RELATIONS AND STRUCTURES IN CONTEMPORARY GESTALT PSYCHOTHERAPY

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The Therapeutic relationship in Gestalt Psychotherapy

Within the present phenomenological-relational trend, Gestalt therapy sees the therapeutic relationship as the occurrence or revealing of a co-creation between patient and therapist (Spagnuolo Lobb 2006, 22; Robine 2003). The process of contact making and withdrawal that we observe is seen in itself, not for the sake of a past or external relationship that needs to be cured. The value of the experience (*Erlebnis*) is set in opposition to the knowledge, the *creative adjustment* of the organism to sublimation as the only possibility of adjustment to the demands of the community, the self-regulation of the organism and holism to the necessity of control of the id over the ego.

The therapist is defined not only as healer, but as fellow-voyager of the patient, in the sense that it is always the patient who guides how, and how much, to "plunge" into the therapeutic relationship. The therapist's attention to the here-and-now is not intended in analytical terms. Rather, it is a way to consider the therapeutic relationship as a "real" relationship, which develops toward a therapeutic goal. The healing process is addressed to the actual contact between therapist and client. In order to support the spontaneity of contact making of the client, the therapist looks for the movement that has being repressed, therefore treatment is centered on the now-for-next.

This co-creation of the therapeutic experience is motivated – upheld and directed – by intentionality, which for the Gestalt approach is always an intentionality of contact with the other. If the attention of the therapist is aimed at the *here-and-now* of the relationship, her/his treatment is centered on the *now-for-next*. The term "contact" implies consideration of the role of physiology in phenomenal experience: the previous interest of psychological sciences in mentalized experiences is firmly replaced by a phenomenological interest in the experience generated by the concrete nature of the senses. In this way, the experience is considered as a whole, rather than as a product of mind. In Gestalt therapy we speak of "excitement," referring to the energy perceived in the physiology of the experience of relationship (Frank 2001; Kepner 1997). This excitation upholds the organismic experience to go towards the other, but it may also block this movement, in the event that it is transformed into anxiety. Anxiety is in fact defined as excitation without the support of oxygen. Hence the concept of "intentionality of contact" has also to do with consideration of the unique and unitary nature of the experience. Gestalt therapy, which as is well known works on the process, mainly observes the implicit relational patterns with which the person enters into contact with the environment (the "how" of the therapeutic relationship rather than its content), starting from breathing and all the bodily processes of relationship, up to the relational meaning of the dreams related to the therapist.

In the current cultural trend, centered as it is on relationship, Gestalt therapy is rediscovering its original intuition of the experience that occurs at the contact boundary, "between" the I and the you. From the paradigm of self-regulating subjectivity of

the 1950's, we have moved to a paradigm of reality considered as something which is never external to a happening, but arises from the relationship itself, which pertains indissolubly to its fabric. In other words, when a client tells us: "I couldn't sleep tonight", he is not only telling us an experience of his "inside", he is also telling us something on our relationship. Maybe he intends to tell us an anxiety which belongs to the previous session, or to the one which is about to start. He might want to tell us: "During the last session something happened that caused some anxiety in me. I hope that you will be able to see that today and to protect me from negative consequences". This perspective allows us to step outside the intrapsychic viewpoint which sees treatment as a process linked to the satisfaction (or sublimation) of needs, to enter fully into the post-modern perspective in which the power of truth has been replaced by the truth of the relationship.

Therapeutic relationship as a "real" fact: the sovereignty of the experience

Hence the therapeutic relationship is seen as a *real experience* which arises from, and has its own story, in the space subsisting between patient and therapist, and not as a result of projections of transferal patterns from the patient's past. The relational dimension comes before the interior dimension, or at least *cannot be explained from the intrapsychic experience*.

Our phenomenological soul reminds us of the impossibility of stepping outside the field (or situation) in which we find ourselves, and gives us instruments which allow us to function while remaining within the limit imposed by the "situationed" experience. The founders of Gestalt therapy proposed the "contextual" method (Perls et al. 1951), which long before Gadamer, posited a hermeneutic circularity between the reader and their book: you cannot understand the book (or the other) without a Gestalt mentality, and you cannot have a Gestalt mentality without reading the book *à la* Gestalt (or being with the other *à la* Gestalt) (Sichera 2001).

Thus we can say that the therapeutic relationship represents a way in which the patient implicitly gives the therapist (and her/himself) the opportunity to remake a relational history, restoring certain intentionalities of contact which still withheld the possibility of a complete, spontaneous development. It is in fact, in the therapeutic relationship that the possibility occurs of bringing to completion intentionalities of contact that allow the patient to perceive her/himself and situations differently, to feel more free and able to make her/his own contribution to relationships and hence to the world in which s/he lives.

An example may clarify the concept. A female patient is moved while speaking to me of positive things she has never said to her mother, and of how she feels closed since she moved to a different town. On the other hand she says she voluntarily chose a safe distance from her mother, one which would guarantee, that she would not have an overdose of emotions. As she tells me this, she lifts her feet from the floor. I point out to her that in removing that contact she is removing from herself the possibility of a bodily support for the emotions, and that in this way she is "taking her distance" from me, as she does from her mother. What emotions is she now avoiding with me? When she takes her distance removing the physiological support of the contact of her

feet with the ground, she makes herself unable to contain her emotions. At my invitation she keeps her feet on the ground, looks at me, breathes and, feeling moved, manages to tell me how important I am for her. We have begun a new story at the boundary of our contact, which will change her relational patterns outside therapy too.

Treatment is indeed based on real persons who reveal themselves not through techniques, but rather through their human limitations. Isadore, one of the founders of Gestalt therapy (who was my therapist), used to tell an example about a patient who had told him a dream beginning with: "I had a little dream". Now, Isadore was pretty short. Fully aware of this limitation of his, and knowing that this aspect of himself might trigger a spontaneous reaction in his patients (that they generally didn't say because it wasn't fair), he immediately commented: "Yes, like me!" The patient was shocked by that comment, stopped herself for a little while, then she bursted into a liberating laugh. Her breathing became deeper, and she could get in touch with feelings of tenderness and trust she had previously blocked. It was just the human quality of that meeting in their limitations that gave the patient the possibility to open her deeper feelings in their relationship, with a sense of trust which was previously difficult to experience. This example shows how in Gestalt psychotherapy it's the real meeting between therapist and client that produces treatment, one where a novelty happens, that is able of restructuring the client's ability of contact-making.

Hermeneutic Aspects of the Therapeutic Situation for Gestalt Therapy

Certain epistemological principles of Gestalt therapy seem to me to presently define the peculiar nature of the approach to the others. These are: the fundamental role given to the ability to deconstruct the environment; the unitary nature of the field and the demarcation of the contact boundary in the figure/background dynamic; and the choice of aesthetic values.

The role of aggression in the social context.

According to the Gestalt perspective, the individual and the social group are not separate entities, but parts of the same unit in mutual interaction. The tension which may exist between them is not to be considered the expression of an irresolvable conflict, but the necessary movement within a field which tends towards integration and growth. Fritz Perls' intuition on childhood development, which gives value to the ability to attack as implicit in the development of the teeth (*dental aggression*, Perls 1942), is based on a conception of human nature capable of self-regulation, certainly more positive than the mechanistic conception in force between the 19th and 20th centuries (a concept with which Freudian theory too was imbued). The child's ability to bite, supports and accompanies her ability to deconstruct reality. This spontaneous aggressive power, which is positive, has a function of survival, and allows the individual to arrive actively at what in the environment can satisfy her/his needs, deconstructing it according to her/his curiosity. The accent placed by Gestalt therapy on relationality thus has an anthropological worth in considering self-regulation (between deconstructing and rebuilding) of the organism/environment relationship and a socio-politi-

cal worth in considering creativity the "normal" outcome of the relationship between individual and society. *Creative adjustment* is the result of this spontaneous power of survival which allows the individual to differentiate her/himself from the social context and also to be fully and significantly part of it. Human behavior, even when pathological, is considered a creative adjustment.

Tension at contact and the formation of the contact boundary.

The therapist takes as background of her/his being in relationship a context of fundamental excitement to contact, rather than one of defense to be disrupted and hence of fulfillment of the "sense of reality." The *contact boundary* is the place where the self unfolds, that function of the human organism which expresses its capability/ability to come into contact with its own environment and to withdraw from it. Thus the self is conceived as a process or "contact-function" that unfolds and "happens" in the place where organism and environment meet, by means of the senses (Perls et al. 1951; Spagnuolo Lobb 2001). The self thus expresses both the contacting of, and its differentiating itself from, the environment. This procedural tension is constantly noted by the therapist who is focused on the *now-for-next*, on the support of the patient's movement "in gestation." The present emphasis on this epistemological aspect has led to a revision of the famous Gestalt technique of the empty chair which, as is well known, utilizes the externalization of an internal dialogue to increase the awareness of interior dynamics. Considering rather the central importance of the developing of the relationship between patient and therapist, the technique of the empty chair is replaced by saying *to the therapist* – instead of to the chair – what the patient would say to the person or to the part of her/himself placed on the chair (Müller 1993). This change enables us to bring into the core of the situation, into the field of the present relationship, the relational block, the relational pattern which covers (prevents from feeling) the anxiety linked to the unexpressed unfocused excitation.

A psychotherapy based on esthetic values.

The concept of *awareness*, so different from that of consciousness (cf. Bloom 2003), expresses the being present to the senses in the process of contacting the environment, identifying oneself spontaneously and harmoniously with the intentionality of contact. Awareness is a quality of contact and represents its "normality" (Spagnuolo Lobb 2004). Neurosis, in contrast, is the maintenance of isolation (in the organism-environment field) by means of a heightening of the function of *consciousness* or of a de-contextualized confluence.

This concept gives the therapist a mentality with which to be present at the contact boundary with the patient, and enables her/him to avoid facile diagnostic readings of the other. Only faith in the intrinsic ability of the human being to do the best thing possible at a given moment and in a given situation (together with an ongoing *dialogical dia-gnosis* that allows us to evaluate and respond to the patient choice) can direct the Gestalt therapist towards being in the therapeutic relationship without depending on diagnostic patterns external to it. This is the kind of awareness that enables her/him to find a new therapeutic solution every time.

The clinical consequence of these three hermeneutic aspects of the therapeutic relationship is summarized in the attitude of the therapist who feels part of the situation, maintains the aggressiveness of differentiation, casts her/himself in the treatment role, stays at the contact boundary with the senses, rather than with mental categories. Furthermore, the therapist asks: "How do I contribute to the patient's experience at this moment?" For example: the patient tells the therapist of dreaming about an insurmountable wall the night before the session. The therapist wonders: In what way was I or the situation an insurmountable wall for this patient during the previous session?

This is not a matter of referring to the transferal logic of projection, but of the figure/background dynamic. I (the therapist) ask myself why it should be that of all the many possible stimuli that the patient can gather from the background of my presence, s/he extrapolates certain stimuli and not others. The hypothesis I form is that that particular stimulus is attached to a relational need that the patient is motivated to solve. The "projection" (better called perception) of the patient always has a hook in the therapist, whose personal characteristics are considered necessary aspects for the co-creation of the relationship.

Here is an example: A patient says; "You don't give a damn about me. I'm never going to depend on you again." to the therapist who has not answered her/his insistent calls late the previous evening. The therapist's experiential background is still in the pleasure of closeness experienced during the last session with this patient, who had at last managed to experience warmth in the relationship. This situation (often generated by patients diagnosed with borderline disorder) generates anger in the therapist: a sense of being manipulated by the patient's expectation that she will be listened to on the telephone late in the evening and of frustration because the patient seems not to grasp or assimilate the positive experiences of the previous session. Rather than trust exclusively to the anger that such provocation arouses in the therapist, following the old humanistic mentality which stressed trust in the therapist's emotion (rebelling in his/her turn against the presumed neutrality claimed for psychoanalysis), the Gestalt therapist today asks her/himself questions referring to the field and the situation. For example: "What is the background from which the expression of these words arises?" Certainly the patient expressed during the previous session the desire for closeness, and fear that such closeness experienced with a significant person would immediately be followed by coldness or withdrawal, a behavior that is in conflict with the spontaneous need that emerges in the person. The Gestalt therapist's faith in the intentionality of contact leads her/him to think and feel in the patient's words a request for contact, not just a need for separation. A good translation of the patient's words would therefore be: "Why didn't you answer the telephone last night? I thought you'd given me to understand that I can count on you. Where were you last night? You're just like everyone else, I'm afraid I can't trust you." Faced with the patient's actual words, the therapist might therefore answer: "I'm touched by the dignity with which you say that." Understanding the words in terms of a challenge, and thus making the therapeutic choice to "train" the patient as to who makes the rules in the relationship (no late-night calls, no therapy outside the setting, etc.) would fail to grasp this patient's relational need, namely, to be confirmed as having the right to advance, and withdraw, to protect her/himself in the relationship.

The co-created emotions and the emergence of a triadic field: structures of therapeutic commitment

Every psychotherapy is a unique story where commitment takes different shapes. I hold that Gestalt therapy and Gestalt Theory, with their hermeneutics of the perception at the contact boundary, can offer a new perspective to the world of psychotherapy.

For us, the perception (and hence also the emotion) of the patient or the therapist is a process which occurs not "inside" the individual, but as co-creation in the space "between" in which their experiences are realized. Any feeling (of attraction or hate, for instance) which may be felt by the therapist and/or the patient has a meaning in the relational pattern which the patient her/himself triggers. For instance, the therapist who is attracted to a particular patient might discover that this patient is, so to speak, "used to" a parental love. We might say similar things of other feelings. In fact, in this way the patient "shapes" the therapeutic situation, offering the therapist – who responds sensitively – the access key to an intimate experience, so that the therapist will create the conditions to fulfill the intentionalities of contact that have not been brought to completion. The attraction which the aware therapist feels (s/he is present with all her/his senses at the contact boundary) is a sensitive, specific response to the situational field created by this particular patient.

Let's look at an example. A therapist comes for supervision because he is attracted to a young, good, intelligent patient. I ask him: "What attracts you?" "Her style of being a good girl", he says, "it really looks as if she wants to make me happy, as if she cares about me. She relaxes me." Obviously we all think that the therapist's narcissism in this case is colluding with the patient's openness towards and admiration for a real or dreamed-of father. But these two aspects may be the ground of the situation, whereas the figure is the fulfillment of this type of contact, which responds to a "suspended" intentionality on the girl's part. It is precisely that old love that can be experienced by the patient in a new situation. The challenge for the therapist is to provide a clearer, more courageous love, so as to relocate the positivity of this love in a non-manipulative context, and cause the patient to experience her spontaneity on the ground of a clear relationship. So, I ask this therapist: "If you imagine openly saying to this patient what you've just told me up to this point, what do you think would happen?" He says: "I don't know. Oddly, I think all the tension I feel would be relaxed. Perhaps she'd tell me that she's always wanted her father to say something of the sort to her. I think too that at that point my sexual attraction would calm down: I'd understand that the charge of attraction is actually determined by NOT saying these things. And maybe the patient would finally feel that she was seen in her affection for me, and her admiration would achieve its object. Maybe she could even become more independent of me." The therapist has grasped an intentionality of contact that was still incomplete and in stating explicitly what attracted him, he gives the patient the chance to conclude it in the here and now, in a new, real situation. The therapist's sexual attraction to the patient – like that of the father to the daughter – is an out-of-context emotion, but the fact that it happens responds in a way to a self-regulation of the situation.

The patient's attraction towards the therapist can be understood in the same way: the healing factor will not be the positive response of the therapist to this attraction

(which instead would disorient her), but the fact that the patient *feels seen and appreciated by him in her intentionality of contact*. It is only this that can restore the spontaneity of the patient's love. For example, the patient tells the therapist that she has had a dream about making love with him. The therapist listens to what she is telling him and how, then he says: "I'm struck by the effort you've made to overcome your shyness and embarrassment. I appreciate the trust you have in me, and the courage with which you face your relationship with me." This answer, which is based on structures of commitment, gives the patient the sense of being seen in the intentionality of contact, not just in the feeling of attraction, which is thus confined by the therapist to the context of treatment: the patient has the right to express the most disturbing emotions, without this leading to a change in the setting she has personally chosen. To look at structures of experience helps us to see better the figure/ground dynamic.

From the point of view of transference, the therapeutic situation is artificial, and serves to analyze the external reality, to make conscious what is unconscious. We regard the therapeutic situation as real, the habitual relational patterns are fulfilled in it, in search of a new solution.

The field as a multi-contact-boundaries

Our culture - which has developed the cult of individualism – does not accustom us to seeing the plurality of relationships. The word "relationship" generally makes us think of an individual who encounters another individual. We think of the mother-child relationship, for instance, rather than of a field[1] of relationships. In fact, what matters in the development of the child is the field of relationships in which s/he is inserted, in which it is sometimes the mother, sometimes the father, sometimes others that represent emerging figures: it is a field in which the various interweaving relationships of the ground influence the figure. The child experiences a field, a situation, which includes both the ground and the figure: in her/his perception of the father, for example, the perception of what the father knows about the mother is included, as is what the child her/himself knows about the mother, so that the child knows what the father does not know about the mother (which s/he knows) and what the father knows about the mother that s/he did not know. The inter-subjective perspective (cf., among others, Mitchell 2000; Stern 2000; Beebe e Lachman 2002) may be a valid tool for us to describe the perception at the contact boundary. If the mother feels neglected by the father, the child (even though this feeling has not been communicated explicitly to her/him) notices the mother's forced breathing, her sad face, her lowered eyes; s/he looks at the father and sees that the father is pensive and is peeking at the mother. So the child knows that the father knows what is wrong with the mother. But if the child sees the father continuing to play with her/him or making the usual business calls, s/he understands that the father does not know that the mother feels neglected by him, so

[1] Among the many definitions of field given in Gestalt therapy literature, I like to refer to Robine's one (2006), which refers to the field as situation. Following from that, I can say that the stuation is the perception of figure/ground.

s/he has to decide whether or not to take action so that the father will realize this. This will depend on her/his adjusting creatively to the situation. Hence the child's perception is oriented towards the contact boundary between mother and father, as well as, respectively, towards the contact boundary between her/himself and the mother and between her/himself and the father. This principle is also applied to the other people present in the field, constituting – in the case of the mother-father-child triangle, a phenomenological field whose vertex is triadic. (Figure 1)

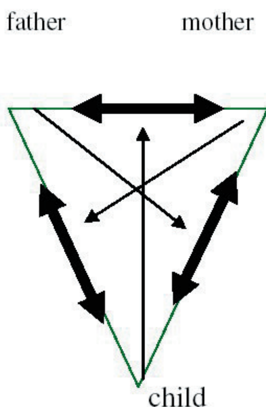

Figure 1. Perceptions in a triadic field

The child perceives not only the mother (or the father) but also what is happening at the contact boundary between them, so s/he knows if the father knows that the mother is sad or not, etc. In line with the phenomenological principle of the experience as happening in the here and now at the contact boundary in a field or situation (Robine 2003), in Gestalt therapy we see intimate relationships (e.g. between family members, or between patient and therapist) as a figure which emerges from a relational field. Gestalt therapy can offer a view of the experience as boundary event, rather than as internalized relational pattern. This way of looking at the experience as boundary event, puts its trust in the spontaneity of being-there, in the esthetic aspect of the relationship (being present at the contact boundary with the fullness of the senses), in the therapeutic relationship as a real event happening in the here and now.

In a word, the relationship is always multiple and complex. The child who is aware of the "fog" at the contact boundary between mother and father will develop a relational pattern that fulfils his intentionality of contact as a child (taking care of the disturbed parents) and will adjust creatively to the situation; for instance, s/he will take steps to make the parents aware of each other, or will take on the responsibility of cheering up the mother if he is the only one who can do so (Stern 2006). Summarizing, *what happens at the contact boundary is a figure supported by the perceptive ground of the situational field.*

Carrying over this viewpoint to the therapeutic setting, the patient never sees us in isolation, but always as part of a relational field. It would be interesting to ask the patient: "If you think of someone alongside your therapist, who do you imagine?" "What do you know about your therapist?" "What do you imagine your therapist knows

about this person?" "In your opinion, what do the two of them think of you?"

As we shall see later in the clinical example, this work brings to light an interesting aspect of implicit relational knowledge, and gives the therapist a better defined understanding of contact-making with the patient.

As evolutionist theories have shown, it is impossible in life to live and grow alone, but no one is ever only in a couple – one is always part of a social community, a shared situation.

A Clinical Example of the Triadic Perspective in a Dyadic Therapeutic Setting

I shall now give a clinical example which makes clear the movement from the diadic perspective to a field perspective. A male patient is madly in love with his female psychotherapist. The fervor of his feelings and his desire for physical contact increase with every session. The therapist, after trying to make explicit every possible reading of the patient's feeling, is embarrassed: she cannot meet the patient in a perceptive clarity. Whatever she says or does seems to increase the patient's desire; in addition, she finds him rather attractive.

After supervision with the triadic method, she asks the patient: "Imagine there's somebody beside me. Who do you see?" The patient's expression changes at once and he says, laughing: "I saw your husband (whom I don't know), or at least a man, your man. He's very different from you. I have a feeling he doesn't like me, and he's no too happy about me being with you. He doesn't think much of me. He impresses me: his presence attracts me more than yours now, though with unpleasant feelings. The experience of his glance is terrible for me. It strikes me very differently from yours. You're fond of me. You like me, don't you? It's just as well you like me!" The therapist asks: "What do I know about him? I mean, do I know that he puts you down?" "I guess so, that's exactly why you're kind to me!"

The triadic perspective brings out a new awareness in the therapeutic situation, which casts an interesting light on the sexual feelings between patient and therapist, redressing the balance of the therapeutic relationship in the direction of the patient's intentionality of contact. It's clear, in fact, that what is moving his organism is not the "desire" to have the therapist's favors (as a dyadic view would suggest), but to understand (1) the relationship between the therapist and her partner; (2) why she appreciates him but her partner doesn't; (3) whether the liking the therapist shows for him derives from the fact that he is better than the other man or from the fact that he is "little", immature; (4) whether he can be independent of the therapist, i.e. be sure that she is still fond of him even if he does things she doesn't like; (5) whether he can reach the adult man and win his regard; (6) whether the therapist can intercede with her partner to bring this about. Summing up, in the triadic perspective what emerges is very different from what is seen in the dyadic context. In the triadic perspective the more complex dynamic emerges of the relationship between male and female, and between generations: the child always makes reference to one (or more than one) couple relationship in growing up, to contact boundaries between couples, more than to the dyadic relationship with one or the other parent.

The therapeutic intervention which is modulated in this perspective is much more effective, especially in the event of strong feelings, whether on the therapist's or the patient's part. In the specific case of the example I have given, the patient's answer made it possible to move the attention for contact on to what had previously remained in the ground, and which, remaining in shadow, lit the fire of sexual attraction. Focusing attention on the patient's relationship with men made it possible to talk about his fear of not being up to the mark (with both men and women), about the compulsions that characterized his seductive behaviour towards women (sexual attraction to a woman in a maternal role allowed him to avoid the anxiety that comparing himself with men brought about), and to understand that, basically, starting a sexual relationship with the therapist would have frightened and confused him, burdening him with a responsibility he did not want. Going through the humiliation of comparing himself with men enabled him to offer himself spontaneously to a woman on equal terms, with desire and the sense of risk.

Zusammenfassung

In der Gestalttherapie wird die therapeutische Beziehung zwischen Klient(in) und Therapeut(in) als "reale Beziehung" definiert. Von diesem Verständnis ausgehend skizziere ich drei hermeneutische Aspekte, die für die Wahrnehmungsstruktur im therapeutischen Feld charakteristisch sind. Anhand von Beispielen aus der klinischen Praxis zeige ich, wie die Beachtung der Kontakt-Grenze die Struktur der therapeutischen Beziehung verändert. Abschließend fasse ich neuere Überlegungen zur Wahrnehmung an der Kontakt-Grenze in einem dreiseitigen Feld in Hinblick auf die klinische Situation zusammen. Ein Praxis-Beispiel soll den daraus folgenden gravierenden Unterschied in der therapeutischen Perspektive aufzeigen, besonders im Umgang mit heftigen Gefühlen in der Therapie. Für den nun bevorstehenden Prozess der Evaluierung dieses neuen Ansatzes mit evidenz-gestützten Forschungsarbeiten erhoffe ich mir Unterstützung aus der Verbindung zwischen Gestalttherapeuten und Gestalt-theoretischen Psychotherapeuten.

Summary

Starting from a definition of therapeutic relationship in Gestalt therapy as a "real relationship" between therapist and patient, I have outlined three hermeneutic aspects that characterize the perceptive structure of the therapeutic field. Clinical examples are given of how the perspective of the contact-boudary changes the structure of the therapeutic relationship. Finally, I have summarized my recent thoughts on perception at contact-boundary in a triadic field, as they apply to clinical situations. A clinical example shows the crucial difference in the therapeutic perspective especially towards strong feelings in therapy. Being in the process of evaluating this new perspective with evidence based researches, I hope that our connection between Gestalt psychotherapists and Gestalt Theory psychotherapists will help me in this project.

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