

**KNOWLEDGE OF ADAPTIVE AND MALADAPTIVE COPING STRATEGIES AS
CORRELATES PSYCHOSOCIAL WELL-BEING OF PATIENTS IN NATIONAL
ORTHOPAEDIC HOSPITAL, IGBOBI, LAGOS.**

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ABSTRACT

The study analyzed the knowledge of adaptive and maladaptive coping strategies as correlates psychosocial well-being of patients in National Orthopaedic Hospital, Igbobi, Lagos. The study used Ex-Post Facto research design. This study took place in Lagos State. The target population for this study consisted of 5,391 male and female adult patients with musculoskeletal impairment, drawn from the various out-patient clinics and in-patient wards of the National Orthopaedic Hospital, Igbobi, Lagos State. The sample size for the study was determined using the Cochrane formula. The study's sample size was the whole pool of 5,391 patients. The instrument used for data collection in this study was questionnaire titled "Coping Strategies and Psychosocial Well-Being Questionnaire" (CSPWQ). Data collected from the respondents were subjected to a reliability test, and the Cronbach Alpha Statistical Tool was used to determine the reliability of the CSPWQ instrument. Demographic information was analyzed using charts. The independent t-test analysis was used to test hypotheses, and the mean and standard deviation were used to resolve the research question. From the findings, the study showed that there was a significant influence of the knowledge of adaptive maladaptive coping strategies on the psychosocial well-being of the study group. One of the recommendations made was that there is a need to create avenues for patients' education on the subject matter of coping and coping strategies, in the course of routine care of these patients.

KEYWORDS: Adaptive and Maladaptive Coping Strategies, Psychosocial Well-Being, Patients, National Orthopaedic Hospital, Igbobi and Lagos

INTRODUCTION

Coping strategies are those reactions or efforts made to master, reduce or tolerate the demands created by stress. The Knowledge of coping strategies can help one overcome the psychosocial trauma of stressful conditions. It has been observed that patients with relatively similar problems may respond differently to their medical care and management. Some of the coping strategies that have been explored are adaptive and maladaptive. Adaptive strategies help patients to reduce pain and stress, while promoting or improving function (Mahmoud Alilouet *al.*, 2022). Adaptive coping strategy might involve problem solving, including collecting information and refocusing on the problem, or regulation of emotion by focusing attention on the emotional response aroused by the stressor). Maladaptive coping strategies are those that attempt to manage stress, but end up decreasing function despite temporary respite from certain symptoms (Jensen *et al.*, 2011).

Psychosocial well-being has to do with inter-individual and intra-individual levels of positive functioning that can include one's relatedness with others and self-referent attitudes that include one's sense of mastery and personal growth. Subjective well-being reflects dimensions that affect judgments of life satisfaction. Chang *et al.*, (2022) viewed psychological well-being as some combination of positive affective states such as happiness (the hedonic perspective) and functioning with optimal effectiveness in individual and social life (the eudaimonic perspective). Oluwaseyi (2020) reviewed the consequences of psychological well-being as being in better physical health, mediated possibly by brain activation patterns, neurochemical effects and genetic factors. Additionally, the East African Community (2019) viewed psychosocial well-being as involving the development of cognitive, emotional, and spiritual strengths among individuals, families and communities which creates overall positive social relationships among them. This state of well-being motivates the development of life skills, which enables individuals, families, or communities to understand and engage with their environment and make it healthy.

It is obvious that trauma, including orthopaedic injuries, remains one of the leading causes of mortality in the first four decades of life, although most people with traumatic injuries survive their accidents (Elgheriani, 2021). Management of such patients focuses on the patient's medical resuscitation, stabilization of injuries, and restoration of function (Iyengaret *al.*, 2023). Several studies of patients with musculoskeletal impairment from orthopaedic disorders and trauma have focused on measures of functional recovery, complications, mortality and costs of treatment (Adams *et al.*, 2012; Moedet *al.*, 2013). Less attention has been focused on psychosocial status of subjects with musculoskeletal impairment associated with orthopaedic disorders and trauma (Kang *et al.*, 2021; Robinson *et al.*, 2022).

Traumatic injury victims suffer from physical disabilities, which may persist during their year of work-life. Different emotional and behavioural conditions in these subjects are a common source of complaints. The magnitude of psychological disorder after orthopaedic trauma varies depending on the screening tool, site of injury and the timing of the study period from the injury. Mental health problems have been reported to have an association with reduced health-related quality of life among trauma survivors (Brands *et al.*, 2014). Obviously, when trauma is involved, varying coping strategies are commonly deployed to match specific situational demands by intuition (American Psychiatric Association, 2013). Traumatic and orthopaedic injuries can significantly affect physical, emotional, functional, social, and economic outcomes. The researcher, with more than two decades of experience as a nurse in an orthopaedic hospital, observed that patients with musculoskeletal impairments at the National Orthopaedic Hospital in

Lagos react differently to pain, which is the commonest source of stress among these patients. Therefore, the rationale for this study was to understand how coping strategies were associated with psychosocial distress among the studied patient's population, so that educational and supportive interventions can be formulated for the purpose of future planning of patient rehabilitation as part of the holistic care of musculoskeletal impairments.

STATEMENT OF PROBLEM

Over the years, there have been instances of psychosocial trauma among critically ill patients in Nigerian hospitals, sometimes on account of serious body injuries. These illnesses go beyond orthopaedic patients, and may result in early death of the victims. It is for this reason that health experts have come up with various strategies to keep these patients alive while receiving treatment in the hospital. These strategies leverage the power of mind.

RESEARCH OBJECTIVE

- What is the influence of the knowledge of adaptive coping strategies on the psychosocial well-being of orthopaedic patients in National Orthopaedic Hospital, Igbobi and Lagos?
- What is the influence of the knowledge of maladaptive coping strategies on the psychosocial well-being of orthopaedic patients in National Orthopaedic Hospital, Igbobi and Lagos?

RESEARCH QUESTIONS

- What is the influence of the knowledge of adaptive coping strategies on the psychosocial well-being of orthopaedic patients in National Orthopaedic Hospital, Igbobi and Lagos?
- What is the influence of the knowledge of maladaptive coping strategies on the psychosocial well-being of orthopaedic patients in National Orthopaedic Hospital, Igbobi and Lagos?

RESEARCH HYPOTHESES

- Knowledge of adaptive coping strategies does not significantly influence the psychosocial well-being of orthopaedic patients.
- Knowledge of maladaptive coping strategies does not significantly influence the psychosocial well-being of orthopaedic patients.

THEORETICAL FRAMEWORK

CONCEPT OF COPING STRATEGIES

Weitenet *al.*, (2011) referred to coping strategies as those reactions or efforts made to master, reduce or tolerate the demands created by stress. According to the American Psychological Association (2018), coping strategies are an action, a series of actions, or a thought process used in meeting a stressful or unpleasant situation, or in modifying one's reaction to the situation. Additionally, Yu *et al.*, (2020) defined coping strategies as the specific efforts, both behavioural and psychological, that people employ to master, tolerate, reduce, or minimize stressful events. The extent to which a stressor affects an individual's physical, psychological and behavioural outcomes is accounted for, in part, by one's coping resources and strategies. Coping skill is necessary for students' educational, professional and personal

development. The ability and skill to manage imposed stresses effectively will lead to high levels of psychological well-being, while inability or skill deficits to manage it leads to lower levels of psychological well-being (Weitenet *al.*, 2011).

Frydenberg (2018) emphasized that coping does not occur in a vacuum. The social context of family, friends and community not only influences one's appraisals of situations, but also one's choice of coping strategies (Aldwin, 2011). The implication here is that the development of constructive coping strategies during childhood and adolescence determines how the individual would cope with adversities throughout the youth and adult years (Melatoet *al.*, 2017). A variety of other factors such as age, intellect, gender and parental/social support was found to influence coping styles amongst young people, while culture, race and nationality also emerged as prominent factors influencing coping processes (Breik and Zaza, 2019; Saleemet *al.*, 2020; Ajibewaet *al.*, 2021).

According to Liu *et al.*, 2023, support from family and friends serves an important function as a coping resource during adolescence. Any change in the social relationships with parents, siblings and peers during adolescence would have an impact on the extent to which those relationships will serve as sources for emotional support, even into adulthood. For individuals with brain injury, coping can be influenced by cognitive and interpersonal consequences of the head trauma. When accompanied by decreased perceived control, these individuals are more easily prone to use maladaptive coping styles, which can lead to a downhill spiraling into emotional instability (Murray, 2019; Roth and Hardin, 2019). For example, research has found that one of the main contributing factors to the presence of enduring post-injury emotional complaints in this population is their use of maladaptive coping styles (Velikonjaet *al.*, 2013).

In other words, coping skill can be conceptualized as a combination of coping style, and range of implementable coping strategies. Coping style is a mixture of attribution style (perceived source of stress, locus of control, optimistic or pessimistic outlook on finding a solution), and personality characteristics, such as risk tolerance, sense of self-efficacy, and introversion or extroversion. Coping strategies enable the individual to handle stressors more effectively, reduce the intensity of symptoms and help recover faster from exposure (Morganstein and Ursano, 2020; Anderson *et al.*, 2022). These are adaptive capacities that provide immunity against damage from stress. The effectiveness of the coping strategy, however, depends on the degree of distress, variations in individual coping, the level of social support available and, to a large extent, the consultation skills and support of health professionals (Anderson *et al.*, 2022).

ADAPTIVE AND MALADAPTIVE COPING STRATEGIES

The term adaptive coping strategy has been replaced by many other words and includes such words as active, problem-oriented, task-based, etc. Generally speaking, adaptive strategies help patients to reduce pain and stress, while promoting or improving function (Mahmoud Alilouet *al.*, 2022). Adaptive coping strategy might involve problem solving, including collecting information and refocusing on the problem or regulation of emotion by focusing attention on the emotional response aroused by the stressor). Maladaptive coping strategies are those that attempt to manage stress, but end up decreasing function despite temporary respite from certain symptoms. Several reviews have concluded that responding to traumatic pain with "passive" strategies has been associated with poor overall adjustment (Jensen *et al.*, 2011). Similarly, Zeidner and Saklofske (2015) unequivocally referred to avoidance coping as "maladaptive," a stance that self-help websites and magazine articles are quick to agree with. The difference between adaptive and maladaptive coping strategies are not the strategies themselves, rather the

outcomes they produce. Adaptive/Maladaptive are descriptors of the outcomes of applying said coping strategy with respect to the particular stressor involved. In other words, if the strategy manages stress while promoting optimal function in the user, it is in that sense an adaptive strategy. On the other hand, if the strategy manages stress symptoms but produces an overall decrease in function in the user, it is referred to as maladaptive.

TYPES OF ADAPTIVE AND MALADAPTIVE COPING STRATEGIES IN THE PSYCHOSOCIAL WELL-BEING OF PATIENTS

- **Task-based Coping Strategy**

Task-based coping strategies are used when an individual is actively seeking a solution to the problem by defining the problem. This has also been called planful coping by Krpanet *al.*, (2013). When using this type of coping, the person is addressing and confronting the situation by changing it or by attempting to obtain more information, resources, and skills. It may include defining the problem, generating alternative solutions, weighing the options, choosing among all potential alternatives, and acting upon them (Lazarus and Folkman, 1984). Planful or task-based coping has been consistently linked to positive outcomes, and thus it is considered an adaptive coping strategy. Although this type of coping seems to be more useful in the long term, there is still very limited research on post-acute coping strategies. Hence, there is a great need to identify those specific patient characteristics that are associated with the use of adaptive coping styles in the long-term periods after brain injury. Task-based coping generally is said to be the best coping strategy, attested to by Cuppleset *al.*, 2021, as it removes the stressor, so deals with the root cause of the problem, providing a long term solution. Problem-focused strategies are successful in dealing with stressors such as discrimination, HIV infections and diabetes. However, it is not always possible to use problem-focused strategies. Erseket *al.*, (2006) found that among older adults with persistent pain, the most frequently reported coping strategies were Task Persistence (maintaining activity, for example despite fluctuations of pain intensity), Pacing (activity avoidance), and Coping Self-Statements (a form of conditioning to put a stop to thoughts that lead to anxiety and to replace them with rational thoughts). The least frequently used strategies were Asking for Assistance and Relaxation. Findings from that study suggest useful coping strategies clinicians could explore with individual patients (Erseket *al.*, 2006).

- **Emotion-based Coping Strategy:** Emotion-based coping style involves the management of stress through emotion, frequently by avoiding the issue. When the individual engages in emotion-based coping, he or she is actively regulating the emotional reaction that the problem elicits rather than attempting to change the stressful situation itself (Perez, 2017). Strategies can include distraction, suppression of feelings, thinking comforting thoughts, avoidance, and expression of emotions. Emotion-based coping does not refer to dealing with stress by using emotional control. Instead, it refers to using coping skills that address emotional reactions, and are less cognitive in nature, including sleeping, wishful thinking, worrying, and ignoring the problem. For individuals living with brain injury, it has been suggested that emotion-based strategies, particularly denial, can be more adaptive during the acute phase following brain injury, although these strategies are not useful in the long term. Instead, task-based styles in the chronic phases are more suitable (Krpanet *al.*, 2007; Whiting, 2016; Watson *et al.*, 2020). Emotion-based coping strategies, such as emotional worry and escape avoidant coping may increase in the first six months' post brain injury, and such increase has been linked to diminished productivity (Dawson *et al.*, 2006; Whiting, 2016; Watson *et al.*, 2020). In addition,

other similar strategies such as self-blame, preoccupation, ignoring a problem, and keeping to oneself have been associated with increased stress, depression and anxiety in these patients. Because emotion-based coping has been related to poor outcomes following brain injury in the post-acute phases, it is considered a maladaptive coping style (Krupanet *et al.*, 2007; Whiting, 2016; Watson *et al.*, 2020). Hobfall's Conservation of Resources theoretical model (COR) suggests that individuals strive to retain, protect and build resources and that what is threatening to them is the potential or actual loss of valued resources (O'Brien and Cooper, 2022). After people experience potentially traumatic events, they are at risk for a loss of material, social and psychological resources and with each resource loss, additional loss can occur creating a spiral of loss that can negatively impact mental health (O'Brien and Cooper, 2022). Emotion-focused coping is commonly a strategy to reduce stress and provide safety or conservation of resources, particularly in humanitarian contexts with ongoing conflict (Elnakibet *et al.*, 2021). In this way, emotion-focused coping allows youth to have control over emotional resources that can be particularly important when youth are facing resource loss at the individual, family and community level because of conflict. Emotion-focused coping may also be particularly effective when used in conjunction with other coping strategies (Elnakibet *et al.*, 2021). Emotion-focused coping strategies aim to reduce and manage the intensity of the negative and distressing emotions that a stressful situation has caused rather than solving the problematic situation itself. Emotion-focused coping increases the sense of pleasure, positivity and contentment, and promotes the ability to focus on that, which can be changed. Women are better than men are at first controlling their emotions with the emotion-focused coping technique before engaging the problem-focused coping technique to solve their problems (Stanisławski, 2022). Examples of emotion-focused coping techniques include listening to music, massage, meditation, physical exercise, going out with a friend, writing in a journal or diary, taking a hot bath, expressing emotions creatively in painting, humour (jokes or funny movies), etc. Positive self-soothing thoughts and self-reassurance can be of help. Seeking social support provides the individual an avenue to seek sympathy, understanding, moral support, information, advice and resources.

- **Avoidance Coping Strategy:** Avoidance coping strategies involve active efforts to ignore or withdraw from the distressing situation and its associated emotions (Stanisławski, 2022). Avoidance activities involve, "procrastination, passivity, or inaction, and dependency." An individual who rates high on these types of activities, "puts off solving problems as long as possible, waits for problems to resolve themselves, and attempts to shift responsibility to others" (Lazarus and Folkman, 1984). This coping style has received strong support (Endler and Parker, 1999), and has been identified as an independent coping style in several different coping instruments (Brands *et al.*, 2014). Hence, avoidance coping, including the use of denial and withdrawal, are associated with maladaptive behaviours and psychological distress (Rückholdt *et al.*, 2019). Endler and Parker (1999), particularly, specified that individuals can engage in inactive avoidance coping either by getting away from the stressor or by engaging in other tasks (distraction) or by using other people as means to evade it (social diversion). In a cohort study by Cherewicket *et al.*, (2016), they found that avoidance coping reduced internalizing and externalizing problems in girls, but also resulted in lower empathy in girls. No change in outcome measures was observed in boys using avoidant coping. Therefore, for girls, avoidant coping is effective in reducing psychological symptoms of internalizing and

externalizing problems on the one hand, but negatively impacts the well-being measure of empathy on the other. Similar to the results found with problem-based coping, use of avoidant coping may affect different outcomes along different paths. It is conceivable that avoidant coping strategies may limit the types of social interactions and bonds that girls form and thus negatively impact emotional connections to others and result in lower empathy for others in the community. It is believed that avoidant coping strategies may be more adaptive in the short term but less adaptive in the long term and consideration of adaptive trajectories in coping warrants further research (Sirois and Kitner, 2015). The choice of coping strategy is influenced by the quantity and quality of available resources for coping that may be available to a person. These include knowledge, such as knowledge of the functioning at a workplace; skills such as analytical skills; attitudes, including self-efficacy or confidence in one's ability to perform a specific behaviour; social resources, including people with whom a person can exchange information; physical resources such as health and stamina; material resources such as money; and societal resources such as policies and laws.

METHODOLOGY

The study used Ex-Post Facto research design. This study took place in Lagos State. The target population for this study consisted of 5,391 male and female adult patients with musculoskeletal impairment, drawn from the various outpatient clinics and in-patient wards of the National Orthopaedic Hospital, Igbobi and Lagos State. The sample size for the study was determined using the Cochran formula. The study's sample size was the whole pool of 5,391 patients. The instrument used for data collection in this study was questionnaire titled "Coping Strategies and Psychosocial Well-Being Questionnaire" (CSPWQ). Data collected from the respondents were subjected to a reliability test, and the Cronbach Alpha Statistical Tool was used to determine the reliability of the CSPWQ instrument. Demographic information was analyzed using charts. The independent t-test analysis was used to test hypotheses, and the mean and standard deviation were used to resolve the research question.

RESULTS AND DISCUSSIONS

Research Question One: What is the influence of the knowledge of adaptive coping strategies on the psychosocial well-being of patients in National Orthopaedic Hospital, Igbobi and Lagos?

Table 1: Mean and standard deviation of the influence of the knowledge of adaptive coping strategies on psychosocial well-being of patients

Variable	Mean	SD
I ensure that my health problems are solved by getting relevant information	3.57	0.59
I regulate my emotion by focusing on the emotional response aroused by the stressor	3.33	0.73
I seek favourable conditions always	3.44	0.65
I am open to medical support	3.61	0.52
I seek religious support	3.41	0.68
I receive social support from family and friends	3.45	0.72
Criterion mean	2.50	

*H: High; Source: Field data, 2023.

The summary of the descriptive statistics on Table 1 indicates that all the respondents agreed that the six items measuring their knowledge of adaptive coping strategies were adequate to create a positive effect on their psychosocial well-being, with observed mean values of 3.57, 3.33, 3.44, 3.61, 3.41 and 3.45 for the variables, respectively. The observed mean values were higher than the criterion mean of 2.50, and this implies that, among the patients seen in this study, there was a remarkable influence on psychosocial well-being by the knowledge of the adaptive coping strategies.

Research Question Two: What is the influence of the knowledge of maladaptive coping strategies on the psychosocial well-being of patients in National Orthopaedic Hospital, Igbobi, Lagos?

Table 2: Mean and standard deviation of the influence of the knowledge of the maladaptive coping strategies on psychosocial well-being of patients

Variable	Mean	SD
I ask for assistance when necessary from health personnel	3.43	0.56
I am task persistent despite intensive pains	3.16	0.77
I am consistent in my activities	3.28	0.78
I accept my condition as it is	2.98	0.85
I put a stop to thoughts that lead to anxiety	3.31	0.67
I am optimistic in my doings	3.39	0.64
Criterion mean	2.50	

*H: High; Source: Field data, 2023.

The summary of Table 2 shows that the respondents agreed that the six variables measuring their knowledge of maladaptive coping strategies were enough to create a positive effect on their psychosocial well-being, with observed mean values of 3.43, 3.16, 3.28, 2.98, 3.31 and 3.39 for the variables, respectively. The observed mean values were higher than the criterion mean of 2.50, and this implied that, among the patients seen in the study, there was a remarkable influence on psychosocial well-being by the knowledge of the maladaptive coping strategies.

HYPOTHESIS TESTING

Hypothesis One: The null hypothesis states that knowledge of adaptive coping strategies does not significantly influence the psychosocial well-being of patients in National Orthopaedic Hospital, Igbobi and Lagos. In order to test the hypothesis, independent t-test analysis was used to analyze the data.

Table 3: Independent t-test analysis of influence of the knowledge of adaptive coping strategies on the psychosocial well-being of patients

Adaptive coping strategy	N	X	SD	t-cal
Adequate knowledge	488	18.72	4.29	3.53*
Inadequate knowledge	12	14.33	2.15	

*Significant at 0.05 level; df = 498; N= 500; critical t-value 1.645

Source: Field data, 2023

Table 3 is a summary of the independent t-test analysis used to test the difference of means of psychosocial well-being in patients with adequate and inadequate knowledge of the

adaptive coping strategies. A t-test value (3.53) was obtained and tested for significance by comparing it with the critical t-value (1.645) at 0.05 level with 498 degrees of freedom. The obtained t-value (3.53) was greater than the critical t-value (1.645). Hence, the result was significant, and the null hypothesis was rejected. The result meant that there was a significant influence of the knowledge of adaptive coping strategies on the psychosocial well-being of the study group.

Hypothesis Two: The null hypothesis states that knowledge of maladaptive coping strategies does not significantly influence the psychosocial well-being of patients in National Orthopaedic Hospital, Igbobi and Lagos. In order to test the hypothesis, independent t-test analysis was used to analyze the data.

Table 4: Independent t-test analysis of the influence of the knowledge of maladaptive coping strategies on the psychosocial well-being of patients

Maladaptive coping strategy	N	X	SD	t-cal
Adequate knowledge	470	18.86	4.20	5.19*
Inadequate knowledge	30	14.76	4.02	

*Significant at .05 level, df = 498, N= 500; critical t-value 1.645

Source: Field data, 2023

Table 4 above presents the obtained t-test-value (5.19). This value was tested for significance by comparing it with the critical t-value (1.645) at 0.05 level with 498 degrees of freedom. The obtained t-value (5.19) was greater than the critical t-value (1.645). Hence, the result was significant. This result infers that there is significant influence of the knowledge of maladaptive coping strategies on the psychosocial well-being of patients in National Orthopaedic Hospital, Igbobi and Lagos.

DISCUSSION OF FINDINGS

The results of the data analysis in tables 1 and 3 were significant due to the fact that the obtained t-value (3.53) were greater than the critical r-value (1.645) at 0.05 level with 498 degrees of freedom. This implies that there is a significant influence of the knowledge of the adaptive coping strategies on the psychosocial well-being of the subjects encountered in this study at the National Orthopaedic Hospital, Igbobi and Lagos. The significance of the result caused the null hypothesis to be rejected while the alternative one was accepted. The finding is in agreement with the opinion of Mahmoud Alilouet *al.* (2022), who observed that the adaptive strategies help patients to reduce pain and stress.

The results of the data analysis in tables 2 and 4 were significant due to the fact that the obtained t-value (5.19) was greater than the critical t-value (1.645) at 0.05 level with 498 degrees of freedom. This implies that there is a significant influence of the knowledge of the maladaptive coping strategies on the psychosocial well-being of the study population. The significance of the result caused the null hypothesis to be rejected while the alternative one was accepted. The significance of the result is in agreement with the opinions of Murray (2019), Roth, and Hardin (2019), who stated that when accompanied by decreased perceived control, these individuals are more easily prone to use maladaptive coping styles, which can lead to a downhill spiraling into emotional instability.

CONCLUSION

The study concludes that coping strategies can be applied to alleviate psychological impacts, emotional impacts and social impacts of musculoskeletal impairments on patients. The knowledge of coping strategies has been shown in this study to grant some measure of control over the psychological state of the patients. All coping strategies do not have the same effect on psychosocial well-being of patients. From the findings the study showed that there was a significant influence of the knowledge of adaptive maladaptive coping strategies on the psychosocial well-being of the study group.

RECOMMENDATIONS

- There is a need to create avenues for patients' education on the subject matter of coping and coping strategies, in the course of routine care of these patients.
- The various coping strategies should be taught in hospital-based health education seminars for patients. The aim of such patients' education programmes will be to create the awareness of coping, and to establish in the minds of the patients the relationship between their psychosocial well-being and their ability to deploy coping strategies.

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