

The Effectiveness of Interpersonal Psychotherapy on Alexithymia, Emotion Regulation, and Psychological Capital of Male Substance Abusers Treated by Addiction Treatment Centers in Kerman

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Original Article

Abstract

Background: Addiction is a psychiatric disorder with biological, psychological, and social aspects. Literatures indicated that alexithymia, emotional dysregulation, and low psychological capital affect substance abuse. This study investigated the effectiveness of interpersonal psychotherapy on alexithymia, emotional regulation, and psychological capital of male substance abusers.

Methods: This quasi-experimental study was conducted in 2021 in Kerman, Iran using a pretest, post-test design with a control group. A single therapy center was randomly selected via the multi-stage cluster method from several substance abuse treatment centers. 50 people were randomly selected and allocated to experimental and control groups. The research instruments were questionnaires for alexithymia, emotional regulation, and psychological capital. After the pretest phase, the experimental group underwent 12 sessions of interpersonal psychotherapy. In the next step, the post-test was conducted and after 6 weeks the follow-up test was performed on the groups. The control group did not receive the treatment. Finally, the data obtained from 40 participants were analyzed using the MANCOVA test by SPSS25 statistical software.

Findings: Our findings indicated significant MANCOVA results for alexithymia ($F=65.14$ and $P<0.05$), emotion regulation ($F=44.72$ and $P<0.05$) and psychological capital ($F=12.05$ and $P<0.05$) showing a significant difference between the scores of dependent variables in the experimental group and control group.

Conclusion: The results showed that interpersonal psychotherapy improves the state of alexithymia, emotional regulation, and psychological capital in substance abusers. It can also be used as an effective intervention in addiction treatment centers.

Keywords: Addiction; Interpersonal Psychotherapy; Alexithymia; Emotion regulation; Psychological Capital

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Introduction

Despite various definitions of substance abuse, it is generally attributed to excessive psychotropic or non-medical substance consumption.¹ According to the National Institute of Mental Health (NIMH) annual report, the prevalence of substance use disorder (SUD) in the general population is 35.3%.² According to Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM5) criteria 12-month prevalence for each substance abuse disorder in Iran is 2.44%.³ In recent years, researchers and mental health professionals have used a variety of therapies to treat addiction. It is essential to identify the addiction-affecting factors to treat substance abuse disorders.⁴ Studies have shown that substance abuse is affected by biological, psychological, and social factors.⁵

Studies indicated that alexithymia is one of the effective factors in substance use. The term alexithymia was proposed by Sifneos in the 1970s.⁶ Individuals with a high level of alexithymia have difficulty identifying feelings (DIF), difficulty describing feelings (DDF), and externally oriented thinking (EOT).⁷ Such persons are more prone to the use of alcohol, drug, stimulants, and other compulsive behaviors than others.⁸

On the other hand, research have shown that there is a significant relationship between emotion regulation and substance abuse. Moreover, compared to emotion regulation strategies and cognitive abilities, emotion regulation and behavioral abilities respectively have a stronger relationship with substance abuse.⁹ Accordingly, emotional dysregulation is an important factor in the tendency of people to addiction. Emotional dysregulation is defined as a maladaptive method of responding to emotions that includes unacceptable responses, difficulty in controlling impulses in the context of emotional distress, and deficits in the functional use of emotions as information.¹⁰ The ability to manage emotions causes the individual to use appropriate coping strategies in high-risk situations for substance abuse.¹¹

Studies have shown that substance abusers have low psychological capital.¹² Psychological capital is a positive psychological state and a realistic and flexible approach to life that consists of four structures: resilience, self-efficacy, hope, and optimism.¹³ Psychological capital includes

strengths and positive aspects of human behavior.¹⁴ According to the United Nations Office on Drugs and Crime (UNODC), prevention and treatment of substance use disorders is not available in many parts of the world, with only one in seven persons having access to treatment each year.¹⁵ Interpersonal psychotherapy (IPT) is a temporally constrained, structured, interpersonally oriented psychotherapy method with proven effectiveness in the treatment of major depression disorders in a person's lifespan.¹⁶ This approach was developed by Kellerman and Weissman in the 1970s to investigate depression.¹⁷ Nevertheless, today it has become a very valid intervention for all kinds of behavioral and social disorders.^{18,19} Recognizing the importance of the interpersonal context in precipitating and maintaining psychiatric disorders, IPT focuses therapy on a central interpersonal problem in the patient's life and proposes that resolving this crisis constitutes the central interpersonal change process.¹⁷ The goals of this treatment include mitigating conflicts, transitions, and loss in interpersonal relationships, and helping patients make better use of social support networks.¹⁷ Weissman et al. suggested that IPT could be used with substance abuse patients "based on the assumption that substance abuse either represents an attempt to compensate for inadequate interpersonal skills or may erode existing skills".¹⁷

Studies have shown that social skills training has been effective on the components of psychological capital "resilience, hope, optimism, and self-efficacy".²⁰ Additionally, IPT has a significant effect on anxiety and adaptive cognitive emotion regulation strategies of female students with social anxiety.²¹

Studies have also indicated that IPT is effective in reducing anxiety and alexithymia in women with generalized anxiety disorder.²² The findings have shown that IPT has a significant effect on alexithymia features.²³ The significance of the this study lies in the fact that IPT can be an appropriate treatment for substance abuse patients due to improving interpersonal relationships and expanding social support networks.

Therefore, this study aims to investigate the effectiveness of IPT on alexithymia, emotional regulation, and psychological capital of male substance abusers referring to addiction treatment centers.

Methods

This is a quasi-experimental study consisting of pretest and post-test phases and a control group. The study was conducted in 2021 in Kerman, Iran with a population of all male Substance abusers (aged 18-50 years) referring to addiction treatment centers. The sample size was determined based on Roozbehani et al. study who recruited 30 people. In the current study, a sample of 50 persons was deemed to provide more reliable results. The inclusion criteria were as follows: Being a substance abuser according to DSM5 criteria, absence of severe mental disorders, having a minimum education of primary school level, and willingness to participate in the study. The exclusion criteria were the following: Absence of more than two sessions and unwillingness to continue participating.

To conduct the study, first a list of addiction treatment centers was prepared; a center was then selected for the study via multi-stage cluster random method based on the names of the centers. People treated at this center were evaluated in terms of inclusion criteria and were enrolled after being informed of the purpose and conduct of the study. In the next step, 50 persons were randomly selected by a person unaware of

the objective of the study using a table of random numbers. Using a random number table and Allocation concealment method to minimize the risk of allocation bias (sequentially numbered, sealed and opaque envelopes), the selector randomly assigned the participants into experimental and control groups. The informed consent of both experimental and control groups was acquired in writing. The research instruments were questionnaires for alexithymia, emotional regulation, and psychological capital questionnaires. After performing the pretest stage on the groups, the experimental group underwent interpersonal psychotherapy for 12 sessions of 1.5 hours each per week. Next, the post-test was conducted and after six weeks, the follow-up was performed on the groups, but the control group did not receive any intervention.

During the treatment sessions, five participants from each group withdrew from the treatment. Finally, the scores of 40 participants were analyzed using inferential statistics tools and SPSS25 software and Multivariable Analysis of Covariance (MANCOVA) test and the significance and non-significance of the mean differences were evaluated. (Figure 1).

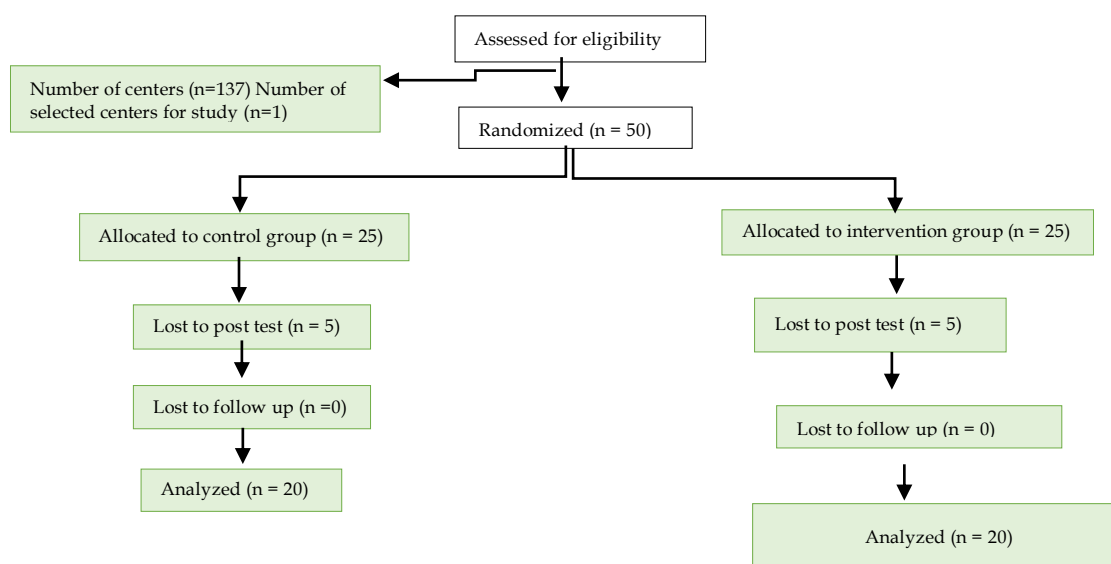


Figure 1. The CONSORT flow diagram of study

Schedule and content of IPT sessions

Beginning phase: During the beginning phase, therapists reviewed the patient's substance abuse records, relationship history, type of attachment, subsequent communication style and recurrent patterns considering patterns in relationships. Therapists also encouraged patients to complete questionnaires about the studied subject and an interpersonal inventory. The interpersonal inventory is a record of key relationships in a patient's life which clarifies the aspects of such relationships, including the levels and satisfaction associated with emotional and practical support. It is also helpful to use some form of evaluation of a patient's social and interpersonal functioning. This phase of treatment is also an opportunity for therapists to delineate a patient's experience of addiction in their interpersonal context. Subsequently, the therapist and patient identified and agreed on a focal area which influenced middle phase of treatment.

In session four, the therapist and patient agreed to a treatment procedure for the remaining sessions. Other critical aspects of the initial phase included providing explanations and educational literature about interpersonal psychotherapy by convincing the patient to adopt a 'sick role' that effectively liberated the patient from feelings of guilt. The notion of the sick role also guided patients to their responsibility to work towards recovery.²⁴

Middle phase: The middle phase was session's five to ten. The therapist and patient worked on the agreed focal area (role disputes, grief, role transition, interpersonal sensitivity) to link substance abuse symptoms to interpersonal events. During these sessions, the therapist enquired about a patient's experience of substance abuse, noted any improvement or lack and linked the findings to alterations in the interpersonal context. The fundamental goal of the therapy – particularly the middle phase – was the alleviation of symptoms through the resolution of the target problem area.²⁴

Final phase: During the final phase of therapy, completion of therapy was discussed and the patient's reactions were carefully considered. This phase also provided an opportunity for the therapist and patient to review and evaluate the therapy process, which includes a re-evaluation of the scales used previously. Patients were encouraged to identify early signs of relapse and develop a relapse-protection plan.²⁴

Toronto Alexithymia scale (TAS-20): This scale was developed by Bagby et al. (1994) to measure alexithymia indicators. It is a self-reported scale consisting of 20 items. Each item is scored via a four-point Likert scale. The score ranges from 20 to 100 and higher scores indicate a greater presence of alexithymia indicators with three subscales consisting of "difficulty identifying feelings (DIF)", "difficulty describing feelings (DDF)", and "externally oriented thinking (EOT)". In various studies, the internal consistency of the Persian form of the scale has been reported as 0.85 and its validity through the retest method as 0.74.⁸

Cognitive Emotion Regulation Questionnaire (CERQ): The CERQ is a self-reported questionnaire developed in 1999 by Garnowski. This questionnaire was designed to assess how you think after experiencing life-threatening or stressful events. The CERQ is a 36-item questionnaire with a score of 36 to 180 and measures 9 subscales.

Toronto Alexithymia scale (TAS-20): This scale was developed by Bagby et al. (1994) to measure alexithymia indicators. It is a self-reported scale consisting of 20 items. Each item is scored via a four-point Likert scale.²⁵

The reliability coefficient of this questionnaire was determined based on a Cronbach's alpha of 0.87 to 0.93. In Iranian studies, the validity and reliability of this scale in adolescents were reported to be 0.85 and 0.81, respectively.²⁶

Psychological capital: PsyCap was developed by Luthans. It is measured by the PCQ-24 questionnaire. The PCQ-24 comprises four subscales with equal weight: resilience, self-efficacy, hope and optimism. Each subscale consists of six items with responses on a six-point Likert scale ranging from one (strongly disagree) to six (strongly agree). The total score of the PCQ-24 questionnaire ranges from 24 to 120. This study found proper internal consistency for the respective subscales (self-efficacy: 0.75, 0.84, 0.85, 0.75; resilience: 0.71, 0.71, 0.66, 0.72; Hope: 0.72, 0.75, 0.80, 0.76 and optimism: 0.74, 0.69, 0.76, 0.79).²⁷

Results

The current work studied 50 male substance abusers. Participants were divided into two groups of IPT and control, with each group consisting 25 participants. Five participants in each group were excluded from the study for reasons such as irregular attendance or incompleteness of questionnaires. Data were collected from 40

participants consisting of 20 in the experimental group and 20 in the control group (Figure1). The demographics of the participants in the two groups

consisting of their age, percentage, education level, and marital status are presented in Table 1.

Table 1. Demographics of participants in experimental and control groups

Variable	Control	IPT
Age (year) (mean ± SD)	38.10±7.5	38.4±7.2
Education level [n (%)]		
Elementary	14(70)	12(60)
Middle school	2(10)	5(25)
High school	2(10)	1(5)
Diploma and higher	2(10)	2(10)
Marital status [n (%)]		
Married	4(20)	6(30)
Single	12(60)	11(55)
Divorced	4(20)	3(15)

SD: Standard deviation; IPT: interpersonal psychotherapy

The mean and standard deviation (SD) of alexithymia scales, emotional regulation, and psychological capital of both experimental and

control groups in the pretest, post-test, and follow-up phases are presented in Table 2.

Table 2. The comparison of variables at (pre-test, post-test, and follow-up) phases in both groups

Groups	N	Variable	Pre-test (mean ± SD)	Post-test (mean ± SD)	Follow-up (mean ± SD)
Intervention	20	Alexithymia	42.82 ± 7.60	36.42 ± 8.40	37.55 ± 7.25
		Emotional regulation	82.35 ± 11.64	114.55 ± 11.62	106.05 ± 12.46
		Psychological capital	25.05 ± 8.49	43.45 ± 5.88	37.80 ± 9.48
Control	20	Alexithymia	40.30 ± 7.00	39.24 ± 6.52	40.64 ± 7.19
		Emotional regulation	78.10 ± 15.76	74.55 ± 17.11	76.10 ± 15.22
		Psychological capital	22.05 ± 6.94	21.95 ± 5.96	22.77 ± 5.88

* Multivariable Analysis of Covariance MANCOVA

SD: Standard deviation

The presuppositions of MANCOVA were examined before implementing it. The Shapiro-Wilk test showed that the distribution of research variables in pretest and post-test phases was normal for both experimental and control groups ($P > 0.05$). Additionally, Levene's test showed that the presupposition of homogeneity of variance was correct and therefore, MANCOVA was applicable ($P > 0.05$). Regression analysis provided significant levels ($P > 0.05$); thus, confirming the presupposed regression gradients for both groups.

Box's M test also confirmed the presuppositions and the homogeneity of the covariates of the dependent variables for both groups ($M_{\text{box}} = 9.72$, $P > 0.05$). Pillai's Trace test was used to find groups differences in a linear arrangement of the three variables; i.e., Alexithymia, Emotion regulation and Psychological Capital (Pillai's trace=0.72 and $F = (3,65) = 31.37$). Therefore, the difference was significant ($P < 0.05$).

Table 3. MANCOVA outputs to examine the patterns of differences among the studied variables

Variable	SS	DF	MS	F	P	Effect size
Alexithymia	2503.20	1	2503.20	65.14	0.05	0.64
Emotion regulation	8591.60	1	8591.60	44.72	0.05	0.54
Psychological capital	121.7	1	121.7	12.05	0.05	0.26

SS: Sum of squares; DF: Degree of freedom; MS: Mean square; F: F-distribution; P: P-value

According to Table 3, the results of the analysis of covariance (MANCOVA) were obtained in alexithymia ($F=65.14$ and $P<0.05$), emotion regulation ($F=44.72$ and $P<0.05$) and psychological capital ($F=12.05$ and $P<0.05$). As such, there is a significant difference between the scores of dependent variables of the intervention group and the control group. Therefore, the results of this study support the research hypothesis.

The MANCOVA test was used to evaluate the sustainability of IPT effectiveness. The presuppositions of MANCOVA test were tested before implementation. Shapiro-Wilk test results showed that the distributions of research variables in pretest and post-test stages were normal for both experimental and control groups ($P>0.05$).

Moreover, the results of the Levine's test verified the presupposition of homogeneity of variance and the applicability of MANCOVA ($P>0.05$). Regression analysis also provided significant levels ($P>0.05$); thus, confirming the presupposed regression gradient for both groups. Box's M test defined that the null hypothesis is confirmed and the homogeneity of the covariates of the dependent variables was verified for both groups ($M_{box} = 11.54$, $P>0.05$). Additionally, Pillai's trace was used to determine group differences in a linear arrangement of the three research variables; i.e., Alexithymia, Emotion regulation and Psychological Capital (Pillai's trace = 0.65 and $F(3,65) = 24.42$). Therefore, the difference was significant ($P<0.05$).

Table 4. MANCOVA results used to find differences in sustainability of IPT effectiveness

Variable	SS	DF	MS	F	P	Effect size
Alexithymia	1954.20	1	1954.20	20.17	0.05	0.52
Emotion regulation	4251.64	1	4251.64	25.74	0.05	0.45
Psychological capital	154.98	1	154.98	9.67	0.05	0.22

SS: Sum of squares; DF: Degree of freedom; MS: Mean square; F: F-distribution; P: P-value

Table 4 shows MANCOVA outputs for the follow-up phase regarding alexithymia ($F=20.17$ and $P<0.05$), emotion regulation ($F = 25.74$ and $P<0.05$), and psychological capital ($F=9.67$ and $P<0.05$), which were significantly altered. As such, the dependent variables score for the experimental and control groups were significantly different in the follow-up phase; thus, confirming the sustainability of the intervention.

Discussion

This study aimed to investigate the effectiveness of IPT on alexithymia, emotion regulation and enhanced psychological capital of male substance abusers referring to addiction treatment centers. Interpersonal psychotherapy is one of the treatments that meets the criteria for effective psychotherapy. The premise of interpersonal

psychotherapy is that clinical symptoms occur in an interpersonal context and that the psychotherapeutic interventions performed within said interpersonal context facilitate patient recovery. Although interpersonal difficulties may not be necessary conditions for psychological problems, they are strongly related to them. Classic interpersonal psychotherapy is based on interpersonal interactions, scanning, and process assumptions. It uses the relationship between mood and current interpersonal experiences focusing on the significant interpersonal alterations and challenges that individuals experience. This theory was proposed by Kellerman and Wiseman et al. based on the theory of Harry Stack Sullivan, Adolf Meyer, and the theory of attachment by John Bowlby.²⁸

We showed that IPT approach can mitigate alexithymia in substance abusers and our findings are consistent with previous works.^{22,23}

To elaborate, IPT approach identified four general areas in which a person may be suffering from relationship disorders: grief after the loss of a loved one, conflict in significant relationships such as a patient's relationship with his or her own self, difficulties adapting to changes in relationships or life circumstances, and difficulties stemming from social isolation. The mentioned problems contribute to the causes of stress, anxiety, and emotional dysregulation.²² It can also be said that substance abusers suffer from mood and emotional problems due to social and interpersonal problems and lack of communication skills. In interpersonal psychotherapy sessions, interpersonal problems and defects that cause psychological conflict and turmoil in individuals were identified. We then emphasized on establishing a healthy and rational interpersonal relationship, adjusting expectations, and resolving interpersonal problems.²⁹ Therefore, teaching these skills within a network of services such as homework-based interventions and being in a group can play an important supportive role in improving people with substance abuse.

Similarly to the previous studies, our findings also showed that IPT improves emotion regulation in substance abusers.²¹ To elaborate, emotion regulation is directly linked with the ability to effectively navigate the social world. Until recently, this notion was restricted to intrapersonal processes and placed less emphasis on developmental and social aspects of emotion regulation. However, recent studies showed that emotion regulation often occurs interpersonally through interactions with trusted others; thus, helping us to regulate our emotions.³⁰ Therefore, as the development of emotion regulation is affected by the functional and communicational approach toward emotions, the social contexts of emotion regulation must remain in the spotlight.³⁰ Furthermore, IPT improves emotion regulation strategies by correcting relationship patterns; as such, it can be used to treat many disorders such as substance and alcohol abuse—in which interpersonal relationships and emotion regulation are disrupted.²¹

Concerning psychological capital, the authors found no other work evaluating the effectiveness of IPT on this psychological capital. However, the

findings were indirectly consistent with those of two previous works.^{31,32} In a study, the results showed that social skills training is effective on all components of psychological capital (resilience, hope, optimism, and self-efficacy).³¹ Previous researches indicated a strong correlation between psychological capital and interpersonal relationships.³³ Additionally, interpersonal therapists believe that with the proper implementation of interpersonal psychotherapy, individuals gain enhanced social and interpersonal skills. To accomplish this, they review their problems and their emotions towards them. Therefore, they can use their new social skills in order to defend their rights and solve their problems, obtain enhanced self-assertiveness ability, form satisfying relationships, and avoid unnecessary aggressive conflicts.³⁴ They also learn to accept life's challenges, show interest in working, consider themselves responsible toward it, and strive toward their goals.^{35,36} The combination of these skills increases the psychological capital of substance abusers.

The limitations of this study included: low sample size and withdrawal of 10 people from the study, data collection tool was only a questionnaire and other data collection tools such as observation or interview with people were not used, data collection was only based on self-report scale, Participants' age range was between 18 and 50 years old, it was possible to complete a number of questionnaires without thinking, most of the participants in the study had primary education and only men were recruited in this study.

Conclusion

The Results of this study indicated that IPT mitigates alexithymia while enhancing emotion regulation and psychological capital in substance abusers. The findings of 45-day follow-up trails also showed the sustainability of changes. One of the critical effects of addiction on individuals is the disruption of interpersonal relationships and the loss of support, family, and social networks which in turn leads to their exclusion from society and family. Therefore, group therapy is required to improve their interpersonal relationships. To conclude, the findings confirmed that IPT is one of the best non-drug therapy methods available to addiction treatment centers, operating through improving the relationships and expanding the social support networks of patients.

Conflict of Interests

The Authors have no conflict of interests.

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Authors' Contribution

Idea, design, implementation, data collection, software, drafting, editing: ASR; Monitoring, designing, analyzing and interpreting data, and overseeing the writing and editing of the original: AMT; Monitor performance, help interpret data, edit and write the original version: ZZM; Monitoring performance, assisting in Psychological intervention, interpreting data, assisting in editing the original version: SMHF.

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اثربخشی روان درمانی بین فردی بر ناگویی خلق، تنظیم هیجانی و سرمایه روانشناختی مردان سوء مصرف کننده مواد تحت درمان در مراکز درمان اعتیاد شهر کرمان

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مقاله پژوهشی

چکیده

مقدمه: اعتیاد یک اختلال روانپزشکی با جنبه‌های بیولوژیکی، روانی و اجتماعی است. ادبیات نشان می‌دهد که ناگویی خلق، بی‌نظمی هیجانی، و سرمایه روانشناختی پایین بر سوء مصرف مواد تأثیر می‌گذارد. بنابراین، درمان برای کاهش عوامل مذکور بسیار مهم است. این مطالعه با هدف بررسی اثربخشی روان درمانی بین فردی بر ناگویی خلقی، تنظیم هیجانی و سرمایه روانشناختی مردان سوء مصرف کننده مواد انجام شد.

مواد و روش‌ها: این مطالعه نیمه تجربی در سال ۱۴۰۱ در شهر کرمان با استفاده از طرح پیش آزمون، پس آزمون با گروه گواه انجام شد. یک مرکز درمانی به صورت تصادفی به روش خوشه‌ای چند مرحله‌ای از چندین مرکز درمان سوء مصرف مواد انتخاب شد. ۵۰ نفر از این مرکز به طور تصادفی انتخاب و در دو گروه آزمایش و کنترل قرار گرفتند. ابزار پژوهش، پرسشنامه‌های ناگویی خلق، تنظیم هیجانی و سرمایه روانشناختی بود. پس از مرحله پیش آزمون، گروه آزمایش تحت ۱۲ جلسه روان درمانی بین فردی قرار گرفتند. در مرحله بعد پس آزمون انجام شد و پس از ۶ هفته آزمون پیگیری بر روی گروه‌ها انجام شد. گروه کنترل درمان را دریافت نکردند. در نهایت، داده‌های به دست آمده از ۴۰ شرکت کننده با استفاده از آزمون تحلیل کواریانس چند متغیره توسط نرم‌افزار آماری SPSS25 مورد تجزیه و تحلیل قرار گرفت.

یافته‌ها: یافته‌ها حاکی از نتایج معنی‌دار تحلیل کواریانس چند متغیره برای ناگویی خلق ($F=۶۵/۱۴$ و $P<۰/۰۵$)، تنظیم هیجان ($F=۴۴/۷۲$ و $P<۰/۰۵$) و سرمایه روان‌شناختی ($F=۱۲/۰۵$ و $P<۰/۰۵$) بود. از این رو بین نمرات متغیرهای وابسته در گروه آزمایش و گروه کنترل تفاوت معناداری وجود دارد.

نتیجه‌گیری: نتایج نشان می‌دهد که روان‌درمانی بین فردی باعث بهبود وضعیت ناگویی خلق، تنظیم هیجانی و سرمایه روان‌شناختی در سوء مصرف کنندگان مواد می‌شود. همچنین می‌تواند به عنوان یک مداخله مؤثر در مراکز ترک اعتیاد مورد استفاده قرار گیرد.

واژگان کلیدی: اعتیاد؛ روان‌درمانی بین فردی؛ ناگویی خلق؛ تنظیم هیجان؛ سرمایه روان‌شناختی

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