

# Feeling the World Anew

## *Transgenerational Systemic and Prenatal Integrative Art and Body Psychotherapy*

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### ABSTRACT

The theory of prenatal psychology establishes an expanded nosology. Psychological and somatic illnesses in childhood, adolescence, and adulthood can increasingly be attributed etiologically to epigenetics and the psychological circumstances of pregnancy. At the same time, this theory is the basis for a bio-psycho-social medicine of the future, and thus also a new theoretical foundation for comprehensive psychosomatics, in which biological genetics and transgenerational family-systemic psychology/psychotherapy complement each other, as do the epigenetics of pregnancy and prenatal psychology. The insight of prenatal-based psychotherapy is the precise possibility of differentiating between transgenerational, prenatal, and postnatal trauma.

**Keywords:** prenatal psychology, fetal programming, transgenerational trauma, pregnancy conflict, art and body psychotherapy

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*The insight of  
prenatal-based psychotherapy  
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and postnatal trauma.*

Since 1988, the Cologne Institute for Art Therapy and Art Analysis (IKK) has offered therapy, self-awareness, and further advanced training in prenatal-based psychotherapy, art psychotherapy, and body psychotherapy, at the Dr. Mildred-Scheel-Akademie of the German Cancer Aid e.V. at the University Hospital Cologne, the International University Dresden, and the Central Further Training Seminar for Katathym Imaginative Psychotherapy and Psychodynamic Psychotherapy of the MGKB, Halle and Meisdorf, and at her own institute in Cologne.

Together with Helga Fink, since 2015 the IKK has also been offering the only university-certified advanced course in Germany in Pre- and Perinatal Psychotherapy in the Further Education Centre for Artistic Therapies at the Nürtingen-Geislingen University of Applied Sciences (HWFU). The basic principles of prenatal psychotherapy are taught in an interdisciplinary way in this advanced training for doctors and therapists, educators and midwives, and other professions. It is no coincidence that this continuing education program was first

made possible at a college for art therapy, a setting where scientific and artistic cultures, as well as therapeutic and aesthetic cultures, converge.

Artistic and scientific models are complementary cognitive approaches to the world. The subjective depth-regressive ability of the artist (view from within) and the objective ordering ability of the scientist (view from without) produce models of the world that represent, in epistemological terms, two categories that can at best complement each other, and at worst remain incompatible side by side. For some decades now, therapeutic culture has been establishing a third model in which external factors and inner psychological events are brought into direct connection through therapeutic relational arrangements. Prenatal psychology is a scientific-therapeutic model of this third kind (Janus, 2018b).

### Scientific background of prenatal psychology, or the incompatibility of the parents and the inseparability of the new self

The theory of prenatal psychology (PP) (Evertz et al., 2014, 2020; Evertz, 2025) establishes an expanded nosology. Psychological and somatic illness in childhood, adolescence, and adulthood can increasingly be attributed etiologically to epigenetics and the psychological circumstances of pregnancy

(DOHaD, Rotterdam 2017; Ott, 2020; Verny, 2020; van den Bergh 2014, 2020).

At the same time, this theory is the basis for a bio-psycho-social medicine of the future, and thus also a new theoretical foundation for comprehensive psychosomatics, in which biological genetics and transgenerational family-systemic psychology/psychotherapy complement each other, as do the epigenetics of pregnancy and pre- and perinatal psychology. The realization is that the biological and psychological models of our existence are not mutually exclusive, but are two different avenues of access whose approaches can complement rather than contradict each other (Assmann, 2020).

Even beyond that, PP is an offer of a new sense of being-in-the-world. Not only in psychotherapy, but also in each person's life; it is a creative task to feel our way back to the roots of our strength and energy: What do I want in this life? What am I here for? What does development mean for me? What does relationship mean to me? What relationships and systems do I come from?

The beginning of each life is social, because three people belong to this beginning: the mother, the father, and the child. The child is not only the "result" of the parents' love, but also of their incompatibility and unresolved projections onto each other. But the child is also much more than a mixture of the parents and a symbol of parental partnership.



**Figure 1.**

*The first triangulation,  
conception painting  
by a client*

Balint (1988) and Meistermann (1990, 1991) contributed the important concepts of “basic lack” and “peculiarity” (of the child) to these fundamental questions of our existence.

I would still speak of “basic strength” or “basic creativity” as the dynamic of the life force of every human being. Freud called one aspect of this “basic strength” the “driving force.” This is something that everyone can feel within as the power to drive themselves forward in their development. Freud understood this as a blind, purely biological evolutionary force. In the light of PP, it is the quite perceptible and formative energy of active life affirmation of a family system against the pull of depression, suppression, trauma, and death. Each of these arise from an infinite evolutionary field of ancestors and their wealth of life experiences, which are then passed on to the next generations (Metz, 2016, 2020; Yao, 2014).

### **“Actually life is too hard for man” (Freud)**

“In critical phases of fetal development, epigenetic factors can already represent irreversible predispositions for diseases in later life by permanently modifying the function of physiological systems via a change in gene regulation and gene expression and can thus acquire pathogenetic significance” (Schwab, 2009, p. 14).

In prenatal psychotherapy, we speak of introjects – life-limiting, development-inhibiting, disease-causing or –promoting biological-psychological patterns from the unresolved traumas of the parents that can impair ontogenesis from the very beginning in pregnancy and peri- and postnatally. We must differentiate these introjects genetic factors that influence the potential of risk activated at conception in the unique mixture of maternal and paternal DNA. This risk potential can be modified in many ways, often decisively from conception onwards, through the epigenetic factors that then arise and all the emotional circumstances of pregnancy, such as a confirmation or a change in transgenerational crisis information.

As subjective experiential qualities, we can now learn to distinguish these two levels of genetic inheritance and our own ontogeny from the first cell onwards, in deep regressive settings (Evertz et al., 2014, 2020; Terry, 2014; Emerson, 2014, 2020). Our very first cellular memory systems from our first weeks of life grow seamlessly and generatively into our first neuronal memory systems (Linderkamp, 2014, Verdult, 2014). From this perspective, no information from life experience is ever lost in living systems. And from a philosophical perspective, it is clear; ontologically, there is no separation between the biological and the psychological (Evertz, 2014b, 2020d; Assmann, 2020).



**Figure 2.**

*The black sperm or the fear of the black infection. Paternal traumas as “life-denying messages” or maternal traumas, e.g., resulting in the rejection of one’s own femininity, can show up in such images. This painting depicts the systemic trauma of three generations in which fathers left their pregnant wives.*

Case vignette: a 60-year-old woman, who had faced cancer for over 20 years, reached a deep layer of feelings of great physical and emotional coldness during a body therapy regression. Although she had just felt safe and relaxed while lying down, she suddenly said: “I’m sinking deeper and deeper, and I’m getting scared; it’s getting so cold.” When asked if there were also images of this frightening feeling of cold, she said it had something to do with her father and with Russia. Her father had been a soldier in the German Barbarossa campaign against the Soviet Union. But it would be something beyond the horrors of war and the cold trauma of the Russian winter that her father had suffered. She was then able to report that her father, as a survivor of the Russian campaign, after much hardship, learned on the way home that his pregnant wife and their three-year-old daughter had been killed in a bombing raid on a train. He never spoke about this later.

He had then remarried, and had her and her brother as “new” children. But he was never really available for her and her brother. There was always a layer of coldness. She had also always felt her cancers as her own cold layer: that she could not feel what was happening to her, and that the cancers were an expression of the inner stress of “not feeling.” With strong emotion, she came back to more warmth for herself in subsequent bodywork sessions, and the recognition of having always carried her father’s huge pain associated with cold and death, and now finally being able to leave it behind, as in the depth of a grave in winter. She now felt that this pain was not actually hers, but saw that she had always thought it was “from the beginning.” Now she could stand up, and felt very light and liberated. (These sessions last between 45 minutes and three hours, and only a brief glimpse of the differentiated emotional work can be described here.)

In “father journeys,” i.e., guided body psychotherapeutic regressions to conception, we very often experience how traumas from our father’s history can be experienced as our first introjects, whereas they had always previously been felt as something separate. This emotional differentiation allows for the inner regulation

of vast mixtures of feelings that previously seemed indissoluble.

The same happens in “mother journeys” related to our mother’s history. An affective clarification and purification happens. The torment of transgenerational traumatic information in the psyche is its depressive solidity, which can soften only when it is possible to sort it all out emotionally. The decisive difference in psychotherapy is whether we have experienced a trauma in our own history, or whether we consider a transgenerational trauma to be our own experience. Healing therefore happens with the physical and emotional perception of where pain, disturbance, and conflict actually originate. Only then can an integrative understanding also proceed cognitively; a trauma of our own history can be processed and often healed, whereas a trauma of our parents’ generation can only be “returned.”



**Figure 3.** “Struggling or threatening placenta” – the placental receptivity of many of the mother’s hormonal messages are well documented biologically and psychologically. (Ott, 2020) Painting by a 45-year-old woman

## “The struggling placenta” – stress in pregnancy

While “fetal programming” (Gluckman & Hanson, 2004, 2006) thus reveals the prenatal etiology of many somatic and mental illnesses from a medical point of view, PP documents that patients of all ages with the most complex disorders express intuitive references between the illness and stressful events in their conception, pregnancy, and birth in psychotherapy, and in art and body therapies on many levels. (These references are often neither adequately followed up from the anamneses in psychiatry and psychotherapy, nor perceived in the therapies, let alone addressed. This results not only in a lack of, or marginal, therapeutic success, but also in the risk of repeated stressful events in pregnancies and births, and in the later life of the next generation).

From a biological and medical point of view, essential programming here is influenced by “suboptimal fetal nutrient supply, whether due to maternal malnutrition or placental insufficiency, and increased fetal stress hormone levels, e.g. caused by maternal stress or prenatal betamethasone treatment... In addition to the placental transfer of cortisol, the transfer of maternal stress to the foetus also occurs by activating the formation of corticoliberin in the placenta...” (Schwab, 2009, p. 14).

“The studies are contradictory as to the gestational age at which prenatal stress has the most pronounced epigenetic effects. Since the fetus is sensitive at different gestational ages, the mechanisms leading to fetal programming of neuropsychiatric abnormalities seem to differ depending on the gestational age. Early in pregnancy, effects on structural and functional brain development are likely because neuroneogenesis, neuronal migration and synaptogenesis are at their peak and the hypophysis-hypothalamic-adrenal (HNN) axis has not yet begun to develop. Late in pregnancy, when neuroneogenesis and migration of neurons are largely complete, the HNN axis develops and its function is permanently altered” (Schwab, 2009, p. 16). Conscious and unconscious maternal

stress thus produces changes in early embryonic brain development as well as in later fetal stress system development. Children with an enlarged amygdala have been shown to be more fearful, and thus more sensitive to trauma, than children from more secure relationships. Mothers with undetected anxiety disorders and untreated depression have more stress-sensitive children with elevated cortisol levels, which continues after birth and carries higher risk of disease (Monk, 2016; Koch, 2012; Law et al., 2021; Ott, 2020).



Figure 4. “Prenatal stress,” painting by a 60-year-old client

Psychotherapeutic work includes a variety of methods such as bodywork, art therapy, music therapy, psychodrama, family constellations, and scenic productions, and opens many approaches to deep regressive experiences and thus also bridges to the transgenerational systemic emotional context of prenatal psychology as theory, and prenatal-based psychotherapy as practice.

## Genetics of emotion

Most current psychotherapies are unable to adequately address birth or prenatal trauma. As a result, they often become trapped in unresolved transference processes, which can possibly persist indefinitely. In such cases, the client's emotional world remains undifferentiated, as illustrated in the following scheme:

1. Transgenerational inheritance (parents, grandparents, great-grandparents)
2. The love and incompatibility of parents, maternal and paternal talents and traumas, the first introjects *una cum*/versus the inseparability and peculiarity of the new self, beginning with the first cell
3. Pre- and peri-conceptual trauma: the psychosomatics of conception, implantation, and "discovery" (Linder, 2014)
4. Maternal and paternal trauma/introspection or distress during pregnancy.
5. Perinatal and birth trauma
6. Postnatal pre-linguistic trauma up to three years of age
7. Postnatal later trauma
8. Current crisis or illness

No fundamental growth or individuation can be sustainably developed in these conditions! Instead, what often persists is a lifelong dependence on the therapist, resembling a pre-linguistic unresolved symbiosis – akin to dependence on priests, saints, rulers, and superiors in earlier societies. Often, all that remains is melancholy, depression, and "mother-ache," which serves as a substitute for the unrealized potential of self-actualization, which remains forever out of reach. Rather than pursuing a "great love," the individual remains psychologically tied to the early mother or father. The longing for this idealized love takes precedence over the opportunity for fulfillment and growth in new relationships.

The mythologisation of the "evil mother" into the "death drive" (Janus, 2000) was never resolved in early or even later psychoanalysis. These are, of course, the life-denying introjects stemming from the unresolved traumas and unredeemed (mourning) potentials of the mother – elements that re-

mained pervasive and unacknowledged within a patriarchy that derived its power solely from the suppression of the feminine. The feminine was so frightening that it had to be violently suppressed, and with it, one's own capacity and developmental potential for empathy and tenderness and love. Note that it was not patriarchy that suppressed the feminine from power; that phenomenon itself arose from defending the feminine from the tremendous fears and pain associated with early motherhood. It was about control, just as the suppression of the child was also "necessary" so as to not be reminded excessively of one's own early life, and the sense of powerlessness due to the baby's and toddler's mercurial driving force. Violence against children was thus always due to the misery of one's own childhood. This has been understood and integrated only gradually since the Enlightenment.

This thick and impenetrable layer of collective trauma, at first infantile but also including pre- and perinatal trauma, could only begin to be understood in the middle of the 20<sup>th</sup> century. Ferenczi, Rank, Graber, Reich, Fodor, Lake, Balint, Caruso, Fedor-Freybergh, Meistermann, Janus, and others are noted here as pioneers.

Psycho-politically, this is a social starting point for expanding democratic capacity. The larger the population that has worked through the trauma of their family systems, or at least has some level of understanding of the link between trauma and harm to self or others, the greater the capacity to be a responsible member of an open society.

Today, in method-integrative, open, and depth-regressive settings, where the client's scenic productions can be explored along with body sensations, paintings, and other experiential work, we are able to differentiate among the above-mentioned forms with great precision.

With regard to their levels of trauma, clients often say: "I have always felt this way, but that's not really my feeling. I can perceive it now as something strange that doesn't belong to my life story. Actually, it belongs to my father (or mother)."

But this first has to be felt and sensed through many body representations, inner images, and emotional atmospheres. Only then can something be released from these barriers towards a new confidence in one's own strength and creativity, which

are no longer inhibited by the depression of parents and ancestors. Intellectual understanding is not enough, but it is a step towards a holistic emotional and behavioral maturation process of the personality.

## Fiction as the last place of memory – the body as the basis

How far back in life can we remember our beginnings, where the fundamental decisions are made for the existential dynamics and ontological research of our life (Verny, 2015)? And these also need to be renewed again and again in later life.

In the so-called “Sperm Journey” and “Egg Journey” by William Emerson and Karlton Terry, which I later modified as the “Father and Mother Journeys”, I became acquainted with the possibilities of memory through bodily levels that I had already discovered aesthetically and emotionally, particularly in my painting. The psychosomatic work of Karlton Terry and William Emerson, i.e., the integrative solution of the body-soul paradigm in the body psychotherapeutic experience of one’s own conception makes the “full analytical situation” (Rank, 1927/1928) possible in the first place: to be able to accept conscious choice for one’s own life from the transgenerational heritage, and to renew and shape it again and again in its own way.

The special feature of body psychotherapy, however, lies in the opening of our introspective intuition to the real origins of our individual existence, as an expansion of empathy with our body. We do not “have” bodies, but we “are” bodies. And our current psychosomatic state is always the result of our history. But the more consciously we can feel this, the more consciously we can really shape our world and our existence, and no longer remain trapped in the unresolved introjects of our parents and their resulting unconscious projections onto the world.

Biological transgenerational research and research on fetal programming thus proves the etiology of somatic and psychological disorders from a scientific perspective. Transgenerational and prenatal psychotherapy can differentiate these early traumatic stresses from later traumatic stresses through the patient’s sensations and feelings, behavior patterns, psychological disorders, conflicts, fears, longings, and inner images, thus ensuring sustainable healing processes and expanded personality development.

The confusion between the self-experienced and transgenerational life experiences may be lifelong psychodynamic work. On the one hand, there is the “drive-dynamic” demand to realize one’s very own potentials (Balint, 1998); on the other hand, there are the restraining forces (introjects) of love



**Figure 5.**

Scene from a “Mother’s Journey” (egg journey)

for the traumatized “inner children” of the parents – in other words, not wanting (or being able) to leave them alone in their childhood destinies. As these relationships usually remain unconscious, it becomes clear how many atmospheric disturbances are present in family ties for which there is no actual blame, but for which there is often only a fight in family systems over levels of guilt and, in the worst case, new traumatization is created (Hirsch, 2004).

When children grow up, they remain in a certain sense below their possibilities in life if they must devote a lot of psychic energy to their parentified parts and they cannot really develop their authentic selves. Of course, they can also develop special skills from this task of lifelong (psychological) care for the parents, like an altruistic orientation, which is increasingly found in so-called helping professions such as medicine, therapy, social work, and education. However, there are more frequent premature breakdowns of the system for the child, as well as the adult. A child can never heal the traumas of their parents; parents can only do that for themselves.

## Pregnancy as a bridging art between the generations

During pregnancy, this general problem of psychological entanglement and its associated risk of confusion becomes directly very significant and also physically very concrete.

Nowhere else are two people so intensively physiologically and thus also psychologically connected to each other as during these nine months. And nowhere else are the positive and also the ambivalent and rejecting feelings, or even traumatically generated “non-feelings” so directly perceptible and influential in a relationship, as well as manifesting themselves later in life in ways that can be felt and remembered in real terms.

The pregnant woman thus actually integrates at least three “foreign levels,” and establishes immune tolerance at implantation and during pregnancy between:

- The “stranger” of the man (and his family history)
- The mother’s own split-off “stranger” (unresolved introjects from her own history, which always tend to be life-negating)
- The “strangeness” of the child’s peculiarity already beginning with conception as a unique mixture of father and mother at this point in time, and as a “strange” new third living being with its own history beginning from conception!

The most important intrauterine process from an attachment analytic point of view (Raffai, 2014) is the biological development of growing out of the mother’s womb, and the psychological development out of the boundlessness, unity, and sameness of maternal and fetal experiences – out of the mother’s psychic realm into a self/ego differentiated from it (Raffai, 2014, p. 556).



**Figure 6.**

*“When does birth actually end?” Birth trauma and not being able to come into the world*

The pregnant woman is more likely to react to all these challenges with physical symptoms if too much anxiety and depression are unresolved. Pregnancy vomiting, bleeding, premature contractions, retarded fetuses, prematurely aging placenta, placenta praevia, serial abortions, HELLP syndrome, intrauterine infant death, infertility, and artificial insemination are ultimately very different or also jointly occurring physical/emotional emergency solutions emerging from often unrecognized inner stress.

In terms of psychodiagnosis, we often note the following factors with these symptoms: dependency conflicts with the parents, psychological immaturity, pre- and perinatal trauma in the family system, strong psychosocial stress factors in pregnancy, etc. (Raffai, 2014, p. 557; Evertz, 2014, 2016, 2020a).

Very extreme pregnancy ambivalence manifests in abortion, abortion attempts, or abortion fantasies:

- Unconscious motive: to escape the threat of an annihilation by merging with the object
- Unconscious dynamics: reenactment of one's own early trauma – longing for control over death
- Unconscious hope: to break the cycle through abortion, to get rid of the “inner fear child” (Meistermann, 1991; Evertz, 2014, 2014c, 2020a)

The most common psychodynamic issue in pregnancy conflict is thus confusion between the “inner” traumatized child (i.e., the early childhood, pre- and perinatal psychic introject of the father and mother's history (and their family history), and the real child growing in utero (Evertz, 2014d, 2016).

Excellent approaches to treat pre- and perinatal and early childhood trauma in adult and children's therapy include bodywork (Emerson, 2014, 2020; Marlock, 2006; Terry, 2014; Platz 2006) and pictorial levels (Evertz, 2014, 2015a, 2020a, e):

- Artistic-aesthetic
- Body psychotherapy
- Art psychotherapy
- Psychotherapeutic

Prenatal introjects are so fundamental in biography that they have not yet become a general topic of therapy related to concepts of fate and fantasies

of fate, i.e., religiously or in other forms of repression. They are so strongly declared in our emotional life as “always having been there” that many people do not succeed in clarifying and differentiating them from the actual “self,” – the “peculiarity” that lies below – which Balint (DATE) and Meistermann (DATE) described. Alternatively, they are understood only during the crises of later life, and addressed in a conflict-solving way.

In today's baby and child therapies, however, it becomes clear that the earlier symptoms are also subjected to a thorough anamnesis of prenatal and birth conditions, the easier and faster it is for babies and children to heal what takes months and years in later adult therapies (Terry, 2014, Renggli, 2013, Evertz, 2020g).

## Art or the inseparability of the self

Art is one way, and perhaps the most beautiful, of finding solutions to the incompatibility of parents in the inseparability of the self (Janus & Evertz, 2008).

Meistermann-Seeger, a pioneer of prenatal psychology, put it so beautifully: “The first relationship of a human being, even if it is only a germ, is with his parents.”

In her Balint-oriented extension of focal therapy, it is a matter of formulating the fundamental deficiency of a human being that arises from the incompatibility of parents. In this incompatibility lie the talent and conflict patterns of an ontogenesis. Through deep regressive work, one's own decision for one's own life is consciously renewed, confirmed, and acknowledged.

“The two genetic gifts of the parents must be united by the child without contradiction. This terrible burden (and this wonderful gift) is imposed on each of us. At conception, the child is thrown into the relational web of the parents' partnership with all its lust, greed, grief, fear, excitement, and ecstasy. Regarding its dowry, the child is identified with the father just as much as with the mother. It can only establish an object relationship with the child through the internalized father. If this does not happen, the child must remain in this burying, drilling itself into the mother. It becomes indissolubly dependent on her.” (Meistermann-Seeger, 1991)



**Figure 7.** *"The inseparability of the new self," painting by a client after deep regressive processes.*

From an art-analytical point of view (Evertz & Janus, 2002; Evertz, 2008, 2015b, 2017b), every painting, as well as every work of art in general, bears traces of this lifelong work of enlightenment in aesthetic patterns, all of which can also be read in terms of bonds and relationships (Oberhoff, 2002; Parncutt, 2009). Painting images as self-perception symbolic surfaces (Evertz, 2002, 2008, 2015a, 2015b, 2017a) provides

information about the contact visions to the world and all its objects, especially living beings and people. One's own vitality and security in an openness to the world, which can be developed and expanded over a lifetime, is initially always related to one's



**Figure 8.**

*A 4 x 3 m acrylic painting by a client after a body psychotherapy parenting journey.*

earliest relationship and attachment patterns (Evertz, 2014, 2020).

Thus, every therapy is also art, in that the client's search for being an artist within their biography, their search for their origin, is empathically accompanied by the therapist in the knowledge that, ultimately, it can only be about levels of creative love (Evertz 2014b, 2020b, c, d, f).

Original sin is a theological, theopoetic (Sloterdijk, 1998–n.d.), and pre-scientific term for a transgenerational burden in family systems. Today, we do not speak of guilt or sin but of traumatic stress, which initially always leaves open whether it is a perpetrator trauma, victim trauma, or a mixture of both. Nevertheless, the term “original sin” still helps because it clearly shows earlier generations' powerlessness and helplessness to deal with a transgenerational psychological torment whose psychological location was still impossible to map (Evertz, 2020e; Janus, 2013, 2018a, b).

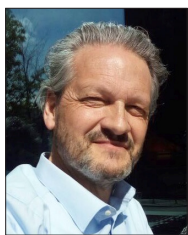
PP is a bridge between generations. For a long time, pregnancy was not a psychological experience but

a process that could supposedly be described only in biological models. Thus, the psychological link between the psyches of the previous and current generations was missing. PP represents the psychic continuity in human existence and enables greater empathy with ourselves (Evertz 2013, 2014a).

In *Basically Good: Another History of Humanity* (2019), Bregman describes the strange contradiction between our predominant altruistic abilities and their constant devaluation through the message that humans are “bad.” Bergman provides no real justification for this contradiction in human behavior but empirically proves the phenomenon very well.

PP can very well explain why unresolved transgenerational background fears always and still promote our apocalyptic fears more than a genuine assessment of our actual social achievements and possibilities.

However, that is another psycho-historical and political extension topic through PP theory (Evertz, 2013, 2014, 2017, 2020; Janus 2013, 2018a, b).



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