



The effectiveness of emotion regulation training on strengthening adolescent identity base and family relationships in adolescent girls

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ABSTRACT

Background and Aim: Adolescence is a period of profound changes that separates a child from an adult, and considerable changes take place in the concept of self. The purpose of this research was to determine the effectiveness of group therapy based on emotion regulation training on strengthening adolescent identity base and increasing family relationships on adolescent girls in Isfahan city. **Methods:** The research method was semi-experimental with a pre-test-post-test design and a three-month follow-up with the experimental and control groups. The statistical population of all girls aged 15 to 18, studying in secondary schools, about 40 people were selected by available sampling method and were randomly divided into two groups of 20 people, experimental and control. The research tools included the identity questionnaire of Benyon and Adams (1986) and family relationships (Ritchie & Fitzpatrick, 1990), which were completed in three stages: pre-test, post-test and follow-up by both groups. Barlow's Emotion Regulation Training Program (Allen, McHugh & Barlow, 2009). It was conducted in 12 weekly sessions of 90 minutes for the experimental group. The data were analyzed with the help of descriptive statistics (mean and standard deviation) and inferential statistics (variance analysis with repeated measures). **Results:** The results of the research showed that there is a significant difference between the average scores of the dimensions of identity behaviors (postponed identity, confused identity, early formed identity and advanced identity) and family relationships (dialogue orientation and conformity orientation) in the two stages of pre-test and post-test. **Conclusion:** The results showed that education based on emotion regulation had a significant and positive effect on increasing the score of the identity database and family relationships. The follow-up phase also remained stable.



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Introduction

In the cycle of psychological development, between childhood and adulthood, there is a very important period of adolescence. This transitional stage starts from 10-12 years old and ends around 18-22 years old. Adolescence is a period of profound changes that separates a child from an adult, and considerable changes take place in the concept of self (Rostami & Saadati, 2018). Adolescents experience an identity crisis, their emotional issues and problems increase, and in terms of intelligence, they reach the stage of abstract thinking, and their communication with peer groups increases (Biyabangerd, 2005). In the discussion of developmental psychology, the period of adolescence is mentioned as the most critical period of life, which causes the physical and mental balance of the adolescent to be disrupted and is known as the period of crisis, storm, stress and identity seeking. Lack of balance and emotional instability is one of the most obvious characteristics of adolescence (Tibert and Pinkart, 2011).

In addition to accepting and adapting to all these changes and transformations, the teenager must also gain a coherent identity for himself and answer the difficult and old questions, "Who am I?", "Where is my place in existence?" and "What do I want from my life?" Give a specific and specific answer. Adolescence also provides the basis for some moral risks. Unwanted developmental changes impose pressures on teenagers. Some of these pressures are caused by physical changes, and some are caused by socio-cultural factors, including pressure from friends, family transfers, differences and conflicts between parents, or family pressure and attachment to groups outside the family. Aggression and delinquency may reach the peak in some of them. In all cultures, creating an identity is one of the basic conditions for the formation of a character accepted by society. A review of research shows that people come to a compilation of themselves with the help of identity. If this definition is in conflict with their social realities, they experience conditions such as immaturity, psychological pressure, behavioral problems, academic problems, etc. (Bahari & Farkish, 2009). According to Marcia's opinion, identity is a static structure and it consists of organizing an internal self, including the construction of self, the system of

beliefs, desires, ideas, skills, and individual history, which is actually the result of a crisis (Bahadri and Alilou, 2011). Marcia's identity base model (1966) is more based on Erikson's theory regarding the formation of identity in adolescence. Identity crisis or identity search is a period in which a person questions imitations, past identifications, expectations, roles and social tradition (Bishop et al., 1997). Identity crisis is associated with a cluster of symptoms such as fluctuations in ego strength, rebelliousness, mood swings, and increased physical complaints (Kroll et al., 1995). Identity achievement is the most developmentally advanced identity base in which a person has gone through a period of identity search and developed defined commitments (Kruger, 1996). However, not all teenagers go through these stages of development in the same proportion and successfully. Some adolescents achieve a unified identity, while others remain in a state of identity confusion. Several theoretical approaches have examined adolescent individual differences in how identity is formed (e.g., Marcia, 1980) and identity discovery (e.g., Berzonsky, 1990). Marcia's identity state model (1980) includes four separate sub-states or states that, using the clinical interview method, divide adolescents into four classes, thereby showing their progress in forming a mature identity: 1) Advanced identity: these people have already explored options and adhere to a set of values and goals that they have chosen for themselves; 2) Deferred identity: these people are engaged in the exploration process and have not yet made definite commitments for themselves; 3) Early-formed identity: these people commit themselves to values and goals without considering other options; 4) Chaotic identity: these people lack direction and do not adhere to certain values and goals. In this way, identity is formed (Burke, 2006).

In families where there is humiliation, threats and blame, there is no proper communication and trust among the members, the boundaries between the family members are not clear. In these families, the roles and duties of the members are not appropriate to their developmental level, problem solving does not happen properly, there is no emotional companionship, and conflicts are not properly resolved. All these cases can be a suitable

platform for addiction (Ghamari, 2011). People who, in their family and friendly relationships, deal with behavioral patterns confirming the consumption of drugs, alcohol, sexual immorality, unhealthy eating and other risky and impulsive behaviors, or even those around them value this type of risky behavior. They don't look at it as behaviors that are unhealthy and need to be corrected, they are likely to learn such patterns. Studies related to the relationship between parents and children in disordered families show that parents and children were not able to communicate effectively and constructively with each other (Schultz and Schultz, translation; Seyed Mohammadi, 2004). Davis and colleagues (2006), Keller and colleagues (2005) and Avisen (2010) have all shown that parental conflicts and disturbed family relationships lead to a decrease in mental health of adolescents. When children reach adolescence, parent-teenage conflict increases. Although this process is not inevitable, it is common and can cause distress to parents and teens. Both may feel anxious about what happened in the good old days (Steinberg, 2001).

As mentioned, adolescence is a sensitive and important period and the future makers of any country are its teenagers, one of the important methods in improving psychological states can be emotion regulation, which teaches teenagers to control their emotions. Because adolescence is a period in which the physical and psychosocial changes of the adolescent are accompanied by intense emotions and many nervous or cognitive systems that control emotions grow during this period (Hooper et al., 2004); There are different types of emotions. They range from euphoria to hatred and from terror to boredom (Pervin, 1996). Psychological problems are often the result of a failure in adaptive emotional experience. Emotions have a significant impact on mental health, for example, extreme anger may cause harm to oneself and others. The emotion of fear can disable a person and the emotion of jealousy can be painful (Murry et al., 2014). Paying attention to ways to deal with emotions when faced with negative life events can be important in this period. Because there is a strong relationship between internalizing problems and negative thinking process or cognitive distortions of people (Ronan & Kendall, 1997).

Emotion regulation includes creating thoughts and behaviors that inform people what kind of emotion they have, when this emotion arises in them and how they should express it (Gross, 1998, 1999). The purpose of many investigations conducted in the field of emotion is to regulate its consequences on behavior and cognition (Gross, 1998). When a person is faced with an emotional situation, feeling good and optimistic alone are not enough to control their emotions. He needs to have the best cognitive function in these moments and tries to control his emotions (Damasio, 1994).

One of the methods in this field is the integrated treatment protocol for emotional disorders (UP), in this view, emotional disorders not only include anxiety and mood disorders, but also include other categories of disorders in which emotional disorder plays a special role, from Like body shape disorders, dissociative disorders and to some extent eating disorders, borderline personality disorders may also be considered as an emotional disorder disorder. However, it should be noted that this protocol is being developed (Allen et al., 2009).

This theory describes "triple vulnerability" including a biological or physical vulnerability, a general psychological vulnerability and a specific psychological vulnerability, arising from a person's early learning. (Barlow, 2000, 2002; Suarez et al.). This method takes place in the context of stimulating emotional expression (confronting emotion) through situational, therapeutic and physical cues (related to the body's internal receptors), through standard mood induction exercises. It varies from person to person only in the situational cues and exercises used (Allen et al., 2009). Golman (2011) states that emotional skills training classes leave dramatic changes in people's behavior by teaching basic social and emotional skills. The benefits of such classes include: emotional self-awareness, progress in recognizing one's emotions and naming them, better ability to understand the cause of emotions; distinguishing between feelings and actions; Control and management of emotions: better tolerance of failure and failure and control of one's anger, reduction of verbal arguments, fights and disruptive activities, better ability to express anger in an appropriate way, less fights and conflicts, less aggression and militancy; having positive feelings about oneself, friends and family, better endurance against mental

pressure and stress, less isolation and social avoidance; Controlling emotions effectively, feeling more responsibility and commitment, better attention and focus on tasks, self-restraint and self-control; Empathy and understanding of other people's feelings, better ability to understand other people's point of view, more empathy with others and sensitivity and attention to their feelings, better ability to listen to others' words.

Healthy teenagers play a big role in the development of societies. The most important risk factors in adolescence are unsafe sexual behaviors, addiction, vehicle accidents, mental problems, suicide attempts, and unemployment, which may involve adolescents with long-term problems in the future. Sometimes these problems will remain with teenagers until adulthood and even old age (Granbaum et al., 2001). Although the influence of the peer group is a prerequisite for socialization and identification, it can also be traumatic. The experiences of this adolescent stage of development, which is simultaneous with the process of identification (over time) and reaching a specific and unique definition of oneself (Archer & Waterman, 1990).

Among the researches in this field, we can refer to the research by Maria Garcia (2020). Cited. The results indicated that the necessity of emotion regulation is considered as a factor in early childhood development and the lack of ability to regulate emotion increases the risk of psychological disorders. Children who tend to avoid or stay away from their emotions are exposed to problems of internalization (such as depression and anxiety) or externalization (high-risk behaviors such as drug and alcohol use, sexual relations, etc.). Skurel et al. (2016) showed that the training of the cognitive emotion regulation strategies program reduces the psychological problems of children with conduct disorder and oppositional defiant disorder.

Method

The present research method was a semi-experimental type with a pre-test, post-test and follow-up plan with a control group. The statistical population was all high school students in Isfahan city in the academic year 2007-2018. The sample was selected by the available sampling method from female high school students in Isfahan city and based on the

entry and exit criteria, 60 people were selected and randomly distributed into two experimental groups and a control group (each group was divided into 30 people). The pre-test questionnaires were completed by two groups, then the participants of the experimental group were subjected to twelve ninety-minute training sessions on emotion regulation. The second group was the control group that did not receive any intervention.

Materials

1. Identity Base Questionnaire (Adams and Benyon, 1986): The 64-item version of OMEIS was prepared by Benyon and Adams based on Erikson's theory. This questionnaire measures identity formation based on ideological and personal aspects. The optimal age range for using this questionnaire is 15-30 years old. This questionnaire consists of 64 items and includes four subscales of disturbed, precocious, delayed and advanced, each of which contains 16 questions. The method of scoring on the Likert spectrum scale is such that 1 to 6 points are given from completely agree to completely disagree. The range of each of the four components is between 16 and 96. In the state of identity progress, a score of 73 and above indicates the formation of this type of identity in teenagers. Carlson (1986) reported an internal consistency coefficient of 0.69, early formed (recorded) 0.81, delayed (suspended) 0.66, and advanced (acquired) subscales of 0.69. . The reliability coefficient of the whole test was obtained by Adams (1994) as 0.78 and Shokrkon (2001) used concurrent, predictive and construct validity to verify the validity of this test, and the results indicate acceptable validity for this test.

2. Ritchie and Fitzpatrick Family Communication Model Questionnaire (1990): This tool is a self-assessment questionnaire designed by Ritchie and Fitzpatrick (1990). It questions the level of agreement or disagreement of the respondent with 26 items that are about the state of his family's communication in a 5-point range. A score of 4 is equivalent to completely agree and a score of zero is equivalent to completely disagree. Checking the reliability of this tool by calculating the Cronbach's alpha coefficient and the test-retest method indicated the reliability of this tool. In the case of the communication orientation scale, the Cronbach's alpha

coefficient was equal to 0.87 and in the case of the conformity orientation scale, it was equal to 0.81. (Koroshnia, 2006).

3. Emotion regulation training: The emotion regulation training package based on the instructions (Allen, McHugh and Barlow, 2009) which was developed in Boston University and adapted to cultural conditions in the research of Esmaili, Aghaei and Abedi (2013). The validity of its content is reported as 0.90 based on the opinion of evaluators. therapeutic educational protocol (Allen et al., 2009). It includes four main components: 1) psychological education

about emotions, including reviewing the functional nature of emotions and how emotions are disturbed; 2) correcting prior cognitive misappraisals, a past-based emotion regulation method that directly facilitates the next two steps of treatment; 3) preventing emotional avoidance; A broad-based effort that goes beyond conventional efforts to prevent behavioral avoidance in phobic disorders by targeting experiential, cognitive, behavioral, and physical avoidance. and 4) changes in emotion-induced behaviors (EDBs).

Table 1. Titles of emotion regulation training sessions

Session	Content
1	1- Introduction and getting to know the group members 2- Statement of group rules and goals 3- Introduction of the course and the need to regulate emotions
2	1- Teaching and introducing emotions 2- Identifying and naming and labeling emotions 3- Differentiating between different emotions 4- Identifying emotions in physical and psychological states 4- Success factors in emotion regulation.
3	1- Cognitive consequences of emotional reactions 2- Physiological consequences of emotional reactions 3- Behavioral consequences of emotional reactions and the relationship between these three.
4	1- Introduction of physical symptoms, behavioral and cognitive symptoms 2- Introduction of psychological treatment (cognitive-behavioral) 3- Genetics and environment and the influence of people from these two.
5	1- Introduction of two common cognitive errors 2- Introduction of emotion and avoidance as indicators of emotional disorder.
6	1- Awareness of the relationship between emotions and behavior, emotion and thought 2- Knowing and investigating automatic thoughts.
7	Awareness of the relationship between automatic thoughts, interpretations and behavior.
8	Flexibility in interpretation and consideration of a range of possibilities.
9	1- Awareness of the consequences of emotional avoidance 2- Awareness and experience of emotion or suppression of emotion?
10	1- Excitement by focusing on physical feelings 2- Conducting exposure and careful attention to all obstacles or avoidance behaviors 3- Reinterpretation 4- Reevaluation
11	1- Introducing beliefs related to rejection 2- Introducing beliefs related to helplessness 3- Identifying core beliefs
12	1- Breaking problematic core beliefs and replacing them with new beliefs

Implementation

All the subjects were evaluated in three stages: pre-test, post-test and follow-up. The entry criteria were female students between 15 and 20 years old who are studying in high school and willing to voluntarily participate in counseling sessions. Finally, the data

collected at this stage were analyzed with the help of appropriate statistical methods.

Results

The demographic findings of the present study indicated the homogeneity of the statistical sample of the study.

Table 2. Mean and standard deviation of subjects based on experimental and control groups

Variable	Group	Stage	Mean	SD	N
Deferred identity	Exp.	Pre-test	55/52	7/037	31
		Post-test	54/06	7/014	31

confused identity	Control	Pre-test	55/97	6/993	31
		Post-test	55/48	6/574	31
	Exp.	Pre-test	55/90	10/097	31
		Post-test	54/26	9/553	31
Early identity	Control	Pre-test	52/06	10/308	31
		Post-test	53/90	7/657	31
	Exp.	Pre-test	52/74	7/243	31
		Post-test	51/32	7/236	31
Advanced identity	Control	Pre-test	49/90	8/912	31
		Post-test	50/58	7/411	31
	Exp.	Pre-test	61/97	9/239	31
		Post-test	64/39	9/482	31
Dialogue orientation	Control	Pre-test	63/42	9/437	31
		Post-test	63/81	8/769	31
	Exp.	Pre-test	39/42	10/366	31
		Post-test	42/29	10/444	31
Alignment orientation	Control	Pre-test	40/13	11/120	31
		Post-test	39/65	11/026	31
	Exp.	Pre-test	19/23	8/326	31
		Post-test	16/84	6/962	31
	Control	Pre-test	19/71	5/940	31
		Post-test	19/42	5/761	31

As the results of table (2) show that in the dimensions of identity behaviors, the average dimension of delayed identity, disturbed identity, and early formed identity of the experimental group has decreased compared to the post-test. The average of the advanced identity dimension of the experimental group has increased compared to the post-test. The results show that there is a difference between the average dimensions of identity behaviors (deferred identity, confused identity, early formed identity and advanced identity) of the experimental group in the pre-test and post-test

stages. In the dimensions of family relationships (dialogue orientation and conformity orientation), the average dimension of dialogue orientation of the experimental group has increased compared to the post-test. The average dimension of conformity orientation of the experimental group has decreased compared to the post-test, the results show that there is a difference between the average dimensions of family relationships (dialogue orientation and conformity orientation) of the experimental group in the pre-test and post-test stages.

Table 3. The result of the Shapiro-Wilk test in order to check the normality of the subjects' scores in the experimental and control groups.

Group	Source	S-W	Df	Sig
Exp.	Deferred identity	0/974	31	0/631
	confused identity	0/961	31	0/312
	Early identity	0/950	31	0/158
	Advanced identity	0/962	31	0/323
Control	Deferred identity	0/957	31	0/243
	confused identity	0/947	31	0/127
	Early identity	0/919	31	0/122
	Advanced identity	0/942	31	0/093
Exp.	Dialogue orientation	0/963	31	0/342
	Alignment orientation	0/970	31	0/521
Control	Dialogue orientation	0/963	31	0/350

Alignment orientation	0/962	31	0/329
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The results of the Shapiro-Wilk test in Table (3) show that the scores of the dimensions of identity behaviors (deferred identity, disturbed identity, early formed identity and advanced

identity) and family relationships (dialogue orientation and conformity orientation) are normal. Therefore, this assumption of using covariance analysis test has been met.

Table 4. The result of Levene's test in order to check the equality of the variance of the subjects' scores in the experimental and control groups

Source	F	df ₁	df ₂	Sig
Deferred identity	0/229	1	60	0/141
confused identity	0/564	1	60	0/456
Early identity	1/630	1	60	0/207
Advanced identity	0/075	1		0/785
Dialogue orientation	1/029	1	60	0/314
Alignment orientation	0/008	1	60	0/927

The findings of Table 4 show that the difference in the variances of the scores of the dimensions of identity behaviors (deferred identity, confused identity, early formed identity and advanced identity) and family relationships

(dialogue orientation and conformity orientation) of the groups are not significantly different. Therefore, this assumption of using covariance analysis test has been met.

Table 5. The result of the box test in order to check the equality of covariance of the subjects' scores in the experimental and control groups

Source	M-Box	F	df ₁	df ₂	Sig
Dimensions of identity behaviors	2/842	0/264	10	17211/155	0/989
Dimensions of family relationships	1/706	0/548	3	648000/000	0/649

The above table for the M-box test shows that the difference in the variances of the dimensions of identity behaviors (deferred identity, disturbed identity, early formed identity and advanced identity) and family relationships (dialogue orientation and conformity

orientation) in the two groups is insignificant. According to the confirmation of the presuppositions, in order to compare the two groups, multivariate analysis of covariance test was used.

Table 6. The results of covariance analysis to compare the subjects' scores according to the pre-test group

Effect	Source	SS	df	MS	F	Sig	Eta ²	Power
Pre-test	Deferred identity	2523/891	1	2523/891	1507/639	0/000	0/964	1/000
	confused identity	1770/552	1	1770/552	91/058	0/000	0/619	1/000
	Early identity	2723/636	1	2723/636	529/980	0/000	0/904	1/000
	Advanced identity	4697/185	1	4697/185	1738/314	0/000	0/969	1/000
Group	Deferred identity	10/697	1	10/697	6/390	0/014	0/102	0/700
	confused identity	57/575	1	57/575	1/892	0/174	0/033	0/272

	Early identity	42/263	1	42/263	8/224	0/006	0/128	0/805
	Advanced identity	52/587	1	52/587	19/461	0/000	0/158	0/991
Error	Deferred identity	93/784	56	1/674				
	confused identity	1703/864	56	30/426				
	Early identity	287/791	56	5/139				
	Advanced identity	151/320	56	2/702				
Pre-test	Dialogue orientation	4540/970	1	4540/970	1019/130	0/000	0/946	1/000
	Alignment orientation	1581/533	1	1581/533	570/392	0/000	0/908	1/000
Group	Dialogue orientation	171/652	1	171/652	38/524	0/000	0/399	1/000
	Alignment orientation	72/090	1	72/090	26/000	0/000	0/310	0/999
Error	Dialogue orientation	258/432	58	4/456				
	Alignment orientation	160/817	58	2/773				

As can be seen in Table 6, the average difference between the two groups in the dimension of delayed identity, early formed identity and advanced identity is significant. The eta coefficient shows that emotion regulation training explains 10.2% of delayed identity dimension changes, 12.8% of early formed identity dimension changes, and 15.8% of advanced identity dimension changes. The statistical power of delayed identity is equal to 0.700, the statistical power of early formed identity is equal to 0.805, and the statistical power of advanced identity is equal to 0.991, indicating the appropriate sample size for such a conclusion. In this way, in response to this hypothesis, it should be said that emotion regulation has an effect on reducing the dimensions of delayed identity, early formed identity and increasing advanced identity. The average difference in the two groups is significant in terms of family relationships (discussion orientation and conformity orientation). The eta coefficient shows that emotion regulation training explains 39.9% of the changes in the dialogue orientation dimension and 0.31% of the changes in the conformity orientation dimension. The statistical power of the dialogue orientation dimension is equal to 1.000 and the statistical

power of the conformity orientation dimension is equal to 0.999, indicating the appropriate sample size for such a conclusion. In this way, in response to this hypothesis, it should be said that emotion regulation training has an effect on increasing the dimension of dialogue orientation and decreasing the dimension of conformity orientation.

Conclusion

The results of the present study indicate that education based on emotion regulation can have a positive and significant effect on the identity base of adolescents and family relationships in Isfahan city. In other words, the emotion regulation training intervention has increased family relationships and identity formation. Although, in the conducted studies, so far, no research has been conducted directly on the effectiveness of emotion regulation on family relationships and identity base, which is in line with the current research method. It is consistent with a wide range of studies on the effectiveness of emotion regulation indirectly.

In explaining the effectiveness of the emotion regulation method based on identity, it can be said that when a teenager learns to regulate his emotions, he can make more correct decisions by controlling his mood and emotions. When many teenagers reach puberty due to the

increase in the secretion of some hormones and issues of maturity and independence and rebelliousness, their existence is full of turmoil and worry and they cannot control their emotions. Therefore, teaching how to regulate emotions can be a great help to the teenager to be calm and in the light of that calm mind, have more appropriate communication with others and these things can help to form the identity of the teenager. Therefore, this research has caused the emotion regulation method to have a positive and significant effect on identity dimensions. At the same time, emotion regulation training had a significant effect on improving family relationships. In the effectiveness of emotion regulation on family relationships, it is consistent with the following researches. Bahadri and Moadi (2018) in a research aimed at investigating the effectiveness of emotional regulation skills training on emotional regulation strategies and the quality of life of female heads of the family found that emotional regulation skill training can increase people's ability in emotional situations and lead to an increase in quality of life performance. Kaufman et al. (2017) showed that the mother's lack of emotion regulation is related to the child's behavioral disorders, and teaching emotion regulation strategies reduces the emotional and psychological problems of the mother and her child. Skurel et al. (2016) conducted a study with the aim of reducing emotion regulation problems in boys with conduct disorder and oppositional defiant disorder.

It is also consistent with the results of Momeni et al. (2016), Asghari et al. (2018), Pour Sharifi et al. (2017), Hosseini and Aghababai (2015), Valipour Sheikhi & Mirdrikvand (2019). When a teenager is equipped with emotion regulation skills, he can make a great impact on his relationships with others, especially his family, with whom he has been in contact most of the time. When a person learns to control his emotions and deal calmly, and when he is angry and when something is not according to his wishes, he can control his anger.

The limitations of the research include: the cross-sectional nature of the research and the limitation of the results to the time of evaluating the variables in the short term, the teenage girls of the subjects were from the city of Isfahan, and the generalization of the findings to other cities should be done with caution. This

research was conducted on girls and boys were not included in it. Research proposals: This research was a cross-sectional research. It is suggested that in order to ensure the irreversibility of these trainings and the duration of the learners' use of these strategies, the situation of these girls should be investigated during a longitudinal research, and the effect of these trainings on their future performance should also be investigated. It is suggested to conduct similar researches in other cities and provinces to generalize the results.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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