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Strategies for Coping with Psychological Stress in Laryngectomists: a Field Study

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Abstract

The current study aimed to reveal the strategies used by laryngectomists to cope with psychological stress, and to identify the possibility of its difference (coping strategies) depending on the age group and the type of laryngeal resection. The study was conducted on a sample of 30 people who underwent total and partial laryngectomy, and the coping strategies scale of "Lazarus and Folkman"was used after confirming its suitability for the purpose of data collection.After statistical treatment, it was found that laryngectomists use problem-centered, emotion-centered, and social bond-centered coping strategies.The use of these strategies also varies depending on the age group of patients and the type of laryngectomy they underwent.

Keywords : Coping strategies, psychological stress, laryngeal cancer, total laryngeal resection, partial laryngeal resection.

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I- Introduction :

Lazarus and Folkman (1986) believes that coping or confrontation is a set of cognitive and behavioral efforts that are adjustable in order to control specific requirements, whether internal or external, which are assessed by the individual as consuming or beyond his capabilities. This term appeared by "Lazarus" in his book "psychological stress and coping"(1966), in which he identified a set of responses that individuals resort to during exposure to stressful events, the term confrontation has become more common since 1975 in the Anglo-Saxon countries, and has been the subject of many scientific studies. It began to spread in France in the late nineties. (Bruduen-Schweitzer , 2002)

Lazarus and Folkman (1986) divided coping strategies into two types: problem-centered coping (aimed at alleviating situational demands and increasing one's potential for better coping), and emotion-centered confrontation (aimed at managing emotional responses), but the division of these strategies has evolved according to the theories that interested in studying them , after that, a number of tests appeared to measure the confrontation. Bruchon .Schwietzer (2002) pointed out that the number of available ladders for measuring confrontation exceeds twenty, and each of them measures a number of coping strategies different from the other, and in the study by Ouintard Rasche ,Nuissier, Brudon .Schweitzer (1996), which was based on the analysis of 17 research papers dealing with coping strategies, it came to the conclusion that there are three types of coping strategies (problem-centered coping, about emotion, and about social support).

As for David Sander (2009), he believes that the distinction between avoidance and confrontation strategies is very common among scientists; the assessment of stress coping strategies can be divided into three types (task-oriented, problem-oriented, separation-oriented, and avoidance-oriented).

This was agreed by Cusson et al (1996), Endler and parker (1992), Ridder (1997). Many scientists, such as costa and Samer Field (1996), consider that coping strategies are not qualitative, but general, because they are characterized by individual characteristics (personality traits) rather than being variable according to situations, in the sense that each individual has his own coping strategies and each individual optionally employs one of them without the other during the stressful event (Grebot et al, 2006)

The concept of coping strategies is gaining great practical importance in the field of chronic diseases and the field of health care, after many studies have indicated the prevalence of disorders and psychological problems among cancer patients. Hence, some researchers have pointed out the important role of coping strategies as a variable in the relationship between the diagnosis of a cancerous tumor and the likelihood of developing mental disorders, the severity of the changes resulting from the injury, and the ability to adapt to the multiple types of treatments that patients undergo.
(Lauver, 2007, pp. 101-111).

In the same context, H.A.chwikh (2007), aimed to reveal methods of relieving psychological stress caused by cancerous tumors, including laryngeal cancer, using the comparative descriptive approach, on a sample of 90 individuals (40 patients versus 50 non-sick individuals), the researcher applied a calendar of tests consisting of a coping strategy test, a social support test, a death anxiety test, a learned disability test, a psychological stress test and a pessimism test. The study found statistically significant differences between patients and non-patients in the confrontation variable, and that the trend of these differences indicates that non-patients are more likely to use coping strategies in general. It also showed us significant differences between patients and non-patients at the level of sub-coping strategies represented by (the tendency of non-patients compared to patients to a higher degree to use planning strategies, self-development, avoidance, positive perception on the one hand, patients outperformed compared to non-patients in using the coping strategy statistically significantly, and the use of patients and non-patients did not differ in the strategy of acceptance, disclosure, inhibition, orientation to religion, denial on the other hand (Hana Ahmed Shuwaikh, 2007, pp. 14-15).

The literature on laryngectomy and coping strategies, according to the studies available to us, indicates the need to provide and develop strategies and methods that allow confronting the physically and psychologically painful situation suffered by laryngectomists, according to Cremonese et al (2000), the elements that laryngectomy patients have to face are mainly physiological deformity , dysfunction, recovery time and all that the surgical procedure entails, For these reasons measures should be taken that allow coping strategies to be implemented as soon as possible in order to assist in the rehabilitation of patients well, they add that psychological follow-up and social support are necessary and inevitable to help them cope and adapt to difficult times.In this regard, in 2005, he and Liu focused their research on the various coping strategies adopted by laryngeal cancer patients, they compared strategies that focus on emotion and on the problem, and the result they calculated was that people who use problem-centered confrontation have a better quality of life and less stress, the researchers also adopted in their study the concepts of positive and negative coping, where negative coping refers to prevarication, emotion and fantasy, and their investigation has shown that the most used technique is for the individual to be emotional, while the worst strategy to follow according to them was to be emotional, they concluded that positive adjustment was the best strategy to adopt.(He and Liu , 2005)

In another study, Josephe Stemple , Amy Luther and Gordon (1992) aimed to reveal the type of strategy followed by 41 individuals who underwent laryngectomy to face stressful situations resulting from the resection operation, the results showed that 73% of the cases adopt coping strategies based on the problem and social support, and 27% of the other cases adopt coping strategies based on emotion and centered on avoidance .the researchers add that the first category shows adaptation and integration into daily life compared to the second category (Eadie and Bowker, 2012,pp.959-965).
In turn, in a recent study, Tanya and Bowker (2012) confirmed that the average emotion-centered coping strategy is significantly greater than that centered on the situation or problem in laryngectomy cases, they pointed out that 56% of the study cases who relied on emotion-centered strategies showed a better quality of life, and their symptoms of anxiety and depression decreased.

Through the previous discussion and referring to the literature on coping strategies and laryngectomy, we sought a clear difference and discussion between the studies that were available to us, despite their consensus on the negative consequences of the operation of removing a cancerous tumor on aspects of an individual's life, the need to adopt or use strategies in order to face these repercussions and residues. However, it did not stand on some variables such as (chronological age of patients, type of laryngectomy), all of them are variables that may change the direction of the results or may add new data on the topic, this is what drew our attention and made us crystallize the problem of the study in the following question:
Do laryngectomists resort to various strategies to cope with psychological stress?
Partial Questions
- The First Partial Question: do the strategies for coping with psychological stress differ among laryngectomists depending on the age group?
- The Second Partial Question: do the strategies for coping with psychological stress in laryngectomists differ depending on the type of laryngectomy?
Study Hypotheses:
- The Main Hypothesis:laryngectomists resort to various strategies to cope with psychological stress.
Partial Hypotheses:
- The First Partial Hypothesis: the strategies for coping with psychological stress in laryngectomists differ depending on the age group.
- The Second Partial Hypothesis: the strategies for coping with psychological stress in laryngectomists differ depending on the type of laryngectomy.
Objectives of the Study:
The objectives of the current study are based on the following points:

- To reveal the strategies used by laryngectomists to cope with psychological stress.
- To identify the possibility of different strategies for coping with psychological stress in laryngectomists depending on the age group.

- To identify the possibility of different strategies to cope with psychological stress in laryngectomists depending on the type of laryngectomy.

Defining Study Concepts:
Coping strategies: It is the sum of the cognitive and behavioral efforts that an individual uses to withstand or reduce internal or external requirements that he evaluates as threatening or exceeding his personal resources. (Lazarus,R.S and folkman.S,1986,p19)
We define it procedurally according to this study as the degree obtained by laryngectomists in the scale of coping strategies of "Lazarus and folkmann 1980" and adjusted by " Cosson 1996.", which consists of three dimensions: problem-centered confrontation, emotion-centered confrontation, and social support-centered confrontation.
Laryngectomists: They are a group of people aged 40-86 years who developed cancer at the level of the larynx, and then underwent a partial laryngectomy, in which only part of the larynx is removed, total laryngectomy, in which the larynx is removed as a whole. And all this is decided by the medical staff (doctor– surgeon for the benefit of the ear, nose, and throat) according to the size of the cancerous tumor and its location of the larynx.

2. METHODOLOGY

2.1 Study Approach

In this study, we relied on the descriptive approach, and we thought that it was the most suitable for detecting coping strategies for psychological stress among laryngectomists in the light of some variables (type of laryngectomy, chronological age of laryngectomists).

2.2 Study Sample

The study sample was received on 30 individuals with laryngectomy, and they were chosen intentionally due to the scarcity and rarity of the type of cases, and the following is a description of the sample according to the study variables.

Table 1. Distribution of the study sample by laryngeal resection type variable

Type of laryngeal resection	Partial laryngectomy	Total laryngectomy	Total
Issue	13	17	30
Percentage	43,33 %	56,67 %	100 %

Table 2. Distribution of the study sample by age bracket variable

Age group	From 40 to 60 years	More than 60 years	Total
Issue	16	14	30
Percentage	53,33 %	46,67 %	100 %

Tool: Scale of Coping Strategies (Lazarus and Folkman): (see Appendix . 01)
In 1980, Lazarus and Folkman developed the coping strategies scale, which has been developed several times by its designers, containing 67 items that serve to determine the behaviors and thoughts of individuals used in the face of the pressures they face in everyday life.
This scale was modified by "Vitaliano" in 1985, reducing the number of items to 27 items.
Then this scale was adapted to the French language by "Cousson et al." in 1996, where they presented the version containing 27 items to 468 adult individuals, and this allowed them to highlight three strategies:

- A problem-centered coping strategy that includes 10 items (Items 1،4،7،10،13،16،19،22،25،27).

- The strategy of confrontation centered on emotion and includes 9 items (Items 2‹5‹8‹11‹14‹17‹20‹23‹26).
- The strategy of confrontation centered on social support and includes 8 items (Items 3‹6‹9‹12‹15‹18‹21‹24)

Regarding the method of answering and punctuation in this scale, a ladder of four degrees as follows: [No → 1, Rather no → 2, Yes → 3, Rather yes → 4] was adopted.
At the local level (Algeria), the scale was translated and adapted by Azouz (2009). In her study on coping strategies and Lucas of Control in patients with renal insufficiency, the same scale was also used by a young female patient in 2009 in a study entitled Coping Strategies and pain control center in cancer patients. Where did she calculate the psychometric characteristics of the gadget,
Where she relied in calculating the honesty of the scale on the internal consistency method, by calculating the Pearson correlation coefficient between each dimension and its items , and the scale was honest according to her results, while she relied on the "Cronbach" equation in calculating the scale's stability and concluded that the scale is fixed to the degree α = 0,65
Validity of the Scale: we relied on the terminal comparison method to ensure the truthfulness of the scale

Table 3. Represents the results of the “T" test for the two groups (lower and upper) on the scale of coping strategies

Strategies (dimensions)	Collections	The sample	Arithmetic mean	Standard deviation	"T" value	Degree of freedom	Level of significance
Problem-centered confrontation	The lower third	8	21,25	2,435	-13,789	14	0,000 Statistically significant
	The upper third	8	36,38	1,923			
Emotion-centered confrontation	The lower third	8	23,38	4,171	3,53 - 2	14	0,003 Statistically significant
	The upper third	8	28,63	0,518			
Confrontation centered around social support	The lower third	8	21,88	4,612	5,41 - 6	14	0,000 Statistically significant
	The upper third	8	30,75	0,463			

We note from the table above that there are statistically significant differences between the average of the two groups in all dimensions of the scale, as the value of " T " in the problem-centered coping strategy was 13,78 – which is a statistically significant function (P value ≤0,05), the value of " T "in the emotion – centered coping strategy was 3.53, which is a statistical function (P value ≤0.05), and the value of" T " in the social support – centered coping strategy was 5.14, which is also a statistical function (P value ≤0.05), which indicates that the scale in its final form is honest.
Reliability of the Scale: we made sure of the stability of the scale after calculating the value of α-Cronbach for each dimension separately and for the scale as a whole, after applying it to the same study sample.

Table 4. Represent α Cronbach value of the scale of coping strategies and its dimensions.

Strategies	The value α of Cronbach
Problem-centered coping strategy	0,69
Emotion-centered coping strategy	0,64
A coping strategy centered around social support	0,69
The scale as a whole	0,68

We note from the table above that α Cronbach value for the problem-centered coping strategy was 0.69, for the emotion-centered coping strategy it was estimated at 0.64, for the social support-centered coping strategy it was estimated at 0.69, and for the scale as a whole it was 0.68, this indicates that the scale is constant.

3. RESULTS AND DISCUSSION

3.1 Results of the Main Hypothesis

Laryngectomists resort to various strategies to cope with psychological stress.

Table 5. Represents the descriptive statistics of the measure of strategies for coping with psychological stress.

Dimensions / Descriptive statistics	Problem-centered confrontation	Emotion-centered confrontation	Confrontation centered around social support	Total
Arithmetic mean	29.30	26.60	26.57	82.47
Standard deviation	6.150	2.931	4.158	8.182
Lowest value	16	15	11	47
Maximum value	39	29	31	95

We note from the table above that the respondents use various coping strategies, foremost of which is the problem-centered coping strategy with an arithmetic average of 29.30, The standard deviation was estimated at 6.16, where the lowest value is 16 and the maximum value is 39, followed by the emotion-centered confrontation strategy with an arithmetic average of 26.60 ,and a standard deviation of 2.93, and the lowest value was estimated at 15 while the maximum value was 29, , Then the coping strategy centered around social support with an arithmetic average of 26.57 and a standard deviation of 4.15, and the lowest value in this strategy was estimated at 11 and the maximum value at 31, this indicates that laryngectomists use various strategies to cope with psychological stress to varying degrees , and their use according to the results was in the following order:

- Problem-centered coping strategy: through this strategy, laryngectomists resort to searching and investigating all the information related to laryngectomy, symptoms and manifestations resulting from it, such as a disorder of the means of communication (voice), physiological deformity at the neck level and undergoing a diet limited to liquids, as they try to benefit from the experiences of similar cases that got rid of the greatest amount of psychological stress caused by the surgery, we also see that they comply with the advice and guidance of psychologists aimed at overcoming the manifestations of anxiety, depression and self-esteem, they are also keen to respect the dates of the orthopedic rehabilitation classes in order to improve the voice function in all available ways and means, despite the effort and money it requires in order to reach the satisfaction of their needs and life requirements. In this context, "Hand lia 2005" in its study indicates that laryngectomists who use problem-centered confrontation have a better quality of life.

- Emotion-centered coping strategy: laryngectomists resort to this position in periods of fatigue, exhaustion and boredom from the lifestyle imposed by laryngectomy, you will find that they wish to go back sometimes and reduce the size of stressful events by evoking the religious motive and being satisfied with what Allah has written for them at other times, they also resort to this strategy heavily while trying to avoid and ignore some sources of pressure that exceed their capabilities and they see them as unattainable, such as returning the voice to normal or permanently getting rid of the deformation caused by surgical intervention at the neck

level, in this regard, "Lazarus et falkman" emphasizes that the individual resorts to emotional confrontation and avoidance in situations that are difficult to control.

- A coping strategy centered on social support: according to Lazarus and Volkmann (1984), social support is often included in a problem-centered and emotion-centered coping strategy. Therefore, laryngectomists, given the disability and dysfunction they suffer from, they need someone to help them and accompany them in dealing with sources of stress, and in making coping plans and making sure to respect them, the manifestations of mental disorders such as anxiety, depression, loss of pleasure in life and sexual life disorder need some kind of emotional support and sympathy from others, especially the family environment. In order to overcome it or reduce its severity, many studies such as the study of Cohen (1997) revealed that the individual will not see the event as harmful or stressful if he believed that his social network would help him. We estimate that laryngectomists resort to different strategies to cope with psychological stress, and that the tendency to adopt one strategy without another may be due to several factors, including (age, type of laryngectomy, standard of living, family composition, personality style... etc.).

3.2 Results and Discussion of the First Partial Hypothesis
Strategies for coping with psychological stress in laryngectomists differ depending on the age group.

Table 6. Represents the results of "X^2"of the first partial hypothesis.

Strategies	Collections	Sample volume	Rank average	X^2 value	Degrees of freedom	Significance level
Problem-centered confrontation	From 40 to 60 years old	16	22.06	19.159	1	0,000 Statistically significant
	Over 60 years old	14	8.00			
Emotion-centered confrontation	From 40 to 60 years old	16	12.78	7.249	1	0,018 Statistically significant
	Over 60 years old	14	16.32			
Confrontation centered around social support	From 40 to 60 years old	16	11.25	8.160	1	0,004 Statistically significant
	Over 60 years old	14	20.36			

It is clear from the table above that there is a statistically significant difference in the use of a problem-centered coping strategy between laryngectomists aged 40 to 60 years (adults) and those older than 60 years(elderly) in favor of the first group, where the X2 value was estimated at 19.15 at a degree of freedom of 1 and is a statistically significant value (P.value ≤ 0.05), where the average grades of the first group, which was 22.06, were greater than the average grades of the second group, which was estimated at 8.00, it was also found that there was a difference between the two groups in the use of the emotion-centered coping strategy in favor of the second group (laryngectomists older than 60 years), the average rank of this group was 16.32 compared to the average rank of the second group, which was 12.78, and the X^2 value was estimated at 7.24, which is a statistical function (P.value ≤ 0.05).

Regarding the strategy of confrontation centered on social support, there was also a difference between the two groups in favor of the second group (older than 60 years), where the value of X2 was 8.16, which is a statistical function, from this it can be said that the first partial hypothesis of the second main hypothesis has been fulfilled. We find that laryngectomists aged (40 years – 60 years) (adults) tend to adopt a problem-centered confrontation and seek information about their situation (laryngectomy), they are looking for possible compensatory solutions through inquiry and contact with specialists from doctors, psychologists and orthopedists, and they are also trying to develop plans in order to address the stressful situations caused by laryngectomy. On the other hand, we find that respondents over the age of 60 (elderly) tend to use confrontation centered around emotion and social support compared to the elderly group, where they were observed trying to evade and avoid and wishing for the absence of stressful situations at times, and trying to accept and look for the positives of the pressure position (laryngectomy) based on the satisfaction of fate and fate at other times, also, all their efforts were based on asking for support from the family environment, they believed the idea that laryngectomy is not a stressful event in the presence of their social network, which will provide them with help to cope.

The results of our hypothesis are consistent with the study of Josephe et al (1992), which aimed to reveal the type of strategy followed by (41 individuals) subjected to laryngectomy to face stressful situations, where the results resulted that 73% of cases adopt coping strategies focused on the problem and the social dimension, and 27% of the other cases adopt coping strategies that focus on emotion and avoidance, as Mohammed Rajab (1995), quoting Walid Merazga (2009), pointed out in his study that there is an effect of the age change in the use of the strategy to face psychological stress in cancer patients who underwent surgery. In addition to the study of Darks et al (2005) , which showed that young people and adults use active coping strategies compared to older people who resort to using religious confrontation and avoidance.However, our results differed from the findings of Tyscholdt et al (2012), which considers that there is no particular coping strategy used by laryngectomists, and that their dependence is random and disorganized, and also different from the study of Lina and Samta (2000), which found that coping strategies are not associated with the age variable in cancer patients.
In our estimation, we believe that the tendency of adult respondents to employ a problem-centered coping strategy is due to their mental and physical ability that allows them to face and cope with stressful experiences caused by laryngectomy, this also enables them to make organized plans and follow them, as their circumstances and life requirements (professional, family) require it, while the elderly adopt strategies centered on emotion and social support due to the decline of their cognitive and physical abilities with age, what made them succumb to stressful situations and try to think about events that reduce their level of psychological pressure, and rely on the family environment in adapting to the lifestyle imposed by laryngectomy.

3.3 Discussion of the Results of the Second Partial Hypothesis

Strategies for coping with psychological stress in laryngectomists differ depending on the type of laryngectomy.

Table 7. Represents the results of the second partial hypothesis.

Strategies	Collections	Sample volume	Rank average	X2 value	Degrees of freedom	Significance level
Problem-centered confrontation	Total laryngectomy	12	8.46	12,868	1	0,000 Statistically significant
	Partial laryngectomy	18	20.19			

Emotion-centered confrontation	Total laryngectomy	12	18.17	4,125	1	0.044 Statistically significant
	Partial laryngectomy	18	15.06			
Confrontation centered around social support	Total laryngectomy	12	19.75	4,760	1	0.029 Statistically significant
	Partial laryngectomy	18	12.67			

It is clear from the table above that there is a statistically significant difference between the total laryngectomy group and the partial laryngectomy group in the use of a problem-centered coping strategy in favor of the second group (partial laryngectomy), Which had a rank average of 20.19 compared to the mean of the ranks of the first group, which was estimated at 8.46, and the value of X2, which amounted to 12.86, at a degree of freedom of 1 was statistically significant (P.value ≤ 0.05).We also note that there is a statistically significant difference in the use of the emotion-centered coping strategy between the two groups in favor of the first group (total laryngectomy), whose average rank was estimated at 18.17 compared to the average of the second group, which was estimated at 15.06, where the value of X2 was estimated at 4.12, which is a statistically significant value (P.value ≤ 0.05).Regarding the coping strategy centered around social support, a difference was also observed between the two groups in favor of the first group (total laryngectomy group), where the value of X^2, which was 4.76, was statistically significant (P.value ≤ 0.05), and from it we can say that the second partial hypothesis has come true.We find that people who have undergone partial laryngectomy are more inclined to adopt a problem-centered strategy compared to those who have undergone total laryngectomy and who use emotional-centered confrontation and social support more, according to our study, the tendency of individuals who have undergone partial laryngectomy to adopt a problem-centered confrontation is due to the procedures of partial laryngectomy, in which only part of the larynx is removed without affecting the other parts, the consequences of partial laryngectomy, such as physiological symptoms and physical characteristics of the voice, which is considered an important means of communication, are less harmful than those caused by total laryngectomy, therefore, he seeks to try to take advantage of those remnants and sees that he has a lot of opportunities to maintain his well-being and psychological structure, he seeks to confront stressful situations situation by situation, and develop organized plans to reach solutions that compensate for the losses caused by partial laryngectomy.On the other hand, we find that people who have undergone a total laryngectomy, in which all parts of the larynx are removed due to the seriousness and spread of the cancerous tumor, and given its consequences such as the complete lack of voice and the impossibility of being able to speak, and the nature of the diet that must be observed, and the artificial larynx transplantation that requires significant amounts of money, all of which are experiences that make them lose the ability to face them by making plans and implementing them, then examining and evaluating their solutions, they tend to have imaginative thinking that avoids and forgets the pressing problem, such as imagining themselves in a better position than they are, a constant sense of weakness and helplessness, and the need to have a family support in order to repel the daily needs and demands of life.

4. CONCLUSION

Through our study, it turned out that laryngectomists employ various coping strategies, represented by the problem-centered strategy, the emotion-centered strategy, and the strategy centered on the social bond in order to alleviate the level of psychological stress and the ability to adapt to the lifestyle imposed by laryngectomy. The tendency to adopt a particular strategy also varies depending on the age group of patients and the type of laryngectomy they have undergone, this requires intensifying the efforts of psychologists towards this group in order to support them, while working to raise patients' awareness of the need to resort to effective coping strategies that are appropriate, especially with the type of laryngeal resection and the

chronological age of them, to ensure the ability to achieve the requirements of life and thus maintain the greatest amount of well-being.

- Appendices:

Appendix 1: Measurement of Coping Strategies
Instruction
Please describe to us a stressful situation (problem) that you have experienced over the past few months:
....
....
....
Determine the severity of the inconvenience and stress caused by the problem:
Low () medium () high ()
Among these strategies is any coping strategy that you resorted to confront
The problem:
Put a tick (*) in the appropriate box to describe your response to the situation.

Items	Strategies used to face the problem	Yes	Rather yes	No	Rather no
1.	I developed an action plan and followed it.				
2.	I wish the situation had disappeared or ended.				
3.	I told someone about how I felt.				
4.	I struggled to get what I wanted.				
5.	I wish I could change what happened.				
6.	I sought the help of a specialist, and I did as he advised me.				
7.	Positively changed (for the better).				
8.	I got upset when I couldn't avoid the problem.				
9.	I asked for advice from a respectable person and followed it.				
10.	I dealt with things one by one				
11.	I wish a miracle would happen.				
12.	I spoke to someone to find out more about it.				
13.	I focused on a positive aspect that may appear later.				
14.	I felt guilty.				
15.	I kept my feelings to myself.				
16.	I came out stronger from this situation.				
17.	I thought about imaginary things to make me feel better.				
18.	I spoke with someone who could act realistically about the problem.				
19.	Things changed to be a good ending.				
20.	I tried to forget everything.				
21.	I tried not to isolate.				
22.	I tried not to act hastily or follow the first thought.				
23.	I wish I could change my position.				
24.	I accepted someone's sympathy and understanding.				
25.	I found one or two solutions to the problem.				
26.	I scolded and criticized myself.				
27.	I knew what had to be done, so I redoubled my efforts to make it happen.				

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