

# Comparison of the Effectiveness of the Schema Therapy Training and Mindfulness on Intimacy, Commitment, and Happiness of Women with Couple Burnout

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## Abstract

**Aims:** The purpose of this study was to compare the effectiveness of schema therapy education and mindfulness on couple intimacy, commitment, and happiness of women with couple burnout. **Materials and Methods:** This quasi-experimental study was performed as pretest-posttest with a control group. The population included all women with couple burnout who were referred to the charity of association Baghiyato Allah Al-Azam of Khomeini Shahr in 2018. From this population, 36 people were selected by available sampling method and were randomly assigned to three groups, namely schema therapy (12 individuals), mindfulness (12 individuals), and control (12 individuals). Both experimental groups received eight 90-min training sessions. The study instruments were Couple Intimacy Scale, Couple Commitment Scale, Couple Happiness Scale, and Couple Burnout Scale. Data were analyzed by SPSS software using multivariate covariance analysis and one-way covariance analysis. **Results:** The findings showed a statistically significant difference between the experimental and control groups in intimacy ( $P = 0.001$ ,  $F = 20.84$ ), commitment ( $P = 0.001$ ,  $F = 30.52$ ), and couple happiness ( $P = 0.001$ ,  $F = 47.85$ ) in the posttest phase. In addition, there was no significant difference between the effectiveness of two schema and mindfulness therapies on intimacy, there was a significant difference in commitment and couple happiness. **Conclusion:** According to the findings, it can be concluded that the schema and mindfulness therapies can increase the level of intimacy, commitment, and couple happiness. Therefore, it is recommended that therapists use these approaches as an effective treatment for enhancing intimacy, commitment, and couple happiness.

**Keywords:** Commitment, couple burnout, happiness, intimacy, mindfulness, schema therapy

## INTRODUCTION

When couples start an intimate relationship with each other, each one enters the relation with a set of dreams and expectations, and when these dreams and expectations are replaced by punishments, stressful experiences, and incompatibilities, couple relationship is damaged which eventually leads to couple burnout.<sup>[1]</sup> In other words, if the spouses do not propose their needs or do not meet the needs of each other in relationships and do not achieve a positive

solution to meet their needs, stress, frustration, anger, and, finally, burnout will appear.<sup>[2]</sup> Burnout is a gradual loss of emotional attachment which involves reducing attention to the spouse, emotional alienation, increased feeling of disappointment, and incuriosity to the spouse and consists of

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three stages of frustration and despair, anger and hatred, and discouragement and incuriosity.<sup>[3]</sup>

One of the important duties of a couple life is the ability to create and maintain cordial, sustainable, and satisfying relations with the spouse.<sup>[4]</sup> One of the factors that can help create a cordial and satisfying relationship with a spouse is intimacy. Intimacy is a key factor which is recognized as an important process in the development of relationships, and it means closeness, similarity, and a lovingly personal relationship with someone else which requires awareness, deep understanding, acceptance, and expression of thoughts and feelings.<sup>[5]</sup> Couple intimacy refers proximity to the spouse, sharing of values and ideas, performing common activities, indulging in sexual relationships, and understanding each other and emotional behaviors such as fondle.<sup>[6]</sup>

Couple commitment is considered the second-most important factor in maintaining a couple of relationships.<sup>[7]</sup> Couple commitment is the extent to which people have a long-term view of marriage and they sacrifice for their relationship, they have taken steps to maintain and strengthen their marriage solidarity, and even at a time when their relationship is not rewarding, they stay with their spouse.<sup>[8]</sup>

Couple happiness has entered a couple of therapy and systemic treatments from the field of positive psychology and has a close relationship with concepts such as couple engagement, couple problems, desire to divorce, marriage, and friendship and family networks.<sup>[9]</sup> Couple happiness is one of the components of couple quality which is more of an interpersonal nature and is one of the most important predictors of couple adaptability in events.<sup>[10]</sup>

Several therapeutic methods have been developed by researchers to reduce couple burnout and increase intimacy, commitment, and happiness. One of these methods is schematic therapy. Schematic therapy is a potentially effective approach to solving problems which are largely ignored by the mainstream of cognitive therapy. This treatment is of great importance to the first incompatible schemas that come from inefficient patterns of intimate relationships and memories of childhood rigors that lead to distorted perceptions and irrational thinking of couples because schemas always show themselves in dynamism of a relationship, they have an impact on the relations, and are correlated with satisfaction and reduction of couple's conflicts.<sup>[11]</sup>

Another method of training that can be used in this regard is mindfulness. Mindfulness is a kind of meditation which is rooted in oriental religious ceremonies and rituals, especially Buddhism, which is considered one of the cognitive behavioral therapies of the third wave.<sup>[12]</sup> Mindfulness means being in the moment with everything that is now, without judging and without commenting on what is happening, that is experiencing pure reality without explanation.<sup>[13]</sup> Paim and Falcke<sup>[14]</sup> and Roediger *et al.*<sup>[15]</sup> reported that therapeutic schema has a significant effect on couple intimacy. Flink *et al.*<sup>[16]</sup> showed

in their research that schema therapy has a significant effect on reducing depression and increasing couple happiness. Pan *et al.*,<sup>[17]</sup> Leavitt *et al.*,<sup>[18]</sup> Adair *et al.*,<sup>[19]</sup> and Kimmes *et al.*<sup>[20]</sup> reported that mindfulness increases couple intimacy. Malm *et al.*<sup>[21]</sup> concluded that mindfulness increases the quality of life, couple commitment, and sense of coherence.

Therefore, regarding the above, it seems that it has created a problem even among satisfying couples, which is because disturbance is a general problem in most Western societies and Iran. Various researches have been accomplished in the field of schema therapy and mindfulness, but no research has been found to compare these two treatments with the variables of couple intimacy, commitment, and happiness. As a result, the aim of the present study was to determine whether there is a difference between the effectiveness of schema therapy and mindfulness on the couple intimacy, commitment, and happiness with couple burnout.

## MATERIALS AND METHODS

The recent research method is of semi-experimental with pretest-posttest design with a control group. The statistical population consisted of 36 women referring to the Charity community of Baghiyato Allah Al-Azam of Khomeini Shahr from March to June 2018. At first, the women who referred to the association were asked to respond to the Couple Burnout Questionnaire. Of the 86 people who completed the questionnaire, 36 women whose score in the Couple Burnout Questionnaire was below average were chosen; by selectable sampling method and accidentally 12 women in the schematic therapy group, 12 people in the mindfulness group, and 12 people in the control group were replaced. The criteria for entering the research were the age range of 25–50 years, having the minimum reading and writing skills, those with acute mental illness, and those with lack of simultaneous cooperation in other educational programs. Exclusion criterion was irregular presence or absence in meetings. In addition, in order to comply with ethical issues after the completion of the research, the treatment sessions were conducted for women in the control group (from 12 participants, 7 people participated).

### The Couple Intimacy Questionnaire

This questionnaire was developed by Thompson *et al.* in 1983. It has 17 questions and adjusted to measure the couple's intimacy. The range of scores for each question varies between 1 (never) and 7 (always), in which higher scores are a sign of more intimacy. The questionnaire was translated by Sanaei Zaker in 1999. This scale has good internal consistency with an alpha coefficient of 0.91–0.97. Content and formal justifiability of the scale were investigated by 15 counseling professors.<sup>[22]</sup> In a research by Etemadi *et al.*, a questionnaire was filled out for 100 couples in Isfahan who were randomly selected and the total score was calculated using Cronbach's alpha of 0.96, which indicates the validity of the questionnaire. Calculating the credit factor by deleting every single question has also been shown that the elimination of any of the questions

has no significant effect on the coefficient of validity.<sup>[23]</sup> The reliability of the scale in this research has been obtained through Cronbach's alpha coefficient of 0.83 for the total score.

### The Couple Commitment Questionnaire

This questionnaire was developed by Rustbelt *et al.* in 1998. It has 7 items. The reliability of this test in various studies ranged from 0.91 to 0.95. Individuals respond to questions according to a Likert scale (0 completely opposed and 8 completely agree). The minimum score is 0 and the maximum score is 56. Higher scores represent high couple commitment.<sup>[24]</sup> The reliability of the scale in this research has been obtained by Cronbach's alpha coefficient of 0.89 for the total score.

### Couple's Happiness Questionnaire

This 10-point scale was developed by Azrin *et al.* in 1973.<sup>[25]</sup> Its scoring is based on a 10-option Likert spectrum from quite happy<sup>[10]</sup> to completely unhappy.<sup>[1]</sup> Based on this method, the participants' opinion in nine separate areas or the scores that a participant gives to each of the points were summed up and judged about the participants' general couple happiness. The minimum sum of the scores is 10 and the maximum will be 100. The total score between 10 and 20 represents low couple happiness, between 20 and 55 represents average couple happiness, and a score above 55 indicates high couple happiness. The reliability of this questionnaire in the manner of the internal consistency in the research of Esa Nezhad *et al.* in 1387 was equal to 0.94.<sup>[9]</sup> The reliability of this questionnaire in this research has been obtained by Cronbach's alpha coefficient of 0.87 for the total score.

### Couple burnout questionnaire

This scale was created by Pines in 1996.<sup>[26]</sup> This questionnaire has 21 questions. The couple burnout scale is an instrument of self-measurement that is designed to measure the degree of couple burnout among couples. The questionnaire consisted of three main components of physical exhaustion, a psychological weakness, and anger over the spouse. All of these are answered on a seven-point scale. The first level represents the lack of the desired phrase and level seven represents a lot of experience of the desired phrase. The evaluation of the coefficient of the validity of the couple burnout scale showed that it has an internal consistency between the variables in the range of 0.84 and 0.90. its validity has been confirmed by negative correlations with positive communication features. The confidence coefficient was 0.89 for one month, 0.76 for two months and 0.66 for the four-month period. Internal continuity was measured for the majority of subjects with an alpha constant coefficient, ranging from 0.91 to 0.93.<sup>[27]</sup>

To implement training methods, taking into account the following points, the necessary steps were taken. Initially, for those who would like to participate in this study, the invitation was made in the charity association of the Baqiyatallah of Khomeini city and the Couple Burnout Questionnaire was administered on them. After identification of women with couple burnout (those whose grade was lower than the average and had couple burnout), they were invited to come to the desired place. In the briefing session, a general description of the process

**Table 1: The structure of the schematic therapy sessions**

Session	Content headlines
First	Familiarity with members and pretest performance, a review of the structure of sessions, rules and regulations relating to group therapy, and definition of schematic therapy
Second	Early maladaptive schema definition, defining the features of early maladaptive schemas, and introducing schematic domains and early maladaptive schemas
Third	The evolutionary roots of schemas, an explanation of the schematic functions
Fourth	Introducing styles and inconsistent coping responses, which leads to the continuation of schemas with examples of day-to-day life, defining the concept of schematic mentality
Fifth	Creating readiness for change, testing the credibility of schemas by members, and a new definition of evidence verifying schema by members
Sixth	Assessing the benefits and disadvantages of members' coping styles, establishing a dialog between a healthy aspect and a schema by members, and compilation and development of training cards with the help of members
Seventh	Providing the logic of using such techniques in treatment, conducting fanciful conversations with parents, and writing letters as homework
Eighth	Reinstatement of coping styles as important change targets, prioritize behaviors for pattern-breaking, teaching to overcome barriers to behavioral change and making important changes in life, and posttest implementation

of conducting research and training sessions was presented, and then they were first pretested. This pretest included three tests of couple intimacy, commitment, and happiness. After that, the control group did not receive any training. And, for experimental groups, training sessions were started. The training session consisted of eight sessions on schematic therapy and mindfulness, with each session lasting for 90 min. At the end of the eighth session, the participants were subjected to posttest; at the same time, the control group was also invited to attend the association and the participants were subjected to post-test. SPSS software (IBM Corporation, Armonk, New York, USA), multivariate analysis of covariance, and one-way covariance analysis test were used to analyze the data. The summary of the interventions is mentioned in Tables 1 and 2.

## RESULTS

The results of demographic data showed that the mean and standard deviation of participants' age were 34.38 and 6.73, respectively. Nearly 51.92% of the participants had a diploma and lower degree, 24.3% had a bachelor's degree, and 13.46% had master's degree and Ph.D.

The results of Table 3 show the mean and standard deviation of couple intimacy, commitment, and happiness in pretest and posttest of schema therapy training, excitement-based therapy, and control group. To study the multivariate covariance analysis, first, we examined its defaults such as equality of variances and homogeneity of the covariance matrix.

In order to evaluate the equality of variances, Levin test was used. The results of this test for variables such as couple intimacy, couple

commitment, and couple happiness were  $P = 0.49$ ,  $df = 2.33$ ,  $F = 0.72$ ;  $P = 0.29$ ,  $df = 2.33$ ,  $F = 1.26$ ; and  $P = 0.16$ ,  $df = 2.33$ ,  $F = 1.91$ , respectively. Therefore, the calculated  $F$  value was not significant in all variables; therefore, the assumption of the equality of variances was accepted. Furthermore, to examine the

homogeneity of the covariance matrix, the Mbox test was used. The results showed that the homogeneity of covariance matrix was observed ( $P = 0.72$ ,  $df = 5277.46$  and  $12$ ,  $F = 0.72$ ,  $M = 10.03$ ).

The results showed that the calculated  $F$  value ( $F = 17.11$ ) was statistically significant ( $P = 0.001$ ). In other words, the training of schema and excitement-based therapy was effective on one of the dependent variables.

The results of Table 4 show that the values of calculated  $F$  for the variables of couple intimacy ( $P = 0.001$ ,  $df = 30$  and  $2$ ,  $F = 20.48$ ), couple commitment ( $P = 0.001$ ,  $df = 30$  and  $2$ ,  $F = 30.52$ ), and couple happiness ( $P = 0.001$ ,  $df = 2$  and  $30$ ,  $F = 47.85$ ) were statistically significant. The amount of effect size showed that the effectiveness of training for couple intimacy, commitment, and happiness was 67, 58, and 76, respectively.

The results of Table 5 show that there is no significant difference between the effectiveness of schematic therapy training and mindfulness, but there is a significant difference between the effectiveness of schematic therapy training with the control group, mindfulness with the control group, and schematic therapy and mindfulness on couple commitment and happiness.

Figure 1 depicts change in the mean scores in three groups based on pretest and posttest.

The comparisons of the mean scores in Figure 1 show that the mean scores of couple intimacy, commitment, and couple happiness posttest in schematic therapy and mindfulness are high when compared to those in control group.

## DISCUSSION

The purpose of the present study was to compare the effectiveness of schematic therapy training and mindfulness

**Table 2: The structure of mindfulness treatment sessions**

Session	Content headlines
First	Familiarity with the members, pretest performing, practice of eating raisins, breathing-focused meditation practice, and practice of body checking
Second	Body checkout practice; invite members to talk about their experiences of mental exercises; checking the barriers, thoughts, and emotion practice; sitting meditation practice focusing on breathing; and talking about some of the features of mindfulness such as being nonjudgmental or abandoned
Third	Short exercise of seeing or hearing, sitting meditation focusing on breathing and body sensation, 3-min breathing space, and exercising conscious movements
Fourth	Sitting meditation with respect to breathing, body, voices, and thoughts; talking about the burnout and common reactions of people to difficult situations and alternative attitudes and reactions; talking about the boredom and common reactions of people to difficult situations and alternative attitudes and reactions
Fifth	Sitting meditation exercises with respect to breathing, body, sounds, and thoughts, the discussion about acknowledging and accepting the present reality is as it is, and the practice of the second series of conscious movements
Sixth	Three-minute breathing space and discussion of our thoughts which is often not a real content
Seventh	Sitting meditation and open mindedness, talking about the best way to take care of yourself, practicing a review of pleasant activities against unpleasant experiences, learning to plan for pleasant activities
Eighth	Physical checkout, talking about using what you have learned so far, and evaluating to provide more resources

**Table 3: Mean and standard deviations of variables**

Stage	Variable	Schematic therapy		Mindfulness		Control	
		Mean	SD	Mean	SD	Mean	SD
Pretest	Couple intimacy	2.25	0.96	2.5	1	2.33	0.77
	Couple commitment	32	7.98	41.08	5.23	44	5.11
	Couple happiness	34.75	10.40	30.83	6.91	32.33	8.90
Posttest	Couple intimacy	4.83	1.11	4.75	0.96	2.66	0.78
	Couple commitment	48.16	7.32	50.91	5.55	45.25	4.71
	Couple happiness	57.83	10.33	61.83	11.42	33.50	9.25

SD: Standard deviation

**Table 4: Summary of the results of one-way covariance analysis in the context of multivariate covariance analysis**

Variables	Source of change	SS	df	MS	F	P	Effect size
Couple intimacy	Between groups	23.37	2	11.68	20.84	0.001	0.58
	Within groups	16.82	30	0.56			
Couple commitment	Between groups	583.96	2	291.98	30.52	0.001	0.67
	Within groups	286.92	30	9.56			
Couple happiness	Between groups	4788.16	2	2394.08	47.85	0.001	0.76
	Within groups	1500.87	30	50.02			

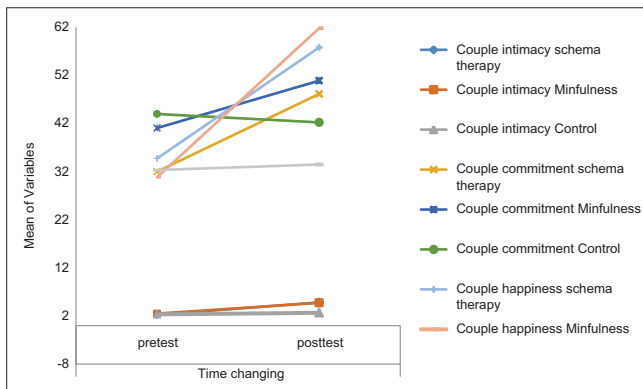
SS: Sum of square, MS: Mean of square



**Table 5: Pairwise comparisons of means in posttest**

Variable	Group	Mean	Group I-Group J	Mean differences	SD	P
Couple intimacy	Schematic therapy	4.8	Schema therapy, mindfulness	0.13	0.37	0.7
	Mindfulness	4.67	Schema therapy-control	2.03	0.41	0.001
	Control	2.76	Mindfulness-control	1.90	0.31	0.001
Couple commitment	Schematic therapy	35.65	Schema therapy, mindfulness	4.35	1.53	0.001
	Mindfulness	49.29	Schema therapy-control	12.26	1.68	0.001
	Control	41.38	Mindfulness-control	7.91	1.3	0.001
Couple happiness	Schematic therapy	54.85	Schema therapy, mindfulness	-8.88	3.49	0.001
	Mindfulness	63.73	Schema therapy-control	20.27	3.84	0.001
	Control	34.57	Mindfulness-control	29.16	2.98	0.001

SD: Standard deviation

**Figure 1:** The between- and within-group changing diagram of couple intimacy, commitment, and couple happiness

on couple intimacy, commitment, and happiness in women with couple burnout. The results showed that there is no significant difference between the effectiveness of schematic therapy training and mindfulness on couple intimacy. However, there is a significant difference between the effectiveness of schematic therapy and mindfulness on couple commitment and happiness, schematic therapy and control group, and mindfulness and control group. In explaining this finding that the schematic therapy affects the couple intimacy, commitment, and happiness, it can be said that early maladaptive schemas are fixed and that long-term issues created in childhood extend to adult life and are largely inefficient. Schemas affect the way people think, feel, and behave, and after marriage, couple intimacy is somewhat determined by schemas.<sup>[28]</sup> Maladaptive schemas reduce couple intimacy and endanger the couple relationship in the long run. In schematic therapy, by reviewing good memories of the spouses, the positive and negative characteristics of parents and spouses, and the reconstruction of a real mental picture of spouses, they can experience the needed and desirable intimacy. On the other hand, as far as they can distinguish themselves from past experiences, they experience greater intimacy, satisfaction, and compatibility in their relationship.<sup>[29]</sup> During the schematic therapy, people with conversation practice learn consciously to propose the issues and problems and to save themselves from negative interactions and to resolve conflicts in the relationship and experience greater intimacy.<sup>[30]</sup>

In addition, the schematic therapy helps a person to change his/her interpersonal relationship, the most important of which is the relationship with the spouse, and has more control over it.<sup>[31]</sup> This approach helps couple shape new interactions in relationships, identify negative interactive cycles, and eliminate them in marriage to rebuild their relationship with their spouse and to reduce their burnout in light of healthy and effective relationship,<sup>[32]</sup> and as a result, it increases couple commitment. Incompatible schemas tend to bias in the interpretation of events. These biases in psychopathology arise in the form of misunderstanding, distorted attitudes, false assumptions, and unrealistic goals and attitudes in spouses, and these misunderstandings affect on understandings and subsequent assessments (shared life), because schemas are in the path of life and affect people's relationships with themselves and others (especially the spouse). Since, maladaptive schemas are inefficient, they cause unpleasantness situations in couple relationship.<sup>[33]</sup> According to Young *et al.*,<sup>[33]</sup> as the schematic therapy emphasizes the deepest level of recognition, it seeks to correct the central core of the problem, and this has a high degree of success in the treatment of disorders such as anxiety, depression, and the improvement of happiness and well-being.<sup>[34]</sup> Therefore, schematic therapy combines four cognitive, experimental, behavioral, and relational techniques with diminution of maladaptive schemas which are the main cause of the formation of ineffective and illogical thoughts, as well as by focusing on dysfunctional coping styles that have shaped from childhood and have continued to adulthood, cause affect on changing the maladaptive schemas of the burnout women and increase their happiness.

In explaining the effect of mindfulness on couple intimacy, commitment, and happiness, we can say that mindfulness education leads to cognitive knowledge, a person becomes aware of his/her cognitive failures, and this cognitively reduces negative thoughts and couple tension, burnout, and conflicts in these individuals, resulting in increased couple intimacy.<sup>[35]</sup> Mindfulness people experience higher self-control, higher compatibility, positive attitude to spouse, and more effective communication when faced with environmental stress,<sup>[36]</sup> which increases couple intimacy.

Furthermore, generally, mindfulness treatment is based on cognitive abilities, attention, awareness, perception, and the

individual's ability to pay attention to the present. In fact, mindfulness may lead to changes in the process and patterns of thought and attitude of the individual.<sup>[37]</sup> The purpose of the mindfulness training is not to change the content of thoughts, but to develop unbiased attitudes and the relationship between thoughts and feelings when they are occurring.<sup>[38]</sup> Therefore, life in the present and the lack of attention to judgmental and ineffective thoughts related to couple burnout can lead to a commitment of burnout women, through the use of mindfulness techniques. Mindfulness helps people get rid of automated thoughts and unhealthy habits and patterns; as a result, it can lead to psychological well-being and happiness.<sup>[39]</sup> Mindfulness leads to happiness, satisfaction, and a sense of well-being in life which can affect couple's life. As a result of a state of well-being, people feel less stress, higher empathy, and more emotional responses, which can help improve couple happiness.<sup>[40]</sup> Mindfulness training leads to raising awareness and correction of knowledge in burnout women, resulting in positive emotions and increased couple happiness.

In explaining this finding that schematic therapy compared to mindfulness is more effective on couple commitment, it can be said that according to Furman's (1999) Growth Approach, adults in romantic relationship generalize what they have already learned in their relationship with their parents. In fact, romantic features are similar to an individual's relationship with his/her parents and relatives; in this way, experiencing effective patterns and establishing intimate relations and commitment in childhood and adolescence translate these positive experience into a romantic relationship and *vice versa*.<sup>[41]</sup> Schemas affect close relationships; the first close and committed experience of an individual after parent relationship is couple relations, so the first point of an eruption of schemas is couple relationship, which is due to the incompatible nature of schemas that leads to couple incompatibility.<sup>[42]</sup> As the schematic therapy modifies early maladaptive schemas and turns them into healthy schemas, it has more influence on couple commitment than mindfulness.

In explaining this finding that mindfulness compared to schematic therapy is more effective on couple happiness, it can be said that mindfulness people learn how to focus their attention on the experience of a moment and stay away from negative thoughts and ruminant thoughts.<sup>[43]</sup> Also, mindfulness is an unexplained and non-judgmental consciousness, which is based on here and now and consciousness of the experience that at that moment is in the spotlight. In addition, it is confession and acceptance of the experience, which is effective in reducing the symptoms of depression and increasing happiness.<sup>[44]</sup> Also meditation, immediacy, control of attention and concentration, acquiring correct coping skills in dealing with stressful life events, relaxation training, and cheerful and joyful mood can increase happiness.<sup>[44]</sup>

The research constraints include: 1. The sampling method was convenience, 2. The sample members were from the women who were referred to the charity association of Baghiyato Allah

Al-Azam of Khomeini Shahr for this reason the generalization of results to other women should be with caution, and 3. There was no use of follow-up after the training. Therefore, it is suggested that women in other areas with different samples, different cultures, and different marital status should be examined. As well as, a follow-up phase to determine the effects of training should be considered in the long run.

## CONCLUSION

Based on the findings of the study, it has been concluded that among the various effective therapeutic approaches to help couples overcome their burnout, schematic therapy and mindfulness were found to be highly effective, which can be seen as a therapeutic model as well as a therapeutic pattern for improving couple intimacy, commitment, and happiness in the form of individual, paired, or workshop training that its natural and direct result will decrease divorce rates.

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## Conflicts of interest

There are no conflicts of interest.

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