Gorski's Warning Signs of a Relapse

In 1982, researchers Terence T. Gorski and Merlene Miller wrote a paper, "The Phases And Warning Signs of Relapse," in which they described Gorki's 37 warning signs and 10 phases that lead up to an alcohol relapse. Researchers have since subjected Gorski's signs to scientific scrutiny and found them to be "reliable and valid."

The following has been edited to refer to the addict as "he," but the principles apply to female alcoholics as well, of course.

The Relapse Syndrome

Relapse does not happen when the addict takes the first drug or drink. Relapse is a process that starts long before the addict begins to use. The relapse process causes the addict to feel pain and discomfort when not using. This pain and discomfort can become so bad that the addict becomes unable to live normally when not using.

In **Alcoholics Anonymous** this is called a dry drunk but the syndrome is recognized in all areas of addiction and is in essence, abstinence without recovery. The discomfort can become so bad that the addict feels that using can't be any worse than the pain of staying clean.

Phase 1: Return of Denial

During this phase the addict becomes unable to recognize and honestly tell others what he is thinking or feeling. The most common symptoms are:

1. Concern about well-being: The addict feels uneasy, afraid and anxious. At times he is afraid of not being able to stay drug-free. This uneasiness comes and goes,and usually lasts only a short time.

2. Denial of the concern: In order to tolerate these periods of worry, fear and anxiety, the addict ignores or denies these feelings in the same way he had at other times denied being addicted. The denial may be so strong that there is no awareness of it while it is happening.

Even when there is awareness of the feelings, they are often forgotten as soon as the feelings are gone. It is only when the addict thinks back about the situation at a later time that he is able to recognize the feelings of anxiety and the denial of those feelings.

Phase 2: Avoidance and Defensive Behavior

During this phase the addict doesn't want to think about anything that will cause the painful and uncomfortable feelings to come back. As a result, he begins to avoid anything or anybody that will force an honest look at self. When asked direct questions about well-being, he tends to become defensive. The most common symptoms are:

3. Believing "I'll never use again": The addict convinces self that he will never use again and sometimes will tell this to others, but usually keeps it to self. Many are afraid to tell their counselors or other fellowship members about this belief. When the addict firmly believes he will never use again, the need for a daily recovery program seems less important.

4. Worrying about others instead of self: The addict becomes more concerned with the recovery of others than with personal recovery. He doesn't talk directly about these concerns, but privately judges the recovery program of other recovering persons. In the fellowship this is called "working the other guy's program".

5. Defensiveness: The addict has a tendency to defend when talking about personal problems, feelings or his recovery program even when no defence is necessary.

6. Compulsive behavior: The addict becomes compulsive ("stuck" or "fixed" or "rigid") in the way he thinks and behaves. There is a tendency to do the same things over and over again without a good reason. There is a tendency to control conversations either by talking too much or not talking at all.

He tends to work more than is needed, becomes involved in many activities and may appear to be the model of recovery because of heavy involvement in fellowship 12 step work e.g. chairing meetings. He is often a leader in counselling groups by "playing therapist." Casual or informal involvement with people however is avoided.

7. Impulsive behavior: Sometimes the rigid behavior is interrupted by actions taken without thought or self-control. This usually happens at times of high stress. Sometimes these impulsive actions cause the addict to make decisions that seriously damage his life and recovery program.

8. Tendencies towards loneliness: The addict begins to spend more time alone. He usually has good reasons and excuses for staying away from other people. These periods of being alone begin to occur more often and the addict begins to feel more and more lonely. Instead of dealing with the loneliness by trying to meet and be around other people, he or she becomes more compulsive and impulsive.

Phase 3: Crisis Building

During this phase the addict begins experiencing a sequence of life problems that are caused by denying personal feelings, isolating self and neglecting the recovery program. Even though He wants to solve these problems and works hard at it, two new problems pop up to replace every problem that is solved. The most common symptoms are.

9. Tunnel vision: Tunnel vision is seeing only one small part of life and not being able to see "The big picture." The addict looks at life as being made up of separate, unrelated parts. He focuses on one part without looking at other parts or how they are related. Sometimes this creates the mistaken belief that everything is secure and going well.

At other times, this results in seeing only what is going wrong. Small problems are blown up out of proportion. When this happens the addict comes to believe he is being treated unfairly and has no power to do anything about it.

10. Minor depression: Symptoms of depression begin to appear and to persist. The person feels down, blue, listless, empty of feelings. Oversleeping becomes common. He is able to distract self from these moods by getting busy with other things and not talking about the depression.

11. Loss of constructive planning: The addict stops planning each day and the future. He often mistakes the slogan "One day at a time" to mean that one shouldn't plan or think about what he is going to do. Less and less attention is paid to details.

He becomes listless. Plans are based more on wishful thinking (how the addict wishes things would be) than reality (how things really are).

12. Plans begin to fail: Because he makes plans that are not realistic and does not pay attention to details, plans begin to fail. Each failure causes new life problems. Some of these problems are similar to the problems that had occurred during using. He often feels guilty and remorseful when the problems occur.

Phase 4. Immobilization

During this phase the addict is totally unable to initiate action. He goes through the motions of living, but is controlled by life rather than controlling his life. The most common symptoms are.

13. Daydreaming and wishful thinking: It becomes more difficult to concentrate. The "if only" syndrome becomes more common in conversation. The addict begins to have fantasies of escaping or "being rescued from it all" by an event unlikely to happen.

14. Feelings that nothing can be solved: A sense of failure begins to develop. The failure may be real, or it may be imagined. Small failures are exaggerated and blown out of proportion. The belief that "I've tried my best and recovery isn't working" begins to develop.

15. Immature wish to be happy: a vague desire "to be happy" or to have "things work out" develops without the person identifying what is necessary to be happy or have things work out. "Magical thinking" is used: wanting things to get better without doing anything to make them better.

Phase 5. Confusion And Overreaction

During this period the addict can't think clearly. He becomes upset with self and others, becomes irritable and overacts to small things.

16. Periods of confusion: Periods of confusion become more frequent, last longer and cause more problems. The addict often feels angry with self because of the inability to figure things out.

17. Irritation with friends: Relationships become strained with friends, family, counselors and fellowship members. The addict feels threatened when these people talk about the changes in behavior and mood that are becoming apparent.

The conflicts continue to increase in spite of the addicts efforts to resolve them. The addict begins to feel guilty and remorseful about his role in these conflicts.

18. Easily angered: The addict experiences episodes of anger, frustration, resentment and irritability for no real reason. Overreaction to small things becomes more frequent. Stress and anxiety increase because of the fear that overreaction might result in violence. The efforts to control self adds to the stress and tension.

Phase 6: Depression

During this period the addict becomes so depressed that he has difficulty keeping to normal routines. At times there may be thoughts of suicide, using or drinking as a way to end the depression. The depression is severe and persistent and cannot be easily ignored or hidden from others. The most common symptoms are.

19. Irregular eating habits: The addict begins overeating or undereating. There is weight gain or loss. He stops having meals at regular times and replaces a well balanced, nourishing diet with "junk food."

20. Lack of desire to take action: There are periods when the addict is unable to get started or get anything done. At those times he is unable to concentrate, feels anxious, fearful and uneasy, and often feels trapped with no way out.

21. Irregular sleeping habits: The addict has difficulty sleeping and is restless and fitful when sleep does occur. Sleep is often marked by strange and frightening dreams. Because of exhaustion he may sleep for 12 to twenty hours at a time. These "sleeping marathons" may happen as often as every six to fifteen days.

22. Loss of daily structure: Daily routine becomes haphazard. The addict stops getting up and going to bed at regular times. Sometimes he is unable to sleep, and this results in oversleeping at other times. Regular meal times are discontinued. It becomes more difficult to keep appointments and plan social events.

The addict feels rushed and overburdened at times and then has nothing to do at other times. He is unable to follow through on plans and decisions and experiences tension, frustration, fear, or anxiety that keep him/her from doing what needs to be done.

23. Periods of deep depression: The addict feels depressed more often. The depression becomes worse, lasts longer, and interferes with living. The depression is so bad that it is noticed by others and cannot be easily denied. The depression is most severe during unplanned or unstructured periods of time.

Fatigue, hunger and loneliness make the depression worse. When the addict feels depressed, he separates from other people, becomes irritable and angry with others, and often complains that nobody cares or understands what he is going through.

Phase 7: Behavioral Loss of Control

During this phase the addict becomes unable to control or regulate personal behavior and a daily schedule. There is still heavy denial and no full awareness of being out of control. His life becomes chaotic and many problems are created in all areas of life and recovery. The most common symptoms are.

24. Irregular attendance at fellowship and treatment meetings: The addict stops attending fellowship meetings regularly and begins to miss scheduled appointments for counselling or treatment. He finds excuses to justify this and doesn't recognize the importance of fellowship and treatment.

He develops the attitude that meetings and counselling aren't making me feel better, so why should I make it a number one priority? Other things are more important.

25. Development of an "I don't care" attitude: The addict tries to act as if he doesn't care about the problems that are occurring. This is to hide feelings of helplessness and a growing lack of self-respect and self-confidence.

26. Open rejection of help: The addict cuts self off from people who can help. He does this by having fits of anger that drive others away, by criticising and putting others down, or by quietly withdrawing from others.

27. Dissatisfaction with life: Things seem so bad that the addict begins to think that he might as well use because things couldn't get worse. Life seems to have become unmanageable since using has stopped.

28. Feelings of powerlessness and helplessness: The addict develops difficulty in "getting started;" has trouble thinking clearly, concentrating, and thinking abstractly; and feels that he can't do anything and begins to believe that there is no way out.

Phase 8: Recognition Of Loss of Control

The addict's denial breaks and suddenly he recognizes how severe the problems are, how unmanageable life has become, and how little power and control he has to solve any of the problems. This awareness is extremely painful and frightening. By this time he has become so isolated that there is no one to turn to for help. The most common symptoms are.

29. Self pity: The addict begins to feel sorry for self and often uses self pity to get attention at Fellowship meetings or from members of family.

30. Thoughts of social using: The addict realizes that drinking or using drugs would help him/her to feel better and begins to hope that he can drink/use normally again and be able to control it. Sometimes these thoughts are so strong that they can't be stopped or put out of mind.

There is a feeling that drinking/using is the only alternative to going crazy or committing suicide. Drinking/using actually looks like a sane and rational alternative.

31. Conscious lying: The addict begins to recognize the lying and the denial and the excuses but is unable to interrupt them.

32. Complete loss of control: The addict feels trapped and overwhelmed by the inability to think clearly and take action. This feeling of powerlessness causes the belief that he is useless and incompetent. As a result there is the belief that life is unmanageable.

Phase 9: Option Reduction

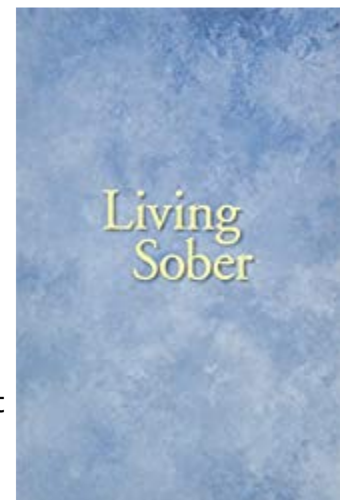
During this phase the addict feels trapped by the pain and inability to manage his life. There seems to be only three ways out – insanity, suicide, or drug use. He no longer believes that anyone or anything can help him/her. The most common symptoms are.

33. Unreasonable resentment: The addict feels angry because of the inability to behave the way he wants to. Sometimes the anger is with the world in general, sometimes with someone in particular, and sometimes with self.

34. Discontinuance of fellowship attendance and all treatment: The addict stops attending Fellowship meetings. When a helping person is part of treatment, tension and conflict develop and become so severe that the relationship usually ends. The addict drops out of professional counselling even though he needs help and knows it.

35. Overwhelming loneliness, frustration, anger and tension: The addict feels completely overwhelmed. He believes that there is no way out except using, drinking, suicide, or insanity. There are intense fears of insanity and feelings of helplessness and desperation.

Phase 10: Acute Relapse Period



During this phase the addict becomes totally unable to function normally. He may use drugs or alcohol or may become disabled with other conditions that make it impossible to function. The most common symptoms are.

36. Loss of behavioral control: The addict experiences more and more difficulty in controlling thoughts, emotions, judgments, and behaviors. This progressive and disabling loss of control begins to cause serious problems in all areas of life. It begins to affect health and well-being. No matter how hard he tries to regain control it is impossible to do so.

37. Acute relapse period: The addict experiences periods of time when he is totally unable to function normally. These periods become more frequent, last longer, and begin to produce more serious life problems.

What Is Seligman’s PERMA+ Model?

Abraham Maslow (1962) was one of the first in the field of psychology to describe “wellbeing,” with his characteristics of a self-actualized person. The description of self-actualization is a foreshadowing of the PERMA model, which outlines the characteristics of a flourishing individual and Wellbeing Theory (WBT).

In 1998, Dr. Martin Seligman used his inaugural address as the incoming president of the American Psychological Association to shift the focus from mental illness and pathology to studying what is good and positive in life. From this point in time, theories and research examined positive psychology interventions that help make life worth living and how to define, quantify, and create wellbeing (Rusk & Waters, 2015).

In developing a theory to address this, Seligman (2012) selected five components that people pursue because they are intrinsically motivating and they contribute to wellbeing. These elements are pursued for their own sake and are defined and measured independently of each other (Seligman, 2012).

Additionally, the five components include both **eudaimonic** and **hedonic** components, setting WBT apart from other theories of wellbeing.

These five elements or components (PERMA; Seligman, 2012) are

- Positive emotion
- Engagement
- Relationships
- Meaning
- Accomplishments

The PERMA model makes up WBT, where each dimension works in concert to give rise to a higher order construct that predicts the flourishing of groups, communities, organizations, and nations (Forgeard, Jayawickreme, Kern, & Seligman, 2011).

Research has shown significant positive associations between each of the PERMA components and physical health, vitality, **job satisfaction**, life satisfaction, and commitment within organizations (Kern, Waters, Alder, & White, 2014).

PERMA is also a better predictor of psychological distress than previous reports of distress (Forgeard et al., 2011). This means that proactively working on the components of PERMA not only increases aspects of wellbeing, but also decreases psychological distress.

Watch this video where Seligman discusses the PERMA model.

P – Positive Emotion

Positive emotion is much more than mere '**happiness**.'

Positive emotions include hope, interest, joy, love, compassion, pride, amusement, and gratitude.

Positive emotions are a prime indicator of **flourishing,** and they can be cultivated or learned to improve wellbeing (Fredrickson, 2001).

When individuals can explore, **savor,** and integrate positive emotions into daily life (and visualizations of future life), it improves habitual thinking and acting. Positive emotions can undo the harmful effects of negative emotions and promote resilience (Tugade & Fredrickson, 2004).

Increasing positive emotions helps individuals build physical, intellectual, psychological, and social resources that lead to this resilience and overall wellbeing.

Ways to build positive emotion include:

- Spending time with people you care about
- Doing activities that you enjoy (hobbies)
- Listening to uplifting or inspirational music
- Reflecting on things you are grateful for and what is going well in your life

E – Engagement

According to Seligman (2012), engagement is "being one with the music." It is in line with Csikszentmihalyi's (1989) concept of "flow." **Flow** includes the loss of self-consciousness and complete absorption in an activity. In other words, it is living in the present moment and focusing entirely on the task at hand.

Flow, or this concept of engagement, occurs when the perfect combination of challenge and skill/strength is found (Csikszentmihalyi & LeFevre, 1989).

People are more likely to experience flow when they use their top **character strengths**. Research on engagement has found that individuals who try to use their strengths in new ways each day for a week were happier and less depressed after six months (Seligman, Steen, Park, & Peterson, 2005).

The concept of engagement is something much more powerful than simply "being happy," but happiness is one of the many byproducts of engagement.

Ways to increase engagement:

- Participate in activities that you really love, where you lose track of time when you do them.
- Practice living in the moment, even during daily activities or mundane tasks.

- **Spend time in nature**, watching, listening, and observing what happens around you.
- Identify and learn about your character strengths, and do things that you excel at.

R – Positive Relationships

Relationships encompass all the various interactions individuals have with partners, friends, family members, colleagues, bosses/mentors/supervisors, and their community at large.

Relationships in the PERMA model refer to feeling supported, loved, and valued by others. Relationships are included in the model based on the idea that humans are inherently social creatures (Seligman, 2012). There is evidence of this everywhere, but social connections become particularly important as we age.

The **social environment** has been found to play a critical role in preventing cognitive decline, and strong social networks contribute to better physical health among older adults (Siedlecki, Salthouse, Oishi, & Jeswani, 2014).

Many people have a goal of improving relationships with those they are closest to. Research has demonstrated that sharing good news or celebrating success fosters strong bonds and better relationships (Siedlecki et al., 2014). Additionally, responding enthusiastically to others, particularly in close or intimate relationships, increases intimacy, wellbeing, and satisfaction.

How to build relationships:

- Join a class or group that interests you.
- Ask questions of the people you don't know well to find out more about them.
- Create friendships with people you are acquainted with.
- Get in touch with people you have not spoken to or connected with in a while.

M – Meaning

Another intrinsic human quality is the search for meaning and the need to have a sense of value and worth. Seligman (2012) discussed meaning as belonging and/or serving something greater than ourselves. Having a **purpose in life** helps individuals focus on what is really important in the face of significant challenge or adversity.

Having meaning or purpose in life is different for everyone. Meaning may be pursued through a profession, a social or political cause, a creative endeavor, or a religious/spiritual belief. It may be found in a career or through extracurricular, volunteer, or community activities.

A sense of meaning is guided by personal values, and people who report having purpose in life live longer and have greater **life satisfaction** and fewer health problems (Kashdan, Mishra, Breen, & Froh, 2009).

Ways to build meaning:

- Get involved in a cause or organization that matters to you.
- Try new, creative activities to find things you connect with.
- Think about how you can use your passions to help others.
- Spend quality time with people you care about.

A – Accomplishments/Achievements

Accomplishment in PERMA is also known as achievement, mastery, or competence.

A sense of accomplishment is a result of working toward and reaching goals, mastering an endeavor, and having self-motivation to finish what you set out to do. This contributes to wellbeing because individuals can look at their lives with a sense of pride (Seligman, 2012).

Accomplishment includes the concepts of perseverance and having a passion to attain goals. But flourishing and wellbeing come when accomplishment is tied to striving toward things with an internal motivation or working toward something just for the sake of the pursuit and improvement (Quinn, 2018).

Achieving **intrinsic goals** (such as growth and connection) leads to larger gains in wellbeing than external goals such as money or fame (Seligman, 2013).

Ways to build accomplishment:

- **Set goals** that are SMART (specific, measurable, achievable, realistic, and time-bound).
- Reflect on past successes.
- Look for creative ways to celebrate your achievements.

The Plus (+) in PERMA

Optimism

Optimism is a positive emotion critical to building resilience and wellbeing. **Optimism** is the belief that life will have more good outcomes

than bad. People who are optimistic are more likely to be resilient to stressful life events (Carver, Scheier, & Segerstrom, 2010).

Optimistic people tend to live longer, have better postoperative outcomes and lower levels of depression, and adjust better to college life (Carver et al., 2010).

Physical activity

Physical activity has been linked to wellbeing in numerous ways. Negative emotions are associated with an increased risk of physical disease and poor health habits, and people with mental illness are more likely to be physically inactive (Hyde, Maher, & Elavsky, 2013).

There are obvious physical benefits to being active, but increasing movement or activity also decreases symptoms of depression, anxiety, and loneliness and improves mental focus and clarity (Hyde et al., 2013).

Nutrition

Poor nutrition leads to physical health problems such as obesity, diabetes, heart disease, and even cancer, but there is significant research demonstrating a relationship between diet and mental health (Stranges, Samaraweera, Taggart, Kandala, & Stewart-Brown, 2014).

Eating a balanced diet rich in vegetables and nutrients (and limiting processed or sugary foods) has been associated with wellbeing. High levels of wellbeing were reported by individuals who ate more fruits and vegetables (Stranges et al., 2014). A review of research on children and adolescents found that a poor diet (high levels of saturated fat, refined carbohydrates, and processed foods) was linked to poorer mental health (O'Neil et al., 2014).

So what should we eat? There are many "super foods" found in nature, such as berries, cruciferous vegetables, avocados, nuts, and seeds. A

Mediterranean diet that is high in vegetables, fruits, legumes, nuts, beans, cereals, grains, fish, and unsaturated fats has been shown to reduce depression symptoms and provides an array of physical health benefits (Parletta et al., 2017).

Sleep

Neuroimaging and neurochemistry research suggests that good sleep hygiene fosters mental and emotional resilience, and sleep deprivation leads to negative thinking and emotional vulnerability (Harvard Medical School, 2019). Further, sleep problems are more likely to affect people with psychiatric disorders and may increase the risk of developing mental illness.

Particularly, insomnia increases the risk of developing depression.

Getting seven to nine hours of quality sleep during the same hours every night is recommended (Harvard Medical School, 2019). Lifestyle changes such as avoiding caffeine, nicotine, and alcohol; getting physical activity; decreasing screen time; and using the bedroom only for sleep and sex can improve sleep quality.

Relaxation techniques and **cognitive behavioral techniques to reduce stress and anxiety** can also be effective ways to improve sleep and overall wellbeing.

Weighing My Options: To Drink/Use or Not to Drink/Use

1) Write down all the good and not-so-good outcomes of staying sober vs. drinking or using again.

Options	Good	Not so good
Return to drinking or using		
Stay sober		

2) Rate each outcome in terms of importance on a scale of 0-10 where 0 is not important and 10 is extremely important. Add up the totals in each box.

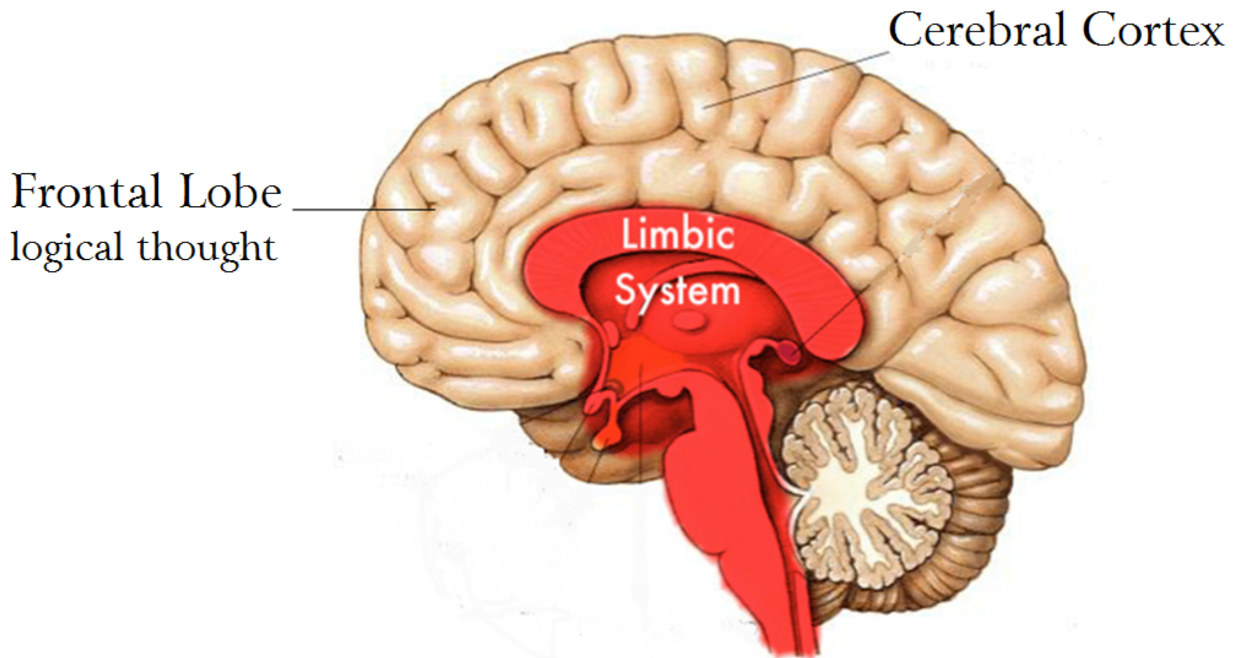
3) Which outcome "wins"? What observations do you have about yourself and your drinking/using through this exercise?

Relapse Justification: A Normal Part of Change

Coping With Urges, Managing Thoughts, Motivation | 5 comments

You have made some pretty big changes in the past few weeks. You've cut down or stopped drinking and using substances, you've tried to reach out to friends and family to build up a support network, and you've worked to align your daily life with your values and goals for yourself. Overall, it's been a huge success, and you're feeling great about yourself. That's when a little voice in your head starts to speak, a little voice that says, "You know what, I have done a great job! Things are so different right now, I could totally go out and drink and not over-do it! I've got this all under control!" That little voice is yours; it's your brain doing a little something called relapse justification, and it's a normal part of any behavior change process.

Relapse justification is your brain's way of trying to get the neuro-chemical reward that is associated with specific behaviors. To understand the relapse justification process, let's jump back a bit to high school biology class and take a look at how brains function. In one of the oldest parts of the brain (speaking evolutionarily, of course!), deep down in the middle of the brain lives the rewards center. It is made up of many different brain parts which all work together to do several important functions for your survival, one of which is to tell you if you like something. Why is this so important to survival? Well, if something is good, and helps you to survive and thrive, this part of your brain gets activated, you will like it, and you will try and get more of it. Hence, you have raised your chances at survival. Pretty neat, huh?



Well, in today's world, you need that mechanism less, but it still serves a purpose. It helps us discriminate between likes and dislikes, between actions we want to repeat and those we want to avoid. When you played your Nintendo as a kid, your reward center went crazy, so you played and played and played. When you met your girlfriend/boyfriend/spouse, your reward center was front and center in that as well. And when you had that first drink, or took that first hit, it was again your brain's reward center that was getting activated and telling you that this is something you want to repeat.

Now, back to today. Here you are, making all these behavior changes, putting together your life, and helping get yourself into a new way of being, and then your brain seemingly betrays you with thoughts like this. What's the deal? Your brain, specifically your reward center, is just looking for a way to get the proper stimulation so it can get activated and join in on the feeling good party that is this new life. But, because it can't just say, "Hey, let's get drunk and high," because it KNOWS that's not in the plan, it needs to find an excuse. So, it comes up with a slew of justifications that make it appear to be OK for you to change back to old behaviors.

Relapse justifications can fall into many categories, including "I had no choice" ("They offered me a drink, I didn't feel like I could say no," or "I found a joint in my drawer, what was I going to do?"), "Celebration" ("It was my birthday, of course I was going to party," or "I just felt like I wanted to really enjoy that moment"), and "Disaster" ("I got fired, things couldn't go worse," or "Everyone thought I was already using, so I did.")
When it comes to relapse justifications, there are two main steps: 1) Recognizing when you are justifying a return to behaviors you've been working to change and 2) thinking about ways to combat the "logic" of the justification. If you can notice when you're justifying your choice to go back to old behaviors and are able to combat that justification, you're going to have a much easier time maintaining your behavior changes.
Relapse justifications are a normal part of the change process, and are not present because you don't have enough willpower or desire to change. They are a way that your brain deals with the process of change, and can be combatted if you are able to recognize them and plan for them.

Two Relapse Process Model's

Gorski's Early Warning Sign Approach

1. Stress
2. Denial
3. Internal Dysfunction
4. External Dysfunction
5. Option Reduction
6. Relapse

Marlatt's Model

1. High Risk Situation
2. Ineffective Coping Response
3. Decreased Self Efficacy
4. Lapse (initial use)
5. A.V.E and Belief in Positive Effects of use
6. Relapse

Values Clarification

Your values are the beliefs that define what is most important to you. They guide each of your choices in life. For example, someone who values family might try to spend extra time at home, while someone who values success in their career may do just the opposite. Understanding your values will help you recognize areas of your life need more attention, and what to prioritize in the future.

Select the 10 most important items from the following list. Rank them from 1-10 with “1” being the most important item.

____ Love

____ Wealth

____ Family

____ Morals

____ Success

____ Knowledge

____ Power

____ Friends

____ Free Time

____ Adventure

____ Variety

____ Calmness

____ Freedom

____ Fun

____ Recognition

____ Nature

____ Popularity

____ Responsibility

____ Honesty

____ Humor

____ Loyalty

____ Reason

____ Independence

____ Achievement

____ Beauty

____ Spirituality

____ Respect

____ Peace

____ Stability

____ Wisdom

____ Fairness

____ Creativity

____ Relaxation

____ Safety

____ ________________

____ ________________

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