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ORIGINAL PAPER

Parental Criticism and Depressive Symptoms: The Contribution of Active Coping Among African American Adolescents

Prairie View A&M University

Timothy I. Lawrence[1]

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Abstract

The present study examined whether parental criticism, active coping, and peer support associated with depressive symptoms. Then using two mediation models, this study explored whether parental criticism related to depressive symptoms through active coping while controlling for peer support among African American Adolescents (N = 883). Results from a multiple regression analysis revealed that maternal and paternal criticism positively associated with depressive symptoms in contrast to active coping and peer support. In the first mediation analysis, active coping explained the relationship between maternal criticism and depressive symptoms. In the second mediation analysis, active coping did not explain the relationship between paternal criticism and depressive symptoms. These results suggest that mental health practitioners should consider incorporating coping techniques in therapy, specifically while treating African American adolescents. Clinical, family, and community implications are discussed.

Keywords Parental criticism · Active coping · Peer support · Depression

Introduction

Adolescent depression is a prevalent and serious mental illness with varying prevalence rates (Compas et al., 1993; Fleming & Offord, 1990; Keller et al., 1991). Although studies differ on the prevalence rates due to methodological differences, adolescent depressive symptoms rates typically range from 0.4 to 8.4% (Roberts et al., 1997; Saluja et al., 2004), with several risk factors such as lack of peer social support (Stice et al., 2004), emotional dysregulation (Compas et al., 2004; Seiffge-Krenke & Klessinger, 2000), and harsh parenting practices (Cole et al., 2016; Tang et al., 2018). Specifically, adolescents who have positive peer support either in school or within the community are typically less likely to endorse depressive symptoms (Young et al., 2005). However, adolescents with maladaptive coping strategies often endorse depressive symptoms (Greeson et al., 2015; Magidson et al., 2013).

Another predictive factor for depressive symptoms is parent–child communication patterns. For instance, studies show that supportive, and authoritative parenting practices often serves as a protective factor against depressive symptoms (Garthe et al., 2015; Hamza & Willoughby, 2011; Lawrence, 2022). On the contrary, critical and authoritarian parenting typically increases depressive symptoms among adolescents (Asarnow et al., 1994, 2001; Berla et al., 2022). While studies support the link between parental criticism and adolescent depressive symptoms, few studies have tested whether these relationships are consistent among African American adolescents. Additionally, much is still unknown of the process in which African American adolescents' cope with parental criticism and whether active coping protects against depressive symptoms. This is important because prior literature suggests African American adolescents often endorse depressive symptoms while living with their parents (Constantine, 2006; Herman et al., 2007; Sagrestano et al., 2003). Drawing from these studies, the current study aims to examine whether parental criticism, peer support, and active

✉ Timothy I. Lawrence
Tlawrence3@pvamu.edu

[1] Prairie View A&M University, MS 2699, P. O Box 519, Prairie View, USA

coping are associated with depressive symptoms. Then using two mediation models, this study aims to explore whether active coping mediated the relationships between parental criticism and depressive symptoms while controlling for peer support.

Parental Criticism

The family environment plays a critical role in adjustment and emotional regulation among adolescents (Duncan & Brooks-Gunn, 2000; Eisenberg et al., 1998). Therefore, how parents praise or criticize their children often impacts emotion regulation and the endorsement of depressive symptoms (Nelemans et al., 2014). Parental criticism is characterized by a restrictive style of interaction with children that often encompasses verbal attacks or demeaning messages, which have shown to positively associate with depressive symptoms (Frye & Garber, 2005; Gar & Hudson, 2008; Schwartz et al., 1990; Thompson et al., 2010). This is partly because low warmth between parent–child relationships often increases adolescent self-criticism, which could lead to low confidence and the endorsement of depressive symptoms (Asarnow et al., 1993; Barla et al., 2022; Hannigan et al., 2017; Sachs-Ericsson et al., 2006).

Despite these connections, less attention has been given to the relations between parental criticism and depressive symptoms among African American adolescents. It is important to better understand the effects of parental criticism on depressive symptoms because studies have shown that African American families often adopt the authoritarian parenting style, which is characterized by low warmth, increased criticism, and parental rejection (Abar et al., 2009; Querido et al., 2002). Drawing from these studies, it is quite possible that as African American parents engage in critical parenting practices, adolescents are more susceptible to developing depressive symptoms.

The Mediating Role of Coping

Coping refers to the ways in which individuals respond to negative experiences (Roth & Cohen, 1986). Depending on the coping mechanism, coping can protect against the potential consequences of negative experiences (Amirkhan & Auyeung, 2007). While adolescents encounter negative experiences, they often use active coping strategies such as seeking support from parents and peers, solution-seeking behaviors, and radical acceptance (Bradbury et al., 2018; Herres, 2015; Roxas & Glenwick, 2014; Simpson et al., 2018). Prior literature suggests adolescents who often use active coping strategies are less likely to endorse depressive symptoms (Compas et al., 2006; Hampel & Petermann, 2006; Herres, 2015).

Despite the utility of active coping strategies, critical parenting practices can disrupt the effectiveness of coping, which could eventually increase internalizing symptoms such as depression (Caples & Barrera, 2006; Dallaire et al., 2006; Patterson & Reid, 1984). For instance, parental punitive practices can, in turn, teach adolescents to suppress their emotions rather than appropriately engage in active coping strategies and express their emotions when in distress (Balan et al., 2017; Roth & Assor, 2012). As such, adolescents may perceive to have little control over their environment and internalize their parents' punitive messages, which could lead to fostering an avoidant coping strategy, thereby endorsing depressive symptoms such as hopelessness and sleep disturbances.

Although there are direct associations between critical parenting and depressive symptoms, previous studies have largely neglected the underlying mechanisms that could mitigate parental criticism and depressive symptoms among African American adolescents. (Cummings & Davies, 1996; Eisenberg et al., 1998). Thus, based previous literature, it is reasonable to suggest active coping could mediate the relations between parental criticism and depressive symptoms.

Peer Support

During adolescence, socializing with peers often plays a critical role in social relatedness (Nickerson & Nagle, 2005). As adolescents form bonds outside their family system, peer support becomes their primary source of intimacy, which could serve as a protective factor against chronic stress (Gorrese & Ruggieri, 2012; Pace et al., 2016). As such, strong peer support often decreases the likelihood for the onset of adolescent depression (Kaltiala-Heino et al., 2001; Ren et al., 2018; Vaughan et al., 2010). Despite these associations, contrary studies suggest that peer support does not associate with depressive symptoms (Auerbach et al., 2011; Young et al., 2005). Although there are inconsistent findings of the effect of peer support on depressive symptoms, the current study considered peer support as a control variable because the primary goal was to examine the effects of parental criticism on adolescent depressive symptoms assuming the adolescent does not have positive peer support.

Purpose of the Current Study

The present study first examined whether parental criticism, active coping, and peer support associated with depressive symptoms. Then using two mediation models, this study tested whether active coping mediated the relationship between parental criticism and depressive symptoms while controlling for peer support. Because previous studies suggest that parental criticism is often positively associated with depressive symptoms (Frye & Garber, 2005; Gar & Hudson,

2008; Schwartz et al., 1990; Thompson et al., 2010), it was predicted that both maternal and paternal criticism would positively associate with depressive symptoms (H1). As prior studies show that strong peer support and active coping often decrease depressive symptoms (Bradbury et al., 2018; Kaltiala-Heino et al., 2001; Ren et al., 2018; Vaughan et al., 2010), it was predicted that peer support and active coping would negatively associate with depressive symptoms (H2). Although previous studies show that active coping often negatively relates to depressive symptoms (Compas et al., 2006; Hampel & Petermann, 2006; Herres, 2015), few studies have tested whether active coping explains the relationship between parental criticism and depressive symptoms while controlling for peer support; therefore, this relationship was exploratory (RQ1).

Method

Participants

Secondary data was from the National Survey of American Life (NSAL-A) Caribbean and Black Adolescent sample (2003–2004). The data comprised of 1170 adolescents ranging in age from 13 to 17 years old. Participants were either African American (n = 810) or Caribbean Black (n = 360) and lived with a Black parent in the United States. 54.2% female, 32% were from Jamaica, 18.7% Haiti, 10.5% Trinidad and Tobago, 5.6% Guyana, 4.7% Barbados, and 3.8% Puerto Rico. Their parents reported their income ranges from $18,000–$54,999 with an average income of $38,829. Religiously, there were 27% Catholic, 23.9% Protestant, 13.7% Pentecostal, and 3% non-denomination.

Procedure

The NASAL-A was conducted to survey a sample of African American Black Caribbean and non-Hispanic White adolescents and adults by the Program for Research at the University of Michigan's Institute for Social Research. Prior to participation, the original authors attained IRB approval from the University of Michigan's research compliance department. For recruitment, African Americans and Black Caribbean's who identified their ethnic heritage as Black gave consent, and adolescents assented to participate in the study. Afterward, interviews were conducted by trained research assistants, and 82% of the interviews were conducted face to face. However, 18% of the interviews were conducted via telephone. The overall response rates were 80.6% for African Americans and 83.5% for Black Caribbean's. Afterward, participants were given US$50 for participation.

Dependent Variable

Depression

Depressive symptoms were measured using the 12-item CES-D inventory (Radloff, 1977). This inventory measures the extent to which individuals experience depressive symptoms. Example items are, "I feel depressed" and "I have trouble concentrating" measured on a 4-point Likert scale ranging from 0 (rarely or none of the time; less than one day) to3 (most or all the time; 5–7 days). Positively worded items were reverse scored, and all items were averaged together to create one item, (a = 71). Higher scores indicate greater depressive symptoms.

Predictor Variables

Maternal Criticism

Maternal criticism was measured by asking adolescents 4 questions pertaining to the degree to which their parents were critical of them. An example of item is, "Mom is often critical of me" measured on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Items were averaged together, which created one item, ($\alpha = 75$). Higher scores represent increased maternal criticism.

Paternal Criticism

Paternal criticism was measured by asking adolescents 4 questions pertaining to the degree to which their parents were critical of them. An example of item is, "Dad is often critical of me" measured on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Items were averaged together, which created one item, ($\alpha = 75$). Higher scores represent increased paternal criticism.

Active Coping

Active coping was measured using 12-item John Henryism scale for active coping (James et al., 1983). This scale measures the degree to which individuals have a greater willingness to cope with difficult psychological stressors. An item is, "When things don't go the way I want them to, that just makes me work even harder" measured on a 4-point Likert scale ranging from 1 (completely false) to 4 (completely true). Items were reverse scored when necessary and averaged together creating one item, ($\alpha = 73$). Higher scores indicate higher levels of active coping.

Control Variable

Peer Support

Peer support was measured by asking adolescents 3 questions pertaining to their perceived emotional support from their peers. An example item is, "How often do your friends make you feel loved and cared for? Measured on a 4-point Likert scale ranging from 1 (never) to 4 (very often). Items were reversed scored, when necessary, averaged together creating one item, (α = 71). Higher scores indicate increased peer support.

Analytical Strategy

There were two analyses used to answer the hypotheses and the research question. A simultaneous linear regression was used to test whether parental criticism, adaptive coping and peer support associate with depressive symptoms. Then to explore whether active coping explains the relationship between parental criticism and depressive symptoms, an Andrew Hayes PROCESS (model 4) was used while controlling for peer support. Because mediation analysis on PROCESS only allows for one independent and dependent variable at a time, two mediation analyses were conducted in which within each step, either maternal or paternal criticism was modeled as the predictor variable and active coping as the mediator and depressive symptoms as the dependent variable while controlling for peer support.

Table 1 Correlations, means, standard deviations, skew, and scale reliability

Variable	1	2	3	4	5
1. Maternal-C	–				
2. Paternal-C	0.52***	–			
3. Peer support	−0.22***	−0.09**			
4. Active coping	−0.14***	−0.08**			
5. Depressive-S	0.24***	0.22***			
M	2.76	2.51	3.38	3.39	0.676
SD	0.931	0.927	0.593	0.352	0.574
Skew	0.37	0.24	−0.88	−0.76	0.99
Cronbach's α	α = 75	α = 75	α = 71	α = 73	α = 71

Maternal-C maternal criticism, *Paternal-C* paternal criticism, *Depressive-S* depressive symptoms

**$p < 0.01$

***$p < 0.001$

Table 2 Regression coefficients and standard errors for depressive symptoms as the outcome variable

Variables	Depressive symptoms	
	b (SE)	95% CI
Maternal criticism	0.08 (0.02)***	[0.03, 0.12]
Paternal criticism	0.09 (0.02)***	[0.04, 0.13]
Peer support	−0.10 (0.03)***	[−0.16 −0.03]
Active coping	−0.14 (0.05)**	[−0.24, −0.03]
R^2	0.09***	–

*$p < 0.05$

**$p < 0.01$

***$p < 0.001$

Results

Prior to final analysis, all continuous variables were mean centered and assessed for univariate and multivariate normality, and multicollinearity. There were no problematic data, and the variables were not highly correlated. Means, standard deviations, and correlations were presented in Table 1. Maternal criticism ($r = 0.24$, $p < 0.001$) and paternal criticism ($r = 0.52$, $p < 0.001$) were both positively related to depressive symptoms. However, peer support ($r = -0.22$, $p < 0.001$) and adaptive coping ($r = -0.14$, $p < 0.001$) were both negatively associated with depressive symptoms.

Testing whether maternal, paternal criticism, adaptive coping, peer support associated with depressive symptoms, the overall model was significant, $R^2 = 0.09$, $F(4, 879) = 21.965$, $p < 0.001$. Maternal criticism, (β = 0.08, $p < 0.001$) and paternal criticism, (β = 0.09, $p < 0.001$) were positively associated with depressive symptoms. However, adaptive coping, (β = −0.14, $p = 0.01$) and peer support (β = −0.10, $p = 0.03$) were both negatively related to depressive symptoms (Tables 2, 3, 4).

Mediation Analysis

In the first mediation analysis using maternal criticism as the predictor variable and active coping as the outcome variable, the overall model was significant, $R^2 = 0.05$, $F(2, 1138) = 31.536$, $p < 0.001$. Peer support (β = 0.10, $p < 0.001$) was positively related to active coping. However, maternal criticism (β = −0.04, $p = 0.03$) was negatively associated with active coping. Then in the second step in which depressive symptoms was the outcome variable, the overall model was significant, $R^2 = 0.09$, $F(3, 1137) = 35.691$, $p < 0.001$. Maternal criticism (β = 0.12, $p < 0.001$) was positively related to depressive symptoms. However, active coping (β = −0.12, $p = 0.01$) and peer support (β = −0.12, $p < 0.001$) were both negatively related to depressive symptoms.

Indirect effects were used to test whether active coping mediated the relationship between maternal criticism and depressive symptoms while controlling for peer support. Results suggest that active coping explained the relationship between maternal criticism and depressive symptoms, $IE_{coefficient} = 0.0052$, $SE_{boot} = 0.02$, 95% CI_{boot} [0.0007, 0.0118] (Fig. 1).

In the second mediation analysis using paternal criticism as the predictor variable and active coping as the outcome variable, the overall model was significant, $R^2 = 0.06$, $F(2, 899) = 28.3514$, $p < 0.001$. Peer support (β = 0.13, $p < 0.001$) was positively related to active coping. However, paternal criticism (β = −0.02, $p = 0.04$) was negatively associated with active coping. Then in the second step in which depressive symptoms was the outcome variable, the overall model was significant, $R^2 = 0.08$, $F(3, 898) = 26.9542$, $p < 0.001$. Paternal criticism (β = 0.13, $p < 0.001$) was positively associated with depressive symptoms. However, active coping (β = −0.15, $p = 0.01$) and peer support (β = −0.13, $p < 0.001$) were both negatively associated with depressive symptoms.

Indirect effects were used to test whether active coping mediated the relationship between paternal criticism and depressive symptoms while controlling for peer support. Results suggest that active coping not explain the relationship between paternal criticism and depressive symptoms, $IE_{coefficient} = 0.0038$, $SE_{boot} = 0.02$, 95% CI_{boot} [−0.0002, 0.0105] (Fig. 2).

Discussion

There were two main goals of the current study. The first goal was to examine whether active coping, maternal and paternal criticism, and peer support are related to depressive symptoms. The second goal was to explore whether active

Table 3 Regression coefficients and standard errors for each step in the mediation analysis

Variables	Active coping		Depressive symptoms	
	b (SE)	95% CI	*b* (SE)	95% CI
Maternal criticism	−0.04 (0.01)**	[−0.06, −0.01]	0.12 (0.01)***	[0.09, 0.16]
Peer support	0.10 (0.01)***	[0.07, 0.14]	−0.12 (0.02)***	[−0.17, −0.06]
Active coping	–	–	−0.12 (0.04)**	[−22, −0.03]
R^2	0.05***	–	0.08***	

*$p < 0.05$
**$p < 0.01$
***$p < 0.001$

Table 4 Regression coefficients and standard errors for each step in the mediation analysis

Variables	Active coping		Depressive symptoms	
	b (SE)	95% CI	*b* (SE)	95% CI
Paternal criticism	−0.02 (0.01)*	[−0.04, −0.01]	0.12 (0.02)***	[0.09, 0.16]
Peer support	0.13 (0.01)***	[0.09, 0.17]	−0.12 (0.03)**	[−0.19, −0.06]
Active coping	–	–	−0.14 (0.05)**	[−25, −0.04]
R^2	0.05***	–	0.08***	

*$p < 0.05$
**$p < 0.01$
***$p < 0.001$

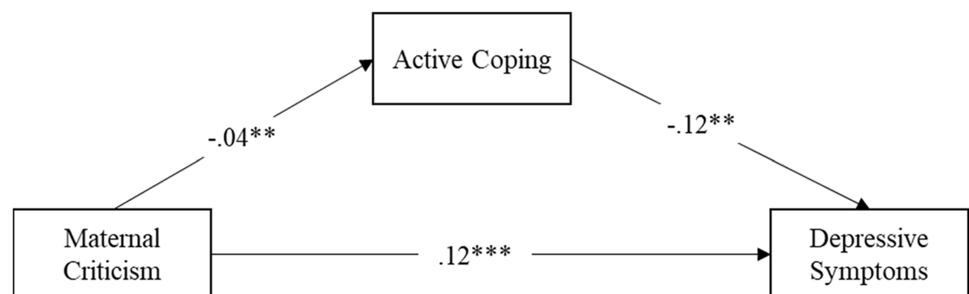

Fig. 1 This mediational model depicts active coping explaining the relationship between maternal criticism and depressive symptoms while controlling for peer support

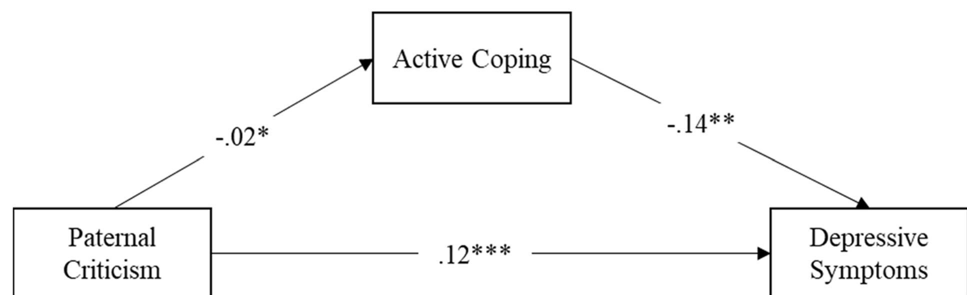

Fig. 2 This mediational model depicts active coping explaining the relationship between paternal criticism and depressive symptoms while controlling for peer support

coping explained the relationship between maternal/paternal criticism and depressive symptoms while controlling for peer support. The first hypothesis posited that maternal and paternal criticism would positively associate with depressive symptoms (Hypothesis one supported). As expected, increased parental criticism positively associated with depressive symptoms. These results were consistent with prior literature, which suggested that critical parenting can lead to depressive symptoms among adolescents (Asarnow et al., 1994, 2001; Berla et al., 2022). One possible explanation for these results. One explanation could be that as parents were critical of their child, their criticism increased emotional dysregulation (Saritas et al., 2013; Skripkauskaite et al., 2015), subsequently leading to depressive symptoms.

Hypothesis two stated that peer support and active coping would negatively associate with depressive symptoms (Hypothesis two supported). Consistent with previous studies (Compas et al., 2006; Hampel & Petermann, 2006; Herres, 2015; Kaltiala-Heino et al., 2001; Ren et al., 2018), results suggest that both active coping and peer support was negatively associated with depressive symptoms. One explanation of these results could be that adolescents had strong emotional and social support from their peers and were able to use active coping strategies such as engaging in problem-solving behaviors and deep breathing, which decreased their likelihood of endorsing depressive symptoms. Another explanation could be that being preoccupied with associating with supportive peers and using active coping skills reduced the likelihood of ruminating on events, subsequently protecting against depressive symptoms.

Pertaining to the first mediation findings, results suggest that maternal criticism negatively related to active coping, which then negatively associated with depressive symptoms. That is, although increased maternal criticism could have disrupted active coping strategies, critical parenting negatively associated with depressive symptoms. This partially supports previous findings, suggesting that parental criticism often weakens the utility of active coping strategies when in distress (Caples & Barrera, 2006; Dallaire et al., 2006; Patterson & Reid, 1984). In this case, maternal criticism decreased active coping, but it did not increase depressive symptoms. It is possible that despite experiencing criticism, which impeded effective coping, previously learned active coping strategies such as problem-solving and reframing the valance of events could have reduced the likelihood of endorsing depressive symptoms.

While active coping explained the relationship between maternal criticism and depressive symptoms, data did not support this relationship in the paternal criticism model. Specifically, active coping did not mediate the relationship between paternal criticism and depressive symptoms. One reason for these results could be although previous studies suggest that paternal critical parenting style often disrupts active coping strategies (Meesters & Muris, 2004; Wang et al., 2021), it is possible that due to frequent absent paternal presence in African American homes (Markowitz & Ryan, 2016) paternal criticism was not enough to play a role in adolescents coping strategies, which then had no effect on endorsing depressive symptoms. Another reason could be, although not tested, perhaps adolescents might have perceived paternal criticism as motivational and less negative compared to maternal criticism. For example, in certain families, it is expected for the mother to be more nurturing and less critical compared to the father. Because at times, it is expected for the father to be controlling and critical (Simons & Conger, 2007), the adolescent might have been desensitized to the criticism, which then had no effect on the endorsement of depressive symptoms.

Clinical Implications

As results show that parental criticism often increases depressive symptoms, there are several implications of these results. One possible implication is that parents should refrain from engaging in critical and harsh parenting and replace these practices with warm and collaborating parenting styles. Family clinicians and psychologists should teach parents how to effectively communicate with their children and learn emotion managing tactics that could aid in coping with negative emotions aroused by their child's misconduct, which could then influence critical parenting (Wang et al., 2021). It is possible that, on the one hand, parents are often unaware that their parental style is critical and authoritarian in nature. On the other hand, parents were unaware of

adverse effects associated with their parenting style. Therefore, it is imperative that psychologists and clinicians use empirically supported parenting style assessments to teach parents the effects of parental criticism through psychoeducation and encourage fostering a positive parent–child relationship.

Parents should incorporate active coping strategies such as encouraging problem-solving behaviors and distress tolerance techniques in their children because these active coping strategies can serve as protective factors against endorsing depressive symptoms. Additionally, parents should encourage the child to foster positive relationships with supportive peers within the community or at school.

Because mediation findings reported varying results pertaining to active coping explaining the relationships among maternal/paternal and depressive symptoms, there are differing implications for parents and psychologists. First, although maternal criticism decreased active coping, critical parenting was not enough to trigger depressive symptoms. In therapy, psychologists and clinicians should teach parents effective communication tactics with their children, such as emotion reappraisal and problem-solving techniques. These coping strategies have been shown to decrease depressive symptoms among adolescents (Fussner et al., 2015; Lennarz et al., 2019; Schweizer et al., 2020).

Regarding paternal criticism and active coping, although active coping did not explain the relationship between paternal criticism and depressive symptoms, paternal criticism did negatively associate with active coping. Because a prior study suggests that in certain cases, father-child relationships tend to be more strongly related to internalizing and externalizing symptoms among adolescents than mother–child relationships (Williams & Kelly, 2005), psychologists and clinicians should aim to promote father-child communications in therapy and explore leisure activities between father-child outside of therapy. Emphasizing father-child extracurricular activities could strengthen their relationship, fostering active coping strategies and decreasing the likelihood of endorsing depressive symptoms.

Community Mental Health

Because the sample of this study comprised African American adolescents and their families, there are community mental health implications for increasing their willingness to engage in mental health-seeking behaviors. As prior literature indicated, African Americans are often less likely to seek or engage in therapy due to increased stigma (Kranke et al., 2012; Murry et al., 2011) and financial difficulties (Copeland & Snyder, 2011; Davis et al., 2008). To combat these two serious challenges, mental health advocates should promote mental health-seeking behaviors by spreading destigmatizing posters within the community, which has been shown to significantly decrease mental illness stigma (Corrigan et al., 2014; Yamaguchi et al., 2011). Additionally, spreading destigmatizing posters could increase contact between community members and mental health professionals, fostering positive relationships and increasing the willingness for health-seeking behavior. Pertaining to financial difficulties, mental health advocates should campaign for affordable community mental health facilities that are well-staffed with clinicians and ethically competent psychologists.

Limitations and Conclusion

There are various limitations of this study. One limitation is that although parental criticism was positively associated with depressive symptoms, it is possible that the time difference of the critical messages could also associate with depressive symptoms. For instance, infrequent compared to consistent criticism might differ in their association with depressive symptoms. Future studies should examine the frequency of parental criticism and depressive symptoms. Another limitation is that this study used a cross-sectional design, which is not appropriate to examine the impact of parental criticism on depressive symptoms over time. Therefore, future studies should test whether the relation between parental criticism and depressive symptoms changes over time.

Conclusion

This study provided new insight into parent–child communication and depressive symptoms. Specifically, this study highlighted parental criticism as a risk factor for depressive symptoms. While parental criticism serves as a risk factor for depressive symptoms, peer support and active coping could decrease the likelihood of adolescents endorsing depressive symptoms. Additionally, this study provided methods of combating mental health-seeking barriers among African American population, such as spreading posters and advocacy among mental health professionals.

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