

APPENDIX-1

Informed Consent

Title of the Study

Mothers of Young Adults with Multiple Substance Dependence - A Psycho-social study from Kerala

Researcher

Ms. Deepthi Krishnan

Ph.D. Scholar

Faculty of Social Work

The Maharaja Sayajirao University of Baroda

Vadodara

Purpose of the Study

The purpose of the study is to understand the psychosocial profile of the mothers of young adults with multiple substance dependence and also to explore the life experiences and struggles of those mothers. The scope of the study is that it can help to support those mothers and empower them to become partners in care of substance dependents.

Study Procedures

Procedures involved in the study are being interviewed by the researcher during data collection. The participant will also have to fill some self-report questionnaires as a part of assessment.

Some of the participants will also have to cooperate with the researcher for in-depth interviews, in order to collect more information about their life after the advent of substance dependence.

You may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

Risks and Benefits

There are no foreseeable risks involved in participating or refusing to participate in this study. There is no direct benefit for the participant while cooperating with the study, but, the information collected by the research will aid in helping the substance dependent and his/her primary caregiver.

Confidentiality

The participant’s responses will be kept anonymous and confidential. The collected information will be used only for the research purpose. The researcher is obliged by professional code of ethics to breach the condition of confidentiality, in order to intervene at emergency situations, involving abuse to self or others.

Voluntary Participation

The participation in this study is completely voluntary. The participant can decide whether to participate in this study or not. Even after giving the consent for participation, the participant can withdraw from the study without giving a reason. The participation or refusal will not affect the treatment of the substance dependent. If the participant withdraws from the research without completing the interview protocols, the collected data will be discarded. The participant will not have to pay any compensation for the same.

Consent

I have read the above information and I have clarified my queries. I understand that my participation is completely voluntary and unpaid. I understand the purpose of this study. I wholeheartedly agree to participate in this research.

Name of the participant.....

Date.....

Signature

APPENDIX- 2

Request for Approval for Conducting Research from Institutions



Date:

FACULTY OF SOCIAL WORK

The Maharaja Sayajirao University of Baroda

To Whom So Ever It May Concern

I am Deepthi Krishnan, a Ph.D Scholar, under the guidance of Prof. (Dr.) Sunita Nambiyar, Faculty of Social Work, The Maharaja Sayajirao University of Baroda, Vadodara, Gujarat. My research is entitled 'Mothers of Young Adults with Multiple Substance Dependence – A Psychosocial study from Kerala'. The purpose of the research is to understand the psychosocial profile of the mothers of young adults with multiple substance dependence and to explore their struggles. The study uses mixed methods for data collection.

I have understood that your institution/hospital is rendering appreciated service to the persons and families with substance use disorders. In order to facilitate my research, kindly permit me to interact with your beneficiaries who meet my research requirements and who are willing to participate in my study process. I assure you that, I will maintain the research and professional

ethics throughout the period of data collection and afterwards (if the respondents request). The collected data will be kept confidential and will be used only for the research purpose.

Thanking you,

Yours sincerely

Deepthi Krishnan

Signature of the Guide

Permission

I hereby permit Ms. Deepthi Krishnan, Ph. D Scholar, Faculty of Social Work, The Maharaja Sayajirao University of Baroda, to conduct research entitled ‘Mothers of Young Adults with Multiple Substance Dependence – A psychosocial study from Kerala’ and to interact with the respondents of the study.

Name of the Head of the Institution:

Signature:

Seal:

Date:

APPENDIX-3

Socio Demographic Profile

1. Age a) 40-44 b) 45- 49 c) 50-54
2. Education a) Pre-degree b) Graduate c) Post graduate
d) Professional
3. Occupation a) Unemployed b) Self- Employed c) Govt. Job
d) Private Full-Time job e) Private Part- Time Job f) Professional
4. Occupation before taking caregiver role a) Unemployed b) Self-Employed
c) Govt. Job d) Private Full-Time job e) Private Part- Time Job
f) Professional
5. Type of Family a) Nuclear b) Extended c) Joint
6. Domicile a) Rural b) Semi-urban c) Urban
7. Annual Family Income a) < Rs. 1 lakh b) Rs. 1 – 3 lakhs c) > Rs. 3 lakhs
8. Duration of caregiving a) Less than two years b) 2-4 years c) more than 4 years
9. What do you understand about your son's addiction
 - a) A normal part of adolescence-young adulthood
 - b) A problem of bad friendships
 - c) An adverse effect of bad parenting
 - d) An illness affecting countable few
10. Can your son quit psychoactive substances by his own will?
 - a) No b) Yes, but he does not want to c) Yes
11. Do you have any other person in your family who is addicted to alcohol?
 - a) None b) one c) two d) more than two
12. Has any other person in your family been in conflict with law?
 - a) None b) one c) two d) more than two

APPENDIX- 4

Semi Structured Interview Schedule

I am Deepthi Krishnan, a Ph. D scholar in the Department of Social Work, The Maharaja Sayajirao University of Baroda, Vadodara. As a part of my research titled 'Mothers of Young Adults with Multiple Substance Dependence- a Psycho-social study from Kerala', I would like to invite your participation by answering a set of questions. The session may usually take 40-45 minutes. You are always free to quit the session whenever you feel uncomfortable and rejoin or refuse to answer as per your choice. The information you provide will be kept strictly confidential and will be used only for research purpose. The participation in the study or refusal to participation will not interfere with the formal treatment of your son. I assure you my clinical support (if you wish) to overcome this tough phase in your life. You have the right to withdraw participation from my study at any point, but I request your sincere participation for the successful completion of this research.

Respondent No:

Date:

1. Till now, we have been speaking about your son and his pattern of taking various psychoactive substances. I understand that his substance abuse has taken a heavy toll on you in multiple ways. Please tell me, when did you first come to know that your son is using these?
 - a) Before 2 years
 - b) 2-4 years ago
 - c) More than four years ago

2. How did you come to know about it initially?
 - a) My son told me
 - b) My husband told me
 - c) Other family members told me
 - d) My friends/relatives told me
 - e) Informed by police or other enforcement authority
 - f) Any other

9. Can you explain the first incidence in which you came to know about your son's addiction?
10. Have you had any experience of being embarrassed in public due to your son's addiction?
If so, can you please explain one such incident?
a) None b) 1-2 times c) 3-4 times d) Many times
11. Have you had any experience of being assaulted/ threatened to be assaulted by your son, under the influence of the substance? If so, can you please explain one such situation?
a) None b) 1-2 times c) 3-4 times d) Many times
12. Have you been threatened/ assaulted by any of the affiliates of your son due to his substance abuse? Please explain
a) None b) 1-2 times c) 3-4 times d) Many times
13. Have you had any experience of being taunted by Police/Enforcement Official in connection with son's substance dependence? Please explain
a) None b) 1-2 times c) 3-4 times d) Many times
14. What was the most dreaded experience you had in relation to your son's addiction?
15. Are the memories about that dreaded experience still disturbing you?
a) No b) A few c) Some d) Many
16. Do you sometimes feel your heart beat increasing, sweating excessively, feel breathless and darkness in front of your eyes when you think about that experience?
a) Never b) Sometimes c) Often
17. Do you think that traumatic experience will repeat again in your life?
a) Never b) Sometimes c) Often

In the following questions, if you have more than one answer, please mark one of the responses as the predominant response and circle the other responses which you consider valid. In case you have any other answer, please write your answer in the blank space provided.

18. What are the emotions you contain towards yourself?

- a) Love b) Hatred c) despair
- d) Guilt e) Shame f) Any other.....

19. What all emotions do you have towards your son?

- a) Love b) Empathy c) Hate d) Apathy
- e) Fear f) Uncertain g) Any other.....

20. What do you think can be the cause of your son's substance dependence?

- a) Childhood experiences b) Hereditary
- c) Uncongenial family atmosphere in son's childhood
- d) Peer pressure e) His age related problems f) Any other.....

21. Do you sometimes think guilty of being unable to guide your son to sobriety? If so, please explain.

- a) Never b) Sometimes c) often

22. Do you sometimes feel helpless and confused about managing your son's substance dependence? If so, please explain.

- a) Never b) sometimes c) often

23. What all have you done in order to help your son to recover from addiction?

- a) Magico-religious treatments b) Informal counseling
- c) Deaddiction treatments d) Rehabilitation centers e) Any other.....

24. What was the maximum period of abstinence after a formal deaddiction treatment and how did you feel when he relapsed?
- a) Less than 3 months b) 3-6 months c) 6-9 months
d) 9-12 months e) More than 1 year
25. What was your emotional reaction when your son relapsed for the first time?
- a) Shock b) Sadness c) Despair
d) Betrayal e) Anger f) Any other
26. What was your emotional reaction when your son relapsed recurrently?
- a) Sadness b) Despair c) Numbness
d) Disgust e) Anger f) Urge to run away g) Any other
27. How many formal deaddiction and rehabilitation treatments you have given to your son?
- a) One b) Two c) More than two
28. How far is your financial status affected by your son's recurrent relapses?
- a) Less than five lakhs b) Five-ten lakhs c) More than ten lakhs
29. How far is your social status affected by your son's recurrent relapses?
- a) Mild b) Moderate c) Severe
30. Have you ever felt that your mental health and well-being is adversely affected due to your son's substance dependence? If so, please explain
- a) Mild b) Moderate c) Severe
31. Have you ever felt that you need the help of a mental health professional to manage your mental health issues? If so, please explain
- a) Never b) Sometimes c) Often

32. Do you think that sharing your emotions and experiences with mothers having similar experiences will help you? Please give reasons

- a) Yes b) No

33. Have you completed menopause?

- a) Yes b) No c) Cannot answer

34. Are you going through menopause related hormonal changes?

- a) Yes b) No c) Cannot answer

35. Do you think that menopause affects your physical fitness?

- a) Yes b) No c) Cannot answer

36. Do you think that menopause affects you psychologically?

- a) Yes b)No c) Cannot answer

37. Can you enlist some other middle age related stress you are undergoing?

- a) Caregiving of parents b) Loss of job c) Decrease in income
d) Parental role related responsibilities towards other children
e) Any other

APPENDIX- 5

Interview Guide for In-depth Interview

I am Deepthi Krishnan, a Ph. D scholar in the Department of Social Work, The Maharaja Sayajirao University of Baroda, Vadodara. As a part of my research titled ‘Mothers of Young Adults with Multiple Substance Dependence- a Psycho-social study from Kerala’, I would like to invite your participation by consenting for in-depth interviews. Each interview might take 2-3 sessions of 45 minutes to one hour. You are always free to quit the session whenever you feel uncomfortable and rejoin or refuse to answer as per your choice. The information you provide will be kept strictly confidential and will be used only for research purpose. The participation in the study or refusal to participation will not interfere with the formal treatment of your son. I assure you my clinical support (if you wish) to overcome this tough phase in your life. You have the right to withdraw participation from my study at any point, but I request your sincere participation for the successful completion of this research.

Respondent No:

Date:

“I understand that you are passing through a tough time of life and you feel broken. I am here to help you, as you have agreed to tell me your story in detail. For that I need to understand the situation comprehensively. You can stop, or pause, or take a break whenever you feel uncomfortable. But, it is essential to tell me about your emotions and life experiences. You can tell me your story of caregiving, in whatever way you feel comfortable, but, I might redirect you as it is important to get information about following questions....”

1. Can you describe the first incidence when you came to know that your son is using psychoactive substances?
2. What was your initial reaction to the incident? How did other members in the family react to it? What were the responses of other members in the family towards you?

3. Have you had any embarrassing situations in public due to your son's substance dependence? Can you explain?
4. Have you had any experience of being threatened or assaulted by your son who is substance dependent? Can you explain?
5. Have you had any hurtful experience from the affiliates of your son who is substance dependent? Can you explain?
6. Did you have any unforgettable experience with the law enforcement officers? Can you explain?
7. What was the most dreaded experience you had in relation to your son's substance dependence? Can you explain?
8. How does your substance dependent son treat you? Can you tell me about his attitudes, emotions and behaviors towards you?
9. How do other members in the family treat you? Can you tell me about their attitudes, emotions and behaviors towards you?
10. What do you think are the reasons for your son's substance dependence? Please explain them.

11. What all things have you done to help your son to quit the substance taking behavior?
Have you approached any formal/informal person/agency to help him? Please give the details.

12. What all things have you done to help yourself? Have you approached any formal/informal person/agency to help yourself? Please give the details.

13. Can you tell me your attitudes and emotions towards your son who is having multiple substance dependence? Is there any change while he relapses recurrently/stays sober? Please explain.

14. Can you tell me your attitudes and emotions towards yourself? Is there any change while he relapses recurrently/stays sober? Please explain.

APPENDIX-6

Multidimensional Scale for Perceived Social Support

(Zimet G D., Dahlem N W., Zimet S G., & Farley G K., 1988)

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

1. There is a special person (Husband) who is around when I am in need.
1) Very strongly disagree 2) Strongly disagree 3) Mildly disagree
4) Neutral 5) Mildly agree 6) Strongly agree 7) Very strongly agree

2. There is a special person (Husband) with whom I can share joys and sorrows.
1) Very strongly disagree 2) Strongly disagree 3) Mildly disagree
4) Neutral 5) Mildly agree 6) Strongly agree 7) Very strongly agree

3. My family really tries to help me.
1) Very strongly disagree 2) Strongly disagree 3) Mildly disagree
4) Neutral 5) Mildly agree 6) Strongly agree 7) Very strongly agree

4. I get the emotional help and support I need from my family.
1) Very strongly disagree 2) Strongly disagree 3) Mildly disagree
4) Neutral 5) Mildly agree 6) Strongly agree 7) Very strongly agree

5. I have a special person (Husband) who is a real source of comfort to me.

1) Very strongly disagree 2) Strongly disagree 3) Mildly disagree

4) Neutral 5) Mildly agree 6) Strongly agree 7) Very strongly agree

6. My friends really try to help me.

1) Very strongly disagree 2) Strongly disagree 3) Mildly disagree

4) Neutral 5) Mildly agree 6) Strongly agree 7) Very strongly agree

7. I can count on my friends when things go wrong.

1) Very strongly disagree 2) Strongly disagree 3) Mildly disagree

4) Neutral 5) Mildly agree 6) Strongly agree 7) Very strongly agree

8. I can talk about my problems with my family.

1) Very strongly disagree 2) Strongly disagree 3) Mildly disagree

4) Neutral 5) Mildly agree 6) Strongly agree 7) Very strongly agree

9. I have friends with whom I can share my joys and sorrows.

1) Very strongly disagree 2) Strongly disagree 3) Mildly disagree

4) Neutral 5) Mildly agree 6) Strongly agree 7) Very strongly agree

10. There is a special person (Husband) in my life who cares about my feelings.

1) Very strongly disagree 2) Strongly disagree 3) Mildly disagree

4) Neutral 5) Mildly agree 6) Strongly agree 7) Very strongly agree

11. My family is willing to help me make decisions.

1) Very strongly disagree 2) Strongly disagree 3) Mildly disagree

4) Neutral 5) Mildly agree 6) Strongly agree 7) Very strongly agree

12. I can talk about my problems with my friends.

1) Very strongly disagree 2) Strongly disagree 3) Mildly disagree

4) Neutral 5) Mildly agree 6) Strongly agree 7) Very strongly agree

APPENDIX- 7

Burden Scale for Family Caregivers

(Grasel, Chiu & Oliver., 1999)

We are asking you for information about your present situation. The present situation comprises your caregiving deduced from the illness of your family member.

The following statements often refer to the type of your assistance. This may be any kind of support to nursing care.

Please 'tick' for the best description of your present situation. Please answer every question.

1. I feel fresh and rested in the morning.
a) Strongly agree b) Agree
c) Disagree d) Strongly disagree

2. My life satisfaction has suffered because of the care
a) Strongly agree b) Agree
c) Disagree d) Strongly disagree

3. I often feel physically exhausted.
a) Strongly agree b) Agree
c) Disagree d) Strongly disagree

4. From time to time I wish I could 'run away' from the situation I am in.
a) Strongly agree b) Agree
c) Disagree d) Strongly disagree

5. I miss being able to talk with others about the care.
a) Strongly agree b) Agree
c) Disagree d) Strongly disagree

6. I have enough time for my own needs and interests.
a) Strongly agree b) Agree
c) Disagree d) Strongly disagree

7. Sometimes I feel that the person I am caring for is using me.
 - a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree

8. Away from the caring situation, I can switch off.
 - a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree

9. It is easy for me providing the necessary nursing care (washing, feeding etc.)
 - a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree

10. Sometimes I don't really feel like "myself" as before.
 - a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree

11. The care I give is acknowledged by others.
 - a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree

12. Since I have been a caregiver, my financial situation has decreased.
 - a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree

13. I feel like being forced into this caregiving situation.
 - a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree

14. The wishes of the person I am caring for are reasonable in my opinion.
 - a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree

15. I feel I have a handle on the care situation.
 - a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree

16. My health is affected by the care situation.
 - a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree

17. I am still capable of feeling really joyful.
- a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree
18. I have had to give up future plans because of the care.
- a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree
19. It doesn't bother me if outsiders are aware of the sick person's situation.
- a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree
20. The care takes a lot of my own strength.
- a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree
21. I feel torn between the demands of my environment (such as family) and the demands of the care.
- a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree
22. I feel I have a good relationship with the person I am caring for.
- a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree
23. I have problems with other family members due to the care.
- a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree
24. I feel I should take a break.
- a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree
25. I am worried about my future because of the care I give.
- a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree

26. My relationships with other family members, relatives, friends and acquaintances are suffering because of the care.

- a) Strongly agree b) Agree
- c) Disagree d) Strongly disagree

27. I feel sad because of the fate of the person I am caring for.

- a) Strongly agree b) Agree
- c) Disagree d) Strongly disagree

28. I can take care of other daily obligations to my satisfaction in addition to the caregiving.

- a) Strongly agree b) Agree
- c) Disagree d) Strongly disagree

Thank you very much!!

APPENDIX- 8

Beck's Depression Inventory

This depression inventory can be self-scored.

1.	0	I do not feel sad
	1	I feel sad
	2	I am sad all the time and I can't snap out of it
	3	I am so sad and unhappy that I can't stand it
2.	0	I am not particularly discouraged about the future
	1	I feel discouraged about the future
	2	I feel I have nothing to look forward to
	3	I feel the future is hopeless and that things cannot improve
3.	0	I do not feel like a failure
	1	I feel I have failed more than the average person
	2	As I look back on my life, all I can see is a lot of failures
	3	I feel I am a complete failure as a person
4.	0	I get as much satisfaction out of things as I used to
	1	I don't enjoy things the way I used to
	2	I don't get real satisfaction out of anything anymore
	3	I am dissatisfied or bored with everything
5.	0	I don't feel particularly guilty
	1	I feel guilty a good part of the time
	2	I feel quite guilty most of the time
	3	I feel guilty all of the time

6.	0	I don't feel I am being punished
	1	I feel I may be punished
	2	I expect to be punished
	3	I feel I am being punished
7.	0	I don't feel disappointed in myself
	1	I am disappointed in myself
	2	I am disgusted with myself
	3	I hate myself
8.	0	I don't feel I am any worse than anybody else
	1	I am critical of myself for my weaknesses or mistakes
	2	I blame myself all the time for my faults
	3	I blame myself for everything bad that happens
9.	0	I don't have any thoughts of killing myself
	1	I have thoughts of killing myself, but I would not carry them out
	2	I would like to kill myself
	3	I would kill myself if I had the chance
10.	0	I don't cry any more than usual
	1	I cry more now than I used to
	2	I cry all the time now
	3	I used to be able to cry, but now I can't cry even though I want to
11.	0	I am no more irritated by things than I ever was
	1	I am slightly more irritated now than usual
	2	I am quite annoyed or irritated a good deal of the time
	3	I feel irritated all the time

12.	0	I have not lost interest in other people
	1	I am less interested in other people than I used to be
	2	I have lost most of my interest in other people
	3	I have lost all of my interest in other people
13.	0	I make decisions about as well as I ever could
	1	I put off making decisions more than I used to
	2	I have greater difficulty in making decisions more than I used to
	3	I can't make decisions at all anymore
14.	0	I don't feel that I look any worse than I used to
	1	I am worried that I am looking old or unattractive
	2	I feel there are permanent changes in my appearance that make me look unattractive
	3	I believe that I look ugly
15.	0	I can work about as well as before
	1	It takes an extra effort to get started at doing something
	2	I have to push myself very hard to do anything
	3	I can't do any work at all
16.	0	I can sleep as well as usual
	1	I don't sleep as well as I used to
	2	I wake up 1-2 hours earlier than usual and find it hard to get back to sleep
	3	I wake up several hours earlier than I used to and cannot get back to sleep.
17.	0	I don't get more tired than usual
	1	I get tired more easily than I used to
	2	I get tired from doing almost anything
	3	I am too tired to do anything

18.	0	My appetite is no worse than usual
	1	My appetite is not as good as it used to be
	2	My appetite is much worse now
	3	I have no appetite at all anymore
19.	0	I haven't lost much weight, if any, lately
	1	I have lost more than five pounds
	2	I have lost more than ten pounds
	3	I have lost more than fifteen pounds
20.	0	I am no more worried about my health than usual
	1	I am worried about physical problems like aches, pains, upset stomach, or Constipation
	2	I am very worried about physical problems and it's hard to think of much else
	3	I am so worried about my physical problems that I cannot think of anything else
21.	0	I have not noticed any recent change in my interest in sex
	1	I am less interested in sex than I used to be
	2	I have almost no interest in sex
	3	I have lost interest in sex completely

APPENDIX- 9

COPE Inventory

Carver, C. S (2013)

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This questionnaire asks you to indicate what you generally do and feel, when you experience stressful events. Obviously, different events bring out somewhat different responses, but, think about what you usually do when you are under a lot of stress.

Then respond to each of the following items by marking the most appropriate number. Please answer every item. There is no 'right' or 'wrong' answers, so chose the most accurate answer for you and not what you think 'most people' would say or do. Indicate what you usually do when you experience a stressful event.

1. = I usually don't do this at all
2. = I usually do this a little bit.
3. = I usually do this a medium amount.
4. = I usually do this a lot.

Sl. No.	Item	Response
1	I try to grow as a person as a result of the experience.	
2	I turn to work or other substitute activities to take my mind off things.	
3	I get upset and let my emotions out.	
4	I try to get advice from someone about what to do.	

5	I concentrate my efforts on doing something about it.	
6	I say to myself "this isn't real."	
7	I put my trust in God.	
8	I laugh about the situation.	
9	I admit to myself that I can't deal with it, and quit trying.	
10	I restrain myself from doing anything too quickly.	
11	I discuss my feelings with someone.	
12	I use alcohol or drugs to make myself feel better.	
13	I get used to the idea that it happened.	
14	I talk to someone to find out more about the situation.	
15	I keep myself from getting distracted by other thoughts or activities.	
16	I daydream about things other than this.	
17	I get upset, and am really aware of it.	
18	I seek God's help.	
19	I make a plan of action.	
20	I make jokes about it.	
21	I accept that this has happened and that it can't be changed.	
22	I hold off doing anything about it until the situation permits.	
23	I try to get emotional support from friends or relatives.	
24	I just give up trying to reach my goal.	
25	I take additional action to try to get rid of the problem.	
26	I try to lose myself for a while by drinking alcohol or taking drugs.	
27	I refuse to believe that it has happened.	
28	I let my feelings out.	
29	I try to see it in a different light, to make it seem more positive.	
30	I talk to someone who could do something concrete about the problem.	
31	I sleep more than usual.	
32	I try to come up with a strategy about what to do.	
33	I focus on dealing with this problem, and if necessary let other things slide a little.	
34	I get sympathy and understanding from someone.	

35	I drink alcohol or take drugs, in order to think about it less.	
36	I kid around about it.	
37	I give up the attempt to get what I want.	
38	I look for something good in what is happening.	
39	I think about how I might best handle the problem.	
40	I pretend that it hasn't really happened.	
41	I make sure not to make matters worse by acting too soon.	
42	I try hard to prevent other things from interfering with my efforts at dealing with this.	
43	I go to movies or watch TV, to think about it less.	
44	I accept the reality of the fact that it happened.	
45	I ask people who have had similar experiences what they did	
46	I feel a lot of emotional distress and I find myself expressing those feelings a lot.	
47	I take direct action to get around the problem.	
48	I try to find comfort in my religion.	
49	I force myself to wait for the right time to do something.	
50	I make fun of the situation.	
51	I reduce the amount of effort I'm putting into solving the problem.	
52	I talk to someone about how I feel.	
53	I use alcohol or drugs to help me get through it.	
54	I learn to live with it.	
55	I put aside other activities in order to concentrate on this.	
56	I think hard about what steps to take.	
57	I act as though it hasn't even happened.	
58	I do what has to be done, one step at a time.	
59	I learn something from the experience.	
60	I pray more than usual.	