditional approaches which dichotomize coping according to active-passive, instrumental-emotional, or control-escape dimensions, the present approach sees coping as occurring simultaneously in various domains of human thought, emotional and action systems. The Proactive Coping Inventory acknowledges that coping efficiency is maximized when attitudes, emotions, cognitions and behavior are consistent within a given framework. Resource management is an important facet of proactive coping in that the individual can acknowledge and utilize information, advice, practical assistance and emotional support from others. Cognitively, proactive coping involves reflection including envisioning success, anticipating future problems, planning on how to deal with them, and taking preventive steps in order to avoid disaster. Thus, for proactive individuals, initiation, reflection, planning and prevention are all part of their coping strategies

Psychometrics of the PCI

Psychometrically, the PCI has yielded 7 scales with good construct validity, homogeneity, and acceptable reliabilities. The overall results were similar in the Canadian and Polish-Canadian samples, despite their demographic differences, i.e., the Canadian sample was younger and mainly students, while the Polish-Canadian sample was older, employed, and consisted of immigrants in Canada. This indicates that the scales have good validity (Taubert, 1999), but further research is needed.

The PCI and Gender Differences

In both samples, women were higher than men on both the Instrumental Support Seeking and Emotional Support Seeking Scales. These findings suggest that, when dealing with stress, women are more likely than men to seek advice, information, practical assistance and emotional support from others with whom they have relationships. These results are consistent with other research suggesting that women, more than men, utilize social support in coping with stress. Close relationships can help a person cope with stress. In such relationships people can disclose and discuss problems, share concerns, and receive advice that is keyed to their needs (Solomon & Rothblum, 1986). These relationships can also provide useful information, practical advice and morale boosting, all of which can assist an individual in dealing with their stressors (Greenglass, Fiksenbaum, & Burke, 1996). Previous research also suggests that the connection between support and coping is stronger in women. For example, according to Norcross, DiClemente and

Prochaska (1986), women, compared to men, use more coping forms involving interpersonal relationships. Women, more than men, are expected to be sensitive to others' needs, according to traditional gender-role expectations (Greenglass, 1982). Additional data suggest that women may utilize support from others through talking with one another. According to Etzion and Pines (1981), women are more often able to make more effective use of their support networks than men since they tend to talk more with others as a way of coping with stress.

Other research findings suggest that women are able to utilize social support from others to develop instrumental and preventive coping strategies as shown by Greenglass (1993) who examined the role of supervisor and family and friend support in the prediction of various coping strategies in male and female managers. Regression results in women managers were that supervisor support predicted positively and significantly to preventive and instrumental coping, and that friend and family support predicted positively to the development of preventive coping. In contrast, in men managers, only supervisor support predicted positively to preventive coping. Thus, in women, there is more likely to be an incorporation of interpersonal support into the construction of cognitive coping forms.

The PCI and Depression

The Proactive Coping Scale was the only one of the seven subscales that was consistently and negatively associated with depression in *both* the Canadian and Polish-Canadian samples. In both samples, Proactive Coping was negatively associated with Avoidance Coping. Thus, the data suggest that depression is less likely to be an outcome when individuals use proactive coping measures including taking the initiative when confronted with a problem and turning obstacles into positive experiences while at the same time dealing with a problem, rather than putting it aside for a while (Avoidance Coping). Thus, to the extent that individuals employ proactive coping, which in itself is an indicator of self regulation, their quality of life should improve in that they would experience less depression. These findings are consistent with research which conceptualizes depression as characterized by lack of activity, lack of initiative and helplessness (Seligman, 1975). Thus, proactive coping behavior is antithetical to depression.

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The Proactive Coping Inventory

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Seven Scales
Proactive Coping
Reflective Coping
Strategic Planning
Preventive Coping
Instrumental Support Seeking
Emotional Support Seeking
Avoidance Coping

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Instructions to Subjects:
Title of Scale Given to Respondents: Reactions to Daily Events Questionnaire
"The following statements deal with reactions you may have to various situations. Indicate how true each of these statements is depending on how you feel about the situation. Do this by checking the most appropriate box."

Respondents are presented with four alternatives : "not at all true", "barely true", "somewhat true", "completely true."

In scoring responses, 1 is assigned to "not at all true, 2 to "barely true", 3 to "somewhat true" and 4 to "completely true".

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Proactive Coping Inventory Items by Scale

THE PROACTIVE COPING SCALE

1	I am a "take charge" person.
2	I try to let things work out on their own. (-)
3	After attaining a goal, I look for another, more challenging one.
4	I like challenges and beating the odds.
5	I visualise my dreams and try to achieve them.
6	Despite numerous setbacks, I usually succeed in getting what I want.
7	I try to pinpoint what I need to succeed.
8	I always try to find a way to work around obstacles; nothing really stops me.
9	I often see myself failing so I don't get my hopes up too high. (-)
10	When I apply for a position, I imagine myself filling it.
11	I turn obstacles into positive experiences.
12	If someone tells me I can't do something, you can be sure I will do it.
13	When I experience a problem, I take the initiative in resolving it.
14	When I have a problem, I usually see myself in a no-win situation. (-)

-Reverse items

REFLECTIVE COPING SCALE

1　I imagine myself solving difficult problems.

2　Rather than acting impulsively, I usually think of various ways to solve a problem.

3　In my mind I go through many different scenarios in order to prepare myself for different outcomes.

4　I tackle a problem by thinking about realistic alternatives.

5　When I have a problem with my co-workers, friends, or family, I imagine beforehand how I will deal with them successfully.

6　Before tackling a difficult task I imagine success scenarios.

7　I take action only after thinking carefully about a problem.

8　I imagine myself solving a difficult problem before I actually have to face it.

9　I address a problem from various angles until I find the appropriate action.

10　When there are serious misunderstandings with co-workers, family members or friends, I practice before how I will deal with them.

11　I think about every possible outcome to a problem before tackling it.

STRATEGIC PLANNING SCALE

1　I often find ways to break down difficult problems into manageable components.

2　I make a plan and follow it.

3　I break down a problem into smaller parts and do one part at a time.

4　I make lists and try to focus on the most important things first.

PREVENTIVE COPING SCALE

1　I plan for future eventualities.

2　Rather than spending every cent I make, I like to save for a rainy day.

3　I prepare for adverse events.

4　Before disaster strikes I am well-prepared for its consequences.

5　I plan my strategies to change a situation before I act.

6　I develop my job skills to protect myself against unemployment.

7　I make sure my family is well taken care of to protect them from adversity in the future.

8　I think ahead to avoid dangerous situations.

9　I plan strategies for what I hope will be the best possible outcome.

10　I try to manage my money well in order to avoid being destitute in old age.

INSTRUMENTAL SUPPORT SEEKING SCALE

1   When solving my own problems other people's advice can be helpful.
2   I try to talk and explain my stress in order to get feedback from my friends.
3   Information I get from others has often helped me deal with my problems.
4   I can usually identify people who can help me develop my own solutions to problems.
5   I ask others what they would do in my situation.
6   Talking to others can be really useful because it provides another perspective on the problem.
7   Before getting messed up with a problem I'll call a friend to talk about it.
8   When I am in trouble I can usually work out something with the help of others.

EMOTIONAL SUPPORT SEEKING SCALE

1   If I am depressed I know who I can call to help me feel better.
2   Others help me feel cared for.
3   I know who can be counted on when the chips are down.
4   When I'm depressed I get out and talk to others.
5   I confide my feelings in others to build up and maintain close relationships.

AVOIDANCE COPING SCALE

1   When I have a problem I like to sleep on it.
2   If I find a problem too difficult sometimes I put it aside until I'm ready to deal with it.
3   When I have a problem I usually let it simmer on the back burner for a while.