

Working therapeutically with Indian families within a New Zealand context

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This article aims to raise awareness amongst non-Indian therapists working with Indian people by highlighting some of the important aspects of Indian culture within the New Zealand context. Although, there is a great deal of diversity amongst Indians, there are some fundamental issues that would have relevance for most Indians. Specific issues relating to immigrant families are discussed such as the sacrifices made by families in the hope of providing a better future for their children and the difficulties encountered by new migrants. The cultural clash for young people caught between parental expectations and peer pressure, can often lead to significant family conflict. Some of the common pitfalls for non-Indian therapists working with Indian people are outlined and suggestions made in relation to the process of therapy.

This article is based on my own upbringing in a North Indian, Hindu family and my clinical experience as a psychologist practising in New Zealand. My aim is to outline some of the key issues that Indian immigrant families face in a New Zealand context. I also hope to raise non-Indian practitioners' awareness of the central customs and beliefs, as well as highlight ideas for therapy.

India is the largest democracy in the world with a population of about one billion. It (an amalgam of Indo-Aryan and Dravidian cultures) is one of the oldest, continuous civilizations with a recorded history of over 5000 years and the origins of Hinduism coincide with its beginnings. Although, Hindi is the official language of India, there are about 15 major languages and about 850 dialects spoken in India (The New Zealand Herald 26/1/98). For any one professional to claim an "expert" status in working therapeutically with Indian families is an unrealistic, though an often-implicit, expectation. The reason for this is the enormous amount of diversity amongst Indians, based on religion, socio-economic backgrounds and caste-related beliefs. India itself has undergone tremendous social change in recent years.

In New Zealand, the two largest groups comprise of Fijian Indians and Indians who have migrated directly from India. Some of these families may have migrated from India two or three generations ago. The early immigrants came in the early 1950s and 1960s as a result of the labour shortages in New Zealand (Nicholls, 1996).

What is culture?

Littlewood (1995, p.155) defines culture as the "total of non-biologically inherited patterns of shared experience and behaviour through which personal identity and social structures are attained in each generation in a particular society, whether ethnic group or a nation. A more appealing definition of culture is the amalgam of the traditional ways, norms and values that are learnt from one's ancestors and then passed on to the generations that follow, and reinforced

by the surrounding community (Linton 1959). Downs (1975) referred to a "mental map" that provides guidance to an individual in relating to his or her surroundings or to other people.

Culture contains the system of rules for governing behaviour and of beliefs or a web of meaning for making sense of experiences. Thus it organises our cognition, emotions and behavioural functions in both subtle and obvious ways, although the cultural values and assumptions may remain outside our awareness (McGoldrick, Pearce & Giardano, 1996).

IMPORTANT ASPECTS OF INDIAN CULTURE

There is considerable diversity amongst people who identify as Indian. The diversity amongst New Zealand Indians can depend on which country they have directly migrated from (for example, India v Fiji v South Africa), the part of India they originate from, and the differences based on religion, language, and socio-economic levels. New Zealanders not aware of this diversity often make an assumption of similarity. In a therapeutic context, this can lead to difficulties right from the engagement process and hence, limit the therapist's effectiveness and ability to assist their client/s. For instance, a Sikh person may feel insulted at being referred to as Hindu and vice versa. Then there is the 'Dairy (a term for the local store in New Zealand) stereotype' - a young woman told me of her bewilderment (followed by anger) when a health professional attempting to establish rapport asked her if her family ran a Dairy, assuming that all Indians are connected one way or another to the Dairy business. Despite the diversity, the following ideas can be assumed to have at least some power in most Indian families.

Culture, person and self

Like many eastern cultures, Indians believe that the meaning of being human is found in interpersonal relationships, since no human being exists alone. There is criticism from traditional Indians that the western concept of individuality is of primary value. The Indian concept of self, person or being can be traced back to the unique leap in the equation of Sat (to be) = Sat (being as an ontological entity) in the Rigveda, the oldest Indo-European text (Bharati, 1996). The implications of this become apparent in the points below, particularly as the idea that the family comes before the self is central to family life.

Care of infants

Traditionally, a newborn child is considered a "gift from god". The young child tends to be given considerable freedom and adults are generally tolerant of his/her behaviour, for example, in sleep times. Extended families, for example and especially grandparents', are usually closely involved and the concept of many "parents" is an accepted one in caring for a child. This is very relevant when an immigrant new mother is distanced from her own family and the consequent loss of support she experiences. I remember being aghast following the birth of my first child, when the Plunket nurse advised me to put my baby to bed awake. She obviously did not think that the constant rocking and holding he was getting from my attentive mother and me was a good idea. At that time I did wonder about the Plunket Nurse's sensibilities, but 3 months later, after my

mother's return to India, I realised that my son had not learnt to put himself to sleep without adult help. The previous sleep ritual became unsustainable now that I was on my own and I began to give the Plunket Nurse's advice some thought.

On the whole, there are less rigid rules compared to Western ways. For example, a baby usually sleeps with the mother and likewise, mothers are less rigid regarding weaning and self-feeding. It is not unusual for a grandmother to be mortified at the suggestion that a baby sleep alone. Kumar (1992) found that what may seem like an atmosphere of indulgence and physical closeness, immediate gratification of needs and a rather prolonged babyhood resulted in fairly happy, well adjusted children, with night terrors and sleep walking relatively rare. Perhaps this may explain why most children brought up in traditional Indian ways have no significant associations with teddy bears or 'cuddly' blankets as their companions!

Fertility of a woman is seen as very important. There are strong negative associations with childlessness with terms like "barren" being used and sometimes, in the extreme, the woman being viewed as 'accursed'. Usually, there is an elevation in the status of a woman after a child is born to her, especially a male child. Historically, males have been more valued. This is primarily because a son carries on the family name; as well as the traditional Hindu belief of Moksha (salvation) being attained only if a parent's funeral pyre is lit by the son. In recent times this issue of gender preference has become an even more prominent one due to the pressures of dowry demands (see further on the dowry system below).

Family relationships and structure

Indian children are taught to view their role in their family in terms of relationships, duty and obligation. There is an expectation that they will elevate or maintain family status and pride rather than bring shame. Therefore, each person's life is closely connected to the others in a family and each one's actions have considerable power/impact on the others' standing in society.

A variety of family structures exist - from single-parent, nuclear, extended to 'joint' families in which several married sons and their families may live with elderly parents and unmarried siblings (Maitra, 1995). It is also common for children to live with parents as adults till married or even after, which is often misunderstood as an unhealthy dependence in the western context. Parents usually support and finance children through education until they are financially independent. A reciprocal responsibility lies with the adult children to support elderly parents, therefore, joint families are common. The structure of the family is largely dependent on social and economic circumstances.

In India the family holds primacy over the individual. Children are taught to put family first and personal desires second. This is an important aspect in controlling children's behaviour as parents appeal to children's sense of obligation to others. This then determines a code of conduct. Sometimes this can lead to conflict within immigrant families, in a way that places the child's safety within the home at risk. Ahmad, Woolaston and Patel (2000) provide a good

discussion on the issue of child safety in Indian families within the context of the child protection services in New Zealand.

Even though a couple and their children may immigrate to New Zealand, there tends to be a strong sense of responsibility towards extended family that remains in their home country. It is common for members of the extended family to gradually join them in New Zealand. Similarly, the son may send money home in order to support his parents or siblings and consult elders on important matters as a mark of respect to the head of the family they left behind. This may sometimes become a source of conflict in the couple's relationship if it leads to the woman feeling sidelined and taken for granted, especially since she is generally not entitled to the same autonomy in matters concerning her family of origin.

Concept of marriage

The couples' parents arrange the majority of marriages in India. Emphasis is given to matching on the basis of religion, caste, family background, socio-economic standing and horoscope. However, with the growing number of women in professional careers and greater mixing between the sexes, people choosing their own partners is becoming more acceptable (commonly referred to as "love marriages").

Typically marriage precipitates the first separation of the bride from her parental home. Sometimes the down side of this can be that at the same time she may find herself living with an indifferent and hostile partner who becomes the cause of an unprepared for (often first) sexual experience, which is often traumatic (Steiner and Bansil, 1989). The young bride is taught to be accepting of a husband's idiosyncrasies and to expect that the feeling of love may come later, although, there is still a degree of idealised expectation which often results in marital conflict (Steiner and Bansil, 1989).

For immigrant families, the above aspects may vary in their influence depending on the level of acculturation to the dominant culture. The length of time the family has been in the adopted country, fluency in the language and social networks within the dominant culture are all important factors in the acculturation process.

On the whole in India, although increasing in the middle and higher socio-economic groups, divorce is still relatively rare and has considerable social stigma attached to it. However, amongst New Zealand Indians divorce appears to be comparatively less restricted by socio-economic factors due to the legal protection and support available for women and children's rights.

Male and female roles

In traditional families male and female roles tend to be very clearly defined. Women do the domestic and child-rearing tasks while the man is seen as the "provider". The man is designated as the "head" of the family, although with growing financial independence women are starting to have a stronger voice and rights. Chitra Banerjee Divakaruni's (1995,1999) books provide an excellent

insight into the lives of a cross-section of Indian women, in India and as immigrants in America.

Traditionally, Indian women have been encouraged to be deferential: in childhood to their fathers, in their adulthood to their husbands, and in their old age to their sons (Vaz and Kanekar, 1990). The legend of Pativrata, who has historically been held up as a paragon of Indian womanhood for committing Sati by immolating herself on her husband's pyre, is an illustration of the social messages that young women grow up with, of self-sacrifice and that they must surrender their lives to their husbands once married. Sati was practised by Hindus in some parts of India and although, supposed to be voluntary, often involved psychological pressure and at times, premeditated murder. Sati was proscribed by law in India more than one and a half centuries ago but a case occurred as recently as 1987 (Vaz and Kanekar, 1990). However, India has been accurately described as a land of contrasts. There are also historical women figures such as Rani Lakshmibai of Jhansi (a queen and warrior), who was a central figure in the 1857 Mutiny against the British and Indira Gandhi (Prime Minister 1966-77 and 1980-84), that defy stereotypes of the subservient Indian woman.

Immigration can heighten many of the pressures on families based on the differing gender roles. For instance, the man may feel a greater sense of responsibility to succeed financially in order to make his coming to NZ a visible success, as well as experience strong anxiety about losing his authority to the foreign culture that his children are being exposed to. Women often are being reunited with their husbands after a period of separation, as it is not uncommon for the husband to come across first. She may be in paid employment and may resent the traditional role expected of her. On the other hand, she may remain isolated at home, while her family is adapting, she may not be (Parikh, 2000).

Social structure

Intrinsic to Indian society are rules and hierarchies based on the Hindu religion and caste structure. The caste system has its roots in the ancient Vedic times and was based on division of labour. 'Brahmans', the higher class, were originally seen as those holding knowledge and, therefore, able to perform religious rituals. Next were the 'Kshatriyas' or the warriors, followed by 'Vaishyas' comprising of the traders. Finally, the 'Sudras', who performed what was seen as the lower jobs. Some of the 'Sudras' performed jobs that were considered 'unclean' (for example, sweepers and tanners) and hence began to be called Achooth or "untouchables". As is well known, the caste system continues to be a major social problem in India, even though it is against the law to discriminate against someone on the basis of caste, leading to further abuse and deprivation of the less privileged.

Dowry

Another major 'social-horror' is the so called Hindu custom of Dowry, which is the payment in cash or kind demanded or expected by the bridegroom's family from the bride's parents at the time of the wedding. Although in 1961 acceptance and demanding of dowry became punishable by law in India, there are growing

numbers of women being harassed, tortured and even murdered for dowry. Female infanticide and, more recently, female feticide are mainly the consequences of the dowry custom in India (Vaz and Kanekar, 1990). Whilst the extremes of the dowry ills may not be present amongst families that have settled out of India, it can still have an influence in the way daughters-in-law are treated and the expectations of them by their husband's parents.

Religion

The main religions practised in India are Hinduism (majority), Islam, Sikhism, Christianity, Buddhism, Jainism and Zoroastrian (Parsi). Parikh (2000) provides a good summary of the origins and tenets of the major religions in India. Religion tends to be a fundamental part of everyday life in India. It can be a strongly unifying force, for example, at festivals, and ceremonies, as well as a destructive power fuelling communal riots, historical enmities and prejudice. Religious conflicts and prejudices can be just as powerful for Indians living away from the subcontinent. For example, a young Hindu woman can face strong disapproval from her family if she wishes to marry a Muslim man. Such prejudices are based on historical differences, the British colonial policy of 'divide and rule', and the brutality and suffering that followed the partition of India in 1947.

OTHER ISSUES RELATED TO IMMIGRANT FAMILIES

The majority of Indians who migrated to New Zealand originally were from Western India and Fiji. More recently there have been immigrants from other parts of India. Most Indians migrate overseas with high expectations for better living standards and more financial prosperity, which of course does not always occur. Cultural shock, reluctance to communicate with Westerners, loneliness because of dislocation, and prejudice due to race, poor English and Indian accent are some of the hardships Indian people face (Steiner and Bansil, 1989). It is not uncommon for newly immigrated, professionals such as medical practitioners and teachers to be unemployed, despite their substantial qualifications and experience outside of New Zealand. Thus, not only are their hopes of a better life dashed but there is a significant loss of face for them. Such was the situation for Mr Nayak (the names and details used in the case examples have been altered):

Mr Nayak emigrated to New Zealand from India with his wife and two children, as a qualified doctor who had run his own hospital in India. His qualifications were not accepted in New Zealand and he suffered the indignity of having to be on the unemployment benefit while studying to pass the exams for New Zealand Registration. Like many Indian men in such situations, Mr Nayak became deeply depressed. He was reluctant to seek professional help due to the stigma of this and fear of further humiliation. Mr and Mrs Nayak considered returning to India but felt that their children's future was better in New Zealand than in India. Therefore, they made a sacrifice of their present for their children's future and decided to remain living in New Zealand. Mr Nayak began driving a Taxi as a step towards 'providing' for his family. Although, the sadness did not leave his eyes, there was purpose in his life again.

Many families like the Nayaks make large sacrifices to achieve economic independence and meet other aspirations, which leaves them vulnerable to being

judged by the host culture. For example, it is not uncommon for children to be left behind in their home country with extended family while the parents establish a base in New Zealand, or for couples to live apart in order to maximise economic gains. Long hours of work, parents that sacrifice time with their children who are brought up by other caregivers, and joint families that live together in relatively small spaces - these are common aspects of domestic life for new migrants.

Growing up in a cross-cultural environment poses many challenges for young people. A strong emphasis on educational achievement prevails. There is also an expectation of achieving economically, particularly for immigrants as most people are building their lives from scratch. How well they achieve determines their status and respect back home in India. Also, in India there is no social security system. To quote Steiner and Bansil, (1989: 372) "children are considered the social security system in India". To an outsider that may sound mercenary, but most Indian parents genuinely hope for their children, particularly sons, to take up traditional careers of educational status such as of doctors, lawyers, engineers, accountants, etc. This also results in the children experiencing considerable pressure from their families to perform well academically.

Parents exercise more control in all aspects of children's' lives in terms of their behaviour, their expectations, career options. Guilt, shame and honouring moral obligations are some forms of such control. In the New Zealand context, this often results in clashes as children grow up more independent and outspoken. This can lead to a power struggle with the parents fearing adverse effects of Westernisation, leading to a further breakdown in parent-child/teen relationships.

The time around adolescence can become a battleground amongst families when school discos, dating, sexual interest and so on become pressing issues. Indian parents largely disapprove of sexual contact amongst young people. The young people are often caught between the two worlds - one of their peers and media pressure, and the other of their parents. For instance, even adult children who have been born and brought up in New Zealand are often expected to marry someone chosen by their family.

Isolation, racial discrimination and feared loss of cultural identity may often cause parents to cling harder to traditional practices, providing an illusion of some control over their lives (Maitra, 1995). For example, many Indian parents bombarded by images of romantic courtship and of violent, drugged, and excessively sexualised youngsters on the media, may feel panicky and protective towards their children. The young person's attempts to resist this can easily lead to escalation of parental protectiveness. A triadic relationship can develop between the child, parents and professionals, which can further compound the situation, culminating in even suicidal actions for the young person concerned (Dwivedi, 1996).

Preeti (eighteen years old) came from a Hindu family and was born and brought up in New Zealand. Her parents had emigrated from India prior to her birth. Preeti and her parents were referred to me for family therapy as Preeti was reported to be suicidal. Following an incident in which her mother hit her, Preeti moved out of home to live with a girlfriend's family. I first met with Preeti alone as I did not think that Preeti would be able to talk freely in her parents' presence. She revealed that she was in love with a young Indian man (Riaz) but her parents' strongly disapproved of their relationship because he was Muslim. This had resulted in significant family conflict in which Preeti said her mother had told her that she wished Preeti had never been born and wanted nothing to do with her. Preeti felt that she had let her parents down but was also very angry with them for not understanding her feelings, and wished to marry Riaz. However, she was willing to engage in therapy to address the family conflict. When I met with Preeti's parents they expressed their sadness and anger at the shame that Preeti had brought to the family and believed that Riaz and his family were manipulating her. I did not include Preeti in this session, as I did not wish to expose Preeti to any further hurt. Moreover, I was aware that I could be more direct with her parents regarding their handling of the situation without the risk of them losing face in front of their daughter.

Preeti's parents spoke of their fears regarding the gossip in their community and their worry that Preeti's chances of finding a good husband would be permanently damaged, as well as the impact of these matters on their younger daughter. They related strongly to discussion about how they had been brought up to respect and obey their parents and were bewildered that despite having sacrificed much to provide Preeti with all the comforts of life, she was now letting them down. I then talked about the dilemmas for young people in a cross-cultural context and referred to other families' struggles with the freedom issue and the contrary expectations on the young people, in relation to their families and peers. Preeti's parents were able to see that there was a serious risk that they may lose their daughter and that their actions had pushed Preeti further away from themselves and more towards Riaz. In subsequent sessions with Preeti and her parents together, her parents were able to express their fears to her about her marrying at such a young age and their view of the expectations placed on Muslim women. They voiced the above without the previous aggression and expressed remorse for the harsh things they had said and done to Preeti. This opened the way for them to negotiate a 'middle ground' where the parents agreed for Preeti to continue a relationship with Riaz, and Preeti agreed to return home and put off the idea of marriage.

The above illustrates the struggle amongst families when young people make choices against their parent's wishes and the painful consequences that this can lead to for all. The therapist must enable the young person's voice to be heard without undermining the parents' authority or the family structure in which there is a strong expectation that interconnectedness will continue, even with an eighteen year old.

A further compounding factor for individual children's ethnic identity and their relationships with their parents, arises from the common exposure to prejudice.

The racist attitudes that children/young people experience can have a very strong influence on the development of their identity and sense of self. Adolescence is a time of acute physiological and psychological change, characterised by a strong need to identify with their peer group. This makes it an even more challenging time for children from minority ethnicities. In my work with Indian girls, many girls have voiced their shame about their skin colour and the hurt about being called names like "curry muncher", "peanut brownie", and "blackie". In my experience the racist attitudes that they are subjected to can often be internalised to the extent that they reject anything Indian and try to talk, dress, look, and be seen with only non-Indians. Thus, they can suffer from identity confusion and develop a negative self-concept, believing or wishing they were 'white'. This can widen further the gap between them and their parents.

It is crucial that professionals respond to these issues in such a way that they do not feed into a young person's internalised shame but help them develop pride in who they are. While all therapists should be sensitive to this issue when working with Indian people, an Indian therapist is more likely to be able to work actively on this issue and be more effective.

APPROACHES TO THERAPY WITH INDIAN FAMILIES

In the following section I have attempted to highlight some important issues and dilemmas for therapists working with Indian families. Given the diversity amongst our culture, the variation of problems faced, and the inevitable bias engendered by my own particular experience and beliefs, the content of this paper in no way aims to present any one 'right' way of doing therapy.

The Engagement Process

For those working with Indian clients in private practice, it is not uncommon for Indian people to engage in debate or negotiation over things like cost and fees with professionals, which is often misinterpreted by professionals (in the New Zealand context) as offensive or pushy. In India most things tend to be negotiable and open to discussion, particularly when it comes to costs/charges. This is best discussed at the beginning so all parties know where they stand. It is generally acceptable for the professional to state their 'bottomline' and is usually not considered impolite, but it is part of the bargaining process to state what is acceptable and what isn't. The same also applies to negotiation over timings and appointments.

In Western societies, Indians have a reputation of being bad timekeepers. However, at the risk of my sounding as though I was rationalising, I can say that we do tend to have a 'different' concept of time! Once again if this interferes in the process of therapy it is best addressed directly. It is also common for many Indian families to put psychological/emotional issues second to work commitments, especially if attending sessions means a loss of earnings.

During Therapy

It is vital that clinicians who work with Indians have an understanding of Indian cultural values and their family system. For instance, getting their religion and place of origin (for example, which part of India) correctly, for a start, is very

important. It is helpful to spend some time asking the individual/family about their history and origins before going into the presenting problem. It is also important not to make assumptions about a person's or family's background and identity. As stated previously, a common mistake is to assume that all Indians are alike and necessarily identify with each other, for example, Fijian Indians and Indians from India. There is a need to be mindful of the diversity amongst our people.

Psychologists, therapists, counsellor's etc are relatively new introductions to Indian society as families and spiritual healers have traditionally provided help and relief. This is particularly relevant for immigrant families as they have often lost or been dislocated from their traditional supports. It is common, therefore, for people to refer to the clinician as 'like my brother or sister or daughter'. Within the Indian context, this does not necessarily imply an attempt to breach boundaries but more the client seeking a connection with the professional, or an expression of their acceptance.

The neutral and somewhat distant professional stance typically assumed by the therapist/ clinician is particularly difficult with Indians (Steiner and Bansil, 1989). It is not unusual for clients to bring a letter of introduction, to talk about mutual acquaintances or ask the clinician questions about their personal background. Families may invite the therapist to their home to attend functions such as a wedding and to socialise with them (Steiner and Bansil, 1989). The acceptance of such invitations needs to be by way of personal judgement for the therapist in relation to the context of therapy, the problems presented by the client and the stage of therapy.

It is useful to be mindful of the power and influence extended families have on any individual's life, even when not apparent initially. Practitioners need to make enquiries about extended family; who these people are and how they influence their client's life. Also, it is important to be wary of making face value assumptions. For example, a woman who defers to her husband and lets him do the talking is not necessarily meek and powerless at home.

Spirituality and religion play an important part in emotional healing for most Indians. This can be in many forms, from the traditional formal rituals to the more subtle beliefs people have, which can often only be discussed if one has some understanding about these. I worked with a ten year old girl (Ritu) who had experienced severe sexual abuse. At our last session (the seventh) when I asked her what she had found most helpful from our sessions, she spoke about what she had learnt about the symbolism of a particular religious ceremony and the 'special charm' she had made with me during that session. This surprised me because I would not have described most of the content of our sessions as specifically 'Indian' and the conversation that Ritu was referring to had developed quite spontaneously. Moreover, I saw my skills as lying in areas other than religious practice. Ritu's comment brought home to me the significance of rituals in healing and perhaps, my underestimating the value of the therapist matching the client's culture.

Should Non-Indian Therapist's Work with Indian Clients?

To be of relevance in the real world, this debate has to include the issue of availability of Indian therapists. There are not enough Indian therapists in New Zealand to provide a service for every Indian family that is in need of it. Given the above restraint, my personal view is that a family or individual should still have the choice to be referred to an Indian professional, as I would expect that for some Indian people this would be more of an issue than others. However, there would be some clients who prefer a non-Indian professional for reasons of privacy and social stigma. My experience is that for many Indians an explicit request for a non-Indian professional can sometimes be linked to their internalised prejudice and/or shame, for example, the belief that European knowledge/expertise is superior to Indian. If that were the case, it would be helpful for a non-Indian professional to be mindful of this issue and address that with their client at an appropriate stage of therapy.

I also consider that there is a greater need for the involvement of an Indian professional in some circumstances like when dealing with complex family issues (such as marital conflict, and child care issues), elderly family members and religion, however, this may not be as much of an issue with some clients. Ultimately, much rests on the judgement of the clinician as to the decision whether to refer on. What I would like to stress is that each case is unique and must be considered accordingly rather than a blanket policy, in which lies the danger of quality of service being compromised. Of vital importance is that expertise in the particular area of work is not sacrificed in the quest for cultural matching. Supervision with an appropriate Indian therapist on cultural matters is strongly recommended for non-Indian therapists when working with Indian clients.

This paper has highlighted some of the key issues for Indian families. Given the vastness of the subject, there are many other issues that have not been covered. As stated previously, this article aims to raise the awareness of non-Indian practitioners and is not a 'recipe' for therapy in itself, nor should it be used to replace culturally appropriate supervision.

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