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## MINDFUL PARENTING: A PILOT STUDY OF THE “BRIEF MINDFULNESS INTERVENTION PROGRAM” (BMIP) IN THE EDUCATIONAL CONTEXT

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### **Abstract**

The present study aims to develop and examine the effectiveness of an intervention program in Mindfulness in the relationships between parents and adolescents. After elaborating the “Brief Mindfulness Intervention Program (BMIP) program, we designed a quasi-experimental study with a control group, involving 37 parents with children in Secondary Education. The program consists of eight 1-hour weekly sessions, and these cover both the theoretical underpinnings and the mindfulness practice. Measures of full attention or mindfulness, interpersonal reactivity, satisfaction with their parenting abilities, and satisfaction with parent-child relationships were taken. We found significant differences in the levels of mindfulness; finding higher levels after the intervention. However, there were no significant results in any of the variables of interpersonal reactivity, which may require more time for improvement and stability. Finally, we found significant results in parents' satisfaction, with an increase in their satisfaction both in their parental abilities and in the relationship with their children. These data corroborate the effectiveness of the program to improve family relationships. As a general conclusion, although some results were controversial, and

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several improvable aspects were detected, the pilot study of the Brief Mindfulness Intervention Program presents promising results as a family risk prevention instrument.

**Keywords:** mindful parenting, Mindfulness, relationships, parenting, intervention program

Jon Kabat-Zinn defines *mindfulness* as the consciousness that emerges through paying attention on purpose, in the present moment and nonjudgmentally, to the flow of experience moment by moment (Kabat-Zinn, 2003). Within the multiple benefits of mindfulness, one of the most outstanding is the reduction of stress and anxiety (Hofmann et al., 2010; Mañas, 2009; Siegel et al., 2009; Waters, 2016), which has been shown to be very positive for the treatment of many disorders, and has led to the development of Mindfulness-Based Stress Reduction (MBSR) programs (Baer et al., 2012; MacCoon et al., 2012; Vollestad et al., 2011). These programs have been applied in the treatment of various pathologies such as cancer (Campbell et al., 2012), fibromyalgia (Quintana& Rincón, 2011), or depression (Hofmann et al., 2010).

The practice of mindfulness has been found to improve emotion regulation (Hill & Updegraff, 2012; Jazaieri et al., 2014; Prakash et al., 2015) and increase empathy (Simpson, 2015). With regard to emotion regulation, it has been observed that the benefits occur through control of the secondary emotional response—awareness of the response—and not so much through the primary emotion generated by the initial situation (Myers, 2012). Neurological studies have shown that people with greater mindfulness require fewer regulatory resources to reduce emotional activation (Lutz et al., 2014; Watford & Stafford, 2015).

With regard to empathy, cognitive and affective processes have both been taken into account when analyzing the benefits. Within the cognitive processes, according to Davis (1983), perspective-taking is the intellectual ability to adopt the point of view of another person, and has been positively related in multiple studies to mindfulness (Block-Lerner et al., 2007; Calam, 2016; Gilroy, 2011; Nilsson, 2016). On another hand, the affective processes, including personal anxiety and empathic concern, have also been linked to the practice of mindfulness, such that its practice increases the empathic perspective and diminishes personal anxiety (Block-Lerner et al., 2007; Gilroy, 2011; Nilsson, 2016).

## **Mindfulness and mindful parenting**

The first reflection on the application of mindfulness to parenting was published by Myla and Jon Kabat-Zinn (Kabat-Zinn & Kabat-Zinn, 1997), who recommended extending and integrating the practice of mindfulness into family life. They suggested that the daily practice of mindfulness by parents would result in greater awareness of the changing needs of their children's development from

birth to adulthood. Later, Dumas (2005) developed training in mindfulness for parents to break the automaticity of inappropriate parental interactions.

This approach has been found to be especially useful in adolescence, when teens undergo a restructuring of the self (Siegel, 2018). As they reach puberty, sexual organs are developed and hormonal changes occur. This leads to a rise in sexual curiosity on the grounds that their somatic organization is experiencing changes (Coatsworth et al., 2014). There is also a change in the way they relate to others, distancing themselves from their parents so as to achieve a better connection and identification with their peers. Even though emotional bonds are realigned at this point, adolescents still benefit from their relationships with adults and it is important to keep communication open between parents and their children through interdependence (Siegel, 2018).

Mindfulness brings awareness to automatic processes, increasing the potential for making conscious decisions about behavioral responses, discovering emotions while they are emerging, and learning to stop and think before acting (Bögels et al., 2010; Coatsworth et al., 2015). That is, if parents become more aware of how they are responding to their children, they could make their response more positive and healthier and, in consequence, strengthen the bond (Bhandal, 2015; Moreira et al., 2018).

If parents maintain full attention on the present when they interact with their children, they can become aware of aspects that need to be taken into consideration in their growing up (Bhandal, 2015) and, in this way, find the right distance needed when relating to their children. However, it is not enough to be aware and pay full attention to the present moment; mindfulness also implies an intention and an attitude of acceptance and nonjudgment to what they may think or feel (Kabat-Zinn, 2003).

Acceptance refers to seeing things as they are, accepting both the external and internal experience of different situations. Various studies have shown that the practice of mindfulness increases parents' emotion regulation in interactions with their children and it also helps them to cope with the stressful complexity of bringing up an adolescent (Bhandal, 2015; Coatsworth et al., 2014; Duncan et al., 2009; Kirby, 2016; Moreira & Canavarro, 2018; Quaglia et al., 2015).

The attitude of nonjudgment refers to the intention of filtering one's thoughts and trying to be impartial witnesses of one's own existence, without judging it as good or bad (Kabat-Zinn, 2003). Parents often make subconscious judgments about their children's attributes, and this can influence the minors' expectations and behavior (Friedmutter, 2015). Young people have their own thoughts, feelings, desires, and objectives and these may not coincide with those of their parents (Coatsworth et al., 2010). If there are no judgments present, it is easier to understand the children's inner experiences (Coatsworth et al., 2014; Moreira & Canavarro, 2018; Friedmutter, 2015).

## **Present study**

Recently research on the influence of Mindfulness in parenting has increased. Evidence-based parenting programs are an essential pathway to build nurturing family environment (Kirby, 2016). Nevertheless, most studies have considered Mindfulness as a construct and therefore, research based on the practice of Mindfulness as a parenting tool is rare (Skoranski et al., 2019). There have been interventions on parents with children that suffer from autism spectrum disorder (Hwang et al., 2015), with especial needs (Burke et al., 2017), during the perinatal period (Duncan & Bardacke, 2010), or in economically disadvantaged families (Lo et al., 2019), among others. MBSR programs have been used for parenting in families with children with some type of pathology (Bazzano et al., 2013; Roberts et al., 2020), finding benefits in reducing parental stress and better management of difficulties. However, they have not been applied to parents with young children in the non-clinical population. For this purpose, some authors have added additional Mindfulness activities to parenting programs (Altamaier & Maloney, 2007; Duncan et al., 2009). However, no specific mindfulness programs have been validated to address parenting in adolescence.

For this reason, we developed a Brief Mindfulness Intervention Program (BMIP) for parents with adolescent children. This program consists of eight weekly one-hour sessions. The content is organized in two large blocks: (a) attitudes, mindfulness concepts, and personal practice; and (b) interpersonal variables in the parent-child relationship.

The MBSR programs were taken as reference for the development of the program, (Baer et al., 2012; Kabat-Zinn, 2003; MacCoon et al., 2012), as well as some studies focused on parenthood (Altamaier & Maloney, 2007; Bögels & Restifo, 2014; Coatsworth et al., 2014; Friedmutter, 2015; Gershay et al., 2017; Vysniauskyté-Rimkienė, 2019), and the aforementioned program of Duncan et al. (2009).

However, our objective is to go one step further, developing a program that focuses on addressing not only on the practice of mindfulness as a tool, but also on parenting aspects from a mindfulness perspective. For this purpose, as soon as the participants become familiar with the practice of mindfulness, the work is focused on aspects of the relational dynamics with their children.

Participants deepened the concept of mindfulness, specifically the determination of the attitudes required for its practice (nonjudging, patience, confidence, beginner's mind, giving in, not striving, and acceptance), and practicing the essential instruction of observing what is happening in the present moment (thoughts, feelings, and emotions) (Kabat-Zinn & Kabat-Zinn, 1997). In addition, we trained them in different types of meditation (breathing, body scan,

walking, daily activities) (Simón, 2013); and we provided them with several audio tapes with guided meditations to practice at home. The different concepts of mindfulness are first worked on at the individual level in order to then extend them progressively to the parent-child relationship. In addition, homework was used to extend the mindfulness strategies worked on in the session concerning the relationship with the children.

The objective of the study is twofold: on the one hand, to develop and test the effectiveness of a Brief Mindfulness Intervention Program for parents, focused on the levels of full attention, empathic concern, perspective-taking, and personal anxiety; and on the other hand, to determine its efficacy in improving the relationships between parents and children.

We expected to find a greater capacity for mindfulness as well as higher levels of perspective-taking, empathic concern, and lower levels of personal anxiety in the experimental group after the post-treatment assessment (Hypothesis I). We also expected to find parents' greater satisfaction with the parent-child relationships after the intervention (Hypothesis II).

## Method

### *Participants*

This study involved a total of 37 participants, all of them parents with at least one child aged 12 to 16 studying Secondary Education. We used nonprobabilistic sampling. Concerning gender and age, 18.9% of the participants were men and 81.1% were women, aged between 38 and 52 years ( $M = 46.46$ ,  $SD = 3.185$ ). The control group was made up of 18 people (3 men and 15 women) with a mean age of 46 years ( $SD = 3.881$ ). The experimental group was made up of 19 people (4 men and 15 women) with a mean age of 46.89 years ( $SD = 2.378$ ). Two of the participants left the intervention at the beginning.

The two groups were homogeneous in all the variables of the study, as shown in Table 1. They were also homogeneous in prior experience in mindfulness ( $\chi^2 = .002$ ,  $p = .961$ ) and in the existence of other simultaneous psychological treatments ( $\chi^2 = .473$ ,  $p = .491$ ), both analyzed with the chi-square statistic.

**Table 1.** Initial differences between the control group and the experimental group.

	Control group			Experimental group			T	p	d
	N	M	SD	N	M	SD			
Level of attention	18	60.28	13.77	19	54.68	12.75	-1.28	.208	-.42
Interpersonal reactivity									
Perspective-Taking	18	25.22	4.53	19	24.47	4.89	-.48	.633	-.16
Fantasy	18	20.39	4.22	19	22.74	5.37	1.47	.150	.49
Empathic concern	18	28.06	3.26	19	26.95	5.42	-.75	.459	-.25
Personal anxiety	18	20.67	6.28	19	19.16	4.96	-.81	.421	-.27
Satisfaction w. parental capabilities	18	7.56	1.29	19	6.74	1.82	-1.57	.126	-.52
Satisfaction w. relationship with children	18	7.56	1.85	19	6.63	1.71	-1.58	.123	-.52

\* $p < .05$ . \*\* $p < .001$ .

## Instruments

The following questionnaires were administered:

*Socio-demographic questionnaire*: this was developed specifically for the study, collecting data of gender, age, marital status, number of children, previous experience in mindfulness, and presence of other simultaneous psychotherapeutic interventions.

*Interpersonal Reactivity Index* (IRI; Davis, 1980). It consists of 28 items, which are divided into 4 independent dimensions of 7 items each. These dimensions are: Perspective-Taking, Fantasy, Empathic Concern, and Personal Anxiety. *Perspective-taking* refers to the ability to understand the point of view of the other person (e.g., *I often find it difficult to see things from the point of view of the other person*). The *Fantasy* subscale assesses people's imaginative capacity to place themselves in fictitious situations (*I dream and fantasize quite often about the things that could happen to me*). Both of these dimensions measure cognitive processes. The *Empathic Concern* subscale refers to feelings of compassion, care, and affection in the face of others' distress. It is oriented toward others' feelings (*I am sometimes not very concerned about other people when they have problems*). Finally, the subscale of *Personal Anxiety* evaluates the feelings of anxiety and distress that people manifest when observing others' negative experiences. These are self-oriented feelings (*In emergency situations, I feel apprehensive and uncomfortable*). These latter two subscales assess emotional processes. The response format is a 5-point Likert type scale ranging from 1 (*does not describes me well*) to 5 (*describes me very well*). The instrument's psychometric properties have been proven to be suitable, presenting a Cronbach alpha above .70 on all

subscales, except for the dimension of Empathic Concern, which obtained .67. In this work, we used the version adapted by Pérez-Albéniz et al. (2003).

*Mindful Attention Awareness Scale* (MAAS; Soler et al., 2012). This scale presents a univariate view of the construct attention/awareness of the present moment, globally assessing people's dispositional ability to remain observant and conscious of the experience of the present moment in everyday life. The scale contains 15 items with a 6-point Likert-type response format ranging from 1 (*almost always*) to 6 (*almost never*). Some of the items are: *I find it difficult to focus on what is happening in the present; It seems as if I am "on automatic pilot" without too much awareness of what I'm doing.* The internal consistency of the questionnaire is high, with a Cronbach alpha of .90 (Soler et al., 2012).

*Satisfaction with parental skills and satisfaction with the parent-child relationship.* For these variables, we used two digital-analogical scales, completed by parents to assess their subjective perception on the quality of the relationship with their children and with their parental role. These scales were created for this study. Both scales have a single item which could be rated from 1 to 10, with 10 being the greatest possible satisfaction.

## Procedure

The training consisted of eight 1-hour weekly sessions (Table 2). We used a quasi-experimental pre-post intervention design with a control group (Kazdin, 2002). The questionnaires were administered before and after the training in mindfulness, both in the control group and the experimental group, with an interval of two months.

**Table 2.** Parental Training Program in Mindfulness Based on Sessions and Dimensions Addressed.

Dimensions addressed			
	ATTENTION TO...	BASIC ATTITUDES	FAMILY APPLICATION
<b>Session 1</b>	Completion of questionnaires. Presentation. Introduction to Mindfulness. Attention to the present. Objectives and contents.		
<b>Session 2</b>	Thoughts	Acceptance Non-judgment	Self-observation of automatic responses. Self-compassion of parental role.
<b>Session 3</b>	Thoughts	Do not strive	Self-observation in family communication. Awareness of being present at home.
<b>Session 4</b>	Body sensations	Beginner's mind	Listen with full attention to parent-child relations. Awareness of non-verbal communication.
<b>Session 5</b>	Body sensations	Patience	Non-judgment and acceptance of children.

Dimensions addressed			
	ATTENTION TO...	BASIC ATTITUDES	FAMILY APPLICATION
<b>Session 6</b>	Emotions	Confidence	Awareness of own and children's emotions.
<b>Session 7</b>	Emotions	Giving in	Parental self-regulation.
<b>Session 8</b>	Global	Thanking	*Closing the group plus completing questionnaires.

\*\* This is an experiential workshop accompanied by some theoretical explanations. The basis of the workshop is supported by the formal and informal practice of mindfulness.

For the selection of the experimental group, we offered the workshop to all parents of the same school, and all interested parties were accepted without any established criterion. Those parents who did not want to take the workshop or could not participate due to any circumstances agreed on collaborating voluntarily in the research, only filling in the questionnaires; that is, without taking the workshop. Thus, the control group sample was obtained. At the beginning of the workshop, there were a total of 19 participants in the experimental group, of whom 2 left the workshop at the beginning, and 17 continued until the end.

The program took place in the school premises, in a large open-plan room which was modified to serve as a venue for it. The room had chairs to address oral and theoretical aspects and mats where meditation exercises could be done.

### **Ethical aspects**

The study took into account the ethical assumptions related to voluntariness, confidentiality of data, minimal risk, etc. We took care that conditions would be suitable for the attendees' comfort. The person in charge of the intervention, a psychologist who is a specialist in Personal Development and Mindfulness, as well as a family therapist, had the required skills for this purpose. The instructor did not have any type of relationship with the participants. The fathers and mothers who participated in the intervention signed an informed consent. The fathers and mothers who made up the control group participated voluntarily and were informed previously that they would not take part in the intervention.

### **Analysis strategies**

After confirming that the two participating groups were homogeneous (Table 1) and verifying the normal distribution of the variables (through the Kolmogorov-Smirnov test), we determined the results of the study.

Firstly, we confirmed the impact of the intervention, comparing the pre-post intervention differential means of the control and experimental groups. Despite the small size of the two groups, we chose Student's *t*-statistic due to its robustness (Pallant, 2001). The mean of each group was obtained by subtracting the pre-post intervention scores in both groups.

Secondly, we analyzed the differences in the experimental group among the target variables of the study before and after the treatment, using the same statistic. All results were carried out with the SPSS program for Windows version 21 (Norusis, 2012), establishing a significance level of 5% ( $p < .05$ ).

## Results

### *Differences between the control and experimental group*

As shown in Table 3, we found significant differences the degree of mindfulness ( $t = 4.68, p = .00, d = 1.63$ ), with a large and positive effect size. With regard to the interpersonal reactivity, no significant differences were found after the intervention, however but we observed scores with a moderate and positive effect size in the variable empathic concern ( $d = 0.48$ ), and a moderate and negative effect size in fantasy ( $d = -0.34$ ).

We also found significant differences both in satisfaction with parental capacities ( $t = 2.58, p = .017, d = 0.90$ ) and satisfaction with the relationship with the children ( $t = 3.88, p = .00, d = 1.03$ ), with a large size effect in both variables (Table 3).

**Table 3.** Differences in pre-post intervention scores in the control group and experimental group.

	Control group			Experimental group			<i>T</i>	<i>p</i>	<i>d</i>
	<i>N</i>	<i>M<sub>diff</sub></i>	<i>SD</i>	<i>N</i>	<i>M<sub>diff</sub></i>	<i>SD</i>			
Level of attention	18	1.06	3.47	16	9.13	6.07	4.68	.00**	1.63
Interpersonal reactivity									
Perspective-Taking	18	-.06	2.85	16	.81	6.12	.52	.609	.16
Fantasy	18	-.33	1.91	16	-1.63	5.01	-1.01	.318	-.34
Empathic concern	18	-.028	2.19	16	2.38	6.52	1.55	.138	.48
Personal anxiety	18	-1.06	3.13	16	-.88	3.34	.16	.872	.05
Satisfaction w. parental capabilities	18	.11	.32	16	.56	.63	2.58	.017*	.90
Satisfaction w. relationship with children	18	-.11	.58	16	.88	.89	3.88	.00**	1.03

*Pre-post intervention in the experimental group changes*

In Table 4 are shown significant differences in mindfulness ( $t = -6.01, p = .00, d = 0.96, M_1 = 51.69, M_2 = 60.81$ ), with large effect sizes. Changes in satisfaction with parental capacities were also significant ( $t = -3.58, p = .003, d = 0.36$ ), as was satisfaction with the relationship with the children ( $t = -3.95, p = .001, d = 0.60$ ). Both results were consistent with our expectations, that is, the means increased after the intervention.

Finally, although it was not a statistically significant result, we highlight the moderate effect size of empathic concern ( $d = 0.47$ ).

**Table 4.** Differences in scores in the experimental group before and after the intervention.

	N	Pretreatment		Posttreatment		<i>t</i>	<i>p</i>	<i>d</i>	N
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
Level of attention	19	51.69	10.31	60.81	8.58	-6.01	.00	0.96	16
Interpersonal reactivity									
Perspective-Taking	19	24.88	5.20	25.69	3.48	-.53	.603	.18	16
Fantasy	19	22.63	5.00	21.00	6.51	1.29	.215	-.28	16
Empathic concern	19	27.00	5.77	29.38	4.13	-1.46	.166	.47	16
Personal anxiety	19	19.69	4.99	18.81	4.74	1.05	.312	-.18	16
Satisfaction w. parental capabilities	19	6.50	1.75	7.06	1.34	-3.58	.003	.36	16
Satisfaction w. relationship with children	19	6.31	1.49	7.19	1.42	-3.95	.001	.60	16

\*  $p < .05$ . \*\*  $p < .001$ .

## Discussion

The present study presents a brief intervention in mindfulness for the improvement of parent-child relationships, thereby contributing to the few existing family intervention programs through mindfulness.

The exploratory study has yielded promising results, although not all the outcomes pointed in the expected direction.

Firstly, regarding the main hypothesis, the results confirmed the efficacy of the Brief Mindfulness Intervention in the parents' increased levels of mindfulness. As in this study, other authors such as Altamaier and Maloney (2007) or Coatsworth et al. (2014) found a significant increase in the parents' capacity of attention. However, the results of the study did not show the expected changes in the interpersonal reactivity. The literature offers confusing results about this. Some authors like Coatsworth et al. (2015) also found no significant differences and argued that it could be that exposure to mindfulness practices have a destabilizing

effect by increasing the awareness both of pleasant and unpleasant emotions, and temporarily increasing perceived personal anxiety. Other authors such as Dekeyser et al. (2008) found that a greater tendency to attend to the present with mindfulness was associated with greater commitment to empathy. However, they also noted that not all the elements of attention were related to all the elements of interpersonal reactivity (Dekeyser et al., 2008; Moreira & Canavarro, 2018).

Regarding perspective-taking, several studies have shown a positive relationship with full attention or mindfulness (Hoopes, 2009; Block-Lerner et al. 2007; Nilsson, 2016).

Regarding personal anxiety, the results are controversial. Most authors indicate a decrease in personal anxiety after a mindfulness intervention (Pérez-Blasco et al., 2013; Slonim et al., 2015; Thomas, 2011). Thomas explained this by referring to the mediator nature of mindfulness with regard to personal anxiety. Cortell (2009) and Moreira and Canavarro (2018) also noted a decrease in levels of parental stress. The findings of the present study coincide with other authors (Hoopes, 2009; Dekeyser et al., 2008; Thomas, 2011) as we did not find statistically significant change in personal anxiety. However, we did find a moderate effect size and an increase in the mean after the intervention, which lead us to conclude that the results are due to the lack of statistical power associated with the small size of the sample.

Next, the results of the study confirm the second hypothesis of the increase of the parents' satisfaction with their parental abilities and the relationship with their children. In both variables, we found a large effect size and an increase in the measures after the intervention. This result could be explained by the benefits of greater awareness of the relationship between mood and behavior, which produces an increase in the probability of stopping to think before reacting in different situations. Also, the practice of remaining with full attention on their parental relationships could facilitate the ability to remain consistent in their discipline through self-regulation (Duncan et al., 2009; Myhr, 2015; Vysniauskyté-Rimkienė, 2019). These findings are consistent with other data which suggest that mothers who scored high in conscious parenting showed more positive interactions with their children than mothers who scored low (Duncan et al., 2015; Gershay et al., 2017). As in this study, there are other investigations that evaluate parental satisfaction through the use of digital-analogical scales, as they appropriate for the analysis of the results (Nelson & Uecker, 2018).

To conclude, we can suggest, as in Coatsworth et al. (2015) and Kirby (2016), that a brief training in mindfulness, framed in the context of preventive interventions focused on the family, may be a promising approach to improve the quality of the relationship between parents and teenagers, as well as behavior management strategies, which help to create a protective family environment against the development of problems in young people.

## **Limitations and lines of future research**

The longitudinal evaluation of the program showed positive and promising results, although not in all of the variables. Various limitations can be observed that may have contributed to the results. On the one hand, the sample size limits possible analyses and the power of the statistics calculated. This research corresponds to a pilot study whose objective is to obtain initial results to guide future research. We found similar sample sizes in other pilot parenting studies (Lauw et al., 2014; Parent et al., 2011; Sumargi et al., 2014). We consider that the results encourage conducting a new study with a larger sample based on these data.

In addition, the longitudinal nature introduces additional variables that are not always possible to control. On the other hand, we recommend continuing the study with a third measurement phase of follow-up (6 months after the intervention) in order to confirm the stability, consolidation, and development of the initially promising results (Schramm & Calix, 2011). In addition, some variables may need more time to consolidate changes, and it is necessary to make subsequent measurements that allow us to verify changes that may be difficult to detect immediately after the intervention.

Lastly, parental assessment was conducted through self-reports and, in some variables, with visual analog scales. Although the psychometric relevance of these instruments has been highlighted (Simms, 2019), it is necessary to incorporate more complex instruments to analyze the constructs involved. It is also necessary to include measurements that take into account both parents' and children's perception.

It is utterly important to keep on gathering more evidence about the program to improve it. The practice of mindfulness might be a pathway to offer parents the psychoeducation they often need, and help them feel empowered and aligned with each other and remain connected to their children in order to prevent needless pathologizing of normative teen emotionality.

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