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## **Transitioning Into Wellness: Conceptualizing the Experiences of Transgender Individuals Using a Wellness Model**

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*The counseling profession calls for a strength-based conceptualization of the personal, developmental, emotional, relational, and mental health issues facing transgender clients. In this article, the authors suggest utilizing the evidence-based indivisible self wellness (IS-Wel) model to conceptualize the experiences of transgender individuals. The authors describe experiences of transgender persons, for the purpose of educating counselors on the challenges of gender and sexual orientation, societal normative issues, and transgender culture. Lastly, the authors illustrate the use of the IS-Wel model for conceptualization of the transgender experience within the normative heterosexist social and cultural climate.*

**KEYWORDS** *counseling, transgender, LGBT issues, wellness model*

Transgender persons make up approximately .3% to 1% of the population in the United States (Coleman et al., 2012; Gates, 2011; Zucker & Lawrence, 2009). Gates (2011) estimated the transgender population in the United States at approximately 700,000 individuals. Despite these numbers, society still marginalizes and pathologizes transgender and gender-nonconforming individuals. A social climate sanctioning people who do not conform to gender norms perpetuates discrimination against transgender populations (Grant et al., 2010; Lombardi, Wilchins, Priesing, & Malouf, 2002; Nadal, Rivera, & Corpus, 2010).

Gender-nonconforming people face social and economic disadvantages due to their gender identity across many settings. These include family,

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health care system, criminal justice, workplace, education, and other public accommodations (Lombardi, 2001; Nadal et al., 2010). Consequences of the widespread marginalization result in transgender persons experiencing difficulties such as acts of harassment, lack of adequate employment, homelessness, rejection of health care and other public services, mental health issues, and even death (Grant et al., 2010; Nadal, Skolnik, & Wong, 2012).

Researchers find pervasive marginalization of transgender individuals contributes to high rates of psychological distress, low self-esteem, suicide ideations/attempts, substance abuse, increased rates of HIV/AIDS, and interpersonal difficulties for the transgender community (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Budge, Adelson, & Howard, 2013; Clements-Nolle, Marx, Guzman, & Katz, 2001). In two studies, between 40% and 70% of transgender persons surveyed report at least one instance of physical or sexual violence, verbal aggression or discrimination, or harassment at work (Clements-Nolle, Marx, & Katz, 2006; Grant et al., 2010). In her study, Kenagy (2005) found that 30% of transgender individuals sampled tried to commit suicide. Grossman and D'Augelli (2007) found that 45% of transgender youth between age 15 and 21 considered suicide, and 26% reported attempts. In a large scale survey conducted by Grant and her colleagues (2010), 41% of transgender individuals reported at least one suicide attempt. The increasing rate of suicide attempts within the population confirms the extent of marginalization and distress experienced by transgender individuals.

Unfortunately, the medical and mental health communities often still view transgender persons from a psychological and developmental deficit, rather than a strength-based perspective (Parlee, 1998; Singh & Burnes, 2009). Presence of a "gender dysphoria" diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) confirms the persistent pathological views also noted in previous versions (Carroll, Gilroy, & Ryan, 2002). These views diverge from counseling's dominant philosophical outlook grounded in wellness. Indeed a guiding principal of the American Counseling Association (ACA; 2014) is the concept of nonmaleficence, which mandates counselors to "avoid actions that cause harm" (p. 3). Additionally, counselors are responsible for helping clients identify and build upon personal strengths and resilience. These principles define professional identity and differentiate counselors from other mental health professionals (ACA, 2014). "Enhancing human development throughout the lifespan . . . and, honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts" are principles fundamental to the counseling profession" (ACA, 2014, p. 3).

Despite the growing attention to multiculturalism in the mental health field, the transgender population still receives insufficient attention in counseling research and education (Carroll et al., 2002). Myers and Sweeney

(2008) noted the lack of wellness studies within specific populations, including sexual minorities, and recognized additional studies were an “urgent need” (p. 491). Dew, Myers, and Wightman (2006) called to “depathologize sexual minorities and to utilize strength-based interventions with this population” (p. 491). It appears evident additional support and a concrete theoretical framework are essential for working with sexual minorities and gender nonconforming population.

In this article, we (1) define transgender as a construct, (2) discuss counseling competencies with transgender individuals, (3) present an overview of the indivisible self wellness model (IS-Wel), (4) describe how counselors can utilize the IS-Wel model, and finally, (5) we present a case study and discuss how a wellness-based model can inform treatment planning, goal setting, and the therapeutic alliance in counseling transgender individuals.

### TRANSGENDER DEFINITION

The term *gender* is often used interchangeably with the term *sex* to define whether an individual is male or female, thus encompassing the gender binary system (Carroll & Gilroy, 2002). In reality, gender is fluid and can be variable rather than fixed and unchanging (Golden, 2000). Additionally, constructs such as gender identity, expression, and role are socially constructed within heteronormative society and viewed as “either-or” rather than continuous concepts (Ettner, 1999). These constructs have historical and sociopolitical contexts that shape society’s view on gender and the roles within gender (Carroll & Gilroy, 2002; Golden, 2000).

The term *transgender* appeared in the literature in the 1980s to describe individuals who identified beyond cross-dressing. Helping professionals acknowledge the concept of gender identity (Prossler, 1997). “Transgender is an umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth” (GLAAD, 2015; para 5). Transgender represents a broad spectrum of individuals with nontraditional gender identities, including pre- and posttranssexuals, transvestites (cross-dressers), and intersex persons (Cole & Meyer, 1998). The terms *transsexual*, *cross-dresser*, and *trans* are not interchangeable, rather they describe individual experiences within the larger transgender spectrum.

The term *transvestite* has been replaced by the term *cross-dresser* due to the derogatory perception of the term (GLAAD, 2015). The term *cross-dresser* generally refers to a “heterosexual who occasionally wear clothes, makeup, and accessories culturally associated with women” (GLAAD, 2015, para. 9). *Intersex* refers to individuals “who are born with ambiguous genitalia and subsequently ‘assigned’ a gender by physicians and family members” (Carroll & Gilroy, 2002, p. 234).

## COUNSELING TRANSGENDER PERSONS

Transgender clients seek counseling for a variety of reasons, which may or may not relate to their experiences with marginalization and social stigma. Historically, medical communities who worked with transgender persons adopted a deficit rather than a strengths-based therapeutic model (Bockting, Robinson, Benner, & Scheltema, 2004; Singh & Burnes, 2009). This reductionist approach informed how they conceptualized, diagnosed, and treated transgender clients (Parlee, 1998; Singh, Boyd, & Whitman, 2010). Despite the increased access to information about the transgender community, gender-nonconforming persons remain underserved by counselors due to a lack of understanding of their experiences. Furthermore, many counselors lack the foundational knowledge about competencies for working with transgender individuals (Chavez-Korell & Johnson, 2010; Israel & Tarver, 1997).

Since 1979, transgender persons seeking gender confirmation surgery have been required to receive counseling services prior to obtaining a letter of recommendation for surgery from mental health specialists (Carroll et al., 2002). This process enforced the *de facto* gatekeeping in the counseling community, which inhibited the transition process for many transgender individuals (Carroll et al., 2002). Unfortunately, some counselors still show discomfort and lack of interest in working with transgender clients (Kirk & Belovics, 2008). Other counselors lack knowledge to provide effective and informed services to transgender persons because of their binary views on gender roles (Chavez-Korell & Johnson, 2010). Additionally, some counselors believe transgender persons' issues mainly relate to their affectional and sexual orientation versus their gender identity (Fagan, Schmidt, & Wise, 1994). Gagné, Tewksbury, and McGaughey (1997) found that male-to-female transgender persons often felt pressured by their counselors to come out and identify as women. Consequently, transgender persons may approach counseling with caution and suspicion.

Many scholars continue to challenge a mental health model that pathologizes nonconforming gender expression, seeing the model as ineffective and often iatrogenic (Bockting, Knudson, & Goldberg, 2006; Mizock & Lewis, 2008; Singh et al., 2010). Counselors should be aware of transgender persons' unsatisfactory experiences with medical and mental health communities and subsequent mistrust toward counselors and the counseling relationship (Bockting et al., 2004). Thus, scholars urge counselors to adopt a client-centered approach with transgender persons and focus on building trust in therapy (Lemoire & Chen, 2005). Carroll and colleagues (2002) suggested counselors should create a therapeutic atmosphere that challenges hetero- and gender-normative cultural contexts. Chavez-Korell and Johnson (2010) urged counselors to explore how the intersection of sociocultural and individual factors may influence transgender person's well-being. Singh and colleagues (2010) recommended counselors examine their own gender

biases and privileges, reflecting on the power associated with gender binary and heteronormative societal norms. This examination process may help counselors understand transgender as “a variation rather than deviation from the norm” (Sangganjanavanich, 2014, p. 232).

With an introduction of *Competencies for Counseling with Transgender Clients*, the American Counseling Association (Burnes et al., 2010) created a concrete framework for working with transgender clients. Grounded in counseling values of multiculturalism, wellness, and advocacy (Singh & Burnes, 2009) and aligned with the Council for Accreditation of Counseling and Related Education Programs’ standards (CACREP; 2009), the transgender competencies framework introduces eight domains that address the key topics of human development and helping relationships pertinent to working with transgender individuals. Specifically, they cover the following areas: (1) human growth and development, (2) social and cultural foundations, (3) helping relationships, (4) group work, (5) professional orientation, (6) career and lifestyle development competencies, (7) appraisal, and (8) research (Burnes et al., 2010).

The authors of the transgender competencies stated all transgender individuals have “the potential to live fully functioning and emotionally healthy lives throughout the lifespan along the full spectrum of gender identity and gender expression” (Burnes et al., 2010, p. 136). Promoting resilience and well-being of transgender individuals who face pervasive marginalization in society is the common thread connecting all eight domains. The transgender competencies address the need for counselors to conceptualize transgender individuals’ development across their life span and understand the intersection of internal and external factors that affect transgender individuals’ identity development (Burnes et al., 2010). Competent counselors are encouraged to reflect on how systems of power and oppression interact to undervalue unique experiences of all, specifically minority transgender individuals (Burnes et al., 2010). Counselors are also encouraged to recognize how their own internalized beliefs may affect their attitudes towards transgender clients (Burnes et al., 2010). Understanding the paucity of research related to gender-nonconforming individuals, counselors should regularly reevaluate their approach to working with the transgender community.

Competent counselors aim to increase their knowledge about transgender individuals and their experiences (Burnes et al., 2010). This includes knowing and understanding transgender terminology and acknowledging historic marginalization of transgender individuals in society, as well as their negative experiences with the mental health community. Counselors are urged to adopt transgender affirmative language that reflects clients’ self-described gender preferences (Burnes et al., 2010). Moreover, counselors are encouraged to “become social change agents and allies for transgender clients” (Burnes et al., 2010, p. 140). By adopting trans-affirmative language

and creating a trans-affirmative environment, counselors can help transgender clients feel safe in exploring their concerns and struggles.

Singh and Burnes (2010) urged counselor educators to incorporate the transgender competencies into the introduction to counseling class to supplement students' learning about the ACA Multicultural standards and the *Code of Ethics* (ACA, 2014) because the *T* in the LGBTQ education and research has been generalized and underrepresented. Furthermore, though incorporating the transgender competencies in their work with transgender individuals, counselors are encouraged to use a theoretical approach grounded in resilience and wellness (Carroll et al., 2002; Singh et al., 2010). Counselors who embrace a strength-based approach to conceptualize and explore client issues may be better equipped to establish therapeutic alliance and effectively work with transgender clients.

### Wellness Model

As an alternative to the traditional deficit or illness-based medical model for treatment of mental health issues, Myers and Sweeney (2008) introduced a wellness model that embodies a strength-based approach to examining and improving a person's health and wellbeing in a holistic view. The indivisible self (IS-Wel) model is an empirically validated, strength-based wellness model grounded in Adlerian theory of individual psychology (Adler, 1927/1954; Myers & Sweeney, 2008). Adler proposed the self was indivisible, meaning the body, mind, and spirit are integrated and fundamentally inseparable (Adler, 1927/1954; Myers, Sweeney, & Witmer, 2000). The IS-Wel model consists of five wellness factors of the self: the creative self, the coping self, the social self, the essential self, and the physical self (Myers & Sweeney, 2008).

The creative self incorporates the components of cognition, emotions, humor, and work (Myers & Sweeney, 2008). Developing awareness of how cognition affects feelings and the overall well-being, clients can learn to recognize and validate their positive and negative emotions. Clients can increase self-efficacy, their positive outlook on life, and reduce stress by accepting their feelings and enhancing hopefulness. Satisfaction with work contributes to individuals' feelings of fulfillment and self-worth. By exploring the meaning clients attribute to their work, counselors may help clients reflect on their unique strengths and talents that contribute to the development of their sense of self-agency and the overall purpose in life. The coping self domain includes four components: stress management, self-worth, realistic beliefs, and leisure (Myers & Sweeney, 2008). Exploring these facets may assist counselors and clients to acquire effective coping skills and examine the accuracy and usefulness of their beliefs and feelings of self-worth. By examining how clients organize their leisure, counselors may help them

recognize the importance of leisure in developing effective coping and stress-management skills.

Subdomains of friends, family, and love make up the social self factor of the IS-Wel model. Myers and Sweeney (2008) underscored the impact of close and caring relationships on well-being. Indeed, many researchers view social support as a strong predictor of longevity and overall wellness (Haber, Cohen, Lucas, & Baltes, 2007; Lightsey, 2006; Uchino, Cacioppo, & Kiecolt-Glaser, 1996). Feeling connected with others, individuals experience a sense of vitality and well-being. Developing close and mutual relationships may help clients combat stress in other areas of their lives. The essential self includes a person's spirituality, self-care, gender identity, and cultural identity (Myers & Sweeney, 2008). Hattie, Myers, and Sweeney (2004) conceptualized gender and cultural identity as filters through which we experience life. Gender and culture affect our meaning-making processes about the self, our life, and others (Hattie et al., 2004). These factors may be central to any transgender client's wellness.

Finally, the physical self includes physical and nutritional wellness. From a transgender person's perspective, this domain would include factors related to gender expression, biological sex, and treatment and maintenance regimens such as hormone therapy. Researchers found a positive correlation between exercise, nutrition, and mental health (Fox, 1999; Penedo & Dahn, 2005); therefore, counselors should explore how exercise and diet affect clients' mood and overall health. In promoting clients' well-being from a holistic perspective, counselors recognize how the five factors of the IS-Wel model interact with one another and affect the indivisible self.

The IS-Wel model also includes four ecological contexts of individual wellness, including local (safety), global (world events), institutional (policies and laws), and chronometrical (life span) contexts (Myers & Sweeney, 2008). These contexts illuminate social and relational domains that affect the well-being of an individual. Each contextual factor influences the individual and, in turn, the individual affects his or her context. When developing a comprehensive conceptualization of client concerns, counselors need to examine how these environmental contexts interact with each factor of the indivisible self. Given the widespread marginalization and pervasive systemic barriers to employment, medical and mental health care, and many other services transgender persons confront (Grant et al., 2010; Nadal et al., 2012), examining how these ecological factors impact their wellbeing should be integral to the counseling process.

### Using of the Wellness Model with Transgender Clients

In the IS-Wel model, the issues of gender identity are described in the essential self domain. Myers and Sweeney (2008) defined *gender identity* as "satisfaction with one's gender; feeling supported in one's gender;



transcendence of gender identity (i.e., ability to be androgynous)” (p. 485). Although the issue of gender identity relates to only one component of the IS-Wel model, transgender individuals may present for a variety of life and mental health–related stressors. Therefore, counselors should be aware of all five contexts of the indivisible self and identify issues transgender clients may want to address in counseling.

Seeking counseling services does not mean gender identity is problematic for transgender individuals. The stress of experiencing transphobia or stigma from family, friends, coworkers, and the community can push transgender individuals to seek counseling to improve their well-being and overall quality of life. Because of this, there is a strong calling for counselors to promote the well-being and advocate for the transgender community (Singh & Burnes, 2009). Counselors are encouraged to embrace strength-based and theoretically grounded approaches to explore the issues of their transgender clients.

Myers and Sweeney (2008) encouraged counselors to extend the investigation of the wellness model with sexual minority populations. Other scholars proposed utilizing a wellness model in counseling to shift from a deficit to a strength-based approach (Dew et al., 2006). Moe, Perera-Diltz, and Rodriguez (2012) provided a similar model by incorporating the IS-Wel model into assessment, case conceptualization, and treatment planning. Their model is explored further in the case study below.

## Case Study

Gabriel is a 35-year-old single female-to-male (FTM) Hispanic client who has lived as a man for 4 years and completed gender confirmation surgery one year ago. His family of origin is large and close knit. He has lived in the same large metropolitan area his entire life. He currently lives with a roommate in a home he bought 5 years ago.

He has a history of treatment for depression and anxiety. He reports good results from psychiatric treatment. He is seeking professional counseling to address intra- and interpersonal issues related to his family of origin and career. In the intake session, Gabriel reports frequently feeling overwhelmed by loneliness, family rejection, and what he perceives as a lack of viable career opportunities. He also reports related feelings of low self-worth, lack of purpose, and struggling financially. He directly attributes all of these difficulties to his gender transition. Since transitioning, Gabriel had been estranged from his family. He no longer sees his nieces and nephews, and his mother no longer speaks to him. He also believes he cannot return to his previous career without revealing his transgender status. Although his current employer supports a very transgender friendly corporate culture and has been supportive of Gabriel, his salary and job responsibilities

are significantly less than those of his previous career, and he is struggling financially.

Conversely, Gabriel reports since transitioning he feels his gender and lifestyle truly reflect his sense of self. He reports feeling authentic to his view of self and in his interpersonal relationships socially and privately. He also states he is happy with his physical appearance and feels his body reflects his true identity. He feels “passing” as a cisgender man helps obviate many difficulties related to his gender transition.

### Case Conceptualization Using the IS-Wel Model

Using the IS-Wel model, the counselor and Gabriel can jointly assess his strengths, skills, and areas of difficulty in each of the five indivisible self domains. Exploring each of the five domains of the indivisible self and the four environmental contexts that influence the indivisible self, the counselor and Gabriel can develop a holistic, strength-based set of goals and treatment plan to address his presenting and underlying concerns. By considering and including the transgender competencies, the counselor can also help Gabriel identify domains and environmental contexts in which difficulties might be related to his gender.

Beginning with the physical self-domain, the counselor and Gabriel can explore his feelings and beliefs about his physical appearance and his report that his body is a true reflection of his gender. Initially, this domain seems to be an area of strength for Gabriel across several environmental contexts. However, incorporating the transgender competencies, the counselor could recognize several underlying issues that may need to be explored within this domain. For instance, knowing that the ongoing hormone therapy is (1) necessary and (2) often not covered by health insurance, the counselor may explore whether financial issues are impacting Gabriel's ability to continue treatment. The counselor can also use this initial discussion to investigate whether Gabriel's primary concerns are related to his gender identity as well as his beliefs and feelings of self-worth and authenticity related to “passing” as a cisgender man in different environmental contexts.

The counselor and Gabriel can use this discussion about self-worth and beliefs to examine the coping self. The counselor can help Gabriel become more aware of unconscious beliefs and thoughts, socially embedded stereotypes, and invalidating defenses and coping mechanisms. Considering how trans-prejudice and discrimination in all environmental contexts might affect Gabriel's own feelings of self-worth, the counselor can help Gabriel overcome his own internalized negative attitudes and beliefs using affirming interventions.

Based on Gabriel's own reported concerns, there seem to be a number of difficulties related to the social self. Family rejection, isolation, and

loneliness are all areas where the counselor can assist him in overcoming these obstacles. Although Gabriel's gender status may be a factor, these issues are not unique to the transgender population and can be addressed using a number of different therapeutic interventions. The counselor can also help Gabriel regulate his affects, thoughts, and behavior during the process.

These thoughts and emotions intersect and partly make up the creative self. The creative self also incorporates work and career, areas Gabriel reports as problematic. Recognizing the intersection of all parts of the indivisible self and Gabriel's intersecting identities as a transgender man, a Hispanic, an uncle, and an employee, the counselor can help Gabriel evaluate and understand how these different identities intersect and the impact each has on the whole person. The counselor and Gabriel can also investigate the seeming incongruence between Gabriel's comfort with his gender expression and feeling of true self, and his unwillingness to return to his previous more fulfilling career if he must disclose his gender status. What is the effect on the indivisible self of giving up one part of who he is (career), to gain another (gender)?

Finally, recognizing the social and environmental contexts and their impacts on Gabriel, the counselor can help Gabriel examine his own spirituality, gender, and cultural identities through the lens of the transgender competencies. This brings the understanding and awareness to the possibly dissonant messages, stereotypes and embedded invalidations that might exist. The counselor helps Gabriel with his own self-care and ability to navigate and process all of the disparate and intersecting internal and external factors, to become comfortable with not only who he is but how he got here.

Internally, the counselor must also incorporate the transgender competencies and recognize his/her/hir responsibilities to affirm and support the client while recognizing the social and historical prejudices and biases against transgender persons. The counselor must examine and evaluate his/her/hir own embedded beliefs, feelings and opinions about transgender persons and recognize how they may influence the client and the therapeutic relationship. Finally, the counselor must recognize the diversity and individuality of each client and work within his/her/hir lived experience and environment to assist the client.

## DISCUSSION

Social stigma toward gender nonconformity can significantly affect the general well-being of transgender persons (Carroll & Gilroy, 2002). Similar to cisgender individuals, transgender persons may experience a range of life concerns (Bockting et al., 2006). Wellness and strength-based approaches are needed to depathologize transgender and gender-nonconforming persons.

To effectively work with transgender community, counselors need to (1) demonstrate an understanding of diverse populations and know how to apply strength-based, wellness-focused interventions to create positive change, (2) embrace an empirically and theoretically grounded approach to explore and conceptualize transgender clients issues, and (3) attempt to validate and normalize the experiences of transgender persons (Coleman et al., 2012; Myers & Sweeney, 2008; ALGBTIC LGBQQIA Competencies Taskforce, 2013). However, counselors, living within the context of the binary society, often experience difficulties conceptualizing transgender persons as being gender fluid, rather than being confused about their roles and sexuality (Cole & Meyer, 1998).

A primary challenge for counselors involves a lack of knowledge of transgender culture. Seasoned counselors can also be at risk of encapsulating transgender clients when inadequate knowledge and skills are present. Therefore, the information described in this article calls for a greater understanding of the impact the heteronormative lens has on transgender clients. This is imperative because counselors are challenged with developing a therapeutic relationship built primarily on trust and the client's ability to be vulnerable (Burnes et al., 2010). Counselors who possess limited experience with transgender clients may be more at risk of lessening the therapeutic bond if they approach transgender clients from a deficit-based perspective. There are opportunities to minimize this probability using the IS-Wel model when counseling transgender individuals.

Counseling as a profession differs from other mental health professions because it operates from a strengths-based rather than deficiency perspective. Counselors are trained to recognize resiliency and mirror their findings to clients. The authors recommend utilizing the IS-Wel model as a conceptual lens for working with transgender persons. When counselors are intentional and utilize theoretical frameworks such as IS-Wel, they are better positioned to assist the clients they serve. Focusing on clients' strengths in all areas and utilizing the IS-Wel model, counselors can help clients address issues in various contexts, considering, and regardless of, the specific influence of their transgender status. Contextualizing issues within different ecological contexts may also help clients identify internal and external areas of control and influence as well as how they might strengthen their circumstances.

## CONCLUSION

In summary, the IS-Wel model offers a strength-based and holistic approach to the conceptualization of the personal, developmental, emotional, relational or mental health issues facing transgender clients. The wellness model also provides counselors with a lens through which to filter their assistance

and advocacy. This lens may help counselors acknowledge, address, and, if necessary, depathologize their own thoughts, beliefs, and biases surrounding the issues and concerns of transgender clients. Recognizing the intersectionality of a client's many differing life roles, and the influence of a client's past and present experiences, may help counselors understand the impact and importance of the client's gender within each different relational or developmental realm. Combined with the transgender competencies, the Is-Wel model offers counselors not only a conceptual, but also a practical framework to effectively work with transgender individuals.

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