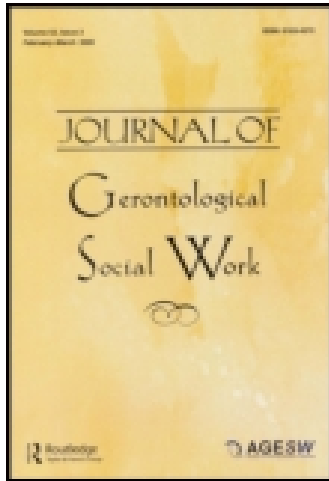


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Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Journal of Gerontological Social Work

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/wger20>

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Accepted author version posted online: 07 Dec 2013. Published online: 05 May 2014.



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To cite this article: Kathleen M. Sullivan (2014) Acceptance in the Domestic Environment: The Experience of Senior Housing for Lesbian, Gay, Bisexual, and Transgender Seniors, *Journal of Gerontological Social Work*, 57:2-4, 235-250, DOI: [10.1080/01634372.2013.867002](https://doi.org/10.1080/01634372.2013.867002)

To link to this article: <http://dx.doi.org/10.1080/01634372.2013.867002>

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Acceptance in the Domestic Environment: The Experience of Senior Housing for Lesbian, Gay, Bisexual, and Transgender Seniors

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The social environment impacts the ability of older adults to interact successfully with their community and age-in-place. This study asked, for the first time, residents of existing Lesbian, Gay, Bisexual, and Transgender (LGBT) senior living communities to explain why they chose to live in those communities and what, if any, benefit the community afforded them. Focus groups were conducted at 3 retirement communities. Analysis found common categories across focus groups that explain the phenomenon of LGBT senior housing. Acceptance is paramount for LGBT seniors and social networks expanded, contrary to socioemotional selectivity theory. Providers are encouraged to develop safe spaces for LGBT seniors.

KEYWORDS senior housing, LGBT populations/issues, support networks, qualitative, aging in place

Development of housing for lesbian, gay, bisexual and transgender (LGBT) seniors is new. Lucco (1987) documented that older LGBT people will move to senior housing early than their heterosexual counterparts if the staff is comprised of LGBT professionals. Additionally, LGBT seniors express fear that they would have to return to the closet, receive substandard care, and be unaccepted by other residents in long-term care facilities (Stein, Beckerman & Sherman, 2010). Community attributes of the few existing LGBT senior-housing environments have yet to be discovered. This article

Received 29 March 2013; revised 11 November 2013; accepted 14 November 2013.

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is exploratory and seeks to identify the importance of the social environment for LGBT seniors in elder communities. The categories of meaning help explain the importance of the social environment in the domestic setting for LGBT seniors. Additionally, the theory of socioemotional selectivity theory is explored to determine relevance for the LGBT community.

By 2030, 20% of the US population will be 65 years of age or older (US Census Bureau, 2007; US Department of Commerce, 2001). As the percentage of people 65 years of age or older increases, the need for social and health services, community and institutional care, and senior housing will grow; understanding the needs is vital for the fields of social work and gerontology (Haywood & Zhang, 2001; Hebert, Beckett, Scherr, & Evans, 2001; Knickman & Snell, 2002; Langley, 2001). Unfortunately, minority groups are less likely to be included in gerontological research and, as a result, the field understands less about the aging of minority communities (Bulatao & Anderson, 2004; Green, 2006; Kimmel, Rose, Orel, & Green, 2006). One group left out of the literature on aging is the LGBT community. This dearth of research translates into a lack of understanding of this group's aging process and their need for and use of health and social services (Gabbay & Wahler, 2002; Wahler & Gabbay, 1997).

Berger (1982), Cruikshank (1991), and Orel (2004), among others, have noted that older lesbian and gay men were not included in studies of aging due to ignorance, heterosexism, and purposeful marginalization. The literature on LGBT aging found that LGBT seniors had many of the same issues adapting to aging as did their heterosexual counterparts, and they also had issues specific to their sexual orientation and gender identity. Issues identified in the LGBT aging literature include discrimination and stigmatization, life course diversity, social service needs, support networks, and housing (Adelman, 1991; Beeler, Rawls, Herdt, & Cohler, 1999; Berger, 1984; Berger & Kelly, 1986; Brotman, Ryan, & Cormier, 2003; Cahill & South, 2002; Hunter, 2005; Kimmel, 1978; Lucco, 1987; Minnigerode & Adelman, 1978; Peacock, 2000; Rosenfeld, 1999).

Social support is characterized as a coping resource by Thoits (1995), and is a common area of LGBT aging research. The perception of social and emotional support has a greater positive impact on mental and physical health than does actual received support (Shippy, Cantor, & Brennan, 2004). Research in the area of social support has reported some positive findings. Grossman, D'Augelli, and Hershberger (2000) reported that social support networks of lesbians, gay, and bisexual seniors were as large or larger than the social support networks as their heterosexual counterparts. Another study found that gay men in New York reported having larger support networks than their heterosexual counterparts (Shippy et al., 2004).

An important aspect of social support networks of LGBT seniors is the role of fictive kin. Fictive kin is a symbolic kinship used to describe created families (Weston, 1991). Researchers such as Krause (2001), Katz-Olson

(2001), and Williams and Dilworth-Anderson (2002) have found that African American seniors, particularly women, rely both on extended family members and fictive kin, most notably church members, for social support. In studies of the social support networks of LGBT seniors, fictive kin have been found to provide the highest level of social support after that of life partners (Grossman et al., 2000; Grossman, D'Augelli, & O'Connell, 2001; Jacobs, Rasmussen, & Hohman, 1997; Shippy et al., 2004).

The life course of LGBT seniors is diverse. The decision to reveal one's sexual orientation led to life adjustments no matter what age the decision to come out was made (Herdt, Beeler, & Rawls, 1997; Kehoe, 1989; Peacock, 2000). Indeed, Altman (1999) discussed the need for social services specific to seniors who "come out of the closet" late in life. Researchers have sought to explain how stigma, heterosexism, and internal and external homophobia produce a life course that diverged from the heterosexual life course espoused by Erikson (1975) and others (Altman, 1999; Berger, 1980; Berger & Kelly, 1986; Blando, 2001; Boxer, 1997; Cahill & South, 2002; Cass, 1979; Coleman, 1981; Dorfman et al., 1995; Herdt et al., 1997; Kimmel, 1978; Minnegerod & Adelman, 1978; Peacock, 2000; Quam, 1993; Rosenfeld, 1999; Wahler & Gabbay, 1997).

Fear of discrimination leads some to remain in, or return to, the closet. One study reported that a respondent said that she would rather commit suicide than be placed in an institution (Tully, 1989). Her fear was based upon the perception that she would be unsafe as a lesbian in an institutional setting (Tully, 1989). For some seniors, the emotional stress caused by real or perceived heterosexism and homophobia is an impetus to return to the closet, which can lead to isolation and further marginalization (Burbank & Burkholder, 2006; Friend, 1989; Herek, 2007; Rosenfeld, 1999). Indeed, two recent studies found that 65% of LGBT seniors in Los Angeles live alone, which can lead to feelings of social isolation and disconnect from society (Fredriksen-Goldsen et al., 2011; Los Angeles Department of Aging, 2011). Nationally, the rate of living alone for all persons 65 and older is 29% (Administration on Aging, 2011). Additionally, a recent study found that adults age 65 and older who have the perception of loneliness and disconnection have a 45% greater risk of death than those who felt connected to others (Perissinotto, Cenzer, & Covinsky, 2011). Isolation and marginalization, however, is not common to all LGBT seniors. Studies of older gay men and lesbians have chronicled a variety of positive coping strategies used to overcome societal stigma. Coping strategies such as the development of fictive kin, community-based social support, and fluidity in gender roles have been found to benefit older LGBT people (Adelman, 1991; Berger, 1980; Friend, 1989; Herek, Chopp, & Stohl, 2007; Kimmell, 1992; Quam, 2001; Slusher, Mayer, & Dunkle, 1996).

Housing has been a tangential and prospective issue in LGBT aging research to date (Hamburger, 1997; Kehoe, 1989; Lucco, 1987; Tully, 1989).

Lucco reported that lesbians and gay men had a strong preference to live in retirement communities staffed by lesbian and gay professionals and would move from their current dwelling to a retirement community at a younger age than their heterosexual counterparts. Several local LGBT communities have surveyed their community members about housing. One local study was done by openHouse. The study found that lesbians and gay men in San Francisco age 60 and older report higher levels of chronic disability (38% of lesbians, 36% of gay men) than did heterosexual women and men (25% of women, 16% of men), which indicates a need for support services connected to housing (Adelman, Gurevitch, De Vries, & Blando, 2006; De Vries, 2006).

The built, as well as the social, environment can greatly impact the quality of life of older adults (Scheidt & Norris-Baker, 2003; Sullivan & Neal, 2005). Life span theories study the social environment and how elders select and optimize their social environment to attain positive outcomes (Carstensen, 1992, 1998; Evans, Kantrowitz, & Eshelman, 2002; Lang, 2001; Lang, Rieckmann, & Baltes, 2002). Socioemotional selectivity theory, which explains both why and how an elder selects and optimizes his or her social environment, argues that adults reduce the total number of relationships in later life (Carstensen, 1998; Lang, 2001). Socioemotional selectivity theory posits that the context of social interaction and the goal of social interaction change with age; as people age they regulate their social contact so as to engage in social interactions that give them the highest level of emotional satisfaction (Carstensen, Mikels, & Mather, 2006). For heterosexual seniors, the relationships found most emotionally fulfilling were first those of blood relations, followed by long-term friendship (Carstensen, Fung, & Charles, 2003; Freund & Baltes, 2002; Lang et al., 2002). No research exists on the applicability of this theory for LGBT seniors. Socioemotional selectivity theory may help to explain why some LGBT seniors choose LGBT senior housing (Baltes, Wahl, & Schmid-Furstoss, 1990; Carstensen, 1992; Carstensen et al., 2006).

METHODS

The convenience sample for this study was also purposive. Only residents of three existing LGBT senior housing communities were eligible to participate. Thus, the study is limited and cannot be used to generalize to the broader LGBT senior population. Data were gathered from three LGBT senior living communities, two of which are now defunct. The sites were Rainbow Vision, Barbary Lane, and Triangle Square. In addition to participating in a focus group, participants were asked to complete a short demographic survey at the conclusion of the focus group sessions. A total of seven focus groups over a 3-month period were conducted with 38 participants. The three sites in this study were not exclusive in relation to sexual orientation or gender identity, and all were in the western United States. Participants

had to meet several criteria of eligibility to be included in the study. The most basic criteria were that the participant had to identify as lesbian, gay, bisexual, or transgender and had to reside in one of the three senior housing communities. No participant in the focus groups presented with dementia or cognitive impairment. Although every effort was made to represent diverse racial and ethnic backgrounds, only one site had ethnic and racial diversity at the time of this study. The lack of racial diversity was consistent with research that found racial and ethnic minorities are more likely to live alone or with extended family, as opposed to living in long-term care or retirement communities (Orel, 2004; Taylor & Robertson, 1994).

Any resident who met the study criteria was recruited to participate in a focus group at his or her housing community. A brief description of the project was written and emailed to contact persons at each site. The project description included a brief overview of the study, a copy of the informed consent form with Human Subjects Research Review Committee approval letter, and a copy of the researcher's recruitment letter to residents. Each senior was contacted by the researcher, and if they were interested in participating were assigned to a focus group. Couples were welcome to participate, but each member was assigned to a different group. A total of three couples participated in the study.

Prior to the focus group interview, participants were asked to complete a Statement of Informed Consent, at which time the participants were told that the group would be audio recorded and transcribed verbatim by the researcher. In addition, participants were given information about the Institutional Human Subjects Review Board approval, how to contact the board, and that they could cease participation at any time. A prepared interview script was used at each focus group to ensure consistency of the inquiry. The script had five main questions and allowed for clarifying or probe questions used as needed. At the conclusion of each focus group, I asked participants to complete a simple nine-item demographic questionnaire.

Each focus group was transcribed using HyperTranscribe and analyzed using HyperResearch. Grounded theory, as found in Strauss and Corbin (1998), was used as the method of analysis. The developed codes represent the initial concepts and categories found in the text. Axial coding further defined the categories along the lines of properties and dimensions (Strauss & Corbin, 1998). For instance, acceptance is an example of a category of meaning and it included such dimensions as: not having to worry about one's neighbors, acknowledgement that being LGBT is normal, and openly grieving for a deceased partner.

The average age of the participants was 71, with the oldest being 85 and the youngest 51 years of age. Of the 38, 15 identified as women and 23 as male. There were 22 gay men, 11 lesbians, 2 bisexual and 3 transgender seniors. The average age the participants came out of the closet was 28, 16%

had been in previous heterosexual marriages and 26% had children. A large proportion (74%) was single at the time of the focus groups, and 13% were widows or widowers of a same-sex union. The majority of participants were White of European descent; two participants were African American, two were Latino/a and one identified as White of Middle Eastern descent. Four of the participants were people with disabilities. Generational differences were revealed. The older a participant was, for instance, the more likely he or she was in a previous heterosexual marriage, came out later in life, and had children, which is consistent with the literature (Herdt et al., 1997; Rosenfeld, 1999).

FINDINGS

The theme of acceptance ran throughout the data and explained why these seniors chose LGBT senior housing. Participants talked about not feeling lesser than any other person. Thus, the social context was important to participants. The social aspect of their environment produced successful behaviors, such as the desire to be inclusive of heterosexual seniors, development of new support networks, and the development of intimate (nonsexual) relationships. Acceptance provided a foundation that allowed for all other categories (or community attributes) to develop. Key categories from that data are reported in the following and quotations from participants are used to illustrate each. Please note, all names have been changed for the purposes of confidentiality.

Comfort and ease in one's domestic environment were common reasons that participants were attracted to these communities. Ease was a perception of safety, living out of the closet, and removal of negativity: "Well, I felt that this place was a place that we could live comfortably with people with like tastes and sexual orientations without fear. That was one of the major ideas that made me comfortable with this place." As Herek (2007) theorized, the lack of stigma and homophobia can lead to increased feelings of safety for sexual minorities. One participant said:

Well, my thing being here is exactly that this is the first residence I've had as an adult where I have been comfortable with my environment, because heretofore, it has always been, you know, the back stabbers or the homophobics. So, you, you just ignore them and walk with pride. I have been more comfortable here than any other environment.

The environment provided safety and support, and this social context led some to come out of the closet for the first time in their lives. One transgender senior, closeted until age 72, described it this way: "All I am is Madeline Smith here. I never had that before. I thought this place was

great. I don't have to explain that I'm transgender here, or what it is; they understand." Residents felt comfortable in their environment because they were accepted for who they were.

Community was a characteristic important to respondents. Participants felt that their community was more caring than other senior residences, and community action demonstrated the caring environment. For instance, one group member talked about residents of his community caring for a gravely ill resident. Although these kinds of actions may take place in other retirement communities, a common perception was that the level of care in the LGBT senior communities was unique.

So, you know, you don't have to call 911 first. First you can call your friends, and if they're not home, somebody else is gonna be home and, like I said, if they couldn't physically help you or didn't know what to do they would bring somebody else over to your house. And to me that's extremely important, that sense; that is truly a sense of community.

This perceived commitment was remarkable, because residents do not have long histories with one another. The average length of residence was just 2-1/2 years at the time of the study. The community provided comfort and support to formerly isolated members.

And I think that is what brings a lot of us here, is that we don't want to die alone. We don't have, or a lot of us don't, have children. We didn't do this back-up plan—"Oh, you're gonna take care of me in my old age [referring to children]." You get to this final stretch of life, and you don't have a back-up plan. You go, "Holy shit."

The created community at the three sites was fostered by residents' acceptance of one another. A sense of belongingness was created through shared activities, care for one another, and the shared connection of being sexual minority seniors. Freed from real or perceived societal judgments, residents had the freedom to share life experiences in a supportive, understanding, and empathetic environment.

DIVERSITY AND INCLUSIVITY

Participants desired to live in open and affirming diverse communities. What respondents appeared to mean by diversity was nonexclusivity

I wanted to be the majority the first time in my life, and that's why I came. I didn't want to be exclusively gay, but I definitely wanted to be

the majority. And I still want to be the majority, because it ain't gonna happen anywhere else.

Participants discussed racial and ethnic diversity as a vision for all three of these communities, although it was realized in just one community. When participants discussed diversity, they primarily meant the inclusion of non-sexual minority people. One participant explained that it did not matter if a coresident was straight or gay: What was important was that each person felt comfortable there. "If I don't feel comfortable in my home, then it is not my home."

When asked if any of the group members had considered living in a traditional retirement community (predominately heterosexual), the resounding answer was *no*. The attraction of their current living environment included a strong sense of community, connection with others, acceptance for who they are, safety, and a desire to live in a diverse community. Participants perceived that traditional retirement communities did not offer the same socially accepting living environments.

Additionally, participants gave reports of LGBT friends who lived in heterosexual retirement communities and who had gone back into the closet and isolated their true selves from their neighbors. Participants were all in agreement that they are not willing, or able, to conform or return to the closet at this stage in their lives. One participant told of a return to the closet several years ago when she was temporarily in a nursing home: "It was a very eye-opening experience, because if people who worked there would have known I was gay, I think I would have gotten worse treatment than I got."

Participants believed that LGBT seniors who decided to live openly were at a disadvantage in traditional retirement settings due to heterosexism. Couples expressed the desire to live together as a couple, which they perceived to be impossible in a traditional retirement community. There was a perception that there would be little or no social connection for an LGBT senior living in a heterosexual retirement community.

The ability to be open about one's life and being able to speak openly about one's life has been found to benefit LGBT seniors (Friend, 1991). Connection and normalcy of being LGBT are directly related to the feeling of acceptance and belonging, and the perception of social connection was found to be supportive of healthy aging (Perissinotto et al., 2011). Residents talked about a sense of belonging, which allowed for intimate (nonsexual) relationships. One respondent reported a complete emotional and psychological breakdown after the death of her lifetime partner. This respondent required hospitalization in a mental health institution for 9 months. She felt that her life "had evaporated; it was like my entire life, the part I cared about, didn't happen. I just couldn't deal with that." It was the acceptance of others in her present senior living community that she credits with her recovery

and healing. This example highlights the deep isolation some LGBT elders experienced, and evidence of a lesbian senior expanding her social network despite her age (she was 83 at the time of the interview) and despite the fact that she had moved away from her previous home of over 40 years. The acceptance and sense of belonging provided a social environment where she could heal

Acceptance was what residents sought and found at their present housing, and it was seen as both the removal of negativity and the added positive aspect of being embraced for who you are. Participants reported that they did not need to closet their lives or censor their conversations in their housing environment. These seniors desired to live an authentic life, and the acceptance found in their respective communities supported their living openly.

DISCUSSION

In contrast to the notion that as people age they contract their social networks (Carstensen, 1998), the seniors in these living communities are actually expanding their social networks. The contradiction with this life span theory for this population is one of the most significant findings of this study. The explanation for why seniors in these housing communities are, according to the data, expanding their social relationships relates to social context of place. The theory of socioemotional selectivity theory purports that people reduce the total number of their social relationships and deepen their relationships with family and long-time friends. The goals a person has for his or her relationships change from using relationships to gain knowledge from others to personal emotional satisfaction. The expansion of social networks is related to the social environment and can give social workers and aging professionals clues to how to better serve their LGBT clients.

There are perhaps two explanations for why the LGBT seniors in this study did not appear to follow the same life span trajectory that socioemotional selectivity theory hypothesizes. Peacock (2000) and others have made the argument that sexual minorities do not follow the same developmental life course as their heterosexual counterparts. An example from this study is a man in his mid-70s who, for the first time, is living in an environment that is socially accepting of his sexual orientation. As a result, this man feels that he has less stress and more freedom, and is expanding his social network. This man is not the only example of participants who were closeted for years and are now living out of the closet. One participant, a retired professor in her 80s, talked about how she had had few close friends prior to moving to her present community because, for her entire working career, she was in the closet. This highlights a possible second explanation for why socioemotional selectivity theory does not seem to

apply to the seniors in this study. The theory states that as a person ages, he or she selects relationships that are both positive and emotionally meaningful (Freund & Baltes, 2002; Lang, 2001). Relationships that provide the highest level of emotional satisfaction and meet emotional goals are deepened. The combination of acceptance, inclusivity, comfort, and safety found in these communities may offer an environment that supports, for many the first time, the creation of emotionally satisfying relationships. At a time when residents should be compressing the number of relationships, many have found the first community of people with whom they can have emotionally satisfying relationships.

The expansion of social networks is healthy for seniors (Burnett, et al., 2006). Social workers and other professionals will better serve their LGBT clients if they create accepting and safe space for them in their practice. Aging professionals must first access their own comfort level with working with LGBT seniors. Understanding one's comfort level and knowledge base are key to improving care provision to this group of seniors. Next, seek out cultural competency training. Many organizations provide training to providers of care and services to seniors. Trainings, such as the L.A. Gay & Lesbian Center's *Creating Safe Spaces for LGBT Seniors*, are specifically designed to train both professionals such as long-term care administrators and frontline service workers such as certified nursing assistants. Assessment and training must then translate into practice. Intentional and conscious actions that help create safe space include: reflecting LGBT seniors in published materials, including important dates and events such as PRIDE month on agency calendars, ensuring in-take forms are inclusive, and taking the opportunity to teach others when the time and opportunity arise.

IMPLICATIONS AND FUTURE RESEARCH

Perhaps the most important contribution this study makes to the field of aging is enhancing the visibility of the participants. Few researchers have sought out this population for study, and thus there is limited information about these individuals and their experience of the aging process. This study provides a snapshot of an understudied group. In addition, the opinions of LGBT seniors who live in primarily LGBT senior housing were unknown, prior to this study. The phenomenon of LGBT senior housing is new, and this is the first effort to gain an understanding of why some seniors choose this housing and what it provides to them that previous living environments did not.

One important area of discovery was the critical importance of social relationships for this group of older adults. The seniors in this study talked about creating new family-like relationships with their neighbors. The development of new and expanded social relationships and networks in later life

appears to be contrary to the tenets of socioemotional selectivity theory. An understanding of the critical importance of the social environment, and specifically an atmosphere of acceptance, to LGBT seniors is valuable for researchers and practitioners alike and highlights the great diversity in the lived experiences of seniors.

Lucco (1987) found that lesbian and gay men reported a preference for LGBT staff at retirement communities and nursing homes. Howard et al. (2002) similarly found that African American seniors preferred that nursing home staff be African American. A study focusing on whether LGBT seniors continue to have this preference, and why they have this preference, would be instructive for developers of senior living and those who provide services to seniors. Additionally, professionals who work with seniors will benefit from understanding what they can do to create open and affirming environments where all people feel safe and accepted for who they are. In particular, actions that promote acceptance over tolerance, a willingness to actively create safe spaces for sexual minority seniors, and embracing diversity will help raise the comfort level of sexual minority seniors in housing and social service arenas. As reported by Cahill and South (2002) the vast majority of the medical profession acknowledged hearing disparaging comments about LGBT patients, and more than half have knowledge of substandard care provided to LGBT seniors. A replication of the health care study cited by Cahill and Spade would help to see if the same problems persist in the same proportion. Such knowledge would aid in the development of programs that will increase the likelihood of LGBT seniors feeling accepted by medical and social service providers.

For the participants in this study, the social context of their environment was more important than the physical environment. A greater understanding of how the social context impacts the lives of sexual minority seniors will help improve interactions with this subset of the senior population.

CONCLUSION

This exploratory study seeks to provide a starting point for understanding why LGBT seniors chose to live in LGBT senior housing and what that housing provides to them. The convenience sample, as with most studies of LGBT aging, limits conclusions and does not allow for generalizability of findings. However, the triangulation of findings from three distinct communities provides some indication as to what some foundational issues may be for LGBT seniors in reference to housing. The key finding of this study was that LGBT seniors were seeking acceptance and community in their domestic environment. *Community*, for those in the LGBT community, has many meanings (Weston, 1991). Isolation continues to plague many LGBT people, and community can mean a simple seeking out of other LGBT people.

Finding community means finding others who are accepting. The knowledge that one will be treated as an equal and accepted in one's domestic environment was important to all participants. Further study of senior housing may reveal if the open and affirming qualities of the three sites studied are unique to LGBT housing or not. In particular, a study of the dominant culture found in traditional retirement communities may further highlight the need for LGBT senior housing. The quality of acceptance made the person-environment fit work in LGBT communities, and this concept would be beneficial to study in other communities in the hope of improving senior housing for all seniors.

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