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The Person of the Therapist: Conceptualization, Personal Style and Research

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ABSTRACT

The therapist, together with the patient, is one of the essential elements of the therapeutic relationship that makes up any form of psychotherapy. Currently, the accumulated knowledge allows us to identify some characteristics of the most effective therapists facilitating the understanding of the elements involved in the psychotherapeutic process and its effective outcome. In this paper, a conceptualization of the person of the therapist is formulated with the goal to support a framework for understanding their role in the psychotherapeutic process. In addition, it delves into the research on the Personal Style of the Therapist carried out in Ibero-America and reflection is given on the possible developments in the field.

La Persona del Terapeuta: Conceptualización, Estilo Personal e Investigación

RESUMEN

El terapeuta, junto con el paciente, es uno de los elementos esenciales de la relación terapéutica que conforma cualquier forma de psicoterapia. En la actualidad, el conocimiento acumulado permite identificar algunas de las características de los terapeutas más eficaces facilitando la comprensión de los elementos implicados en el proceso psicoterapéutico y su desenlace efectivo. En el presente artículo se formula una conceptualización sobre la persona del terapeuta que pretende apoyar un marco de comprensión de su rol en el proceso psicoterapéutico. Asimismo, se revisan las investigaciones realizadas sobre el Estilo Personal del Terapeuta en Iberoamérica y se reflexiona sobre los posibles desarrollos del campo.

Palabras clave:

Psicoterapeuta
Estilo personal del terapeuta
Psicoterapia
Iberoamérica

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Introduction

The practice of psychotherapy isn't the simple application of techniques arising from theoretical knowledge, it involves an interpersonal encounter between two or more people with their idiosyncratic characteristics. There are many efforts aimed at studying the factors that influence the establishment of a good relationship between psychotherapist and patient that allows achieving a good outcome of the psychotherapeutic process (Corbella, 2019, 2020; Norcross and Lambert, 2019). One of the factors that has proven to be decisive for the effectiveness of psychotherapy is the quality of the therapeutic relationship. Decades of research and clinical experience itself converge on the fact that the therapeutic alliance contributes significantly and consistently to the outcome of psychotherapy regardless of the type of treatment or its technical approach (Flückiger et al., 2018; Norcross and Lambert, 2019; Wampold and Imel, 2015).

The therapist is one of the main actors in the process of building the therapeutic alliance. In recent years, the interest in knowing the effect of the therapist on the patient's improvement has increased, as well as in identifying the therapist variables that facilitate the alliance and treatment outcomes (Castonguay and Hill, 2017; Constantino et al., 2021; Corbella, 2020; Prado-Abril et al., 2017, 2019a; Wampold and Owen, 2021). The percentage of variance of the therapist in the therapeutic outcome is between 5 and 9% (Baldwin and Imel, 2013; Johns, et al., 2019 ; Lutz et al., 2007). The data contrasts with the percentage of treatment's type, which is between 0 and 4% (Wampold and Imel, 2015). Consequently, there are more and more efforts aimed at studying the characteristics of therapists that facilitate the development of the alliance and obtaining positive results in psychotherapy (Heinonen and Nissen-Lie, 2020).

Likewise, the quantity and quality of research on therapist effects has improved substantially, concluding that there are significant differences between therapists in terms of the results obtained with their patients (Castonguay and Hill, 2017). However, the study of the therapist is not restricted exclusively to the identification of the characteristics of effective therapists, but rather advances in knowledge of the variables of the therapist in different aspects (as a person, in his or her relational ways, in their theoretical positioning, in their stylistic preferences, etc.) contribute significantly to the understanding of the psychotherapeutic process (Corbella, 2019, 2020; Corbella and Fernández-Álvarez, 2006; Prado-Abril et al., 2017, 2019a, 2019b). The number of variables that explain the effects of the therapist have been recently synthesized in several publications (Constantino et al., 2021; Corbella, 2020; Corbella et al., 2023; Prado-Abril et al., 2019a; Wampold and Owen, 2021). Very succinctly, it is worth highlighting emotional expression (Peluso and Freund, 2018), interpersonal facilitation skills (Anderson et al., 2016, Nissen-Lie et al., 2013; Schöttke et al., 2017), warmth and cordiality in affect modulation (Zuroff et al., 2017), outcome expectations (Constantino et al., 2020), countertransference management (Hayes et al., 2018), humility and

multicultural competence (Nissen-Lie et al., 2013), flexibility in adapting to patient characteristics (Silberschatz, 2017), the use of self-disclosure (Hill et al., 2018) and professional self-questioning or self-doubt, as well as openness to feedback on the evolution of the psychotherapeutic process (Delgadillo et al., 2022; Gimeno-Peón et al., 2018; Nissen-Lie et al., 2017).

Psychotherapy can be understood as a collaborative and intersubjective dialogue between patient and therapist aimed at facilitating the process of change. In this way, psychotherapy consists of the co-construction of meanings resulting from the encounter between patient and therapist. At this point, the subjective stances of both configure the characteristics of the therapeutic relationship that is articulated in the conversations that occur in the psychotherapy sessions. That is, the characteristics of the therapist that shape their identity and personal style, as well as the patient's positioning, become the main factors in the development of the therapeutic relationship and the work in session (Consoli et al., 2017; Corbella et al., 2009).

A conceptualization will be presented that integrates some of the essential aspects that can help us understand those characteristics of therapists that lead them to behave in several ways in their professional performance. In part, the objective is to better understand the psychotherapeutic process through the elements that the therapist provides within the framework of the therapeutic alliance with the patient. Subsequently, the empirical state of research will be reviewed, the development of the Therapist's Personal Style (TPS) concept, its relationship with psychotherapy and some of the challenges that the field has on the horizon.

A Conceptualization of the Therapist

Over the last four decades, empirical research related to the role of the therapist, the patient, and the interaction between them has increased significantly, promoting a certain consistency in the conclusions of the studies (Baldwin and Imel, 2013; Beutler et al., 2004; Castonguay and Hill, 2017; Wampold and Owen, 2021). Likewise, the question of the therapist's style has been one of the professional variables that has generated the greatest interest in scientific literature. Especially in Latin America, the interest generated by its formulation through the TPS concept stands out (Areas et al., 2022; Casari et al., 2018, 2019a; Corbella 2020; Prado-Abril et al., 2019b).

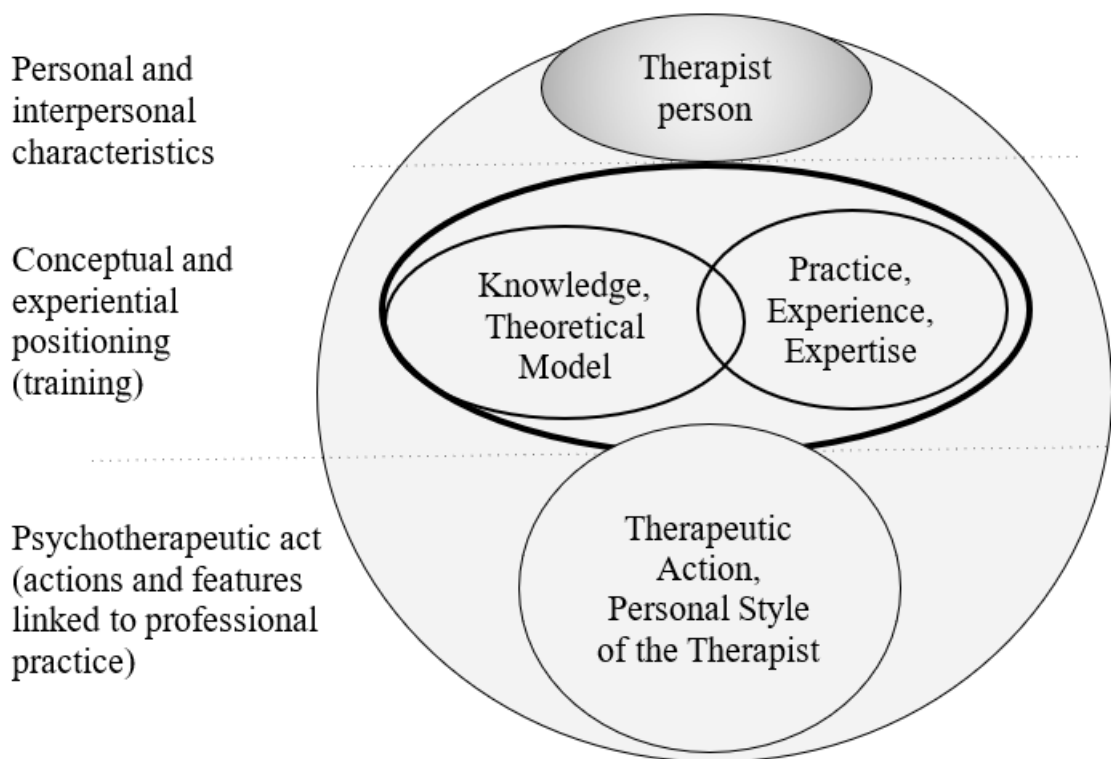
Beutler et al. (1994, 2004) published a first and exhaustive review on the composition of the therapist's stylistic variables. In its biaxial formulation, one of the axes divides the variables between the objective and subjective characteristics of the therapist, while the other axis contrasts the trans-situational traits with the specific states of psychotherapy. The therapist's style is understood as dynamic, although stable over time, multidimensional and would reflect the behavioral preferences that the therapist displays in communication with the patient, modulating the procedures that are implemented. In this way, the therapist's style would

be differentiated from specific psychotherapeutic interventions due to its more global aspect and linked to the therapist's communication principles. On the other hand, for [Orlinsky et al. \(1994\)](#), the therapeutic style would be the set of personality traits of the therapist that are expressed in the psychotherapeutic process, influencing the therapeutic alliance and the results. For their part, [Fernández-Álvarez and García \(1998\)](#) defined the TPS as the set of unique conditions that lead a therapist to operate in a particular way in their task. It refers to the usual characteristics that

each therapist displays on their task because of their personality, beyond the theoretical-technical approach used and the specific demands required by the clinical intervention ([Fernández-Álvarez et al., 2003](#)). [Corbella and Fernández-Álvarez \(2006\)](#) proposed a conceptualization of the therapist in which the personal and relational variables, the epistemological and theoretical stances, the therapeutic attitude, and the personal style that each therapist expresses in the work with their patients. An adaptation of this conceptualization can be seen in [Figure 1](#).

Figure 1

Conceptualization of the Therapist's (Adapted From [Corbella and Fernández-Álvarez, 2006](#))



Beyond socio demographic aspects, personality, etc., personal and interpersonal characteristics consist of a mixture of personal aspects that, in interaction with the training process and continuing education, lead to certain interpersonal positions with patients that can facilitate therapeutic relationships ([Prado-Abril et al., 2017, 2019a](#)). If we follow the figure and move away from the person of the therapist, we approach the conceptual and experiential stances that are mostly closely linked to training, experience, continued practice and, eventually, development. of clinical expertise. At this point, importance has been given to the stance that therapists adopt on the predominant paradigms that dominate the field of psychotherapy. If too many fish could break the net ([Wilkinson, 1998](#)) or if the organization in schools, sometimes with greater dogmatic than scientific components, makes integration into psychotherapy and the development of the discipline difficult

([Paris, 2013](#)). In this sense, all therapists should clarify their stance in relation to the essential aspects of psychotherapy (e.g., their definition of psychotherapy, role of the therapist, objectives, etc.). In this way, the stances that the therapist use regarding his training (knowledge and theoretical-technical model), his professional experience and his involvement, or not, in a continued practice throughout the professional career, become the elements that constitute their conceptual background and, ultimately, a theoretical-technical framework of reference that will influence their psychotherapeutic work.

In relation to the stances regarding knowledge and the theoretical model, two antagonistic stances can be contrasted that include a whole range of greys and nuances depending on each therapist (see [table 1](#)).

Table 1*Stances Regarding Knowledge and the Theoretical Model (Adapted From Corbella and Fernández-Álvarez, 2006)*

Therapist's stances	Characteristics
Dogmatic	Absolutist simplism, dogmatism, absence of self-criticism. Initial comfort to give rise to possible later stagnation.
Critical	Non-dogmatic relativism, self-questioning. Less initial comfort to give rise to greater habituation to self-questioning that facilitates evolution and subsequent improvement.

Perhaps the most remarkable aspect at this point is the relationship between self-questioning (critical stance) and obtaining better therapeutic results by those therapists who adopt a stances of systematic doubt about the effectiveness of the psychotherapeutic process, as long as this doubt is accompanied by a stable personal self, as well as consistent personal and professional self-esteem (Gimeno-Peón et al., 2018; Nissen-Lie et al., 2017; Prado-Abril et al., 2017, 2019a; Wampold and Owen, 2021).

The experiential issue, the temporal dimension of life and the training aspects are relevant. One might think that time, a priori, allows the construction of experiences that promote learning of practical actions to implement in session to obtain positive results. Although the results in this regard are inconsistent, they tend to support that the mere accumulation of experience is not related either to the improvement of therapeutic skills or to obtaining better results in session (Goldberg et al., 2016a, 2016b; Hill et al., 2017). That is, more of the same, over a long period of time, tends to stagnate and even deteriorate the praxis itself. Rather, the question is about what is done with the experience and whether it is used in a deliberate, intentional, and reflective way, through continuous specific training and under supervision, in the service

of improving the therapeutic skills essential for building alliances. solid therapeutics that allow psychotherapeutic processes to be improved substantially (Bennett-Levy, 2019; Prado-Abril et al., 2019a).

Broadly speaking, two stances of therapists can be compared with respect to professional experience (see table 2). On the one hand, the passive-summative experiential positioning is characterized by the accumulation of experiences and experiences without the effort to seek the relationship, differentiation and integration of the different elements that constitute them. On the other hand, the reflective-constructive experiential positioning that understands the experience as the reflective reading of the events experienced in the therapeutic context, with the aim of increasing knowledge about psychotherapeutic processes to extract new information, which can serve to improve the future professional performance. It is about finding a balance that allows one to rectify, correct and reorient one's own interventions in a systematic way (Corbella and Fernández-Álvarez, 2006). In part, this positioning is reminiscent of the distinction that Rousmaniere et al. (2017) carry out between routine practice, passive learning, and deliberate practice (Prado-Abril et al., 2017).

Table 2*Stances Regarding Professional Experience (Adapted From Corbella and Fernández-Álvarez, 2006)*

Therapist's stance	Characteristics
Passive-Summative	Accumulation of experiences and experiences without the effort to seek the relationship, differentiation or integration of the different elements that constitute them.
Reflective-Constructive	Reflective reading of the events experienced in the therapeutic context. This reflective analysis favors the increase in knowledge, allowing the acquisition of new information that facilitates anticipations in future therapeutic situations.

Recently, several models have been proposed that work with reflective-constructive positioning to create training and continuing education systems for therapists that allow them to progressively improve their level of performance. In this sense, the study by Goldberg et al. (2016a) is paradigmatic. Very briefly, this study shows how the overall results of an institution dedicated to mental health care can improve by implementing measures of systematic monitoring of results and supervision of therapists following the method of deliberate practice. In the same way as other models of personal practice, such as reflective practice (Bennett-Levy, 2019), deliberate practice facilitates the acquisition of therapeutic skills and competencies by improving the outcome of psychotherapeutic

processes (Goldberg et al., 2016a; Prado-Abril et al., 2019a; Rousmaniere et al., 2017; Wampold and Owen, 2021). In short, empirical evidence is beginning to accumulate of the relevance of promoting a reflective-constructive positioning in the training of therapists. Perhaps the increase in reflective capacity is the element that allows, through healthy self-questioning, to learn from mistakes in psychotherapy and improve clinical expertise throughout the professional cycle (Hill et al., 2017; Nissen-Lie et al., 2017).

Finally, in the lower part of Figure 1, we find the therapist in action in the psychotherapeutic act. In some way, in these acts the previous elements land and are expressed in a global and integrated

way. This aspect refers to the variables linked to the therapist’s professional practice and his personal style. That is, the therapist plans and carries out his actions following the principles of a given theoretical-technical model, but he does so through words and with a particular way of being, relating and even implementing the theoretical coordinates-techniques. On the communication established with the patient, stylistic forms and unique modalities adjusted to each situation are combined. The characteristics of the therapist’s communication style structure his personal profile and the way he proceeds during psychotherapy, including his way of relating to the patient. This set of characteristics constitute and configure the EFA (Casari et al., 2018, 2019a; Corbella and Fernández-Álvarez, 2006; Fernández-Álvarez and García, 1998; Fernández-Álvarez et al., 2003; Prado-Abril et al., 2019b).

Research on the Therapist’s Personal Style

As previously noted, TPS refers to the unique characteristics that each therapist imposes in the development of their professional task, beyond the theoretical orientation and the requirements that the intervention demands (Fernández-Álvarez and García, 1998). It is a dynamic and multidimensional construct that reflects the behavioral preferences that the therapist uses at a communicative level (Beutler et al., 1994). It has been considered that there are three variables that mainly contribute to the formation of EFA. Namely, the socio-professional position; the life situation,

personality, attitudes, and personal stances (see tables 1 and 2); and, finally, the dominant modes of communication that he uses (Fernández-Álvarez and García, 1998; Fernández-Álvarez et al., 2017). The first two variables refer to personal conditions that influence the therapeutic activity. One refers to the impact that the place occupied by the therapist has on the socio-professional context in which he or she works. Another refers to the synthesis of the vital circumstances and relationship with the theoretical framework that condition the way of fulfilling his task. The third variable brings together the basic communication modalities that the therapist uses in response to the different aspects that make up the therapeutic act.

The most significant TPS dimensions or functions are: Instructional, Attentional, Expressive, Operative, Evaluative, and Engagement (Fernández-Álvarez and García, 1998). This list is not intended to be exhaustive of all the possible actions that the therapist deploys in psychotherapy, nor does it attempt to explain the entirety of a highly complex process. It simply seeks to offer the broadest possible vision of the way in which a therapist puts his or her personal stamp on his or her professional practice. In practice, these functions are carried out in an integrated manner, and they express the dispositions, traits, and attitudes that every therapist demonstrates during their professional practice (Corbella and Fernandez-Alvarez, 2006). The functions of the EPT are presented on a bipolar continuum in Table 3.

Table 3
Functions of the Therapist’s Personal Style (Adapted From Casari et al., 2018)

Function	Definition	Polarities
Attentional	Behaviors related to the search for therapeutic information	Broad attention - focus attention
Operative	It is related to the type of interventions that the therapist uses	Spontaneous - Structured
Expressive	Ways that the therapist uses to maintain emotional communication with his patients	Distant - Close
Engagement	Degree of commitment that the therapist has with his patients and with his role as a therapist	Low - High
Instructional	Behaviors linked to the structuring of the therapeutic framework	Flexible - Rigid
Evaluative	Therapist’s appreciation of how goals are achieved	Critics - Stimulators

One of the strengths that research on EPT has had is the interest in operationalizing the construct in a psychometric self-report measure, the *Therapist’s Personal Style Questionnaire* (PST-Q; Fernández-Álvarez et al., 2003). This questionnaire has had its variations over time and has psychometric studies that support its qualities (Casari et al., 2017a; Prado-Abril et al., 2019b). There are more than 70 papers that have used the PST-Q, in studies carried out in several Ibero-American countries (Argentina, Brazil, Chile, Ecuador, Spain, Mexico, Peru and Portugal). There are even narrative reviews that summarize the main aspects of the empirical research on the TPS (Casari et al., 2018; Casari et al., 2019a; Quiñones and Ugarte, 2019). From now on, the main lines of research are synthesized and updated:

Psychometric Studies

Several researches have been made that explore the factor structure of the TPS concept, as well as adaptations in different Ibero-American countries, including Argentina (Casari et al., 2017a; Castañeiras et al., 2008; Fernández-Álvarez et al., 2003), Brazil (Silva Palma and Guedes Gondim, 2016), Ecuador (Kantor, 2011), Chile (Quiñones Bergeret et al., 2010), Spain (Prado-Abril et al., 2019b) and Portugal (Moura et al., 2011). Not all studies show similar results in terms of factor structure. This suggests that PST is perhaps modulated, among other factors, by the sociocultural and professional nuances of the culture of origin.

Studies on Professional Variables

The TPS has shown its usefulness to differentiate the characteristics of therapists based on their theoretical-technical reference model (Areas et al., 2022; Ferreira et al., 2019; Quiñones et al., 2019; Sanz Sánchez, 2022; Tabullo et al., 2023), from the years of clinical experience (Areas et al., 2022; Casari et al., 2019b; Ferreira et al., 2019; Santibañez et al., 2019; Silva Palma and Guedes Gondim, 2016), according to their attitude towards evidence-based practice (Jiménez Toro and Montoya, 2019) and in relation to the inclination towards the inclusion of technological elements in psychotherapy (Parmeggiani et al., 2020).

Studies on Personal Variables

Included here are studies that have found associations between personal variables such as personality dimensions and the functions that constitute EPT (Casari et al., 2019b; Corbella, et al., 2008; Sanz Sánchez, 2022), as well as those that They have linked it to empathy, theory of mind and emotional regulation (Cáceres Rivera, 2019; Corbella et al., 2009; Silva Palma and Guedes Gondim, 2019; Tabullo et al., 2023).

Cluster Analysis

Some research has found groups of therapists that are profiled into prototypes according to their responses on the TPS-Q. Fernández-Álvarez et al. (2017), based on the analysis of the type of verbal interventions carried out by 20 integrative therapists during the sessions, they found three profiles of therapists that differed in Attentional and Operative functions. Subsequently, Casari et al. (2019b) analyzed the TPS and personality dimensions profiles of 546 therapists from Argentina, they found four clusters of therapists. These two investigations show us that therapists also tend to be like each other beyond personal or professional variables.

Studies on Patient Variables

A classic line (Corbella and Botella, 2004), which has had a certain resurgence in recent years, focuses on trying to establish the TPS profiles that best fit certain clinical conditions such as addictions, autism spectrum disorders, disability intellectual, care in neonatology, oncology and with patients with serious psychopathological disturbances (Casari et al., 2017b, 2019c, 2022; Gómez, 2015; Rial et al., 2006; Vega, 2006; Vera Cano, 2018).

Cross-Cultural Studies

Two investigations have been developed that sought to compare the profile of therapists who subscribe to similar theoretical approaches but who practice clinical practice in different countries.

Quiñones et al. (2020) analyzed the EPT profile in post-rationalist cognitive therapists from Chile and Italy, finding significant differences in the Expressive function, which was higher

in therapists from Italy. Two years later, a similar investigation was carried out comparing post-rationalist and psychodynamic cognitive therapists from Argentina and Chile, where differences emerged in the TPS of psychodynamic therapists from these two countries in the Expressive and Instructional functions (Quiñones et al., 2022). A preliminary conclusion is that of the TPS functions, Expressive seems to be the most sensitive to cultural impact.

Studies on Psychotherapy Training

Some recent studies find preliminary relationships between the type of training and its influence on the modulation and modification of TPS. An investigation found that modifications occurred in Expressive and Instructional functions after clinical training in undergraduate students from Argentina (Grzona et al., 2021). However, another study published in the same year, carried out with 10 therapists from Chile, did not find significant modifications in the EPT, after a period of clinical training (Vega Cortes, 2021).

Supervisor Personal Style

A very recent research topic has developed the role of personal style in the exercise of supervision by validating a specific instrument for measuring the construct (Fernández Oromendia, 2018).

Studies on Therapist Speech Acts

Fernández-Álvarez et al. (2017) carried out an exhaustive study where they found correspondences between the verbal acts of the therapist in session and their TPS profile, part of this study was mentioned previously in the cluster analysis section. The previously mentioned clusters differ in the type of verbal interventions that were analysed: questions, statements and therapeutic indications.

Studies on Therapeutic Alliance

Finally, it's one of the most significant variables of the psychotherapeutic outcome. There are studies that link TPS with the alliance in both children and adults and the subsequent effectiveness of psychotherapy (Casari et al., 2024; Ramírez Rodríguez, 2021). Likewise, it has been found that the care format (face-to-face or non-face-to-face) also has a differential impact on the therapeutic alliance (Casari et al., 2023).

Recapitulation and Future Challenges

Although the empirical literature on therapist effects draws an emerging line of research, there are very few randomized clinical trials that evaluate the differential role of the therapist in the psychotherapeutic process (Wampold and Owen, 2021). In fact, between 35 and 75% of the between-treatment effects in meta-analyses would no longer be significant due to the potential error rate of ignoring therapist effects (Owen et al., 2015). Much

of the results and conclusions of research focused on therapist variables provide trends without being considered conclusive due to the variety of study typologies (method, description of results, etc.) (Corbella et al., 2023). The convenience of continuing to investigate therapist variables and their interaction with the patient becomes evident to increase knowledge of the mechanisms of the therapeutic process, as well as develop training and supervision models focused on the mechanisms of change that occur in the interaction between therapists and patients.

The works that have analyzed the therapist represent a wide range that goes from the study of the attitudes of therapists (Corbella and Fernández-Álvarez, 2006; Pastner et al., 2014), to reviews of different types such as the systematic review of personality variables in psychodynamic psychotherapy (Lingiardi et al., 2018). However, and although we converge on the relevance of achieving a deeper and more detailed knowledge of the topic, the therapist and personal style continue to be variables that need further research (Fernández-Álvarez et al., 2019). There are many development paths to study in the future with the aim of identifying, not only generic conditions, but criteria that allow working with therapists' unique conditions.

The conceptualization presented can be helpful as a frame of reference for the organization and systematization of the information provided by the research as well as in the training of psychotherapists for the structuring of the competencies, skills and abilities that should be acquired and developed with reflective practice and deliberate.

Regarding the PST, it is a variable of great interest in the Ibero-American context since almost all the studies have been carried out in countries belonging to this region. Much of the research that addresses TPS has used the TPS-Q (Fernández-Álvarez et al., 2003), proving to be a valuable assessment tool for the study of the therapist. However, the disparity of results found, especially in terms of the factorial structure of the measure, leads us to reflect on whether the therapist's style is a global model or a cultural model. Therefore, it is necessary to complement this type of research with mixed studies that explore the perspective of therapists based on interviews and then put them under analysis in rigorous quantitative research. However, it is worth mentioning that the EPT construct goes beyond the evaluation instrument itself and its limitations are those of self-administered self-report questionnaires. Therefore, EPT poses additional challenges and encompasses the breadth of aspects of the therapist that are displayed in therapeutic action during the interaction with the patient. In this sense, recent studies demonstrate that the relationship between EPT and the therapeutic alliance provides a promising path for the training of therapists. Due to the boom in tele psychotherapy experienced since the pandemic, Fernández-Álvarez et al. (2021) challenges us to answer the question: Does the TPS change according to the psychotherapy format? If so, how does this affect the therapeutic alliance? (Casari et al., 2023).

The study of the different functions of the EPT to promote therapeutic flexibility and its investigation with the characteristics

of the patients as a facilitating factor in the development of the therapeutic process, are some of the lines of research that aim to deepen the knowledge of the mechanisms of change and establish principles that can contribute to the design of psychotherapy training programs focused on the figure of the psychotherapist and his or her personal style. In short, studies on EFA are abundant, although the challenge remains of developing conceptual models that allow evidence to be integrated into training programs guided by clinical practice.

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