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## Psychological flexibility and attitudes towards individuals with disabilities

### KEYWORDS

ACT, psychological flexibility, disability, integration, attitudes, symbolic interaction, social learning theory, mix method

### ABSTRACT

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This study examines the relationship between psychological flexibility and attitudes, perceptions, and feelings towards individuals with disabilities and towards integrating people with disabilities in society. This integrated study, presented here, is a stage in a broader study that examined the relationship between psychological flexibility, educational elements, and various components that take part in shaping and assimilating perceptions and attitudes towards disabilities.

The study presented here was conducted in two parts: The first part included data collection and quantitative analysis from 153 adult subjects to understand the statistical relationship between psychological resilience and attitudes toward disability. The second part included integrated data collection and analysis, quantitative and qualitative, from 60 respondents, 30 children, and 30 adults, to deepen our understanding regarding the correlations between psychological flexibility and the approach towards disabilities and the understanding of components that affect the correlation. The study shows a positive correlation between psychological flexibility and an attitude towards disabilities, and contributes to deepening the understanding of components that have different effects on this relationship.

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**Psychological flexibility** is the ability to experience the present consciously and non-judgmentally and act according to the values one has chosen to live by (Marom et al., 2011). Psychological flexibility forms the basis for processes of appropriate choices and attentive and conscious behavior, even in situations where choices and actions are accompanied by severe and painful psychological events (Burke & Moore, 2015). These processes give rise to a wide array of physical and cognitive strategies (Dahl, 2009) and help an individual change the role of their inner experience by conducting flexibly in the face of thoughts and events (Rolffs, Rogge & Wilson, 2018).

**Attitudes** begin to form in the early stages of development. Negative attitudes towards disabilities are already discernable at an early age (Krahe & Altwasser, 2006). Lee & Rodda (1994, p. 231) claim that children acquire beliefs and perceptions about disabilities through learning and social construction (Krahe & Altwasser, 2006). Conditioned perceptions and responses acquired through social learning and social and cultural norms reinforce beauty, youth, and a healthy body (Livneh, 1982). These ideas contribute to the perceptions that a disability is a threat: to the body image (Schilder, 1935); to a state of discomfort that can be caused by an encounter with an unexpected body and a mismatch between this figure and the expected body perception (Livneh 1982); to anxieties that arise in the individual in cases of bodily impairment (Fine, 1978; Whiteman & Lukoff, 1965); to avoidance due to fear of potential harm (Roessler & Bolton, 1987); to separation anxiety (Siller et al., 1967); to fear of infection or transmission (Sigerist, 1964); and to associating disabilities with death (Endres, 1979; Leviton, 1975; Livneh, 1980; Siller, 1964). These perceptions lead to rejection and avoidance of interaction with people with disabilities.

Psychodynamic processes from the early stages of development describe unconscious psychological forces that shape the approach to disability in society and the differentiation children make between the disabled and those who are not disabled (Livneh, 1982, 2012).

**Attitudes and stigmas** towards disability and attitudes in general emerge and form part of socialization processes (Daruwalla & Darcy, 2005) as a learning product and do not attest to the disability itself (Daruwalla & Darcy, 2005). In the **theory of symbolic interaction**, society is perceived as the product of the interaction processes of individuals (Reynolds & Herman-Kinney, 2003). Thus, social reality is dynamic and can be built by individuals in society (Tal, 2013). In this theoretical framework, Goffman (1963) and Berger & Luckmann (1966) argued that a stigma toward a person or group depends on the significance in interactions and social construction processes. Chubon (1992) refers to behavioral theories, consistent

theories, the information integration theory, and the role theory as four main categories that influence the formation, design, and change of general attitudes, stigmas, and attitudes towards disabilities. An attitude towards a disability reinforced by the behavioral aspect will tend to preserve and establish itself as the tendency to avoid (Corrigan et al., 2003; Jones & Corrigan, 2014). Gergen (1986) and Gergen & Gergen (1986) claim that initiating interaction and practicing communication methods are significant determinants of behavioral influence on attitudes towards disabilities (Daruwalla & Darcy, 2005).

Hebb (1946) and Heider (1958) emphasized the role of unfamiliar situations in creating anxiety and confusion. Their research found that individuals' interaction with a person with a disability constitutes an unfamiliar situation unsuitable for the living environment (Heider, 1944). The unfamiliar state disturbs the activity of thoughts, feelings, and behavior, produces cognitive conflict (Heider, 1958), disrupts familiar and basic rules of interaction, heightens the desire to avoid (Yamamoto, 1970), and creates negative attitudes (Anthony, 1972; English, 1971). Experiencing uncertainty and inadequacy creates distress in the individual (Hebb, 1946; Heider, 1958). **Psychological flexibility** and psychological rigidity deal with coping with life challenges that evoke cognitive, emotional, and behavioral events in the individual.

The first part of this study is quantitative. This part included 153 closed questionnaires that include the *attitudes towards disabilities questionnaire* (Halperin et al., 2016) and the *acceptance & action questionnaire 2* (Bond et al., 2011). It examined the relationship between attitudes towards people with disabilities and the integration of people with disabilities and psychological flexibility. The second part of the study is a mixed-method study that includes 60 questionnaires of psychological flexibility that include 30 *MPPFI questionnaires – Shorter Global Composites* (Rolffs, Rogge, & Wilson, 2016) for adult participants and 30 *psychological flexibility questionnaire for children – acceptance and fusion questionnaire for youth (AFQ-Y)* (Greco, Murrell & Coyne, 2005) for the young participants. The psychological flexibility questionnaires were passed alongside open-ended questionnaires intended to understand cognitions, emotions, and behaviors related to attitudes toward people with disabilities and toward the integration of people with disabilities.

**Demographic characteristics of sample 1.** The data was gathered from 153 participants. Most of the participants were women (66.00%) and with a mean age of 44.21 years ( $SD = 13.34$ ). Most of the participants had academic education (88.90%), and the rest had high school education (11.11%), and were born in Israel (86.20%), whereas the rest were born abroad (13.80%). 74,10% of the participants were married, and 25,90% were not.

**Demographic characteristics of sample 2.** The data was gathered from 30 Adults and 30 children. The average age of the adults was 42.93 years ( $SD = 7.56$ ), and the children's average age was 10.60 years ( $SD = 2.62$ ). Most of the adults were females (65.50%) and most children (62.10%) too. In addition, most of the adults were secular (75.00%), and the rest were traditional (10.70%) or religious (14.30%).

The study was an integrated study and therefore integrated different types of data. The analysis of the quantitative data included examining the correlation, positively and negatively, between the psychological flexibility and *attitudes towards people with disabilities* questionnaires. The analysis of the qualitative data included analysis of open questionnaires, which examined the correlations.

## Results

According to the results, the dependent variable, a willingness to integrate individuals with disabilities, had an average score of 5.08 out of 6.00 ( $SD = 0.57$ ). Moral behavior had an average score of 4.41 out of 6.55 ( $SD = 1.20$ ). Acceptance and action questionnaires had an average score of 5.53 out of 7.00 ( $SD = 1.18$ ). The social perception of individuals with disabilities had an average score of 4.63 out of 6.00 ( $SD = 0.66$ ). Familiarity with individuals with disabilities had an average score of 3.16 out of 7.00 ( $SD = 1.95$ ). Finally, self-perception as individuals with disabilities had an average score of 0.09 out of 2.00 ( $SD = 0.35$ ). With this variable, only 6 participants had an average score higher than 0 and were considered as outliers. Therefore, this variable was not included in the rest of the analysis.

In order to assess the correlations between the core variables, Pearson correlations were conducted between all the variables. The results show a positive correlation between the participants' moral behavior and acceptance and action ( $r = .18$ ,  $p = .03$ ) and also feelings towards individuals with disabilities ( $r = .21$ ,  $p < .01$ ). In addition, there were positive correlations for acceptance and action with the participants' social perception of individuals with disabilities ( $r = .16$ ,  $p = .04$ ) and their feelings towards individuals with disabilities ( $r = .24$ ,  $p < .01$ ). Finally, there was a positive correlation between the participants' familiarity with individuals with disabilities and their willingness to integrate. That means, the more the participants had positive feelings towards individuals with disabilities, the more they exhibited moral behavior, and the higher their acceptance levels. In addition, the greater the participants' familiarity with individuals with disabilities was, the more positive feelings they had towards individuals with disabilities. In the final linear regression, it was additionally found that moral behavior and fa-

miliarity with individuals with disabilities also predict the willingness to integrate individuals with disabilities in the society.

The average score for the MPFI questionnaires (Rolffs, Rogge & Wilson, 2016) was 4.13 ( $SD = 0.63$ ), and the average score for the psychological flexibility was 4.45 ( $SD = 0.45$ ). In addition, 64.30% of the participants had no doubts and were willing to integrate individuals with disabilities in society to a greater extent, 35.70% of the participants had doubts about it. The results show a positive correlation between the degree of psychological flexibility of the individual and their attitude towards individuals with disabilities in society ( $r = .315, p < .01$ ). Higher psychological flexibility is related to a more positive acceptance of individuals with disabilities in society.

The results show that attitudes towards individuals with disabilities had positive correlations with the following dimensions of psychological flexibility: Acceptance ( $r = .321, p < .01$ ), Present Moment Awareness ( $r = .418, p < .01$ ), Self as Context ( $r = .121, p < .01$ ), and Defusion ( $r = .252, p < .01$ ). However, Contact with Values ( $r = .014, p = .795$ ) and Committed Action ( $r = .084, p = .612$ ) do not correlate with attitudes towards individuals with disabilities.

In order to get a better understanding of the factors in the questionnaire, I followed the analysis instructions of Rolffs, Rogge & Wilson (2018). The participants in this study showed high flexibility factors in comparison with low inflexibility factors. Specifically, participants showed higher acceptance in comparison with low experiential avoidance ( $p < .01$ ), higher present moment awareness in comparison with low lack of contact with the present moment ( $p < .01$ ), high self as a context in comparison with low self as content ( $p < .01$ ), high defusion in comparison with low fusion ( $p < .01$ ), high contact with values in comparison with low lack of contact with values ( $p < .01$ ), and also high committed action in comparison with low in action ( $p < .01$ ). These results indicate that the participants in this study can be more psychologically flexible and hence treat individuals with disabilities in a more humanistic way. Furthermore, it indicates a high correlation between the tendency of participants to adopt a more flexible approach and their positive attitudes towards integrating individuals with disabilities in society.

## Qualitative Results

This method aims at elaborating the quantitative findings to further understanding how psychological flexibility is related to individuals with disabilities. The results show differences in various types of disabilities regarding the ability to

accept and integrate these individuals. That is, some disabilities are far more challenging to accept in comparison to others. It seems that there is more ease in accepting individuals who are not perceived as a threat to their personal safety. That means, individuals who suffer due to genetic disorder (e.g., Autism) or a significant accident (e.g., burn) are easier to accept. On the other hand, individuals who have a background in violence and crime have a much worse chance of being accepted.

The participants in the study described the emotional process of acceptance they went through. In the beginning, they had stigmas regarding people with genetic disorders, but later they realized the needs and emotions of these people. Adults mainly emphasized the need to keep society safe in the presence of individuals with disabilities. They chose these types of disabilities which will not harm physically or psychologically. In addition, another criterion to integrate individuals with disabilities is the ability to feel empathy towards the person.

On the other hand, adults found it very difficult to accept individuals with disabilities which, according to their perception, can potentially harm. Adults specifically expressed negative attitudes in integrating individuals with infectious diseases or a history of violence. These two types of disabilities are perceived as specifically dangerous, and therefore, parents have significant resistance to individuals with those disabilities. An interesting consideration of adults concerning integrated individuals with disabilities is their desire to create a more diverse society with people who can help and learn from each other. Hence, adults place high importance on integrating individuals with disabilities to create a society where people can learn from one another's experiences and help each other. One of the most important motives of children in integrating individuals with disabilities is to help them from a humanistic point of view. Results show that participants with low levels of psychological flexibility tended to show a lower eagerness to integrate individuals with disabilities.

Summarizing the participants' responses, regarding the willingness to integrate, critical perceptions and themes arose about the unwillingness to integrate, attitudes, approaches, general perceptions about integration, and observations from the shared experience of completing the questionnaire.

Concerning the willingness to integrate, themes related to the importance of integration recurred, such as: willingness to integrate out of familiarity with various disabilities, a desire to help, a desire to interact, the perception that integration is mutually beneficial, and a willingness to integrate individuals who are perceived as "harmless". For most participants, there was a correlation between the psychological flexibility questionnaire and the attitudes toward integration.

## **Discussion and conclusions**

The theoretical framework combines concepts from the Third Wave of the Cognitive-Behavioral Theory, mainly from the field of Acceptance and Commitment Therapy and Psychological Flexibility, while discussing the structure of human cognition and the theories that led to the development of psychological flexibility and its status as a component that improves the quality of life of individuals and their environment.

The psychological flexibility model is an inductive model which is based on the study of basic human processes. Psychological flexibility consists of six core elements that promote psychological flexibility and include flexible attention, selected values, obligatory action, the self as context, cognitive diffusion, and acceptance. These six core processes contribute to adaptive human functioning. Each of them is a key element in human's ability to adapt to changing and challenging circumstances that form part of daily life (Rolffs, Rogge & Wilson, 2016). According to this model, a person with psychological flexibility will openly and directly encounter reality and reality events. They will focus on the experience and the "here and now", and act out from awareness and connection to values. Studies have shown that psychological flexibility affects behaviors, performance, prejudices, and the ability to cope, accept and learn new things (Hayes, Orsillo, & Roemer, 2010).

Livneh (1982) suggests the possible sources of negative attitudes towards people with disabilities. He discusses the conditioning of socio-cultural norms that do not reconcile with disabilities, the influence of stereotypes that the individual absorbed in childhood, the unrealistic expectations and unresolved conflicts in the individual that arise during encounters with people with disabilities, the unconscious fear of the disabled person resulting from the perception of disability as punishment for sinning, the anxiety and confusion that arise in incomprehensible social, emotional, and the intellectual situations, diversity in appearance that evokes rejection, a stereotypical response to belonging to a minority group, the symbolic and unconscious connection between disability and death, and the associating behaviors that originate with prejudices to individuals with disabilities and factors related to disability.

The factors that emerge in Livneh's article can be translated as psychological rigidity that leads to avoidance of experiences, behavioral restraint, and loss of flexible attention processes. There can also be a loss of connection with values and effective connection with actions' direct results. In this situation, the individual's behavior is governed by conformity, desire to please, and avoidances. This

behavior impairs a sense of health, vitality, purpose, and meaning (Hayes, Strosahl & Wilson, 2012).

For individuals in any society, an encounter with a disability is a social, emotional, and cognitive situation that puts the individual in an unfamiliar position, evoking a sense of uncertainty. Psychological flexibility will enable an adaptive response that addresses the ability to achieve personal goals and link cognitions, emotions, and overt behavior (Finkenauer et al., 2005; Hayes, Luoma et al., 2006; Moilanen 2007).

The present study results show a positive correlation between psychological flexibility and positive social perceptions of individuals with disabilities, positive feelings towards individuals with disabilities, and a desire for integration with people with disabilities.

The study points to a link between psychological flexibility – as expressed in the acceptance and commitment questionnaire and the multidimensional questionnaire for psychological flexibility – and positive emotions, positive perceptions, and a desire for integration with individuals with disabilities. The study results indicate a positive correlation between the degree of psychological flexibility of an individual and their attitude towards people with disabilities in society. A high level of psychological flexibility is associated with a positive and accepting attitude towards people with disabilities.

The study shows that acceptance is the element with the highest positive correlation to a positive attitude towards disabilities in society among the elements of psychological flexibility. Acceptance refers to the behavioral willingness and psychological acceptance of external and internal events and experiences, and a willingness to interact with them out of curiosity, flexibility, presence, acceptance, learning, and without judgment (Hayes, Strosahl & Wilson, 2012). From the study results, it can be concluded that psychological acceptance and behavioral willingness to confront events and experiences in the present and non-judgmental way allows for an authentic encounter with experiences and life events. In this case, the encounter with a person with a disability, combined with the open approach, creates an opportunity for acquaintance and learning, contributing to the positive feelings and willingness to integrate.

Developing control over cognitive defusion is one of the central goals of an acceptance and commitment approach (Hayes et al., 2012). Cognitive defusion refers to the ability to separate thoughts, feelings, physiological sensations, and impulses when assessing real events from structures and patterns and then choose behavior that will be effective and appropriate for the context (Hayes & Wilson, 2003). The present study shows a positive correlation between cognitive defusion and a positive



attitude towards other people, and people with disabilities in particular. From the study results, it can be concluded that present-moment awareness without prejudice and classification, allows for encounter, as opposed to avoidance, with a large variety of events and experiences, and present, significant and profound observation.

The conscious and flexible connection with the “here and now”, which is expressed by interaction with the present and the self as a context, empowers the individual to exercise acceptance and cognitive diffusion skills when required, or to engage in value-based actions when required. The pair of elements “present moment awareness” and “I was a context” together form the axis that deals with a midpoint response style as part of psychological flexibility. Focusing on the present enables flexible, focused, and voluntary attention processes while addressing the current situation emotionally, cognitively, and mentally. Present-moment attention is devoid of automatic processes (Hayes, Strosahl & Wilson, 2012). “The self as context” refers to self-perception as a consequence of introspection. Self-knowledge that is an expression of flexibility in adopting a conscious awareness of the “I”, here and now (Hayes et al., 2012). The study shows a positive correlation between the elements “awareness of the present moment” and “I was a context”, and attitudes towards a person with a disability.

The results demonstrate that the relationship between psychological flexibility and specific elements of psychological flexibility and positive attitudes towards people with disabilities, as obtained from the study, is explained by the individual's ability to understand and accept reality as dynamic and changing, and treat it openly and flexibly. Therefore, it can be deduced that psychological flexibility plays a significant role in dealing with events and life experiences in general.

There is also a high correlation between the tendency of participants to adopt a more flexible approach and their positive attitudes towards the integration of individuals with disabilities in the society. Disability is an unfamiliar and peculiar condition and therefore constitutes a threat. The ability to deal with changes and early exposure help with perceptions of disabilities and the switch from negative attitudes and avoidance, to the desire for integration.

According to the concept underlying acceptance and commitment therapy, the individual tends to adhere to socially distributed instructions through language blindly. In many cases, this tendency causes people to adhere repeatedly to rules that originate in their minds or cultural order, and ineffective strategies, despite negative consequences, while ignoring the direct experience (Hayes, Strosahl, & Wilson, 2012).

The present study results show a positive correlation between acquaintance with a person with a disability and positive feelings towards people with disabilities and a desire for integration.

This result is consistent with social theories such as the social learning theory (Bandura & Simon, 1977), according to which cognitive learning serves as a basis for human behavior, and a person molds their behavior in a way that, they understand, will lead to reinforcement.

The theory of social construction of reality (Berger & Luckmann, 1966), according to which the insights and perceptions produced by the individual through interaction, detach over time from the framework of the interaction, gain a status of objective reality and influence the experience of reality and behavior (Leeds-Hurwitz, 2009; Regev, 2006).

The aura effect (Wright, 1960, 1980) describes a stereotypical perception based on the lack of information (Daruwalla & Darcy, 2005), and due to focusing on a dominant trait, other traits that do not necessarily characterize an individual, are associated with them, (Kassin, 2005).

The information integration theory holds that clear and up-to-date information affects understanding, attitudes, and behavior (Daruwalla & Darcy, 2005).

Moreover, role theory, which includes the knowledge function, constitutes a framework for understanding events and situations and influences perceptions and attitudes (Antonak & Livneh, 1988).

An analysis of the open-ended questionnaires revealed that the adult population tended to choose disabilities that were familiar to them and felt they had the tools to cope. Some noted the anxiety caused by differences and thought that the exposure would help with acquaintance and affinity as described in the theories presented. This finding is consistent with Horne's (1985) theory that attitudes are constructed based on behavioral learning in response to environmental stimuli and through reinforcement (Daruwalla & Darcy, 2005). Furthermore, Triandis (1971) and Gergen (1986) found that creating interactions and practicing communication practices are significant factors in behavioral influence on attitudes toward disabilities (Daruwalla & Darcy, 2005).

Safilios-Rothschild and Yamamoto found that when an etiology of deviation is linked to responsibility, there is an impact of the disability on the moral dimensions of an individual with the disability alongside the social responsibility for "correcting it" (Safilios-Rothschild, 1970; Yamamoto, 1970). Siller and its colleague (1967) found that in the presence of a person with a disability, a guilty feeling arises in the individual about his health and bodily integrity, and the need to avoid or act on the issue. Also, Festinger's cognitive dissonance theory (1957) assumes that the human cognitive system is characterized by a natural desire for balance and matching between its elements. Disrupting the balance between the elements

causes psychological discomfort, and therefore the individual will want to reduce the dissonance by avoidance or action (Geva, 2014; Daruwalla & Darcy, 2005).

This type of preference is consistent with the anxiety that arises in uncertain situations and with the desire for control and self-determination in these situations. According to this view, the need to assist is based, among other things, on the need to create a sense of certainty in unfamiliar situations and stereotypical perceptions that perceive the disabled person as a person who needs assistance, and not as an equal person with whom mutual and authentic communication can be produced. The study shows that coping with unfamiliar situations significantly affects positive and negative perceptions and behaviors. Psychological flexibility allows one to meet and respond to unfamiliar situations. At the same time, it is present and accepting, and thus it enables effective and adaptable outcomes of the individual's actions in their own life, and in the interactions they maintain with their environment.

## **Summary and conclusions**

The study was conducted in two stages. In the first stage, quantitative data were collected to establish the connection between psychological flexibility, attitudes towards disabilities, and attitudes towards integrating people with disabilities. The second phase included a combination of qualitative and quantitative research and examined the findings more deeply.

Combining quantitative data and qualitative data contributed to an in-depth examination of the phenomenon, strengthening the conclusions and confidence in the conclusions and more profound interpretation of approaches and ideas for further research. The use of open-ended questionnaires and the need to explain and express positions without using an answer bank or hierarchy elicited from respondent's emotional, cognitive, and behavioral responses as they were forced to deal with their positions and present their positions on a complex topic. Thus, the open questionnaires functioned as a model for dealing with this issue.

The topic of attitudes towards integrating people with disabilities was chosen because, on the one hand, it demonstrates the need for dealing with dilemmas and life situations that provoke external and internal psychological reactions in individuals. At the same time, this topic represents the discourse regarding our ability as individuals and as a society to be prepared for the processes of change, acquaintance, acceptance, learning and dealing with the gaps between our values and actions.

This study addresses issues of disability and integration in order to investigate the impact of psychological flexibility on how people cope with it.

Approaches towards disability were also studied, but the research focused mainly on their influence on the practitioner. In addition, cognitive-emotional, emotional, and behavioral components that come into play during the encounter with an individual with disabilities were well researched in the 1980s.

Challenging life events were represented in this study through dealing with the integration of people with disabilities.

The study finds that dealing with the integration of a person with a disability is representative of dealing with internal and external psychological events. Extensive sources of knowledge listed many reasons for difficulty coping with unfamiliar and uncertain situations, and the results of ineffective or adaptive coping. Further studies demonstrated how certain elements of an individual's personality can make his coping ways effective and adaptable even in these situations.

Through acquaintance with existing bodies of knowledge and their connection to the present research results, connections between psychological flexibility and coping, self-management, self-regulation, acceptance of others, empathy, and social involvement, and reduction of involvement in personal and social psychopathologies were found.

## Conclusions

From the results of the study, it can be concluded that:

There is a link between psychological flexibility and positive emotions, positive perceptions, and a desire for integration with individuals with disabilities.

Psychological acceptance and behavioral willingness to confront events and experiences in the present and non-judgmental way allows for an authentic encounter with experiences and life events.

The difficulty in coping with unfamiliar situations significantly affects positive and negative perceptions and behaviors.

There is a relationship between psychological flexibility and specific elements of psychological flexibility and positive attitudes towards people with disabilities. This relationship is explained by an individual's ability to understand and accept reality as dynamic and changing and treat it openly and flexibly. Therefore, it can be deduced that psychological flexibility plays a significant role in dealing with events and life experiences in general.

Disabilities, in general, are viewed as a permanent condition, and there is difficulty in believing in rehabilitation and change. Knowledge and familiarity are essential.

Getting to know a person with a disability makes it possible to see the individual from a broader point of view, to adopt their point of view, and act out of awareness of it. This understanding will lead to moral conduct and to action that is consistent with the need of the individual, and an understanding of society's ability to benefit from it.

Present-moment awareness without prejudice and classification allows for encounter, as opposed to avoidance, with a large variety of events and experiences and present, significant and profound observation.

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