


IMPACTS ON THE MENTAL HEALTH OF HOMOSEXUALS WHO ARE VICTIMS OF INTERNALIZED HOMOPHOBIA: A PSYCHOTHERAPEUTIC APPROACH

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ABSTRACT

Homophobia is a set of disqualifying, violent and aversive behaviors with everything that refers to the homosexual universe, that is, any action or person that invisibilizes or inferiorizes members of the LGBTQIA+ community is considered homophobic. The objective of this work is to analyze the impacts of homophobia on the mental health of homosexuals, for this purpose it uses a bibliographic review of the literature on the psychosocial aspects in the mental health of homosexuals affected by homophobia. Most studies have consisted of analyzing the impacts of homophobia on the social and personal dynamics of these individuals and research evidence suggests that, compared to heterosexuals, homosexuals suffer from more mental health problems. Discrimination related to the status of social minorities creates a double risk for the development of mental illnesses, even more so when psychological therapies do not validate the feelings of this population and/or focus only on reducing symptoms.

Keywords: Homophobia. Prejudice. Mental health. Homosexuality. Therapeutic process.

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INTRODUCTION

Psychology in the scientific field has historically shared the understanding of sexuality linked to the biomedical-sanitary model, associating the idea of sex, the difference between genital organs, as well as the binary concept of normality. It was only around the 80s that the cultural and historical aspects surrounding the concept of sex began to be included in the theories and understandings of this scientific field (Nuernberg, 2008; Costa, 2015).

The field of studies on sexuality involves interdisciplinary themes, which touch on cultural, biological, genetic, behavioral, psychological and social knowledge. In this sense, it is necessary to conceptualize gender and sex, often used in theoretical discussions about sexuality in the search to contextualize them. According to Laqueur (2001), historically, the term sex has been related to biological language, linked to desire and genitals, while the concept of gender was associated with the Feminist Movement and understood as how the individual culturally constructs the meanings of their bodies, gestures and postures.

Thus, a broadening of the understanding of sexuality and its consequences can be seen with the expansion of the concept of gender, beyond the difference between the sexual organs (Foucault, 1994; Butler, 2003). The theoretical deepening of sexuality broadens the understanding of the constitutive function of sex in social and cultural life, considering gender and also sex, in its most complex sense, diverging from the binary concept (male-female) of biological distinction or socially imposed social roles. Both words carry multiple effects in the construction of people's subjectivity and identity and the exercise of their citizenship. Thus, it is highlighted that the subjects have several ways of exercising and experiencing their gender and sexuality (Louro, 1997).

According to Schwandt (2006), throughout history, anthropologists and sociologists have carried out work that included qualitative research on sexuality and prejudice. However, it was only in the 1970s that qualitative research gained strength, regarding the methodological procedures and different health concepts implemented in the discussion.

The adoption of the term "homosexuality" to designate people who had sexual relations with others of the same sex was part of a movement to create categories linked to sexual behaviors, mainly influenced by legal practices and medical and psychological categorization. According to the philosopher Foucault, the very creation of the category "homosexual" and its association with the idea of pathology are linked to a political strategy of dissociating sexual practice between people of the same sex from the idea of crime or moral fragility and subjecting it to the framework of mental illnesses (Foucault, 1979).

The term "internalized homophobia", when used scientifically, refers to the prejudice that homosexuals internalize against themselves and other members of the LGBTQIAPN+



community (Weinberg, 1972; Borges, 2009). Prejudice, according to Allport's theory (1954), is composed of hostile and aversive attitudes directed at people or groups, justified only by a wrong generalization, characterized by discrimination.

In psychology, mental health is dictated primarily by the quality of the relationships established, being considered the greatest determinant of an individual's health, and the environment plays a significant role greater than one imagines in the development of stress, psychological suffering, pathological diseases and psychiatric disorders. Unfortunately, internalized homophobia, same-sex intimate partner violence, emotional dysregulation, and minority stress are part of the reality of the vast majority of the LGBTQIAPN+ population (Walsh, 2010; Trombetta et. Al, 2023).

Therefore, this study is justified by the need to discuss what are the issues related to the mental health of gays in the context of homophobia and how this practice reflects on the quality of life of this social group. Thus, the objective of this study is to discuss the theories that justify the existence of internalized homophobia and to present a brief history of the social repercussions of homophobia on the mental health of gays present in the scientific literature.

THEORETICAL FRAMEWORK/STATE OF THE ART

HOMOSEXUALITY: BRIEF HISTORY AND EVOLUTION OF THE CONCEPT

The practice of homoerotic relationships has records from antiquity to the present day, such a relationship is characterized by being a natural variation of human sexuality and the issues arising from homophobia are limited to the social, cultural and religious standards established in a given society (Borges, 2009).

This practice has been seen historically since Mesopotamia (2,800 and 2,500 BC), with records of the oldest epic preserved in history, the Epic of Gilgamesh, king of Sumer, being one of the first love stories between men, portrayed by the character Enkidu. At that time, privileges were given to prostitutes if they participated in religious cults, that is, these people left their marginalized status and became sacred from the moment they had homoerotic relations with devout men within the temples of Mesopotamia, Phoenicia, Egypt, among other places (Rodrigues, 2004).

In Egyptian civilization, Egyptians established sex with other men in the scenario of war with their enemies, as they believed that the passive role (the one who is penetrated) of a man was an act of extreme insult, being a means of obtaining power over the adversary. As for the Mesopotamians, the problem with sex between men was in this relationship of type and status of the partner. For both civilizations, the man who underwent anal



intercourse lost his masculinity, being considered inferior, denoting that masculinity was associated with a relationship of power, strength, and domination (Antunes, 2017).

Centuries later, in the classical era of Ancient Greece, Pederasty (Sexual relationship of a pedagogical nature between an adult man and a young man) was institutionalized. This practice was based on the idea that older men were in charge of the physical, political, labor, sexual, intellectual, civil and philosophical education of younger men, that is, the relationship between people of the same sex was allowed, as long as it had an educational and citizenship character. It was, therefore, a pedagogical institution, in which the lover (*erástes*) transmitted his knowledge and citizenship formation to the beloved (*eromenos*) (Antunes, 2017; Borrillo, 2016; Neman, 2010).

It is worth mentioning that in Greece, there are some elements of internalized homophobia: machismo, heterosexism, heteronormativity and misogyny, present since ancient societies, helping to propagate homophobia over time. These elements evidence the view of the superior position of men to the detriment of women, composing the definition of internalized homophobia (Bourdieu, 2009; Rodrigues, 2004; Antunes, 2017).

In the Middle Ages, Catholicism was configured as the official religion of the Roman Empire, with this, homosexual behaviors became punishable by death. Even in the Middle Ages, the word homosexuality did not even exist, and in its place, the term "sodomite" was used. Such a conception is a product of the philosophy of St. Thomas Aquinas who for the first time referred to sex between men as "sodomy". It is observed that the formalized condemnation related to sexual relations between people of the same sex was based on religions. The biblical verses can be considered as the first moral codes that forbade what we know today as homosexuality (Antunes, 2017).

In the monotheistic religions of Christianity and Islam, the practice of sex that did not aim at procreation was condemned. The religious concepts of the time brought the idea of sex as sin, perdition, depravity and filth, and any sexual practice that did not aim at procreation was considered inappropriate and heresy. Such a way of understanding sexuality would have a profound and discriminatory impact on sexual relations that did not lead to procreation. In this way, "homosexuality" begins to stand out, and the first signs of association of homoerotic relationships with pejorative and discriminatory value are seen, triggering consequences for practitioners of their own class, such as internalized homophobia (Giumbelli, 2005).

In the modern age, as Foucault (1993) argues, the homosexual comes to be seen as a threat to the system of social functioning, family model and perpetuation of the species, so the practice of sodomy is transformed into the figure of the sodomite, that is, a criminal. The



understanding presented by the biological sciences of the time was that the subject had the body of a man in which "a woman dwelt". His psyche was feminine, so he felt affective/sexual attraction to men (Borrillo, 2010).

In this context, because of prejudice and lack of information, on the night of June 28, 1969, in the *Greenwich Village* neighborhood of New York City, the most popular bar for homosexuals at the time, *the Stonewall Inn*, was the scene of a rebellion that resulted in the beating and arrest of dozens of demonstrators. This fact is recognized worldwide as the catalyst event for movements in defense of civil rights in the current LGBTQIAPN+ community, among which the famous LGBT pride parades emerged (Carter, 2004; Mottier, 2010).

At a time when homosexuality is seen as a medical problem, the discussions fall on those who consider it a deviation. Then, in a progressive movement, George Weinberg published, in 1972, "Society and the healthy homosexual", introducing the concept of homophobia. The term quickly gained popularity and common use in political activism, representing an advance in the claim for the rights of LGBT populations and in the understanding of the prejudice to which this population was subjected (Weinberg, 1972).

Still on this movement, contrary to Freud and the current norm of the Victorian era, which had a character of concealment and sexual reprimand, Kinsey revolutionized studies and created the famous report on male sexuality "Sexual Behavior in the Human Male", in 1948. According to Kinsey (1948), "there is no aberration or deviation, it is only an infinity of practices and preferences, which no law is capable of banning". In Kinsey's studies, it was found that sexual orientation, as well as its practice, is not necessarily related to the appearance of the subject who practices them, that is, many men who had sexual relations with other men did not have an appearance related to what was considered feminine, causing a shock to society, as it had investigated unconventional sexual practices.

Sexual desire plays an important role in shaping sexual orientation. Heterosexual is the subject who fulfills the "normal" pattern of sexuality, enjoying the harmony between the biological, psychic and civil sexes, characterized by orientation to the opposite sex to his or her own (Louro, 2018). When we talk about homosexuality, we refer to a natural variation of human sexuality and the issues arising from homophobia are limited to established social, cultural and religious standards (Borges, 2009).

Thus, thinking about sexual orientations as a choice will necessarily influence the construction of homophobia. However, sexual orientation is complex and composed of biological, psychological, and social aspects. According to Kimeron (2000), some studies prove that growing up as gay can be difficult and dangerous in a homophobic society, and



this reality hinders the process of self-knowledge, quality of life, self-love and self-esteem of this social group. If there is prejudice, there will be social exclusion that can trigger mental suffering and self-flagellation. Pedro Antunes (2017) brings that homophobia is introjected in all people, regardless of their sexual orientation and gender identity. However, the greatest impact on mental health is when it affects homosexuals, receiving the terminology of internalized Homophobia.

It is observed that homophobia is classified as behavior that is disqualifying, aversive and violent against homosexuality or people who are identified or perceived as homosexuals, lesbians, bisexuals, transvestites and transgenders (LGBT), directly or indirectly (Brasil, 2016). It is a varied phenomenon in its manifestations and can be expressed in the form of comments, antipathy, contempt, prejudice and discrimination against people due to their presumed sexual orientation and/or gender identity, also using aversion, hatred, physical and/or verbal aggression and even homicides (Borges, 2009).

Most studies have consisted of looking at the impacts of homophobia on the social and personal dynamics of these individuals and research evidence suggests that, compared to heterosexuals, homosexuals suffer from more mental health problems, including substance use disorders, affective disorders, anxiety, depression, and even suicide, likely influenced by the effects of social stress caused by homosexuality being widely stigmatized (stress of minorities), which can be a risk indicator for higher rates of psychological distress and some mental disorders (Gilman, et al., 2001).

With regard to substance abuse, depression, anxiety, and other comorbidities, several studies prove that compared to heterosexuals, homosexuals are more likely to develop mental and physical health problems. High levels of internalized homophobia are associated with high levels of development of psychiatric problems. Gay men develop coping strategies characterized by self-repression of feelings, control of behaviors, and ways of disguising impulses. As a result, there is the emergence of feelings of loneliness, fantasies and suicide attempts in adolescence.

Among the factors pointed out as responsible for this pattern, homophobia and all its consequences is the most evident. In an attempt to alleviate the symptoms of anxiety and depression caused by the suffering imposed on gays (internalized homophobia), substance abuse becomes a powerful and dangerous ally of these. However, it can result in a number of physical and mental health problems, including chemical dependency, overdose, and even suicide.



IMPACTS OF HOMOPHOBIA ON THE MENTAL HEALTH OF HOMOSEXUALS

According to Allport (1954, p 142), the relationship between the negative consideration of others and the harm to this minority is evident. According to Weinberg, homophobia is conceptualized as a fear of being in closed environments with homosexuals. In the case of being present in homosexuals themselves, he defined it as being the abomination, hatred and contempt for themselves (Weinberg, 1972).

Homophobia is a mixture of the word homo – itself and the neoclassical morpheme, "phobia" which comes from the Greek, -phobos, which means "fear", "aversion", "repulsion", "lack of tolerance" and "morbid fear" (Weinberg, 1972). In phobias, fear manifests itself in an exaggerated way. From a clinical and psychopathological point of view, phobias are part of the spectrum of anxiety disorders, with the special characteristic of manifesting themselves in particular situations. Thus, homophobia is defined as fear/aversion/repulsion/lack of tolerance/morbid fear for people who have same-sex relationships (Houaiss, 2004; Galimberti, 2010; Sadock & Sadock, 2007; Goldblum, 2017).

The idea of "fear or dread" of homosexuality has been described as "homosexual panic." It is a term originally coined by psychiatrist Edward J. Kempf in 1920, to describe a violent reaction caused by the real or imagined perception of seduction by homosexuals. Homophobia and stigmatization have consequences in private life, such as in family conflicts, relationships worn out by prejudice and the non-acceptance of those responsible leading to leaving or expelling from home, as well as in social life, which deals with all the violence and forms of prejudice that homosexuals suffer for not conforming to the binary gender norms imposed by the heteronormativity of society (Brasil, 2011).

Homophobia and stigmatization produce and reproduce a negative view of abnormality for certain groups; such as prejudiced behaviors against homosexuals. Prejudice aims to justify behaviors of social exclusion and dissociation by reinforcing heteronormative standards of conduct and behaviors that, through a socio-historical construction and determination, are considered acceptable (Finneran, 2012).

Internalized homophobia is then all the violence and prejudice experienced by homosexuals throughout their lives, which they end up internalizing, resulting in hatred and aversion against themselves (Antunes, 2017). The homosexual constantly lives under the domination of fear, guilt and shame, leading to internalized homophobia (Borges, 2009).

In this way, the individual enters a process of psychic illness, leading to the denial of their own sexuality, repulsion against their own social segment, the incessant search to change their sexual orientation can cause the tendency to enter into abusive relationships or be abusive, development of anxiety and chronic depression, substance abuse, propensity



to possible health risk behaviors, such as unprotected sex and discrimination against the LGBTQIAPN+ community itself (Borges, 2009; Lima, 2016).

Theoretically, Internalized Homophobia (HI) may contribute to decreased individuals' self-esteem, attachment insecurity, fears of intimacy, and self-doubt and self-doubt and others (Meyer & Dean, 1998). Individuals with HI are more likely to avoid long-term relationships, in order to protect themselves from possible losses and threats. In addition, it is feasible to say that HI increases intimate partner violence because some of the factors mentioned (low self-esteem, low commitment, insecurity) favor the perpetration of violence when there is interaction with their intimate peers (Capaldi et al., 2012).

According to Szymanski et al (2008), men from sexual minorities who report high rates of HI are more likely to have low levels of self-esteem, suggesting that verbal and physical homophobic bullying impacts both directly and indirectly LGBTQIAPN+ youth. That said, psychologists who work with homosexual men realize that the appearance, idealization, and performance of traditionally masculine roles serve as an element for the stigmatization of effeminate behavior in other homosexuals (Oliveira, 2020).

It was observed in three different studies carried out with homosexuals that, among the gay men interviewed, there is an appreciation of oneself and one's own appearance if there were elements that are considered masculine. This fact is related to the feeling of self-stigma (internalized homophobia) for being homosexual, that is, the culturally idealized male appearance hides his own sexual orientation. However, this has consequences for mental health and quality of life, both of which are negatively impacted, reflecting on negative feelings, such as abandonment, loneliness, guilt, shame and rejection about being homosexual (Carper, 2010; Sánchez, 2010; Siconolfi, 2009).

Taboos and discrimination also affect the dynamics of relationships between homosexual couples, and can lead to abusive experiences where there is physical and psychological violence, as well as the control of behaviors with persecution, isolation, and restriction of access to education, health, employment, or financial resources (Woulfe; Goodman, 2018).

According to Hatzenbuehler (2009), "stigma-related stressors make sexual minorities more vulnerable to emotional dysregulation." In view of this, it is found that minority stress contributes to chronic burnout by undermining functional emotion regulation strategies and the repercussions of this are maladaptive emotion regulation strategies used to alleviate the conflict between discrimination and perceived sexual orientation. An increase in psychological suffering, anxiety and depression is also observed, and all the elements mentioned are correlated with each other (Michl et al., 2013).



Thus, thinking about the impacts of homophobia on the mental health of homosexuals, it is noted that sexual minorities face specific challenges related to their status as sexual minority. Young victims of homophobia may internalize these prejudices as signs of social disapproval and condemnation of behaviors, favoring the internalization of self-stigma and increasing the impacts even on the very concept of homosexual identity (Michl et al., 2013).

AFFIRMATIVE THERAPY: A THERAPEUTIC MANAGEMENT FOR INTERNALIZED HOMOPHOBIA

Affirmative therapy is a therapeutic resource whose psychotherapeutic approach is employed by psychology professionals with the aim of developing a positive LGBT+ identity. Assuming that all sexual orientations, including homosexual and bisexual, are legitimate and not inferior to heterosexuality, this approach recognizes that homophobia and other forms of discrimination are the real problems and not sexual orientations themselves.

Professionals who use this resource understand that non-heterocisnormative existences are a positive, genuine, spontaneous, and valid manifestation of the sexuality, affectivity, and gender identity of LGBTQIAPN+ people. The approach denotes in its objectives and principles working in favor of human rights, providing a more critical reflection with the understanding of lifestyle markers in the social and personal dynamics of the different forms of prejudice and oppression to which homosexuals are subjected (Borges, 2009; Davies, 2012).

Borges (2009, p. 14) illustrates affirmative psychology as a tool for the deconstruction of internalized homophobia, whose foundations consist of "a set of theoretical assumptions about homosexuality and a clinical attitude specifically aimed at the development of a positive homosexual identity". Also according to the author:

"homophobia, and not homosexuality *per se*, is the main responsible for many of the conflicts experienced by homosexuals and affirmative therapy comes to question the traditional views that see homosexuality as a pathology or immature manifestation of human sexuality" (Borges, 2009 p.15).

Psychotherapists who adopt this approach, regardless of their theoretical or technical orientation, convey respect for their patients' sexuality, culture and lifestyle, helping to build a healthier self-esteem in these subjects who are directly and indirectly impacted by issues related to the prejudice and oppression to which they are subjected (Borges, 2009).

From a theoretical point of view, affirmative therapy is not restricted to sexual practices, encompassing numerous psychosocial issues, closely related to gender



psychology. According to Malyon (1982), the first psychologist to use the term "affirmative therapy", states that:

"Gay affirmative psychotherapy represents a special body of psychological knowledge that questions the traditional view that homosexual desire and fixed homosexual orientations are pathological, using traditional psychotherapeutic methods, but from a non-traditional perspective. This approach considers homophobia, rather than homosexuality itself, as the most important pathological variable for the development of certain symptomatic conditions found in homosexuals."

Based on this assumption, the neutrality of therapists, prescribed by most psychology schools, being a totally traditional view, should not be applied to gays due to the history of oppression and exposure to negative messages about homosexuality to which they have been subjected throughout their lives, so affirmative therapy becomes an attitude that must be aimed at and developed within a therapeutic setting, constituting a value that is manifested through the behavior of care, attention and appreciation of the therapist for the homosexual patient (Isay, 1998).

In the book *Pink therapy: a guide of counsellors and therapists working with lesbian, gay and bisexual clients*, organized by Davies and Neal, the concept of respect and care to be observed in affirmative therapists who care for homosexual patients was deepened, in summary, the conditions are:

"Respect for the personal integrity of the patient, remembering that homosexuals have a history of oppression that makes them very vulnerable in the power relationship (transferral relationship) with the therapist. Respect for the client's culture and lifestyle, and it is necessary for the therapist to seek to know the diversity of lifestyles and subcultures of the gay and lesbian communities. Respect for their own beliefs and attitudes, that is, the therapist must be willing to examine their own prejudices and beliefs about sexual orientations different from their own and, in certain situations, be able to recognize their inability to care for homosexual patients, so that there is no attempt to mold and fit a certain behavior of the client into a category of "dysfunctional" with reference to a psychological approach chosen to perform their function professional" (Davies, 2000).

Still regarding the therapist's attitudes, Joe Kort, psychotherapist and author of the book *Gay affirmative therapy for the straight clinician: the essential guide*

"There is nothing intrinsically wrong with being gay or lesbian. The problem lies in what homophobic and homophobic society and heterocentric therapies do to gays and lesbians. Living in a culture based on shame creates a variety of behavioral and psychological disorders. Affirmative therapy focuses on repairing these disorders, helping clients move from shame to pride" (Kort, 2008).

In this context, these mechanisms of oppression can be so harmful as to cause a confusion between sexual behavior and identity, that is, the homosexual himself does not



describe his sexuality in a way that is congruent with his behaviors and fantasies. Even though there has been the depathologization of LGBT+ experiences, health professionals continue to act against the guidelines and the code of ethics of their professions that aim to affirm human rights, for example, as estimated by the Code of Professional Ethics for Psychologists (CONSELHO FEDERAL DE PSICOLOGIA, 2005, p. 7):

"The psychologist will base his work on the respect and promotion of freedom, dignity, equality and integrity of the human being, supported by the values that underpin the Universal Declaration of Human Rights. II. The psychologist will work to promote the health and quality of life of people and communities and will contribute to the elimination of any forms of negligence, discrimination, exploitation, violence, cruelty and oppression".

With this, it is worth remembering that it was in this context that affirmative psychology began to develop, with the notion that it is not enough for the therapist to be "open-minded" and well-intentioned, he needs to know the demand closely, the social context and the challenges faced by an LGBT+, understanding preparation, study and interest as primordial points (Kinsey; Pomeroy; Martin, 1948).

For affirmative psychologist Joe Kort (2008), it is necessary to organize the mess left by the ghosts of past therapies that still plague current sessions when clients are exposed to archaic and outdated ways of thinking on the part of their therapists. By acknowledging and confronting the "ghosts" of past therapies, therapists can create a more welcoming and safe environment for their LGBT+ clients, promoting emotional and psychological well-being, and helping them achieve greater authenticity and fulfillment in their lives (Perucchi, 2014).

These therapies assume that the affections and sexuality of these people are not developed, as their focus was on the search for causes and remission of conditions considered pathological without considering or reflecting general aspects of the life and daily life of LGBT+ people, such as their family relationships, health, career and intimacy (Borges, 2009).

FINAL CONSIDERATIONS

There is a direct relationship between internalized homophobia and difficulties in emotional dysregulation, causing the perpetration of violence within a relationship between intimate partners of the same sex. This abusive dynamic is fed by the heterosexist context and the stigma internalized throughout the life of a homosexual, that is, the experiences of stress and internalized homophobia itself contribute to the decrease of adaptive strategies of emotional regulation and the decrease in the quality of relationships, which, in turn,



increases the risk of controlling behaviors of isolation as a way to avoid contact with uncomfortable emotions.

Discrimination related to the status of social minority creates a double risk for the development of mental illnesses, even more so when psychological therapies do not validate the feelings of this population and/or focus only on reducing symptoms. Therefore, it is necessary to understand that minority stress considers that the psychological suffering of the LGBTQIAPN+ population is caused by stigma related to sexuality, in this context, communities begin to have behaviors of concealment of sexual identity, compulsive sex and substance abuse to mediate high levels of stress and fear of rejection, However, several mental health problems can arise, such as addiction, depression, social isolation, interpersonal difficulties and a sense of intrinsic low self-esteem.

If the psychologist does not have an expanded and updated clinical look at issues involving sex, gender and sexuality, there will be no acceptance and validation of the life history and feelings of these individuals, so the professional will lose the patient's real demand. In psychology, social stress is directly associated with disabling consequences and a higher risk of developing mental health problems. Stressful conditions, such as growing up in risky family environments, make a person unable to regulate emotions.

In relation to psychological therapies, minority stress seems to play a significant and useful role in understanding the possible steps in the treatment of a homosexual patient in a series of therapeutic traditions, such as Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT). However, it is necessary to have a specific direction so that there is a significant reduction in psychological suffering on the part of these patients. It can be concluded that prejudice influences several psychiatric conditions due to the way of being and how each individual deals with discrimination and internalized homophobia.



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