

West County Psychological Associates

The WCPA News

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Love Versus Dependency in Significant Relationships

Mary Fitzgibbons, Ph.D.

Who can forget the memorable lines from the movie Jerry Maguire?

Jerry Maguire: "I love you. You... you complete me."

Dorothy: "You had me at 'hello.'"

Or, Jerry Maguire: "What do you want from me? My soul?"

Dorothy: "Why not? I deserve that much."

This is the relatively modern day example of what we often perceive as love. It sounds romantic. It's the words that many of us would want from someone with whom we believe we are in love. But is this love? Often what we perceive as love is intensity, passion, extreme desire. It may even be an addictive need. But is it love?



There are those who say that love can only be described in terms of self-affirmation. This means that the basis of love for another is found in the ability to love oneself. Unless one loves oneself, relationships tend to evolve into dependent or manipulative interactions. Or unless one loves oneself, it may be impossible to enter into a significant, emotional relationship. The critical key to love is the ability to share emotional intimacy with another. Yet we are a society that is threatened by intimacy, since it is dependent upon the ability to take emotional risks.

The first prerequisite for intimacy is the ability to be emotionally intimate with oneself. We will never be able to be emotionally intimate if we are always looking for it outside of ourselves – in other people. In order for us to be intimate with another person, we must first know who we are, what we feel, what we value and what we want. A person with the capacity to be emotionally intimate:

- Knows that emotional intimacy is not found in the safe walls of isolation
- Is spontaneous and is able to say what he/she thinks and feels and is able to accept another without judgment
- Is able to stay true to oneself while fully participating in the love relationship
- Accepts the other for who he/she is without attempting to make changes
- Knows that to love oneself and another places limits in the relationship since limits define the relationship and without definition there is chaos. This is the ability to set good boundaries.

The need to be close to another may be the most basic of all psychological needs. The experience of loneliness may be one of the most devastating of all human experiences. Erich Fromm said that humankind's most basic fear is the dread of being separated from other humans. In early childhood we have basic needs for security. In later childhood there is a new kind of need—the need for interpersonal intimacy. We cannot experience loneliness until we experience the longing for intimacy. However intimacy is tremendously risky and can ultimately bring suffering. Intimacy and loneliness are tied uniquely together. When we feel no intimacy, we are lonely. But when we experience intimacy with someone else, we risk ever

greater loneliness should that person leave us. It is a two-edged sword with many opting to avoid an emotional closeness to others. The fear of the pain is too great.

However, we seem to live in a world of instant gratification. True emotional intimacy demands effort that leads to attaining a sense of maturity. Emotional maturity is basic to true intimacy. Instead we use substitutes which are often addictive behaviors such as abuses of sex, drugs, alcohol, food, spending and even work to give us a rush or a high to satisfy these needs. Eventually this is a delusion. These are external behaviors attempting to quell an inner need. The end result is that these behaviors are incapable of satisfying the need for love or security. One of the most common addictive behaviors is psychological dependency. Unfortunately we often mistake this dependency for love. It is not love. In fact, it is the opposite of love. The characteristics of psychological dependency are:

- Being consumed. We crave the relationship so intensely that we feel as though we cannot exist without it. At times, our “love” consumes us to the point that we lack the energy for other important goals in our lives.
- Difficulty in defining ego boundaries. Our identity becomes blurred with the identity of the loved one so that we allow the other person to dominate our sense of self as we become enmeshed with theirs.
- Inequity. In an unhealthy relationship one partner generally gives more while the other takes more. This often results in a case where the couple takes on the roles of victim and abuser. Healthy relationships are mutual. Each party needs to feel as though one is mutually receiving as well as giving.
- Hanging on to an unhealthy relationship. Rather than facing the pain and trusting it will end, partners will hang on to a harmful relationship to avoid the pain and grief of no relationship. It is the opposite of real love, which is safe and predictable.
- Giving to get something back. Dependency isn’t giving-for-giving sake but rather conditional. The underlying thought is, “If I give, I’ll get back in return.” The anger that arises when we don’t get back in return feels like betrayal, which can result in rage.
- Attempting to change others. In conflict situations, we have the perception that if the other person would only change, we would be happy. We tend to try to change others so as to camouflage our own fears and inadequacies.
- Needing others to feel complete, balanced and secure. This is labeled as a symbiotic kind of love in that we are not complete unless we are with the other person.
- Demanding and expecting unconditional love. It is the infant who needs unconditional love since the infant is unable to nurture himself and is in need of love to survive. However, when an adult demands this, it becomes an unhealthy and unrealistic expectation. To expect this from others will result in great disappointment.
- Fearing abandonment when routinely separated. The overwhelming fear in this situation is that the other will never return. This is traced back to a developmental loss in early childhood.
- Looking to others for affirmation and worth. We place our worth on ourselves based on approval or affirmation from others. This can become especially devastating when we lose a love relationship since we connect this loss with a loss of personal value and self-esteem.

How does love differ from dependency? We all have a need to be loved. Yet, in the last analysis we are all alone. In the most significant moments of our life, we are alone. In fact, it is a sign of good emotional health to be able to be alone. Only when we are alone are we able to come to know ourselves well. However, there is much evidence that as humans, it is critical for our emotional and physical well-being that we are loved. Without the nurturance or closeness to another, there have been studies showing that a newborn can fail to thrive or even die even if he has had good physical care. This need does not change with adulthood. In fact, the lack of emotional connection is one of the major underlying causes for mental illness. The problem is that many of us run from love because of the overwhelming fear of rejection. While the natural urge is to seek love, the fear of being shunned or turned from becomes so strong that we hesitate to commit to another.

One of the prerequisites of a healthy love is having good boundaries. It is not a paradox to say that in order to be healthy and to have a healthy relationship, there must be limits to our giving. In order to truly love ourselves and love others, we must put parameters on the relationship. The limits define the relationship and without them there is chaos. If we don’t put limits on what we allow in our interactions with others, we will come to resent the other person. In practical terms this means that we take responsibility for what is ours and we allow the other the responsibility of what is theirs. Along with this is allowing others the consequences of their choices.

In order for us to love others, we must love ourselves first. If we take care of ourselves, we will automatically be taking care of the other person. This is not selfishness as much as selflessness. It is only in this setting that love can grow. When we overstep our boundaries we create a resentful relationship that eventually destroys love. When we are called to a healthy, loving relationship, only then can we say to the other, “I will love you for who you are – not for who I want you to be.” If I love you for what I want you to be, I will only be able to love you until the next time you do something that displeases me. If I love you for who you are, I will then be able to love you forever.

SEMINAR OPPORTUNITY

Understanding the Legalities of Divorce and Parenting Plans

*A Seminar for School Professionals about the
Legalities around Divorced Parents and Their Children*

Schools often have the difficult task of navigating the path of divorced parents while still nurturing the student. Developing strong working relationships with children and their families is not always easy, especially if parents are divorced and have a less than cordial relationship. Educators need to be aware of the legalities and the sensitive needs of their families and students. It is the school's role to cultivate successful relationships and know good practice. This seminar will cover the essential information that each school personnel should know, including information that protects not just the child and family but the school as well.

Topics Covered Include:

- How to read and interpret parenting plans
- Rights of custodial vs non-custodial parents
- Releasing information and records
- Subpoenas vs court orders and how to respond
- Sharing information and who is allowed to have it
- Orders of Protection
- Hotline calls and mandated reporting

Presenter: Jennifer Webbe VanLuven, MSW, LCSW, CDM received her Master of Social Work degree from Saint Louis University with a concentration in family systems and law. Jennifer provides private therapy dealing with adult issues, depression, anxiety, marital and relationship issues, as well as adolescent development and behavioral issues. Jennifer has extensive experience in family law and court room testifying. She assists couples in a peaceful resolution, where continued communication is imperative for raising healthy children. Along with private therapy services, Jennifer provides services to families who are in the midst of transition, as a Parent Coordinator, Co-Parent Counselor, Custody Evaluator and a Divorce Consultant.



Who Should Attend:

Administrators	Teachers	School Social Workers	School Psychologists
Learning Consultants	School Counselors	Care Team Members	School Nurses

Cost: \$85 per attendee *Continuing Education certificate provided, must attend full program.*

Date and time: Monday, April 3 9:00 a.m. – 3:00 p.m. *Lunch on your own, Noon – 1:00 p.m.*

Location: West County Psychological Associates; 12125 Woodcrest Executive Drive St. Louis

How to Register

Online registration is available at: <http://conta.cc/2ifXwOE>

Payment is expected at time of registration.

Questions or concerns? Call WCPA at (314) 275-8599 or visit our website: www.wcpastl.com.

Register Today - Space is Limited.

*** This presentation is also available for faculty groups at your site. Call for information.**

For Seniors and Their Caregivers:
Reconnecting Through Reminiscence
Amy Neu, MSW, LCSW



“What was that like?” This question unlocks so many memories, long-forgotten stories, and secrets waiting to be revealed. These words have power that helps us gain valuable insight into the life of another and instills feelings of significance, security, and connectedness.

Many families struggle to connect with their aging and ill loved ones. So much time is devoted to surviving. Scheduling, managing, and staying afloat become the top priorities, and our relationships fall to the bottom of our to-do lists. There simply isn’t enough time to connect when there are doctor appointments, treatments, medications and food to deliver, and cleaning. Then, of course, there is the full-time job, children, and spouses in need of attention too. It’s no wonder that so many people are feeling burnt-out and disconnected!

A remedy to ease this stress and disconnection is in front of us. When we turn toward our loved ones and re-engage in our relationships, so often this relieves the loneliness, guilt, frustration, anger, and other stressful emotions we feel. How do we start to re-build?

1. Set aside time specifically for talking and spending time together without a to-do list in front of you. If we don’t schedule it and make it a priority, then it often will not happen. Tell your loved one that you miss your relationship and want to have time where you can just be together without running around and checking off tasks. Schedule a time (even 30 minutes) when you can just visit and relax. When you meet, minimize any distractions – turn off the TV, put the phone on silent (if possible) – and be in a comfortable space.
2. Ask open-ended questions about the present (i.e. “What’s new?”, “How have you been feeling (both physically and emotionally)?”) and share what is happening in your life and how you are feeling. If you do not share your own experiences, then you may continue to feel disconnected or that this time is just one more chore to complete with your loved one.
3. Reminisce together. Reminiscence is a powerful tool for connection. A simple question or statement is usually all it takes to get a good conversation going. Here are some examples: “What was it like growing up in the 1940s?” “I remember when we first met. The first thing I noticed was _____. ” “When did you know that you wanted to be a _____?” If it is difficult for your loved one to communicate, you can still benefit from reminiscence. Share stories that you remember about your relationship or take out old photos and talk about the events taking place. Engage the other senses. Listen to a favorite record together or bake an old recipe to enjoy the smell and taste.
4. Discuss legacy. If your loved one is interested in passing on their knowledge, experiences, and accomplishments, then Life Review is an excellent way to preserve their legacy. Life Review is an interview process with questions that guide interviewees to reflect on each stage of life, their experiences, and their achievements. Interviewees provide answers to these questions which are recorded and preserved either on paper or on video. This provides interviewees and their families with a tangible record which can be passed on to generations. Sample interview guides are readily available online.

It is so important for us to build on our relationships with each other. Without true connection, our lives become full of nothing more than obligations. Reach out to professionals if you need assistance. Contact a therapist if you or your loved one is feeling overwhelmed, depressed, anxious, lonely, or as if you cannot keep up. Schedule an appointment with a Geriatric Care Manager if you need help to coordinate care and ensure that your and your loved one’s needs are being met. Both therapists and Geriatric Care Managers have the skills to partner with you and give you more time to foster your relationships.

Amy Neu, MSW, LCSW provides private therapy for adults, families and seniors. She has significant experience counseling seniors, caregivers and families within medical systems and during transitional periods.

How to Support Grieving Children

Katie Taggart, MSW, LCSW

Think back to your first loss. Was it a pet? A grandparent? A parent? A sibling? Chances are that you remember who died, how you were told, and how you were treated. The first death in a child's life will set the stage for all other deaths in the future. Have you heard adults tell a child, "It was just a fish, bird, pet" etc.? How many times have you said or heard someone say, "The kids are fine... they don't understand what is happening." This could not be further from the truth.

There are so many misconceptions when it comes to children and grief. I've had many caregivers ask me whether or not infants and toddlers can grieve. I've been told, "My daughter just plays outside like normal. I think she's fine." Or some will say, "My teenager wasn't even close with his grandma, he's not impacted by her death." My response is always, "If a child can love, a child can grieve." An infant or toddler can sense the emotions of his/her caregiver and can mourn the environment that existed before the death; they grieve the changed behavior. Children have short attention spans which impact their mourning. They are able to take intermittent "breaks" from their grief, thus giving the impression they don't care or don't notice. Teenagers are at great risk in grief. When the relationship was lacking or non-existent, grief is often caused by the loss of hope or what could have been. Do children grieve differently from adults? Yes. And no.

Similarities:

- Need to express grief openly
- Need to have their grief acknowledged by others
- Need extra support through the grief process
- Need assurance it was not their fault
- Need assurance they are not "going crazy"

Differences:

Child's grief: intermittent, sometimes seemingly absent
Adult's grief: continual awareness and experience of loss

Child's understanding of death: limited to their age and cognitive development
Adult's understanding of death: more mature in their understanding

Child's ability to remember the deceased: limited before puberty, may need help remembering
Adult's ability to remember the deceased: fully developed memories are complete

Child: grows up with the loss, grieves longer
Adult: has already grown up when the death occurs

Children: may talk openly about death
Adults: have preconceived notions about how people respond and may not share their feelings

Child: depends on a consistent caregiver to meet basic needs
Adult: basic needs can be met by self

As adults, we often feel like we need to have all the answers. We worry and feel uncomfortable when asked, "Where is Grandpa?" or, "Why did Mommy have to die?" One of the most important things we must understand is that we are NOT there to fix it. We are there to love and support. We don't need to have all the answers. Be honest. One of the best responses to a child is, "I don't know. What do you think?"

Grief expert Alan Wolfelt has coined a fabulous phrase he calls "companionship." It simply means walking alongside the bereaved. That is the best way we can support a grieving child. Since their grief will change over time, they will need support throughout their lives, especially during important milestones of life (puberty, graduation, marriage). Remain open and available. Be patient. Use simple terms. Provide a safe space for the child to talk about the deceased. Maintain routines and consistency. Ask for help – help for yourself and help for your child.

Books can be a great resource for all ages. Two suggested books are: "When Dinosaurs Die" by Lauren Brown (ages 4-8) and "When Death Walks In" by Mark Scrivani (age 13+).

For more information on how to support your child or how to identify normal grief vs. red flags, contact our office.



Katie Taggart, MSW, LCSW has extensive experience serving clients with chronic and terminal illness as well as grief and loss. She enjoys working with children, adults, seniors and caregivers.

When Does Alcohol or Recreational Drug Use Cross the Line into Substance Abuse?

Kristen Carothers, MSW, LCSW

“Marijuana is not addictive.” “I have 2 glasses of wine at night. Is this a problem?” “I need Adderall for my ADHD. I haven’t been evaluated for ADHD but my doctor prescribed it and it helps me get things done around the house.” “My doctor prescribed these meds for anxiety and sleep. Sometimes I need to take extra but it’s prescribed, so it’s no big deal.” “These kids drive me crazy. I need a drink or two to cope.” “I can stop anytime I want.” “If you had my life and stressors, you would use too!” “I don’t drink/use more than anyone else I know.”

Do you question the normalcy of your own or someone you love’s substance use? Generally, if you or someone you love has cause to question the frequency, pattern, amount, or consequences of use, it is worthwhile to consider how the substance is impacting your life.

When has recreational use crossed the invisible line into substance abuse? Most people think of individuals who are adversely affected by substance abuse as being easily identifiable. It’s the inappropriate “drunkle” at the family Christmas party, the homeless man downtown, individuals featured in the A&E show *Intervention*, or the disheveled celebrity in the mug shot. In fact, addiction and Substance Use Disorder affect people of all races, ages, genders, and socioeconomic status. Most people living with the disorder are highly functional. Some comfort themselves by saying, “I have a good job and I’m in good health so I can’t have a problem.” In fact, Substance Use Disorder affects ten percent of our population. That means ten percent of the people you know personally: professionals, coaches, physicians, teachers, mothers in your carpool – a full ten percent of the people in our community.

Drugs and alcohol have a place in our society. They serve as treatment for many ailments. There is no such thing as a “bad” drug. As examples, opioid pain killers are effective at controlling severe pain for a short time and medical cannabis has been shown to have positive effects in the treatment of some chronic health issues. Alcohol, used in moderation, can be an enjoyable social lubricant. It is not the substance itself, but the way the individual relates to the substance that becomes problematic.

Do you or your loved one drink to manage emotions? To regulate your mood or generate a mood? Do you take more medication than is prescribed or use it when it is not indicated or to “calm you down?” Do you have a family or cultural predisposition to addiction? Do you continue to use despite relational or other consequences?

What causes Substance Use Disorders can be called “the perfect storm.” The perfect storm includes preexisting conditions and situations that frequently lead to substance abuse and addiction. They include: genetic predisposition, age of first use, frequency of use, trauma, and the lack of true intimacy or connection in relationships.

(Continued on next page)

Is Your School Struggling to Cope with Helicopter Parents?

A presentation for parent groups is available ~

Instilling Grit: The Art of Raising Highly Self-Motivated Kids

A one hour presentation for parent groups, with time for discussion and questions at the end. The presentation’s goal is to encourage parents to allow independence, minimize micromanaging and rescuing, and be consciously mindful of how today’s common parenting practices reduce grit and increase dependence and anxiety among our youth. Supporting school rules, policies and consequences is emphasized.

Topics Covered Include:

- How we create or suppress grit and internal motivation in our children
- Today’s teacup child – anxious and entitled
- The consequences of rescuing, managing, and doing too much for our child
- Recognizing our own parenting style
- How to build independence, boost self-esteem, and create long-term grit



Speaker:

Amy V. Maus, LCSW
specializes in services to schools, providing consultation and presentations on a variety of issues regarding mental health and family life.

Substance Abuse *(article continued)*

Genetic predisposition is a family history of addiction or compulsive disorders. It doesn't have to be within the nuclear family. The genetic potential for addiction can live further down the family tree in grandparents, great grandparents, aunts, and uncles. Also, certain cultural heritages are more at risk for addiction, such as American Indian, Irish, Russian, and German heritages in particular.

Studies show that the younger the onset of substance use, the greater chance of developing a problem. Similarly, the more frequent the use in adolescence the greater the potential issue. For example, individuals who have their first social drink of alcohol by age fourteen are four times more likely to develop an alcohol use problem than individuals who do not drink until they are adults.

Trauma can be as severe as childhood abuse or neglect, or issues such as frequent moving, bullying, divorce, or childhood illness. In addition, recent studies have shown that the less connection and feeling of belonging to family, friends, community leads to a feeling of disconnection and alienation. This can lead to isolation and a lower ability to regulate emotions, thus leading to a desire to turn to external substances for warmth and comfort.

We now know that substance abuse tends to run on a continuum with very predictable pattern from use, to abuse, to disorder, to addiction. Current thought regarding treatment is that one need not follow the progression through abuse to addiction – arresting the disorder in earlier stages can help save someone from the consequences of health problems and legal, emotional, and relational issues. Think of it this way: if someone is diagnosed with Stage 1 Cancer, doesn't it make sense to treat it before it progresses to Stage 4?

Here are some warning signs that recreational use may have crossed into Substance Use Disorder:

1. Recurrent substance use resulting in a failure to complete obligations in work, school, or home.
2. Recurrent use in physically dangerous situations (driving under the influence or use while caring for children).
3. Continued substance use despite experiencing relationship problems with family or friends.
4. Needing more of the substance to achieve a desired level of intoxication and /or diminished effects with continued use of the starting amount of the substance.
5. Withdrawal symptoms when substance is stopped (anxiety, shaking, hangover, cravings, trouble sleeping, concentration problems, nausea, or vomiting).
6. The substance is taken for longer periods or in larger doses than intended.
7. The individual has a persistent desire or unsuccessful attempts to cut down or stop, making promises or compromises, i.e. "I'll only use on the weekends."
8. Substitution of one kind of substance for another, i.e. "I'll only drink wine, beer, light, or dark liquors."
9. Significant amount of time and energy is devoted to the planning to use or obtaining the substance.
10. Social, work, and recreational activities are thwarted in order to use, or avoiding places that do not allow usage.
11. Cravings to use the substance

According to the *Diagnostic and Statistical Manual (DSM-5)*, from the American Psychiatric Association, when two or more of these criteria are seen within a period of one year, a diagnosis of Substance Use Disorder is made. As Substance Use Disorder progresses, the brain's pleasure center is hijacked and the person is unable to consistently abstain, experiences impairment in behavioral control, cravings, diminished recognition of significant problems, and a dysfunctional emotional response. The brain begins to "need" the substance in order to feel normal. The person who crosses the line into Substance Use Disorder is not "weak," "undisciplined," or "selfish" and is unable to "just stop." The person has developed a chronic brain disease that in some cases requires treatment to be able to stop.

If you or your loved one needs help, reach out just as you would for any other chronic, progressive, relapsing disease. Attempt to arrest the disease at an earlier stage to prevent some of the devastating consequences to your emotional and physical health or that of your family member.

Kristen Carothers, MSW, LCSW brings twenty years of experience specializing in aiding and guiding children, adolescents and adults. Her areas of focus include: substance abuse, addiction and recovery, codependency, bipolar disorder, depression and anxiety, parenting and child behavioral issues, trauma, grief, and crisis intervention. Kristen is known for her direct, open, and compassionate communication style. She works with each client to gain a productive yet empathetic relationship structured for therapeutic success.



The Importance of Professional Counseling Pre- and Post-Divorce

Jennifer Van Luven, MSW, LCSW, CDM

Like marriage, divorce is one of life's toughest transitions. Despite its prevalence, divorce is extremely painful for all members of the family and even members of each extended family. Almost half of all marriages end in divorce, and one-third of all breakups occur within the first five years of marriage – the time when many couples start having babies and getting their footing in their new roles. The overwhelming amount of legal, emotional and nitty-gritty issues that need to be addressed can be enormous. The idea of creating an entirely new life for yourself and any children involved can feel incapacitating.

It is important to realize that things do get better with the passing of time. In the interim, there are professional divorce counselors that provide valuable advice and support through this process. These therapists have the inside knowledge of the family court systems in their area and the process that is ahead in most divorce cases. They can assist you in learning more about how to resume a fulfilling and successful life during and after divorce, minimize the impact of your divorce on any children you may have, and better understand where the relationship failed so you don't make the same mistakes again.

Many couples search for marriage counseling in an effort to improve a distressed relationship and try taking all steps possible to avoid divorce. As experts in relationships, therapists can help couples improve their communication and conflict resolution skills. However, if divorce is the chosen solution, there are pre- and post-divorce counseling approaches that can help you, your children and your partner navigate through the painful process.

Pre-Divorce Counseling: This involves a divorce counselor's intervention prior to the divorce proceedings. The therapist assists both parties in learning to communicate effectively and appropriately during the process. If children are involved, a civil and healthy divorce is imperative. Pre-divorce counseling can assist couples in parenting issues related to the divorce and provide a safe environment for telling children about the impending process.

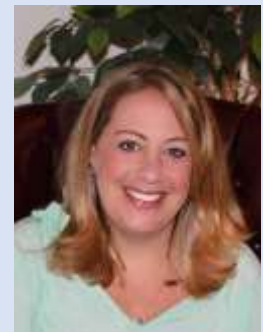
Post-Divorce Counseling: The break-up of a long-term, committed relationship can trigger some profound emotions of sadness, stress and grief. Life after divorce can feel overwhelming, and for many the uncertainty about the future can sometimes seem worse than the unhappy relationship itself. Couples need strategies on how to navigate the stages of grief and loss, as well as discovering their new potential and creating a new normal for themselves and their children.

Recovering from a divorce is a grieving process with certain stages and steps that need to be acknowledged. It is important you allow yourself time to work through the process and grieve the loss of the relationship, the companionship, the support, and any future plans you had together. This process is not meant to be accomplished alone – friends, family, support groups or a professional divorce counselor are important in the divorce recovery process.

A divorce counselor can:

- Help you understand the stages of loss and grief and how to move through the continuum
- Teach you the necessary coping skills to deal with the emotional pain of divorce
- Provide a forum for the entire family to receive counseling and support in a safe environment
- Help you understand the reason the relationship failed and prevent future relationship problems

As time goes on, the pain will become a little less pronounced and emotionally you will start to put one foot in front of the other. It is important to remember that this is a process, one that involves grief and loss. It involves drastic changes for not only the couple and their children, but changes for extended family, friends and others. There is light at the end and there will be a new normal. Seek the help and support you need.



Jennifer Van Luven is a Licensed Clinical Social Worker and Certified Divorce Mediator with over 20 years' experience in the mental health field. Her practice focuses on assisting families at all stages during the transition process.