

Trauma and attachment: an investigation in abusive parenting

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Summary

The authors present data from a study on parenting in child abuse. The sample for the study consisted of 57 parents (32 abusive parents, 25 non-abusive parents) involved in 36 child abuse situations referred to a centre for the management and intake of child abuse and neglect situations. Parents' state of mind with regard to attachment was coded, and findings show statistically significant differences comparing the whole sample to normative data. Differences concerning the abusive versus non-abusive parent sub-samples are discussed.

Key words: trauma, attachment, child abuse, parenting, intergenerational transmission

Introduction

After having initially suggested the conflict model to explain psychopathology, psychoanalytic theory has in the last decades developed the deficit model as a result of therapeutic failures in the field of personality disorders.

As Gabbard outlines [1] “the deficit is pertinent for those patients who for any developmental motive suffer from inadequate or lacking psychic structures. This deprived condition prevents them to feel themselves integrate and self-sure and for this reason they express excessive requests to the people of their environment in order to maintain the physiological homeostasis.”

Psychoanalysts as Ferenczi, Balint, Bowlby and Kohut and researchers in the field of the “infant research” as Sander, Stern and Emde have contributed to the settlement of this model intersecting different clinical approaches, like the cognitive and the systemic-familial one.

The focus of the deficit model is on personality disorders, with a special emphasis given to self and identity disorders as connected to lack or arrest of development. As it is well known, the deficit model highlights the role of interpersonal relationships which have been differently conceptualized in psychoanalytic theory assuming the

meaning of holding (Winnicott), containment (Bion), empathy and mirroring (Kohut), reflective functioning (Fonagy, Target).

In this context Fonagy [2] suggests that attachment theory could have a specific role because conflictual interpersonal relationships and traumatic events (as physical and sexual abuse) are often a background of people with personality disorders. Moreover, the deficit model emphasizes the value of the first years of life in the onset of personality disorders, in that trauma and deprivation could have negative consequences not only in the psychological but also in the neurobiological domain.

Trauma and dissociation

A relation between severe infantile trauma and dissociation has long been stated [3], where dissociation must be considered as a defence, that in the long run may become an automatic and uncontrollable response to stress [4], against overwhelming negative experience. This theory has received general support from empirical research, and the degree of dissociation has been consistently related to both chronicity and severity of trauma [5]. Different studies have demonstrated the relation between early sexual abuse and later dissociation [6, 7], but also to family-related loss [8] and family risk that included removal of child from home, absence of natural mother from home, presence of stepfather, witnessing sexual or physical abuse.

Vulnerability to trauma and dissociation seems significantly high in the first years of life. In particular, psychopathological dissociation can be both a disruptive factor in the development of the self [9] and a consequence of disturbances in the self [10], where the “self” construct refers to an integration and organization of diverse aspects of experience and dissociation can be defined as the failure to integrate experience.

Recent theories about mechanisms in the aetiology of dissociation have emphasized the role of the self, specifically the vulnerability caused by multiple models of the self [11] as conceptualized by Liotti [10] who suggests a possible mechanism tying the multiple models of self (arising from disorganized/disoriented infant attachment classification) to dissociative behaviours. At this regard Main and Hesse [12] hypothesized that an infant whose parent behaved in either a frightening or frightened manner would develop a disorganized pattern of behaviour in stressful situations that involved the parent. Behaviour disorganisation is thought to derive from the existence of two incompatible models of self and/or other. When a parent behaves in a frightening way, the child is likely to develop a model of the parent as threatening that is irreconcilable with the model of the parent as protector [13]. In stressful situations involving parents the child may rapidly switch back and forth between models which could lead to cognitive disorganization with possible disturbance of the conscious state. Disorganization is more evident during the first years of life, while later on these situations can be faced in a more balanced way considering the more mature internal working models and defensive processes. However a dissociative outcome requires not only a disorganized attachment but also severe and chronic trauma in order to place a child onto the developmental trajectory that leads to dissociation in adulthood.

The interest for the post-traumatic dissociative outcome is relevant not only for

Dissociative Disorders classified by DSM-IV but also for the important area of psychopathology of personality disorders. At this regard Bromberg [14] has suggested that dissociative disorders can be the basic form of all personality disorders: “the concept of personality “disorder” might usefully be defined as the characterological outcome of the inordinate use of dissociation and that independent of type (narcissistic, schizoid, borderline, paranoid etc.), it constitutes a personality structure organized as a proactive, defensive response to the potential repetition of childhood trauma”.

Nonetheless, it can be suggested that a trauma perspective is not enough, and that only dissociation fosters the personality disorder. Dissociation is not a “shattering” of the personality but a lack of integration [15]. Trauma may interfere with the integration of states inhibiting carefree play in children and the ability to use metaphor and can mire its victim to the literal and the concrete.

When the child plays he may re-enact trauma endlessly and obsessively. Dissociated traumatic experience thus “tends to remain unsymbolized by thought and language, exists as a separate reality outside of self-expression, and is cut off from authentic human relatedness and deadened to full participation in the life of the rest of personality” [16].

Psychological and neurobiological consequences of trauma

The feeling of the horror may be processed along emotionally flat lines, without any reflection. It is interesting that these experiences may be mediated at the neurobiological level by the amygdala which is involved in immediate, automatic response, rather than by the hippocampus which is more related to information-processing. The hormones released during extreme and chronic stress may damage the hippocampus [17], which has a decreased volume in people with chronic Post-Traumatic Stress Disorder (PTSD).

The neurological effects of trauma also contribute to decreased integration of states and decreased reflectiveness, provoking two primary responses of hypo- and hyperarousal. Howell [18] suggests that these two patterns of hypoarousal and hyperarousal may underlie the victim/masochistic and aggressor/rageful states, which are of common evidence in clinical work.

The model of hypoarousal involves dissociative symptoms as fugue, numbing, fantasy, derealization, depersonalization and fainting. Observed associated behaviours are compliance, glazed expressions and passivity. Differently, the response pattern of hyperarousal involves “fight-or-flight” reactions, vigilance, behavioural irritability, startle response.

A primary characteristic of trauma is that it elicits a sense of helplessness which is difficult to integrate into the self-schema, and through imitation and procedural memory activity unmetabolized traumatic memory can be retained as part of the self. Recent literature evidences that trauma is not always encoded in explicit, or declarative memory which is consciously accessible [19]. Thus the identification with the aggressor may be a literal and concrete procedural imitation because the aggressor’s behaviour may be mimicked as it cannot be assimilated and comprehended.

In an interesting paper written in 1932 Ferenczi [20] describes how abused children

tend to identify themselves with the aggressor: “these children feel physically and morally helpless for the overpowering force and authority of the adult makes them dumb and can rob them of their senses. The same anxiety, however, if it reaches a certain maximum, compels them to subordinate themselves like automata to the will of the aggressor, to divine each one of his desire and gratify these...the weak and undeveloped personality reacts to sudden displeasure not by defence, but by anxiety-ridden identification and introjection of the menacing person or aggressor...”. On this basis it is possible to suggest that the aggressor’s needs become the centre of the child’s identity. For this reason the victim feels like or the same as the aggressor and, quoting Ferenczi, “through the identification, let us call it introjection of the aggressor, he disappears as part of external reality and becomes intra- as opposed to extra-psyche”. It has been evidenced by different researchers that the rapid oscillation between a child’s dissociated states of victim and of “identification with the aggressor” can be observed. These oscillations would be sustained by mechanisms of defence of dissociation and splitting [21].

Trauma and attachment system

It is interesting that these conceptualizations which derive essentially from clinical observations have been confirmed also by research evidences in the perspective of attachment theory. According to Main and Hesse [12] disorganized infant attachment behaviour is a “second generation effect” of unresolved loss or trauma on the part of attachment figures. Unresolved loss or trauma refers to a lack of full integration into consciousness of the occurrence.

In a meta-analytic study of van IJzendoorn [22] it has been evidenced that 53% of disorganized infants have parents classified as unresolved, thus confirming a significant relationship between Unresolved loss or trauma and infant disorganization, but at the same time it is possible to suggest multiple pathways to disorganized attachment since 47% of disorganized infants have parents who are not classified as Unresolved.

Considering the unresolved states of the mind, according to the coding system of Main and Goldwyn, Lyons-Ruth and collaborators [23] observed different mother-child interactions if the mother had in her childhood losses or conflict or abuse. It is necessary to evaluate the traumatic experience if it involved a disorganization of defenses of self-system [24] or it had an acute impact with a single event which overwhelms the individual organization or a chronic situation with a lasting or repetitive effect [9]. In the last case deep changes of personality would occur.

In the perspective of attachment, Lyons-Ruth [25] expands on the work of Main and Goldwyn by creating additional interview-wide codes to capture indicators of pervasively unintegrated state of mind with respect to attachment. These states are secondary to chronic relational trauma, including sexual, physical or emotional abuse. In the proposed coding system a Hostile-helpless state of mind is characterized by pervasive indicators of hostile and/or fearful states of mind and, in some cases, by explicit continued identifications with hostile or helpless caregivers from the past.

These indicators about self-states overlap with previously reported clinical observa-

tions, where peculiar defensive functions are based on splitting and identification with the aggressor. These processes of devaluation with identification result in contradictory but unintegrated emotional evaluations of a central caregiver. These more recent developments of the attachment theory have connections with the conceptualization of Bowlby on multiple models of relationships that a child could develop referring to a parent. Multiple models designate multiple and contradictory representations of one person which on the contrary should be represented in a unitary way. In this perspective they do not refer to the representations of the different relationships but of one single person.

The multiplicity of models could set up through different layers which could imply implicit and explicit knowledge or through incompatible and simultaneous representations of self and attachment figures. In the first case different and divergent modalities could emerge in the context of relationship with attachment figure, one more automatic and the other more symbolized, in the second case the coexistence of multiple and incompatible models with the presence of segregated systems activated by particular circumstances, could lead to dissociative reactions.

The meaning structures emerging from implicit memories in which emotions of fear, aggression, and comfort dramatically follow each other are necessarily multiple. As Liotti [26] outlines: “disorganized children will extract from their implicit memories of attachment at least three reciprocally incompatible basic meanings in the representation of attachment interaction to give sense and structure to the autobiographical memories”. The first has to do with the experience of being frightened and helpless, the second to be the persecutor and the third the rescuer which has to do with the experience of being comforting of frightened others. The simultaneous and contradictory activation could challenge the unity of self.

These different models are confirmed by the evolution of disorganized models during childhood which express in role-reversing attitudes (“controlling”) being either punitive toward the parent or inappropriately solicitous and caregiving [27] which may correspond to the representations of the self as the “persecutor” and the “rescuer” of the parent.

Regarding the genesis of multiple and incoherent models it should be considered not only traumatic situations (physical, sexual, emotional abuse, losses, severe neglecting, etc.) but also relational dynamics in which parents could systematically omit, remove and distort aspects of their relationship with the child. Through these forms of representational falsification of self or the child, multiple models of the self and of the parent could develop in the child [28]. For example the child could represent the parent as a benevolent figure although he could experience negative behaviours from him.

In the building of multiple models an important role is assumed by defensive processes which could be expressed, according to Bowlby, to selective exclusion, deactivation of a behavioural system, cognitive disconnection which provokes the loss of link with the situation and lastly dissociation and the building of segregated systems.

Bowlby [11] has suggested that in severe infantile suffering painful emotions could come out which cannot be integrated in the individual representation of experience. In this case defensive exclusion is so complete that memories and feelings are segregated

by conscience and kept in a separate representational system.

When segregated systems are activated “behaviour appears badly organized and dysfunctional” and for this reason their emergence could overwhelm and mine the individual ability in functioning and could provoke a loss of control. This could explain the chaotic deregulation of the organized defences that characterise the disorganized/controlling persons.

At the representational level attachment relationships are not evaluated as an effective means of care and protection, and although the individual may desperately seek relationships, fundamentally he feels left to protect him or herself. Further because of experiences of threatened protection and unresolved trauma and loss, disorganized/controlling attachment renders the individual at risk of losing behavioural and mental organization and control, when the attachment system is aroused.

West and George [29] have pointed out the overlap between disorganized attachment relationships and marital violence. They have proposed that violence in intimate relationships is rooted in disorganized attachment relationships and have outlined a model of marital violence based on disorganized/controlling attachment patterns. In these individuals it can be evidenced a history of trauma or abuse, borderline personality organization, intense abandonment anxiety, controlling behaviour toward the partner and unintegrated or dissociated mental contents associated with trauma. Abusing adults are often engaged in angry control of or domination over partners, and their children.

Profound relationship anxiety rooted in childhood experiences of failed parental protection has been linked to controlling behaviour in children. Similar to disorganized/controlling children, abusive adults have been found to evaluate themselves as vulnerable and helpless and often out of control. Further abandonment anxiety has been postulated to be a core feature of abusive personality [30].

The segregated systems have difficulties in affect regulation evidenced in abusive individuals who are deficient in reality testing, impulsive and defensively immature such that are unable to regulate anxiety and anger.

Intrafamilial child abuse and abusive parenting

As already underlined, children exposed to severe and/or long lasting traumatic situations are at increased risk to develop psychopathology. It has been noted that it is already plausible to address the issue of personality disorders in early infancy, considering the implications of early identity disturbances related to severely dysfunctional parenting [31]. In fact, patterns of child attachment during the first years of life may well be conceived as early patterns of personality, as the attachment related proximity-seeking behaviour activated in stressful situations is a precursor of later and more mature mechanisms of identity and self regulation. Early dysfunctional interpersonal experiences, stemming from “less than optimal” relationships with the caregivers and defining insecure or disorganized patterns of attachment, are a risk context for maladaptive self developments.

Why insecure and disorganized attachments have to be considered as mediators of a possible eventual personality disorder? We know that *not* secure patterns of attachment tend to remain stable over time [32], thus re-enforcing dysfunctional patterns of personality at the interpersonal level. Moreover, internal working models of the caregiver(s) stemming from *not* secure patterns of attachment have been demonstrated to be significantly associated with internalizing and externalizing symptomatology [33], poor narratives on internal states and dysfunctional expectations on relationships in terms of poor “theory of mind” [34] during childhood.

Of particular importance is then the impact of the caregiver’s “state of mind” with respect to attachment as precursor of the child pattern of attachment at an intergenerational level [35]. Data collected over the past 20 years in attachment research on the intergenerational issue, clearly show that children of parents with psychiatric and personality disorders will more significantly show patterns of disorganized attachments [36, 37]. Apart from these data on clinical samples, it is well known [38] that mothers will integrate their present experience with the child within pre-existing attachment schemas derived from their own childhood, and different authors [39, 40, 41] have demonstrated a high correspondence between maternal attachment representations and quality of patterns of the child’s attachments.

In terms of intergenerational transmission of attachment, it is evident that in intra-familial child abuse parents’ early relationships disruptions are at high risk to impact on their parenting. This has to do not only with the already discussed potential correspondence between caregiver’s representations of attachment and quality of early attachment of the child, but also with the effects of dissociation as maladaptive coping mechanism in later functioning. As already noted, parents who have been abused and/or neglected in their childhood are more likely to have developed “segregated systems” where, as a result of dissociative mechanisms, unintegrated states of mind with respect to attachment are embedded [42, 26]. These dissociated states impact on parenting by means of a relative inconsistency due to areas of “psychological blindness” [37], which impair the parent in the recognition of child’s needs and expectations that have been unrecognised, if not openly neglected, in its own infancy.

Clinical work with abusive families gives clear evidence not only to the impact of this psychological blindness as far as the abusive parent is concerned, but also to an aspect of psychological and relational functioning of partners of abusive parents which is of great interest for our discussion: i.e. the apparently inexplicable underrecognition of “what is going on” on the side of these partners even when the abuse is been perpetrated over a long period of time.

Our preliminary data on samples of abusive and non-abusive parents [43, 44, 45] have indicated that what is crucial to assess in these situations is a “relationship trauma”, an intergenerational phenomenon leading to risk of child abuse sequelae over time within the whole family ecology. Methodologically speaking, within a framework of clinical intervention provided by attachment theory, this assessment is best achieved by means of comparing child and adults attachment data in order to get a comprehensive picture of the relationship main themes of “that child in that context with those parents”.

The current investigation examines states of mind with respect to attachment among parents involved in child abuse and maltreatment. We hypothesized that these parents would present a high frequency of dissociative and/or unintegrated mental representations of attachment due to unresolved loss or trauma or negative childhood experiences. Although specific states of mind with respect to attachment were not hypothesized in non-abusive parents, we were especially interested in exploring possible differences between abusive and non-abusive parents.

Methods

Sample

The sample for this study consisted of 57 parents (32 abusive parents, 25 non-abusive parents) involved in 36 child abuse situations. Cases were sent by Social Services or by Juvenile Court to the *Diagnosis and Treatment Unit* of Tetto Azzurro, a centre that provides clinical intervention in child abuse, in terms of child and family diagnostic assessment and psychotherapeutic treatment.

Abuse was classified as follows: 12 (21%) severe neglect, 10 (17.5%) domestic violence, 11 (19.3%) psychological abuse, and 3 (5.3%) sexual abuse.

Procedure

Data were collected within the diagnostic intervention in the period between October 2002 and March 2004.

Within the diagnostic process, adults are involved in DSM-IV oriented clinical sessions, aimed to the evaluation of personality traits and to the identification of criteria for a possible Axis I-II diagnosis. They are then administered the Adult Attachment Interview - AAI [46] for the evaluation of the attachment representational status.

For the aim of the present study we consider only adult attachment assessment.

Measures

The Adult Attachment Interview [46]. The AAI is a semi-structured audio-taped interview that takes about one hour for its administration. It probes alternately for general descriptions of relationships with the main attachment figures in childhood, specific supportive or contradicting memories, and descriptions of current relationships with them. Adults are asked to retrieve attachment-related autobiographical memories from early childhood and to evaluate these memories and their effects from their current perspective, so that the structural dimension of the transcript is coded rather than its content. The AAI's were transcribed verbatim and coded by two independent judges following Main and Goldwyn's coding system [46] to classify adults into one of following categories for overall state of mind with respect to attachment: (1) Secure/autonomous, freely valuing of attachment (F); (2) Dismissing of attachment relationships (Ds); (3) Preoccupied with attachment relationships (E); (4) Unresolved with respect to past loss or trauma (U); (5) Cannot Classify (CC).

Individuals with Secure (F) interviews tend to maintain a coherent discussion of their personal attachment history and its influence on personality development, being particularly able to integrate positive with negative feelings and to describe attachment-related experiences in a consistent way, whether experiences are favourable or unfavourable.

Individuals with Dismissing (Ds) interviews tend to minimize the importance and impact of attachment relationships in their own lives, through idealization of the parents or devaluing of them. Transcripts tend to be excessively brief, with generalized representations of history unsupported or actively contradicted by episodes.

Individuals with Preoccupied (E) interviews are not able to describe their attachment biography coherently and show an inability to move beyond an excessive preoccupation or sense of involvement in attachment relationships. Speakers appear angry, passive, or fearful, with excessively long transcripts.

Individuals classified Unresolved (U) show signs of disorientation and disorganization in the monitoring of reasoning or discourse during discussions of potentially traumatic events (loss, physical, or sexual abuse). For example, individual may briefly indicate a belief that a dead person is still alive in the physical sense, or that this person was killed by a childhood thought. Individual may lapse into prolonged silence or eulogistic speech.

Finally, Cannot Classify (CC) individuals show a global disruption of attachment strategy, with oscillation between opposite and contradictory mental states (Ds, E). Over the course of the interview individual shifts from one strategy to another (e.g. dismissing to preoccupied) or display a very low coherence on the interview as a whole, indicating an absence of specific strategy of attachment.

Results

The 57 parents' interviews were classified as follows: 8 (14%) secure/autonomous, 19 (33.3%) dismissing, 6 (10.5%) preoccupied, 11 (19.3%) unresolved with past loss or trauma, and 13 (22.8%) cannot classify. The classification distribution of this sample was significantly different from the distribution of the normal population, $\chi^2(4, N=157) = 32.8, p < .001$, with an under-representation of secure classifications and an overrepresentations of dismissing and cannot classify categories.

As a second step, we compared the distribution of abusive parents with the distribution of non-abusive parents. Abusive parents interviews were classified as follows: 4 (12.5%) secure/autonomous, 9 (28.1%) dismissing, 4 (12.5%) preoccupied, 6 (18.7%) unresolved with past loss or trauma, and 9 (28.1%) cannot classify. Non-abusive parents were classified as follows: 4 (16%) secure/autonomous, 10 (40%) dismissing, 2 (8%) preoccupied, 5 (20%) unresolved with past loss or trauma, and 4 (16%) cannot classify. Distribution of non-abusive parents did not differ significantly from the distribution of abusive parents, $\chi^2(4, N=57) = 1.90, n.s.$

Mental representations of abusive parents were characterized by a prevalence (87.5%) of insecure states of mind with respect to attachment. Forty-seven per cent of this sub-sample presented specifically unintegrated mental states, such as Unresolved or Cannot Classify states of mind, as a result of dissociative processes activated by early traumatic experiences, such as loss or abuse.

In the same way, a total of 84% of non-abusive parents were classified as insecure in respect to attachment. Dissociative processes characterized 36% of this sub-sample, and Dismissing states of mind were present in 40% of individuals.

Discussion

Despite the lack of research on the phenomenon, our data show that partners of abusive parents in child intrafamilial abuse have to be considered at high risk to be

Table 1
Distributions of Attachment Classifications in Abusive and Non-abusive Parents and Control Sample

Attachment Class. Position	Abusive Parents	Non-abusive Parents	Control Sample
	n %	n %	n %
Dismissing (Ds)	9 (37.5)	10 (40.0)	13 (32.5)
Secure (F)	4 (16.7)	4 (16.0)	55 (55.0)
Preoccupied (E)	4 (16.7)	2 (8.0)	5 (5.0)
Unresolved (U)	4 (16.7)	5 (20.0)	19 (19.0)
Cannot Classify (CC)	9 (37.5)	4 (16.0)	5 (5.0)
Total	32	25	111

themselves involved in a “cycle of maltreatment” [47, 48].

Data on the whole sample confirm Bowlby’s hypothesis [42] that parents who have been abused and maltreated in their own childhood will tend to develop dissociated internal working models of attachment, which will interfere with their later care giving behaviour. We found that nearly 90% of both abusive and non abusive parents in our sample show states of mind with regard to attachment which are in the insecure/dissociation range, with reported family backgrounds where neglect of primary psychological and relational (when not also physical) needs, domestic violence and emotional detachment were recurrent and pervasive.

A striking feature of these parents’ narratives is their apparent inability in regarding those backgrounds as traumatic ones, and those experiences as having had an impact on their lives. As Fonagy [49] pointed out, this inability may adequately be referred to as impairment in terms of “reflective function”, where the narrative expression ranges from very concrete and simple language to the extreme of complete unawareness of one’s own psychological quality and no perception of one’s own intentionality and affective states.

Our data indicate that two different psychological processes seem to be underlied to such an inability on the side of parents involved in intrafamilial child abuse. In fact, we’ve seen that one abusive parent out of two shows mental states with dissociative processes, displaying breaking in the monitoring of thought processes when talking

about traumatic events or deaths as well as global disruptions of attachment strategy, with oscillation between opposite and irreconcilable mental states. Thus, unintegrated states of mind with respect to attachment are still active as a result of dissociative mechanisms activated as defensive response to trauma. Though one non abusive parent out of three also shows mental states with dissociative processes, what we found here is the predominant presence (40%) of “Ds” mental states with regard to attachment, with narratives where idealization of caregivers/infancy, pervasive lack of memory and “attack” on the caregivers and/or the meaning of caregiving are clearly expressed. The mental representation of their caregivers appears dramatically lacking in terms of a critical stance, and the influence of abuse and maltreatment is minimised.

What we found is then the existence of two different processes, mediated by partially different psychological mechanisms, leading to the common conclusion of “parental psychological blindness”. For the abusive parent, a (still present and impacting) connection between severe infantile trauma and dissociation appears predominant, while in the non abusive parent dysfunctional relational experience in infancy seems to mostly activate a dismissing attitude leading to a systematic re-working on the meaning and importance of interpersonal experiences related to primary relationships.

Thus, our data show that if dissociation of early caregiving dysfunctional experiences is a risk factor for both abusive and non abusive parenting, “dismissing” states of mind turn out to be a specific risk factor for non abusive parenting, within an abusive family ecology fostered by parental “psychological blindness”.

In conclusion, experiences of significantly less than optimal caregiving in infancy put the subject at risk to develop defensive processes coping with “self”, “other” and “self in interaction with other” negative mental representations that will impact on later parental functioning. If we already know that such representations are predictors of adult psychopathology [50], our research suggests that they have to be taken in great account also for their important implications in terms of parenting.

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