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ABSTRACT

This dissertation explores the relationship between attachment styles and mental health difficulties in foster children. It begins by outlining attachment theory, its key concepts, attachment patterns and how early caregiving experiences shape emotional and psychological development. The paper then examines how foster children, due to various reasons such as early trauma, neglect, abuse, attachment and placement disruptions, are more likely to develop insecure or disorganised attachment styles. These attachment patterns are linked to a higher risk of mental health disorders, including anxiety, depression, ADHD, and behavioural issues. While there is a strong connection between attachment and psychopathology, other factors such as environmental conditions, caregiver stress and the child's resilience also play a role. The findings highlight the importance of stable, loving and supportive caregiving and the need for further research to better understand and support the mental health of children in foster care.

INTRODUCTION

One of the most influential theories and frameworks in psychotherapy which provides a deep and comprehensive understanding of how early relationships with mothers and other primary caregivers shape the cognitive, emotional and social development of an individual and that can impact their lifelong mental health is Attachment Theory (Bowlby, 1969) (Thompson et al., 2022). Research has increasingly demonstrated that disruptions in attachment can be linked to the development of specific mental disorders, particularly when compounded by abuse, neglect and other adverse conditions, which unfortunately are circumstances that are very common among foster and at-risk children (Howe, 2005; Zeanah et al., 2011).

Conversations with individuals in the fostering community highlight that attachment issues are common and a significant challenge for many children in foster care. These attachment difficulties can have a lasting negative impact on their lives, leading to various struggles and in some cases, psychopathology. Children who experience disrupted caregiving in early life are at an increased risk of developing a range of emotional and psychological challenges. For children in foster care, or those at risk of entering the system, these attachment issues are often in addition to having histories of trauma, neglect, instability and abuse. As such, more research on children who have experienced childhood adversity and attachment disruptions is crucial for understanding the link between attachment patterns and specific psychopathology in these children and for guiding the development of effective treatment and interventions.

Although there is an established link between childhood adversity and resulting psychopathology, there is less research on the relationship between specific attachment styles or patterns and distinct mental health outcomes or disorders in foster children. Therefore, there is a need for more focussed research to connect attachment theory and more specifically attachment patterns with mental health outcomes in this group of vulnerable children.

This dissertation aims to identify the attachment patterns most prevalent among foster children, to ascertain the mental disorders commonly exhibited by them and to explore the relationship between attachment styles and the development of specific mental disorders in this group. To achieve this, the paper is organised into two main chapters. The first chapter provides an overview of attachment theory, including its origins, the development of attachment classifications, and the specific challenges foster children face in forming attachments, as well as their attachment experiences and styles.

The second chapter explores the prevalence and types of mental disorders in foster children. It also examines and critically reviews research on mental disorders commonly observed among foster children and their potential links to attachment disruption. Finally, the conclusion will summarise the main findings and highlight any limitations.

CHAPTER 1

1.1 This section introduces the key concepts of Attachment Theory, recognising it as one of the most important and influential theories in psychotherapy. Attachment Theory offers a lens through which to understand how early childhood relationships with the mother or the primary caregiver significantly influences human emotional, psychological and social development across the lifespan of an individual (Bowlby, 1969, P.256-259). Primary caregivers create the foundation for emotional security, interpersonal relationships and mental health outcomes throughout a person's life.

Attachment theory, developed by British Psychiatrist and Psychoanalyst, John Bowlby, explains how humans form emotional bonds with their mother or primary caregivers, which are necessary for survival. Bowlby proposed that attachment behaviour is biologically driven, designed to keep children close to their caregivers to ensure safety, comfort, and the fulfilment of their essential needs (Bowlby, 1969, P.222). In addition to its role as a survival mechanism, attachment, this deep emotional bond between a child and their mother, is also crucial for emotional regulation, with disruptions in this attachment system leading to various challenges and difficulties.

Following this, the work will explore Bowlby's concept of the "secure base". "No concept within the attachment framework is more central to developmental psychiatry than that of the secure base" (Bowlby, 1988, P.162-163). Bowlby's notion of secure base is fundamental to his theory on attachment, emphasising the importance of a consistent, reliable and responsive mother or primary caregiver who provides a safe and secure environment. They are essentially the main source of safety, comfort and reassurance. By being caring, attuned, and consistently responsive to the child's needs, this caregiver instils confidence, enabling the child to explore, engage with others, and learn, while also promoting healthy and adaptive development throughout the child's life (Bowlby, 1988, P.10-11). When infants and young

children feel safe and secure in their environment, their attachment system becomes deactivated, allowing them to focus all of their energy on what Bowlby describes as the exploratory behavioural system (Bowlby, 1969). Bowlby explained how the attachment and exploratory systems are thought to function inversely to maintain a sense of security. So, when a child is distressed or afraid, their proximity-seeking attachment behaviours, such as clinging, crying and following are activated, while the exploratory system becomes deactivated. Once the child feels safe and secure again, attachment behaviours abate, allowing the exploratory system to resume (Schechter, 2009).

Internal Working Models (IWM), another concept associated with Bowlby's attachment theory, are mental or emotional representations or templates, the way in which an infant perceives, interprets and stores information about themselves, of what a relationship is, the quality of support and care they receive, their self-worthiness/unworthiness and the reliability of their caregivers to take care of them and keep them safe. These IWMs of self and others are constructed through and as a result of their early childhood repeated attachment experiences, mainly with primary caregivers (Schechter, 2009). This IWM is then used as a foundation for all future relationships. It influences a child's behaviour for subsequent relationships and their expectations in relation to how a caregiver will respond, particularly in times of stress. Bowlby theorised that repeated interactions with the mother or primary caregivers strengthen and mould IWMs that are emerging, which ultimately make them more resistant to change (Bowlby, 1988).

1.2 - The next section outlines the contributions of Ainsworth and subsequent researchers to the development of attachment theory, including the identification or classification of distinct attachment styles. Mary Ainsworth further developed Bowlby's attachment theory and his concept of secure base through her empirical research with the Strange Situation Study (Ainsworth, 1978). Ainsworth's work resulted in the identification of distinct insecure

attachment styles, namely; avoidant and anxious-ambivalent. Subsequently, in the late 1980s, Mary Main and Judith Solomon enhanced this research by introducing the concept of disorganised attachment. The different attachment styles or patterns are influenced by internal working models that determine how an individual perceives and engages in relationships (Main et al., 1990). During the study, Ainsworth observed attachment styles and behaviours in young children between the ages of 9-18 months in the context of the relationship with their mother (Ainsworth, 1978). There was a notable difference in the behaviour between children who had secure and insecure attachment styles. The procedure involved 8 episodes of 1-3 minute intervals where initially, the mother, baby, and observer were in a room, then the observer left. The baby and mother were left alone for 3 minutes, after which a stranger joined them. Shortly thereafter the mother left the baby and stranger alone. The mother then returns and the stranger leaves the room and when the mother leaves again, the baby is left completely alone for 3 minutes, after which the stranger returns for a further 3 minutes. Finally, the mother returns and the stranger exits. The study observers noted and documented the infants' behaviour; their willingness to explore, anxiety as a result of separation from their mother, stranger anxiety and their behaviour when reunited with their mother (Ainsworth, 1978). Ainsworth identified different patterns of behaviour that were displayed during the Strange Situation Procedure, especially during the stressful episodes and when the child and mother were reunited after separation. These various behaviour patterns were then classified into 3 different attachment styles; Secure, Ambivalent/Resistant and Avoidant (Ainsworth, 1978). The behaviour noted for infants who were classified as secure appeared to use their mother as a secure base for exploration and a point of safety to return to. Although their attachment behaviour intensified during separation, upon reunion, they sought contact with their mother and were soothed and happy. However, the Ambivalent infants displayed some signs of anxiety before being separated from their mother. They appeared to be extremely

distressed during separation and when reunited with their mother, they were uncertain, moving between behaviours such as resisting and then seeking close contact. In comparison, the infants who were included in the avoidant group rarely cried during separation from their mother and ignored her completely during the reunion episodes or there was a mix of avoidance with proximity-seeking behaviour (Ainsworth, 1978).

Insecure attachment styles are a consequence of insensitive parenting. The avoidant attachment style is characterised by a child who is emotionally distant, very independent, demonstrates self-reliant behaviours and avoids contact or interaction with their caregivers. This style is often as a result of having a mother or primary caregiver who consistently did not meet nor respond to the needs of the child, they rejected the child, they were emotionally unavailable or dismissive and the child may have perceived them as a source of fear. In contrast, children who have ambivalent attachment styles exhibit conflicting behaviours such as clinginess, over dependency, becoming increasingly distressed when separated, but on reunion they may remain distressed and become angry, while also demonstrating proximity-seeking behaviours (National Collaborating Centre for Mental Health UK, 2015). Caregivers who are unpredictable in their parenting, alternating between nurturing and unreliable and unresponsive behaviour, can lead to the ambivalent or resistant attachment style (Delgado et al., 2022).

The defining characteristic of a disorganised attachment style, identified by Main and Solomon, is that in times of stress, there is no coherent approach for responding to or interacting with the mother and seeking comfort from them (Main et al., 1990). They noticed that some children did not fit the description of other insecure attachment styles. They displayed contradictory behaviours such as approaching the mother, but at the same time exhibiting signs of fear and at other times they seemed disoriented. This attachment style could stem from childhood trauma, maltreatment, abuse, severe neglect or chaotic,

frightening or threatening caregiving (Davis, Carnelley, 2023). Insecure attachment styles can impact the child emotionally, socially and cognitively later in life.

1.3 The following section explores how early disruptions, early adverse experiences and multiple placements impact foster children's ability to form secure attachments and the attachment styles that they may develop. As mentioned above, children who are securely attached are able to seek comfort from their mother or principal caregiver in times of distress and can use this contact to regulate their emotions. Whereas, children who are insecurely attached with either avoidant, ambivalent or disorganised attachment patterns are difficult to comfort and they find it hard to regulate their emotions in stressful situations (Ainsworth et al., 1978). Due to early childhood experiences of neglect, abuse or other adverse conditions, many foster children develop internal working models of attachment which are shaped by poor or negative attachment experiences, impeding the formation of new attachment relationships, as foster children often resist new caregivers and exhibit behaviours suggesting they do not trust or rely on them for support (Dozier & Rutter, 2008, P.698-717). This behaviour can come between the foster carer and child and make it difficult for the carer to provide a secure base for them (Bovenschen, et al.,2016).

When a child is placed in foster care, they are separated from their birth family, as well as everything that is familiar to them including their home, school, friends and the area in which they live. In some cases they may even be placed in a different foster home to their siblings, a further disruption to any small sense of stability or security they may have had (Fawley-King et al., 2017). Additionally, the possibility of being placed in multiple homes reduces their chances further of attachment with their foster caregivers.

Research shows that children in foster care, due to adverse childhood experiences, often exhibit insecure attachment styles including avoidant, ambivalent and disorganised. These

children may have experienced physical or emotional neglect, physical, sexual or emotional abuse and generally received poor caregiving which influenced these attachment patterns (Garcia-Quiroga et al., 2015). Although there is some research that has been carried out to date in relation to attachment styles in foster children which have shown high rates of secure attachment, most of these studies conducted were in young children between the ages of 0-2 years and using the Strange Situation Procedure, which assesses the infant's attachment behaviour towards their attachment figure following a significant stressor of separation. In 2015, the National Institute for Health and Care Excellence released guidelines focusing on children and young people in care or at risk of entering care, which recommended specific assessment tools tailored to different age groups. These are used to assess attachment patterns and difficulties in older children and adolescents. For ages 7–15 years, the Child Attachment Interview (CAI) is used and for ages 15 and over, it is the Adult Attachment Interview that is applied (AAI) (NICE, 2015).

A 2019 systematic review assessed the psychometric properties of various attachment measures for children between the ages of 6-12 years and adolescence. The review concluded that only a few tools, notably the CAI and the Inventory of Parent and Peer Attachment (IPPA), demonstrated adequate measurement properties. However, the overall methodological quality of studies was often rated as fair or poor, indicating a need for further research and validation of these tools.

A 2016 study examined children aged between 3-8 years where the results illustrated that foster children had lower rates of secure attachment and higher rates of disorganised attachment when compared to children in the low-risk sample, children who were raised by their biological parents (Bovenschen et al., 2016). A meta-analysis, conducted in 2016, which included 26 studies on children between the ages 0-7 concluded that about 43% of the children at this age in foster care show insecure attachment and a further 22% having

disorganised attachment (Vasileva, Petermann, 2016). A systematic literature review was carried out in 2015 into attachment styles in children living in alternative care including children in both foster care and institutional care. The review incorporated studies from 1987-2013 and mainly from Europe and the United States. The age range was from 0-18 years, but more than half the studies included in the review were in the 0-36 months age range, four studies covered 3-7 year olds and only two considered older children (Garcia-Quiroga, 2015). It was noted that the studies showed a pattern of a low rate of secure attachment for children in institutionalised care, mid-range attachment for those in foster care and a high rate for children who lived at home with their birth families (Garcia-Quiroga, 2015).

CHAPTER 2

2.1 This section provides an overview of the foster care population in Ireland and examines the attachment disruptions often faced by children entering foster care at younger ages, highlighting the impact of these disruptions on their emotional and psychological development and the prevalence of mental health issues in these children. As of August 2024, there were 5,759 children in alternative care in Ireland, with 87.5% placed in foster care and nearly 9% in residential care, according to a report by the Child and Family Agency, Tusla (Tusla, 2024). These children face attachment disruptions with their birth parents and then have to form new bonds with foster caregivers, which can often be difficult and challenging with multiple placements frequently occurring, causing further disruption. Infants typically form attachment relationships with specific caregivers by around seven months, so children entering foster care later are especially likely to experience these disruptions (Dozier, 2008).

Bowlby illustrated the correlation between disrupted attachment and adverse outcomes, such as juvenile delinquency, in his 1944 study at the London Child Guidance Clinic, where he

analysed case notes from 44 children with histories of maternal deprivation and separation (Bretherton, 1992). Bowlby's research emphasised that a child's attachment to their primary caregiver greatly influences their emotional, cognitive and social development. If the mother or main caregiver is insensitive, unreliable or unresponsive, the child is less likely to develop a secure emotional foundation, their cognitive development will be disrupted, it will impact their resilience to stress and pre-dispose them to psychopathology, such as depression (Bowlby, 1988).

Foster children are at an increased risk of developing mental disorders due to exposure to early adverse experiences, heightened emotional dysregulation, attachment disruptions and multiple placements in foster homes. Research indicates there is a higher prevalence of psychopathology in foster children when compared to children who are not in care and it also highlights the most common types of mental disorders diagnosed in these children including internalising disorders such as anxiety and depression and externalising disorders such as conduct and oppositional defiant disorder. A meta-analysis of 41 studies that was carried out in 2023 by Dubois-Comtois et al, compared the mental health of foster children to those living with biological parents, examining both risk and protective factors. Findings showed higher levels of psychopathology in foster children when compared with children who live with their birth families. However, factors such as kinship care, longer stays in the same foster home, and fewer placement disruptions served as protective factors, reducing mental health issues (Dubois-Comtois, 2021). A study carried out in 2023 on a group of adolescents who entered foster care between the ages of 10-14 years to determine the rates and types of diagnosed mental health disorders, showed 41% of them had at least one mental health diagnosis, with ADHD (25%), mood disorders (18%), and disruptive disorders (15%) being the most common (Gbinlo & Han, 2023). The widespread presence of mental disorders among foster children is further corroborated by a systematic review of 39 UK-based studies,

which demonstrated that children in care are more likely to experience poorer mental health outcomes compared to the general population (Cummings & Sheldon, 2024).

2.2 The following discusses the types of mental health disorders among foster children, including a review of internalising and externalising symptoms and the comorbidity often observed in this population. Foster children commonly experience emotional disorders, ADHD and behavioural disorders, often with high comorbidity, further complicating their mental health (Lehmann 2013). A systematic review of mental health disorders in foster children was conducted in 2022, which comprised 26 studies after inclusion criteria was considered. The review concluded that the rate of mental health disorders was higher in children in foster care than in the general population, the most common of which were PTSD, Major Depressive Disorder, Oppositional Defiant Disorder and Conduct Disorder (Engler et al., 2022). Similarly, a 2021 population-based study in Norway of 16-19 year olds reported that adolescents in foster care had significantly higher symptom scores for ADHD and depression compared to their peers in the general population (Nilsen et al., 2021). To assess the pervasiveness of psychiatric disorders among children and adolescents in child welfare custody, a study was conducted in 2023 among 12-17 year olds. The research determined that a significant amount of the cohort experienced mood disorders at 69.4%, anxiety disorders at 50% and ADHD at 44% with much lower rates found in the control group (Mainali et al., 2023). These findings greatly emphasise the need for targeted interventions to address these mental health needs in a very fragile population.

2.3 A growing body of literature has examined the association between insecure attachment styles and various forms of psychopathology. Insecure attachment has been linked to impaired neurobiological development (Snyder et al., 2012), increased risk for anxiety (Colonnesi et al., 2011), and depression (Spruit et al., 2020). However, while these associations are consistently reported, critical analysis shows variability in findings across

age groups and attachment styles or classifications (Dagan et al., 2021). Also, since many studies are based on just one point in time and use different ways of measuring attachment, it's difficult to confirm the relationship between attachment styles and mental health issues.

Research indicates that there is a correlation between insecure attachment styles and certain mental disorders. Children who are insecurely attached to their mothers or primary caregivers are at an increased risk of physical health problems and exhibit compromised social, psychological, and neurobiological functioning (Snyder et al., 2012), which can then increase the likelihood of developing psychopathology during their lives (Speltz & Greenberg 1990). There is research which illustrates that insecure attachment is a risk factor for anxiety disorder in children. In 2011 a meta-analysis was conducted, consisting of 46 studies from 1984 – 2010 including 8,907 children, which found that there was a moderate correlation between insecure attachment and anxiety with ambivalent attachment showing the strongest association (Colonnesi et al., 2011). In addition to anxiety, insecure attachment has also been linked to depressive symptoms and other internalising disorders. In 2020 a meta-analysis of 123 studies to investigate the association between insecure attachment and depression in youth, which included longitudinal and cross-sectional studies, determined that there was a moderate relationship between insecure attachment to primary caregivers and depression in children and adolescents (Spruit et al., 2020). The relationship between attachment styles and the development of internalising mental disorders, such as anxiety and depression, has been researched and reviewed through meta-analyses. These studies illustrate that insecure attachment styles are consistently linked to higher risks of developing these disorders throughout different stages of life. A piece of research was carried out in 2021 that reviewed results from four meta-analyses, which had evaluated the link between specific insecure attachment styles and internalising disorders in childhood and adolescence. Results highlighted that in particular the *avoidant attachment style* in *children* is linked to higher

internalising symptoms such as depression and anxiety. Whereas in *adolescents the ambivalent* attachment style is associated with the same symptoms, indicating that attachment-related psychopathology may present differently at various developmental stages. (Dagan et al., 2021). While Colonnesi et al. (2011) found that ambivalent attachment was most strongly associated with anxiety, Dagan et al. (2021) identified developmental differences—highlighting that avoidant attachment in children and ambivalent attachment in adolescents were both linked to depression and anxiety. These findings suggest that the way attachment issues show up may change with age, and that attachment behaviours can develop as children grow. However, most studies relied on parental reports or observational methods, which can introduce bias, particularly in populations with disrupted caregiving histories and unstable or difficult relationships with their caregivers.

Disorganised attachment in foster children has been well studied for its correlation to mental disorders and its significance in developmental psychology is apparent. Although maltreatment is a significant risk factor, frightening, chaotic parenting is also an important contributing factor, among others. Disorganised attachment reliably predicts difficulties in stress management and a higher risk of externalising behaviours (van IJzendoorn, 1999). Fearon et al carried out a meta-analytic review in 2010 to demonstrate the significance of disorganised attachment and increased risk in the development of children's externalising behaviour (Fearon, 2010). Results found that children with disorganised attachment had an elevated risk of developing these behaviours.

A systematic literature review and meta-analysis conducted in 2016 on attachment, development and mental health in abused and neglected preschool children in foster care including 25 studies, highlighted that 40% of the children exhibited insecure attachment with 22% showing signs of disorganised attachment. One of the main purposes of the review was to understand the psychosocial and developmental issues that these children faced and the

study concluded that approximately 40% of these children experience developmental and mental health issues (Vasileva, Petermann, 2016). There is strong evidence in the literature for the connection between children with disorganised attachment and exhibiting externalising behaviours such as oppositional defiant disorder, conduct disorder, ADD and ADHD who later develop a diagnosis of personality and major depressive disorders. Disorganised attachments are thought to lead to a higher risk of developing dissociative symptoms in adulthood (Skibniewski-Woods, 2017).

Although Attachment theory is very influential in mental health outcomes in foster children, it does not fully account for the complexity of mental health issues that these children exhibit. They are also affected by environmental factors and an individual child's resilience, among other considerations. A 2020 longitudinal study of 432 foster children (ages 4–17 years) examined factors influencing their mental health compared to non-fostered children. It aimed to identify risk factors, which could also inform effective care plans and interventions. The study analysed child characteristics, care experiences, foster families, and placements. Results found that foster parent stress was the strongest predictor of children's mental health outcomes (Goemans et al.,2020). Child maltreatment and various types of abuse also increases the risk of mental health problems in children and adolescence, especially those in out-of-home care, including foster care. In Madrid in 2023 a meta-analysis was undertaken to determine how previous maltreatment influenced current symptoms of children in foster and residential care. The research established that child maltreatment increases the risk of mental health problems during childhood and adolescence such as anxiety, depression, aggressive and defiant behaviour. It was noted that emotional abuse and neglect are significantly associated with anxiety, depression, dissociation and post-traumatic stress (Magalhães and Camilo, 2023).

It is important to note that most research shows that attachment and mental health problems are connected, but they don't prove that one causes the other, so it shows that there is a link but not a direct cause. While insecure attachment is associated with higher rates of mental health difficulties, it is unclear whether the attachment style causes these issues, or whether other underlying factors—such as trauma, neurodevelopmental conditions, or caregiver stress contribute to both. The impact of attachment quality on mental health issues in foster children is multifaceted and can be influenced by various factors including assessment methods, placement stability, and the foster family environment. Although attachment quality is often regarded as an important factor in development, the impact of attachment styles on foster children's mental health outcomes remains a topic of debate. This ongoing discussion is partly due to variations in assessment methods employed across various age groups, including behavioural observations, representational techniques, and questionnaire-based measures. Earlier research and meta-analyses predominantly concentrated on behavioural assessments conducted during infancy, but more recent studies have included older children using different assessment methods.

CONCLUSION

This dissertation set out to examine the attachment experiences, attachment styles and mental health outcomes of foster children, with a focus on the relationship between attachment styles and psychopathology. With reference to foundational theories, empirical studies, and contemporary meta-analyses, the findings show that foster children, due to early adverse experiences and repeated disruptions in caregiving, are at heightened risk of developing insecure and disorganised attachment styles. These attachment difficulties are often linked to an increased prevalence of both internalising and externalising mental health disorders, including anxiety, depression, ADHD, and conduct-related problems.

Chapter 1 explains the background of attachment theory, beginning with Bowlby and Ainsworth's work, and showed how secure attachment is important for healthy development and the establishment of attachment classifications. Later research by Main and Solomon further advanced the understanding of disorganised attachment, a category particularly relevant to foster children who are exposed to trauma and unstable caregiving environments. It also describes how insecure and disorganised attachment styles can develop when caregiving is inconsistent, unresponsive, or frightening, something that is sadly common for many children entering foster care.

The second chapter focused on the types and rates of mental health disorders found in foster children and examined how these disorders are connected to attachment styles. Although there is a link between insecure attachment and mental health difficulties, most of the research shows a connection but not a clear cause. While attachment theory remains a powerful lens through which to understand the psychological difficulties experienced by foster children, it is not sufficient on its own to account for the complexity of their mental health outcomes. Environmental factors such as caregiver sensitivity, placement stability, and

the quality of foster family relationships, as well as individual child resilience, play a significant role. Additionally, access to trauma-informed care and mental health interventions can influence outcomes.

Overall, the research shows that insecure attachment styles are a risk factor for poor mental health in foster children, but they are part of a larger picture or story. Supportive, stable, and sensitive caregiving can help reduce these risks. Interventions that focus on building secure relationships in foster care could improve outcomes for many children. While this paper has illustrated the connection between attachment styles and certain mental health issues in foster children, further research is needed. In particular, longitudinal studies are required to show how foster children's attachment experiences influence their mental health as they grow, and to better understand whether one causes the other. Future research should also focus on distinguishing how certain attachment styles relate to specific disorders, but also taking into account factors that could influence the outcome such as age, gender, and placement stability. This will help improve the understanding of how to better support foster children and provide the care they need to live full, healthy lives.

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