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Psychological Flexibility and Attitudes towards Disability

Psycho-Socio-Educational Study of the Relations between Parents and Children

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Poznan, 2021

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Introduction

The research aims to understand the elements that influence education and build educational tools which will prepare the individual for psychological flexibility, and will influence the development of the individual and the society as a whole.

All people face challenges that require solutions. The ability to identify and respond to a problem is a necessary skill for the success of adjustment in childhood, adolescence, and throughout an individual's life (Kendall, 2012). There is a link between children's behavior patterns, and the emotional difficulties they experience, and the disorders they may develop in the future (Huppert, 2011). The developmental challenges facing many children and youth are varied. In addition, the ability of the individual to identify a problem, to handle the emotional arousal characteristic to his age, and to consider and find possible solutions is different from one individual to another, yet critical to the quality of each child's mental health (Kendall, 2012). The child is at a developmental stage in which his focus is directed away from dependence on his parents towards dependence on society, and most of the child's needs and demands are directed toward his society. At this stage, a positive social experience is critical and is measured by a child's success in educational frameworks and in social groups (Tyano, 2010).

At school the child must cope with the need to learn in a social setting, to obey rules, to adhere to routines, and to participate in a group.

Achievement, a sense of competence, and an ability to stay in control become essential to the self-image the child constructs (ibid). According to Erickson, the task of the child at this age is to formulate his identity. During this process, the child encounters problems that require a solution. In order to acquire coping strategies, the child must experience the world, observe his experiences and then interact with his environment based on the tools he acquired (Kendall, 1993).

Psychological flexibility refers to clinical processes that affect mental health, and non-clinical processes that affect the improvement of quality of life, habits, and occupation (Kashdan & Rottenberg, 2010; Schmaltz & Murrell, 2010). The wide range of areas in which psychological flexibility is addressed is particularly important for the development and mental health of children and adolescents.

The educational framework and school framework that accompany the child are together a framework for physical and mental development, along with acquiring academic skills, fostering healthy eating habits and maintaining good health and fitness

habits (Zaheer, 2015). Studies examining the importance of developing psychological flexibility in children, conducted by educational counselors, indicated psychological flexibility as a unique and effective structure with significant influence (ibid.). Studies have found that an intervention program for the development of psychological flexibility has reduced the symptoms of depression among children (Hayes, Boyd & Sewell, 2011), and decreased symptoms of depression, anxiety and stress among adolescents (Livheim et al., 2015). Greco and colleagues (2008) have found a strong link between psychological inflexibility to anxiety, somatic complaints, behavioral problems, and poor quality of life in children and adolescents. Psychological inflexibility was also linked to ADHD and effective disorders in the same populations (Venta, Sharp & Hart, 2012). A study that examined the effect of psychological flexibility on emotional regulation in adolescents with borderline personality disorder found that psychological flexibility mediated between emotional regulation abilities and traits that characterize borderline personality disorder and constituted a mechanism for change. (Schramm, Venta & Sharp, 2013). Psychological flexibility has also been found to be effective in situations of traumatic childhood events, post-trauma and self-harm in adolescents (Polusney et al., 2011). It is also related to the general quality of life, and quality of life associated with physical and mental health (Wicksell et al., 2009) as well as behavioral, academic, and social behavior capabilities (Greco, Lambert & Baer, 2008). There was also a link between learning strategies of flexibility, regulation, and contextualized action, known as strategies of psychological flexibility and healthy development (Kashdan & Rottenberg, 2010).

Lack of psychological flexibility is characterized by inflexible responses to difficult thoughts or feelings (Levin et al., 2014) and has been linked to the problem of drug use (Bricker, Schiff & Comstock, 2011; Levin et al., 2012) and other addictions (Kingston et al., 2010), to eating disorders, to a double rate of mental disorders and behavior problems (ibid), and to worsening social problems. War, terrorism, prejudice, interpersonal conflicts, crime, depression, and substance abuse all lead to hostility, more prejudice, labeling, and lack of empathy for others, and all result from behavior that is controlled by conscious information and characterized by narrow, limited, rigid vision and avoidance of contact with events and elements in the world and the environment (Yuval, 2011).

Psychological flexibility includes the individual's awareness of his feelings and thoughts, fosters ways of behavior that reconcile with his values (Palladino et al., 2013)

and affects his ability to be caring and accepting toward the self and others (Biglan, 2009).

The way a child thinks and how he behaves is the result of his environment, which includes his parents, peers, the education system to which he belongs, and more. Models in the environment shape the manner in which he interprets and responds to various stimuli, and he is influenced by his immediate surroundings in the way he perceives the challenges he faces (Huppert, 2011). The child's family is a microcosm in which he learns about the world, and the rules and roles in later relationships. Social, familial and interpersonal factors significantly shape in his world, serve as a basis for the tools he has acquired, and will help him create interactions that are a significant component of his proper development (Kendall, 2012).

This study is based on the hypothesis that learning psychological flexibility from an early age and assimilating it as an inseparable part of the educational process will constitute a significant tool for the child, contributing to his development in a way that emphasizes personal and social values and personal responsibility. The child's development and the final results greatly affect both the individual and his or her immediate environment as well as society as a whole. This study argues that awareness of the educational value of psychological flexibility should be increased and placed as an educational goal both at home and at school.

In this study, the expression of psychological flexibility is measured in the acceptance of others who are limited or different, and as a representation of accepting challenging internal and external psychological events that raise the need for coping. The study also measures the impact of flexible coping on the individual, the other and society as a whole. The study examines parental influence as representing the educational impact and also draws on the role of other educational agents and on the importance of emphasizing psychological flexibility education.

The study also examines cognitive, behavioral, developmental, psychodynamic, and psychosocial elements that influence psychological flexibility education.

Part 1 – Theoretical Framework

Chapter 1 –The concept of psychological flexibility and its psycho and socio-educational background

Psychological flexibility and psychological rigidity deal with the ability to cope with life challenges that evoke cognitive, emotional and behavioral events in the individual. The literature review 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.
Perceptions and attitudes towards disabilities are examined in depth in the theoretical review, in order to draw a parallel between the perception of disability and coping with it, to the perception of and coping with challenging life events. Thus, the review discusses individual and social challenges faced by the individual with disabilities - and their changes throughout history, models of labeling, models of changing perceptions and attitudes, and the connection between them and psychological flexibility.
The discussion of parental influence on psychological flexibility begins by reviewing models of development in order to understand in depth the age of the population under study, and the developmental effects of this period. At the same time, the literature review discusses moral development and the formation of attitudes and values as a motivational basis for cognition, emotion and behavior, with extensive discussion and emphasis on various forms of parental educational influences and how they are affected by psychological flexibility.

The Third Wave of Cognitive Behavioral Therapy

The term cognitive behavioral therapy (CBT) identifies a family of interventions that are widely recognized as the set of psychological treatments with the most extensive empirical support (Hayes & Hofmann, 2017).
The first wave of behavior therapy rebelled against the scientific weakness of existing clinical traditions. (Hayes, 2004). This wave included application of learning principles aimed at formulating established methods, with the goal of changing evident behavior

(Hayes & Hofmann, 2017) focusing on learning theories based on response stimulation and classical and operant conditioning (Hofmann, Asmundson & Beck, 2013). Behavioral intervention focused directly on behaviors and emotions perceived as problematic and aimed towards fostering adaptive behavior (Hayes, 2004). In the late 1960s **the second wave** began to develop, when neo-behaviorists reached the conclusion that the response stimulation theory had failed to facilitate a proper empirical analysis of language and cognition, and they began adopt more flexible principles of learning, based on the metaphor of computer mechanics. The failure of the behavior analysis movement to provide adequate findings on human language and cognition lead to the second wave, through seeds of theory planted by Bandura (1977) through his cognitive account of behavioral change. Those seeds quickly flowered into the Cognitive Therapy Movement (Beck et al., 1979; Mahoney, 1974; Meichenbaum, 1977). In addition, Skinner (1971) promoted his radical understanding that objectivity could occur during analysis of private events, and scientific subjectivity could occur in the analysis of publically observed events. Skinner's analysis of language and cognition led him to conclude that while a scientifically valid study of thoughts and feelings was possible, it was not needed to understand overt behavior. This conclusion led behavior therapists to understand that they needed to cope with thoughts and feelings in a more central and direct manner (Hayes, 2004).

The Behaviorist theorists prepared themselves for the transition from the first wave to the second in terms of behavioral therapy, with the understanding that "One can study inferred events or processes and remain a behaviorist as long as these events or processes have measurable and operational referents" (Franks & Wilson, 1976, p. 7).

The early followers of the cognitive-behavioral movement viewed cognition from a direct and clinically relevant perspective. They identified certain cognitive errors that appeared to characterize special populations, and studies began to identify these errors and methods of correcting them. Some of the central themes of the first wave of behavioral therapy were passed on to and adopted by the second wave, including the emphasis on changing the content, form, or frequency of thought or behavior, or so-called "first-order change" (Hayes, 2004).

Behavioral therapy has broadened and developed, behavioral principles have been less emphasized, and cognitive principles more so. Thus, the first wave was largely assimilated into the second wave. Behavioral methods and conditioning models were modified and replaced with methods and models for cognitive change with a central

emphasis on cognitive variables. The classic "cognitive-behavioral" model evolved from the recognition of the relationship between cognition and behavior, and the emotional state and general level of functioning of an organism, and is based upon the connection between the way an individual perceives life events and his feelings, his physiological reactions, and his behavior. According to this approach, a person's emotions and behavior are influenced by his interpretation of events in his life, and not by the events themselves (Beck, 1964; Ellis, 1962). Cognitive behavioral intervention methods incorporate strategies aimed at changing one's thinking, feeling, and conduct (Kendall, 2012).

These methods are based on the individual's belief system, behavior strategies and his understanding of the beliefs and behavior patterns that characterize him (Alford & Beck, 1997). A cognitive behavioral intervention program deals with the acquisition and establishment of cognitive change in thinking and belief systems, with the goal of bringing about a stable emotional and behavioral change (Beck, 2014). This model includes a combination of cognitive strategies based on reflective and metacognitive abilities, behavioral strategies, emotion-focused strategies, and social strategies to build a cognitive infrastructure that will lead to effective behavior (Kendall, 1993). The rise of Constructivism and similar post-modern theories weakened the idea that scientific theories identify different aspects of reality, which can be organized in a comprehensive model (Hayes, 2004; Hayes et al., 1993). This change in the scientific philosophy gradually undermined the assumptions that were based on the first and second waves of behavior cognitive treatment, and on the underlying theories, making way for integrated tools and approaches that emphasize the broader context (Moore, 2000).

The third wave came about through changes in the basic assumptions of behavioral cognitive theory, and new behavioral and cognitive perceptions based on theories and concepts that emphasized the broader context and focused on the individual's relation to thoughts and feelings and his ability to separate himself from them (Hayes & Hofmann, 2017). The third wave theories began to perceive cognitive and behavioral processes as private psychological events (Hayes et al., 2006; Hofmann, 2008). This approach led to a change in cognitive and behavioral practice. At the behavioral level, the approach was changed from external behavioral exposures to contact with internal events (Barlow, 2000; Barlow 2002), with the aim of facilitating change in the role of events rather than in their form. The practical approach was based on and became increasingly contextual (Bouton, Mineka & Barlow, 2001). Positive research results of

new methods offer significant support of the roles of components such as acceptance, change, commitment, and attentiveness in behavioral therapy (Linehan, 1993).

At the cognitive level, processes involving **attentiveness and metacognition** (Wells, 1995) have undermined the perception that we must work to change the shape or frequency of problematic cognitions defined as first-order cognitive change. The new concept focused on the cognitive and psychological context in which recognition and connection with the present takes place (Borkovec & Roemer, 1994) and has been established as a practice based on attentiveness (Teasdale et al., 2002).

According to Hayes (2004), the third wave treatments are based on practical logic that describes aspects of human experience, such as accepting painful events, the roles of values on our lives, spirituality, and relationships (Salande & Hawkins, 2017). Today, there is no doubt that the concepts and methods once considered central to the third wave have become integral to classic CBT and its evidence-based intervention approaches, mainly due to the fact that they have proven to be both efficient and effective (Khoury et al., 2013). In contrast to the classic approaches that focus on changing the content of thinking in order to bring about a change in emotion and behavior, the third wave emphasizes changing the thinking process (Hunot et al., 2013).

This development led to profound philosophical changes in classic approaches. The recognition of the centrality of the philosophical assumptions on which the analytical and intervention methods are based significant widened the range of fields of the behavioral cognitive approach (David & Hofmann, 2013).

The third wave places considerable emphasis on focusing on evidence-based processes rather than on the protocols for syndromes (Hayes & Hofmann, 2017; Klepac, Ronan, Andrasik, 2012). Emphasizing processes of change and their behavioral influence places the theories and practices of the third wave as functional methods that transcended diagnostic categories (Hayes & Hofmann, 2017).

The third wave opened the door to "a wider range of approaches from humanistic, existential, analytic, and spiritual traditions" (Hayes & Hofmann, 2017). These approaches view the intervention process as central to life since they do not refer only to psychopathology but to the whole person (ibid). At the core of these approaches is the concept that behavioral and mental health is determined by *health* rather than the absence of disorders and the result is a field-based process that seeks to integrate a full range of psychological, biological and related processes (Ibid).

Acceptance and Commitment Therapy

Acceptance and Commitment Therapy (Hayes et al., 2010) is the broadest, most prominent, and most influential of the third wave treatments. At the basis of this approach are deep, broad, and encompassing theoretical and philosophical roots (Marom et al., 2011).

The philosophical basis for the Acceptance and Commitment Therapy is the perception of human suffering.

The approach of Acceptance and Commitment was based on a fundamental theoretical assumption that suffering and emotional pain constitute a natural and inseparable state of human existence. The source of the suffering lies in normal and inevitable psychological processes. Mental pain is a natural product of the way human consciousness and the use of language work. Acceptance and Commitment Therapy, therefore, is not merely a therapeutic approach but a general approach to the way of life (Marom et al., 2011).

Functional Contextualism

Functional Contextualism is a philosophical offshoot of the pragmatic approach (Biglan & Hayes, 1996, Hayes et al., 1988; Hayes, 1993) In all forms of contextualism, the criterion of truth is defined as "what works successfully" (Hayes et al., 1988), which is to say, the truthfulness of a claim is measured in terms of its practical results and its usefulness (Hayes, 2004).

Functional Contextualism looks for the causes and effects of ongoing interactions between organisms of in different historical and current contexts. The core components of functional contextualism-based approaches include focus on the whole event, sensitivity to the role of the context in understanding the nature and function of an event, emphasizing a pragmatic criterion for truth, and specific scientific goals for which the standards must be applied (Hayes, 2004).

Three characteristics of Functional Contextualism:

1. We can only understand the world through our interactions with it, and therefore there is no way or purpose of examining what is right and what is true. The interactions we experience are always historically and contextually limited. The framework theory and the theory of acceptance and commitment are theories of

intervention aimed at individual change and their validity is measured by their success.

2. Functional Contextualism is holistic and contextually focused. The theory of acceptance and commitment is based on openness and acceptance of all events, including events that are perceived are negative, irrational and even psychotic.
3. The basic nature of Functional Contexualist goals is connection to values as components, and is expressed in the Acceptance and Commitment theory with the emphasis on selected values as significant components of a meaningful life Hayes, 2004).

The Theoretical Basis for the Acceptance and Commitment Approach

Human consciousness

Human consciousness has formed and developed over the course of evolution as a sophisticated entity - with the skills of thinking, imagination, memory, classification, association, explanation, analysis, comparison, judgment and prediction - that operates almost nonstop. These cognitive skills have provided humans with significant evolutionary advantages, including the ability to react and act in a myriad of situations and events. Many cognitive skills and benefits have helped man rule the planet. At the same time, they are the source of human suffering, as the consciousness is able to create arbitrary connections between an unlimited number of objects and between one object and another. In fact, any situation, event or object can be linked to anything, positive or negative, arbitrarily and regardless of their value (Marom et al., 2011). In our rich, complex and multidimensional world of experiences, consciousness naturally produces judgments, assessments and one-dimensional and biased contexts. These reactions are preserved in one's consciousness in their inflexible form for many years, and it is not easy to change them (ibid). Consciousness creates filters through which people perceive reality. The products of consciousness are perceived as reality itself, replacing unmediated experience and controlling human behavior. This can cause great suffering. In addition, a person tries to use various means to change or avoid external and internal psychological events. Avoidance is behavior that results from the association between an internal event and potential harm, formed by the consciousness (ibid).

Relational Frame Theory

The relational frame theory perceives consciousness as the basis of language, and language as central to the shaping of human experience in general and to the intensification of human suffering in particular (Marom et al., 2011).

This is a functional theory from the field of behavioral analysis, which deals with the relationship between behavior and environment (Chiesa, 1992; Hayes & Brownstein, 1986) and uses behavioral tools to reach an understanding of human cognition and language (Marom et al., 2011).

At the heart of the frame theory is the notion that human language and cognition depend on the framework of relationships, since associations and relationships are shaped by a specific history of reinforcement (Berens & Hayes, 2007). Processes of thinking, understanding, speaking or listening of any kind occur by deriving the relationship between words and events, words and words, events and events (Hayes, 2004). These processes are characterized by three identifiable characteristics: bi-directional and combinatorial entailment, and the transformation of functions between roles and factors in related stimuli (ibid).

Bi-directional, for example, is reflected in the two-way ability to name an object in its presence and visualize it when it is named and heard. The combination is a phenomenon that happens, for example, when a hierarchy is created between objects and the ability to differentiate between them without additional learning (Vilardaga, 2009).

The theory assumes that the behavior of cognitive structures is related to the behavior of language units (Hayes, 2004) and that higher order cognition and associative learning are not contradictory functions (De Houwer, Hughes & Barnes-Holmes, 2016).

The relational frame theory also assumes that linguistic units, such as cognitive structures, are associated with each other through experience. In other words, learning about a correspondence between X and Y and between Y and Z will lead to a conclusion about correspondence between X and Z (Torneke, 2010).

The clinical and interventional relevance of the theory stems from the understanding that roles assigned to a specific participant in a particular event also tend to affect the roles of other participants. The framework of the relationship is created due to cognitive language activity related to the event and not as a result of the formal properties of the participants (Hayes, 2004). Human cognition is capable of producing infinite arbitrary connections between different types of stimuli and using them in unlimited contexts. It can relate to objects, situations and events across time and across space, even when the

probability of the situation and involved participants occurring together is very low (Liberman & Trope, 2008).

For the human race there are many advantages to relational responses. A relational response contributes to adapting to the environment and expanding the range of interactions by making language itself part of the environment. The relational frame theory goes beyond the formal properties of objects in the world, and when the response is not limited to external events but expands to internal events and verbal stimuli, the possibilities of activity in the world expand significantly. In this way, words naturally connect to a context as it becomes more firmly established, thus creating a reaction system that produces real-time results more meaningful for our survival (Vilardaga, 2009).

Human cognition can transform almost any stimulus into a psychological one, and therefore the discernment of stimuli or combinations of stimuli perceived by their verbal representations as negative or averse is significantly increased. In every situation people are susceptible to a sense of remorse for what is no longer, to a sense of fear - even without the presence of any actual stimuli, and to a sense of concern of dangers that may occur even if they never occur. Humans are constantly prone to considerations of whether any given situation could be better or worse. In fact, the infinite capacity of consciousness to create arbitrary relationships may cause an individual to ignore the objective and subjective value of stimuli, and irrationally relate them to any kind of emotion - positive or negative (Marom et al., 2011).

Relational operants, unlike the verbal operants of the first wave, transform the way direct learning processes occur and therefore modify or activate stimulus control. On this basis, according to the relationship framework theory, it is necessary to analyze cognition in order to understand human behavior (Hayes, 2004). In order to produce a change in a person's experience at a particular event, the contextual role of the event must be manipulated (Chiles & Strosahl, 2004).

Acceptance and Commitment Intervention

The Acceptance and Commitment approach is a clinical approach based on a broad theoretical basis (Marom et al., 2011). This approach is characterized by a high sensitivity to the context and function of psychological phenomena and does not relate only to the form of these phenomena (ibid.).

At the clinical level, the acceptance and commitment approach views human suffering as a result of the intensification of internal events in an attempt to change them, and avoidance of events and experiences that are perceived as either persistent or negative. These processes result from "cognitive adhesion" between internal or external objects and conscious evaluations, and they subsequently affect human behavior. In their presence, one's behavior is over-controlled by one-dimensional information, leading to avoidance that harms quality of life, inflexibility, and even activity that conflicts with one's own goals. This condition is called psychological rigidity (ibid).

The purpose of acceptance and commitment based intervention is to strengthen the opposite state of psychological rigidity, which is psychological flexibility. Intervention in acceptance and commitment is based on the assumption that the general context and the direction of any course of action must both be addressed. The challenges and difficulties are perceived as an integral and natural part of the process of development and growth and cannot be avoided or ignored. (Hayes, 2004).

This type of intervention therefore emphasizes non-judgmental openness and attention to external and internal experiences, and the acceptance of desirable and undesirable psychological events without trying to understand or act on their content or their essence. The intervention is intended to enhance one's ability to experience the present with awareness and without judgment, and to conduct oneself in a world that best serves the values that the individual has chosen to commit to. The goals of the intervention are broad and generally strive to enrich the experiential and behavioral diversity of the individual (Marom et al., 2011).

The terms Acceptance and Commitment:

The term acceptance refers to active and intentional acceptance of every type of psychological event, and a willingness to observe all their aspects in a non-judgmental manner, while accepting their existence as a natural and inseparable part of life. In addition to accepting psychological events, the concept also includes the acceptance of the products of cognition, such as evaluations, judgments, feelings, and other points of reference to negative psychological events. The products of cognition are also, according to this perception, components of the experience as a whole (ibid).

Commitment is formulated from awareness of values, concrete goals based on values, acts and actions that support achievement of goals, recognition of internal obstacles, and perseverance (ibid.).

Intervention supported by acceptance and commitment helps the individual develop psychological flexibility and formulate personal values and fosters a commitment to change (Hayes et al., 1999).

Psychological Flexibility

Definition

Psychological flexibility is the ability to experience the present consciously and non-judgmentally, and to act according to the values that 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 his inner experience by way of flexible conduct in the face of thoughts and events (Rolffs, Rogge & Wilson, 2018).

According to Hayes & Wilson (2003) and Hayes et al., (1999) there are six parallel and interrelated process that serve as the foundations of psychological flexibility:

Acceptance – the state of being ready, willing, and able to experience private events without trying to change their frequency, content, or form (Burke & Moore, 2015). Acceptance is a means of implementing flexible and efficient behavior patterns that are consistent with the individual's goals and values (Yuval, 2011). From a theoretical point of view, avoidance is strongly related to mental tension, and psychological acceptance is expressed in the ability to actively accept various psychological events, even those that are undesirable and those that are perceived as negative without trying to fight, avoid or act upon them. It is manifested in the willingness to observe psychological events, with their various aspects and dimensions, in a non-judgmental manner, while accepting their very presence and the emotions, thoughts, assessments, evaluations, observations and other products of awareness that they give rise to as parts of a whole set of experiences and as an integral part of life (Yuval, 2011). Studies have shown that attentiveness to physical pain, in the absence of attempts to fight or avoid pain by distraction, enables subjects to endure the pain longer (Masedo & Esteve, 2007). Other

studies have identified the acceptance model as an effective method for dealing with a wide range of psychological events (Dobson et al., 2008; Najmi et al., 2009; Hofmann et al., 2010).

Cognitive Defusion – the ability to differentiate between thoughts, feelings, physiological sensations and impulses in evaluating real events, while being fully aware of the present and choosing effective and relevant behaviors (Burke & Moore, 2015). According to the relationship theory, which is at the basis of acceptance and commitment, language plays a central and important role in the shaping of human experience. Awareness naturally inclines us to attach arbitrary labels to external and internal objects. These labels directly affect the ability to experience the object and cause romanticization and cognitive entanglement. The production of words and connections is a basic, natural, automatic, and continuous function of awareness. Cognitive defusion is the ability to relate to these processes as natural and automatic processes without placing a significant emphasis on the content they produce. Defusion enables the creation of a distance between the individual and his thoughts in such a way as to enable observation and understanding of the nature of the thoughts as products of consciousness rather than reality. In this way the specific verbal design of the thoughts is not significant or relevant. Studies have shown that cognitive defusion prevents the intensification of negative attributions (Yuval, 2011)

Mindfulness of the present – an active, attentive, full, non-judgmental, awareness of the present moment (Burke & Moore, 2015). A complete acceptance of experiences requires nonobjective attentiveness to the present, observing it and recognizing its various components, including judgments, thoughts, evaluations, associations, comparison of conditions and emotions. Mindfulness makes it possible to endure the whole experience as an entity in itself and not through its components. It helps to create a distance between the individual and the experience and the psychological events that accompany it, and to shift the psychological components from the center of the experience and from the center of one's perspective of and conduct in the world (Yuval, 2011).

"Myself as an observer"– A multi-dimensional perception of oneself, as more than the sum of one's personal experiences (Burke & Moore, 2015). Recognition of one's self as an observer of internal and external events (Yuval, 2011). And observer who experiences the events in life as part of a continuum, and as distinct from other specific events Burke & Moore, 2015). This skill is expressed in the ability of the individual to

see himself and others as more complex than the set of labels that have been associated with them, and to avoid identifying himself with his thoughts about himself (Yuval, 2011).

Values - Selected principles that shape personality (Burke & Moore, 2015), which are freely chosen by the individual (Dahl et al., 2009), which define processes and are linked to patterns of action, directing and organizing the individual's behavior (ibid), providing him with a sense of meaning (Burke & Moore, 2015). The values are like a compass that provides direction to an ongoing process versus goals that are specific and attainable (Luoma, Hayes & Walser, 2007). It is not easy for human consciousness to understand the nature of values because it tends to confuse values with goals, since values, as opposed to goals, are not concrete, objective, measurable or defined (Yuval, 2011). Values are understood by the individual (Wilson & Du Frene, 2009) and since the basis of the acceptance and commitment approach is a pragmatic philosophy (Dahl et al., 2009), an individual's actions are rated according to their ability to help them behave according to his values, which requires the formulation of standards for measuring effectiveness. Every evaluation of values requires a different set of values which are standards of measurement, and therefore one's basic values are not measurable, and cannot serve as criteria for evaluation (Yuval, 2011). They need not be justified and simply constitute axioms that outline the individual's path. The values are freely chosen but are also influenced by the society and culture an individual is part of, and are formulated through language, which is also shaped by social and cultural influence (Dahl et al., 2009).

Committed Action - Strengthening effective behavior patterns that help individuals reach value based goals (Yuval, 2011). Committed action includes the individual's awareness of values that are important to him, concrete goals based on these values, direction and organization of behavior in a way that leads to achieving goals, recognition of internal obstacles that may arise and interfere with action, and coping with them, with a commitment to act in tandem with the difficulty and rather than fighting it (Yuval, 2011). Another important component persistence in effective patterns of activity, despite the obstacles likely to be created within one's conscience (Yuval, 2011).

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The Building Blocks of Psychological Flexibility

Kashdan (2010) refers to **executive functions, default mental states, and personality configurations** as three significant factors that form the basis for psychological flexibility.

Executive functions generate significant neuropsychological support for self-regulation (Baumeister, 2002), which reflects brain activity primarily in the frontal lobe and enables behavioral choices based on the integration of cognitive abilities and goals (Goldberg, 2002; Krasnegor, Lyon & Goldman-Rakic, 1997). **Executive functions** are a system of high-level cognitive control processes (Miyake & Friedman, 2012) and have a significant role in the navigation and success of all day-to-day activities. They are responsible for choices, decisions, and risk assessment, planning for the future, awareness processes and breaking habits, setting priorities, behavioral sequence, coping with changing situations, etc. (Banich, 2009; Miyake & Friedman, 2012). Executive functions are related to important aspects of health and function (Best, Miller & Jones, 2009; Miller, Nevado-Montenegro & Hinshaw, 2012; Valiente et al., 2013) both at the physical level (Hall et al., 2008; Falkowski et al., 2014) and at the mental level (Willcutt et al., 2005; Bora, Yucel, & Pantelis, 2009; Mesholam-Gately et al. 2009; Snyder, 2013). Deficient performance in these areas will impair the individual's ability to develop psychological flexibility (Kashdan, 2010). **Executive control** is an example of skill derived from executive functions. Executive control includes awareness of a situation combined with the ability to focus on the fundamental aspects of the situation. Executive control actually enables correlation between a situation and behavior, with an emphasis on the context and an authentic response that is based on awareness and is not the result of an automatic pattern (Moskowitz, 2001). Executive functions also include the ability to deal with distressing situations and to openly accept thoughts, emotions, and sensations of any kind (Kashdan, 2010). Challenges and tensions are an integral part of life and are significant factors in the process of an individual's development and maturation (Hayes et al., 1996; Labouvie-Vief, 2003; Wilson & Murrell, 2004). The ability to experience, cope with, and organize different kinds of thoughts and feelings affects emotional well-being (Robinson et al., 2004). Executive functions also include working memory, information processing speed, and the ability to regulate behavior (Kashdan, 2010). These factors are important for psychological flexibility because when utilized properly they help the individual to see complex situations via several vantage points and representations and to select the appropriate

responses and actions for each situation (ibid.). In summary, executive functions are a significant factor in the ability to regulate responses, adapt responses to reality, set goals and achieve them. The ability to be attentive, to accept and tolerate stressful situations, and to use memory skills helps the individual identify contextual clues and select appropriate responses in individual and social situations (Vohs, Baumeister, & Ciarocco, 2005).

Default mental states - Psychological flexibility depends on the individual's ability to make efficient and balanced use of the mental energy he invests in current events in his immediate environment, and the energy he will have to invest in significant future situations (Kashdan, 2010). Automatic processes such as heuristics, stereotypes, and habits help us to make a balanced effort in interpreting and responding to the environment. However, processes of this kind make the individual draw conclusions about themselves, others, and the world around them based on limited knowledge and misconceptions (Dunning, Heath & Sols, 2004). Heuristics are simple mental procedures that help to find quick but incomplete answers and solutions to difficult questions (Kahneman et al., 1982). Heuristics help us navigate social environments and deal with the myriad of verbal and nonverbal information that exists in social interactions (Kashdan, 2010). Heuristics and stereotypes enable us to draw conclusions and to establish responses to conclusions on a daily basis (ibid). Heuristics and stereotypes are very resistant to reconsideration and change (Kammrath, Ames & Scholer, 2007). Often, the information they provide is neither accurate nor relevant, makes it difficult to identify other relevant information or to gain new insights, and prevents one from experiencing and taking part in varying personal situations (Funder, 1995, Gilovich, Griffin & Kahneman, 2002). Psychological flexibility helps shape our automated processes in more efficient and better ways. In order to do so, one must recognize the tendency to automatically put into play social judgment and preferences based on habits, limitations of biased social judgment, habits and preferences, and the fact that automatic, habit-based activity ultimately reduces actions resulting from freedom and flexibility (Kashdan, 2010).

The personality configuration also has a significant impact on psychological flexibility. **Neuroticism, self-control, positive influence and openness to experience** are personality dimensions that can be tested for psychological flexibility. There is an inverse association between **neuroticism** and psychological flexibility. It was found that neuroticism negatively affects the ability to implement behavioral change in

response to feedback (Watson, 1967), the ability to choose a strategic response (O'Brien & DeLongis, 1996; Watson, 1967) and adaptive behaviors (O'Brien & DeLongis, 1996), difficulty being attentive and present in the moment and difficulty connecting with and committing to values (Kashdan, 2010). **Positive affect** enables flexible thinking and flexible behavior. It expands the range of possible thoughts, feelings, behaviors, and modes of action in any given situation (Fredrickson, 1998). Positive affect expands attention, enhances work memory, increases creativity, and enables openness to new knowledge and a variety of perspectives (Carnevale & Isen, 1986; Estrada, Isen, & Young, 1997; Johnson & Fredrickson, 2005). These traits contribute to effective, thorough and qualitative decisions (Kashdan, 2010). **Openness** and curiosity and readiness for new knowledge and new experiences leads to a willingness to tolerate all sorts of experiences and emotions that may naturally arise as a result of coping with new stimuli (Izard, 1977; Mc Crae & Costa, 1997). When an individual acts out of openness and willingness, he sees in unfamiliar situations an opportunity to find meaning in his actions, to expand the self (Higgins, 2006; Kashdan & Silvia, 2009). Hidi & Renninger, 2006, Miller & Rollnick, 2002; Tomkins, 1962). Openness allows for multiple perspectives and creative thinking (King & Hicks, 2007) and is related to tolerance and compassion (O'Brien & DeLongis, 1996, Mc Crae, 1996).

Balanced self-control or the ability to modify cognitive and behavioral tendencies is another major factor in psychological flexibility (Kashdan, 2010). People with balanced self-control have more flexibility and perseverance, their psychological well-being is higher and they experience more satisfaction in life and fewer instances of psychopathology (Peterson et al., 2007; Tangney, Baumeister, & Boone, 2004). Self-control helps to inhibit gratification, resist impulses, and control thoughts and emotions in order to achieve behavioral flexibility (Kashdan, 2010). At the same time, the individual's natural ability to control himself may limit psychological flexibility. A study by Muraven & Baumeister (2000) compared self-control abilities to a muscular system that can be developed or neglected and claimed that when the ability to exercise self-control decreases – similar to the case of a weakened muscle - the intense efforts then required to exert self-control in a particular area interfere with the individual's ability to exercise self-control over another aspect the self (Kashdan, 2010). Other studies have shown that when an individual is forced to choose from a large number of competing options, or to exaggerate emotional responses, the effectiveness of management functions is reduced (Schmeichel, 2007; Vohs, Baumeister & Schmeichel,

2012). Increased self-control efforts to suppress impulses, regulate emotions, thoughts and behaviors, focus attention, and more may hinder the neurological processes needed to achieve and activate psychological flexibility (Kashdan, 2010).

Psychological Flexibility and Self-regulation

Psychological flexibility includes a dynamic system of processes that shape the interaction patterns of the individual with his environment. These processes include awareness of the present, adaptation to situations and events, the ability to maintain a flexible point of view, balancing opposing needs, and engaging in behavior compatible with values (Hayes et al., 2006; Kashdan & Rottenberg, 2010). These processes are similar to those of self-control (Finkenauer, Engels & Baumeister, 2005), emotional regulation (Thompson, 1994) and self-regulation (Moilanen, 2007).

Self-Management, Self-Regulation, and Self-Monitoring

Self-management is a general concept that applies to a variety of components which are intended to serve as a locus of internal control (Chafouleas et al., 2012). It is manifested in the effect a person has on events and situations around himself, and on their outcomes (Chorpita & Barlow, 1998); in his discernment of when he must work on himself, when he must work on his environment, and when he should work on them both simultaneously (Kaniel, 2013); and the necessity for him to take responsibility for his actions and their outcomes (ibid). The components of self-management may include setting personal goals, self-monitoring, self-evaluation, finding personal strong points, and self-awareness (Dalton, Martella & Marchand-Martella, 1999). Self-management eventually amounts to a sense of control, but includes to a great extent reality based actions such as time management, delaying gratification, organization, taking responsibility, completing tasks, etc. (Pajares, 2007).

Self-Regulation is an active process of self-management (Pintrich, 2000). The broad definition of self-regulation is behavior directed towards a goal such as achievement, personal ambitions, interpersonal goals and ambitions, etc. On the other hand, the concept of "self-control" usually has a narrower definition of self-regulating processes and control over undesirable behaviors such as addictions, compulsions, etc. (Hofmann et al., 2012). According to the social cognitive-behavioral theory, a person's behavior is motivated and regulated through continuous practice of self-influence. The principle

process of self-regulation occurs by means of three sub-functions. They include self-monitoring of the individual's behavior, and the causes and effects of the behavior (Bandura, 1991). According to Baumeister & Heatherton (1996) and Carver (2004), self-regulation consists of three main components :

- setting standards for thoughts, emotions, or behaviors that the individual commits to, and then directs and monitors himself in order to achieve
- motivation to make an effort in order to narrow gaps between the defined standards and actual conduct
- the ability to achieve goals, despite failures and temptations during the process

The self-regulation system is at the heart of every daily process. Its components do not only mediate the effect of external influences on the individual, but they also provide the basis for purposeful activity. Most human behavior starts out as purposeful, and premeditated. People formulate beliefs regarding possible behaviors, predict the expected ramifications of a specific/future action, set goals for themselves, and plan modes of action that are likely to achieve desired results. Practicing thinking ahead helps people mobilize themselves and their actions in progressive and productive ways (Bandura, 1991).

Self-Monitoring is a self-regulation system that works by mobilizing psychological sub-functions needed for development and for self-directed change (Bandura, 1986). A desire or goal is only part of the process. In order to achieve them, the individual must take action to influence his motivation and behavior (Bandura & Simon, 1977). The individual is not able to influence his deeds unless he pays attention to his modes of action, the conditions under which they take place, and the immediate impact they have. Therefore, in order to succeed in self-regulation, the individual must consistently, reliably, and continuously monitor himself (Bandura, 1991).

Psychological flexibility has received minimal attention in research studies, as compared with concepts related to self-regulation skills (see Morris et al., 2007 for a review). However, there are some significant differences between the two concepts that emphasize the need to treat psychological flexibility separately (Williams, Ciarrochi & Heaven, 2012). Taking a broad perspective, **self-regulation** refers to the appropriate social management of unwanted impulses (Finkenauer, Engels & Baumeister, 2005), while **psychological flexibility** refers to the management of external and internal situations experienced involuntarily by the individual. Another difference relates to the definition of low functioning (Williams, Ciarrochi & Heaven, 2012). A low degree of

self-regulation is manifested in an inability to regulate cognitions, feelings, behaviors, and unwanted interactions due to a lack of skills or an inadequate choice of **self-regulation** strategies (Finkenauer, Engels & Baumeister, 2005). A **lack of psychological flexibility** is expressed in an attempt to control cognitions, feelings, and behaviors by applying excessive or rigid regulation strategies (Greco, Lambert & Baer, 2008). Lack of psychological flexibility may limit response possibilities and reduce opportunities for positive experience (Barber, Bagsby & Munz, 2010; Blackledge & Hayes 2001; Chawla & Ostafin, 2007; Kashdan et al., 2006), due to use of highly inefficient and inefficient strategies such as delay, separation and avoidance (Krause, Mendelson, & Lynch, 2003; Wegner, 1994; Wegner and Zanakos, 1994). **Self-regulation and psychological flexibility** are both influenced by functional and contextual emotional observation (Campos et al., 1994; Hayes et al., 2006; Thompson, 1994), and include the ability to regulate thoughts, emotions, behavior, interactions with the environment, and help reach personal goals (Campos et al., 1994).

Psychological Flexibility, Stigmas and Accepting Atypical People

Psychological flexibility includes full awareness of the individual's feelings and thoughts along with behavior that is consistent with his or her values (Palladino et al., 2013). Studies have shown that psychological flexibility affects behavior, performance levels, preconceptions, and the ability to cope with, accept, and learn new things (Hayes et al., 2010).

The ability of the individual with psychological flexibility to experience negative thoughts and emotions without subsequent intervention or judgment, enables him to experience these types of thoughts and emotions without perceiving them as real, and therefore without being influenced by them (Masuda et al., 2004; Masuda et al., 2007, Hayes et al., 2009). This situation preserves the individual's ability to respond and behave in accordance with his true values (Schmertz & Calamaras, 2009).

Creating categories and labeling are natural and normal processes if they occur instantaneously and automatically (Kashdan, 2010). But when an individual is unable to disengage from a particular thought, or when emotions and thoughts are perceived as objective representations of reality rather than as a temporal product of the mind (Safran & Segal, 1990), the labeling may indicate lack of acceptance and openness and result in negative consequences (Kashdan, 2010). The inability to accept frustration or

to cope with unwanted experiences immediately reduces the effective use of attention skills and decision-making skills. This causes energy to be invested in attempts to avoid or alter irrevocable experiences (Wegner, 1994) which cause a lack of psychological availability for adaptation and acceptance (Kashdan, 2010).

The inverse relationship between psychological flexibility and avoidance behavior can explain labeling processes. Negative thoughts toward a particular person or population, particularly for a person with minimal psychological flexibility may lead to negative thoughts and labeling and avoidance behavior. (Schmertz & Calamaras, 2009).

Studies that examined the relationship between psychological flexibility and labeling (Hayes et al., 2004; Lillis & Hayes, 2007; Mazur, 2014) demonstrated an inverse association between stigmatic beliefs and psychological flexibility, and an intervention program aimed at strengthening psychological flexibility significantly reduced stigmatization, categorization, and contributed to more regulated behavior in individuals reported to have low levels of psychological flexibility. These findings lead to the conclusion that that strengthening psychological flexibility should be a core process in the treatment of labeling, because the rigid and judgmental process of categorization and disability-based assessment indicates low psychological flexibility (Schmertz & Calamaras, 2009).

Studies have shown that limbic activity in people who exhibit less openness to thoughts and emotions leads to automatic, rapid and polar labeling of thoughts and feelings (Creswell et al., 2007). In people who are aware of their thoughts and feelings and are open to them, curiosity and acceptance cause different patterns on images of the brain structures and limbic activity (Kashdan, 2010). Further studies from the brain sciences support the findings that openness and acceptance of cognitive and emotional experiences and processes are related to the operational functioning of brain regions (De Young, Peterson & Higgins, 2005; Ochsner & Gross, 2008).

Psychological Flexibility and Mental Health

Psychological flexibility includes a number of dynamic processes that develop over the course of one's life, including adaptation to changing situations, awareness and redefinition of mental sources, broad perspective, and balance of conflicting impulses, needs and areas of life. Over the last few decades, many studies have touched upon the centrality of psychological flexibility in human functioning under different names

(Kashdan, 2010), such as ego resiliency (Block, 1961), executive control (Posner & Rothbart, 1998), response modulation (Patterson & Newman, 1993), and self-regulation (Carver, 2004; Muraven & Baumeister, 2000). Psychological flexibility is positively associated with perceived quality of life and emotional well-being (Hayes et al., 2006).

It is seen as essential to mental health and is a significant potential predictor of stress and psychopathology (Kashdan & Rottenberg, 2010). Studies have shown that the level of psychological flexibility in the individual helps to understand the reasons for his level of functioning as well as the decline in functioning and deterioration in mental health. Studies have shown that the predictive power of studies based on health correlation with psychological flexibility is significantly higher than those that examine the effect of other internal structures on mental well-being (Gloster et al., 2011). Psychological flexibility is linked to health and psychological well-being in the same way as psychological rigidity is linked to psychopathology (Kashdan, 2010).

Psychological rigidity correlates with cognitive patterns such as romanticizations and concerns (Nolen-Hoeksema, Wisco & Lyubomirsky, 2008), rigid and adaptive behavioral patterns, difficulties in coping with life events perceived as negative or stressful, and limited ability to plan and act toward goals and goals (Kashdan, 2010). Psychological flexibility is a significant component of healthy personal and social functioning (Bonanno et al., 2004). People with skills derived from psychological flexibility will be more flexible and varied and will be able to operate efficiently and adaptively, while properly investing relevant resources to achieve valuable goals and objectives (Hayes et al., 1999). Psychological flexibility helps the individual to cope effectively and adapt to painful events in life, as well to feelings, thoughts, and behaviors derived from life events. Healthy coping involves a wide range of dynamic abilities that provide a response to a changing and unpredictable world. The basic essence of healthy coping lies in the potential for change and renewal. Therefore, psychological flexibility is the foundation and essence of health and fulfillment (Kashdan, 2010).

Social Contribution of Psychological Flexibility

Psychological flexibility refers to an attentive orientation that forms the basis for the individual's awareness of his thoughts and feelings while understanding them as

thoughts and feelings that do not necessarily indicate reality itself. This awareness allows a person to continue to act according to his or her values even when he experiences emotions and thoughts that may interfere with his actions (Biglan, 2009). Studies have shown a positive relationship between psychological flexibility and empathy and caring, as well as an inverse relationship between psychological flexibility and bias and prejudice (ibid.). Social problems such as wars, terrorism, prejudices, interpersonal conflicts and conflicts between groups are created on the basis of lack of caring, erroneous assessments, hostility and environmental pressures (Stroud, Davila, & Moyer, 2008). Thus, raising the level of caring among people by raising psychological flexibility may be a solution to many social problems (Biglan, 2009). On the other hand, labeling, prejudice, and false beliefs may lead to problematic, maladaptive and avoidance behaviors (Biglan, 2009). Studies have found a direct link between behavior with a tendency towards avoidance, and behavioral and psychological disorders such as anxiety, depression, substance use, dangerous sexual behavior, and pain (Hayes et al., 2006). In addition, there was a direct correlation between cognitive therapy and commitment and increased psychological flexibility to improve depression, psychosis, self-harm, anxiety, chronic pain, smoking, prejudice, substance abuse, work burnout, success in nutrition programs, coping with chronic diseases and cancer, obsessive compulsive disorder, trichotillomania and epilepsy (Hayes et al., 2006).

A value-based attention and action approach may also help to address and resolve interpersonal conflicts and conflicts between groups that rely on a biased belief system and cause intolerance in perceiving others and their needs (Biglan, 2009). A society composed of individuals with psychological flexibility will be based on **caring as a common value** and will ensure the activities of the social institutions - including government and law-enforcement institutions, businesses, education and civilian life - in correlation with the members and their welfare. Today in modern societies, **punishment** is a central social practice used to prevent behavior problems (Mayer et al., 1987; Patterson, Dishion & Bank, 1984). **Forgiveness** is associated with psychological flexibility because it represents an ability to act positively toward the other despite anger or insult. An approach to dealing with behavioral problems based on psychological flexibility that produces forgiveness and caring is potentially potent in reducing punishment and reducing aggressive behaviors and problems (Biglan, 2009). In addition, psychological flexibility enables the individual to separate thoughts

and feelings from reality, and to generate effective, adaptive, and values based responses. Such behavior significantly reduces the need for behaviors based on social motivation, the influence of social perceptions, and social comparison, which significantly affect the individual, society, culture, and even the ecosystem (Biglan, 2009).

Chapter 2 – Perceptions and Attitudes towards Disabilities within Society and among Individuals

Schemas and attitudes

Schema is a mental structure (Fox, 1998) which is contained in the memory reservoir and contains information about the intellectual, emotional, experiential, and sensory characteristics of an idea and their relationships (Fox, 1998; Brewer & Nakamura, 1984). The schema is one of the cognitive mechanisms that helps the individual shape and establish his worldview (Fox, 1998). It helps organize and assimilate new information within an existing structure (Kaniel, 2006) and deal with a complex reality and the abundance of information (Shay & Kaniel, 2002). Schemas are organized by content and are responsible for how new information is stored and used (Sweller, 1994). They affect cognizance, interpretation, and understanding of events (Fox, 1998).

Schemas significantly affect an individual's perception of reality. The extent of their influence is greater than the extent to which events affect reality itself (Fox, 1998). The structure of schemas and the content they contain is very different from person to person and attests to the complexity of human consciousness and the differences between human beings (Kaniel, 2006).

An **attitude** is a type of schema (Fiske & Taylor, 1991). The attitudes of the individual include reference to a wide range of events and situations (Shay & Kaniel, 2002). There are many definitions of an attitude, and the concept can be categorized into one-dimensional approaches and multi-dimensional approaches (Devine, 1989; Devive & Sharp 2005; De Houwer, 2009; Gawronski & Bodenhausen, 2007; Greenwald et al., 2008). According to the one-dimensional approach, an attitude is a tendency to learn to react in a particular way and intensity to an object or group of objects (Fishbein, 1967). According to the multidimensional approach, an attitude is a coherent system of schemas which constitute cognitive structures that support the processes of organization, interpretation, and memory (Fiske & Taylor, 1991).

The attitude is in the consciousness of the individual, expressed in his activity (Geva, 2014) and includes cognitive, affective and behavioral components (Triandis, 1971).

The cognitive component includes knowledge and beliefs about the object of the attitude. It is the component that evaluates the object rationally, is multidimensional, relates to its array of properties and serves as a connection between belonging beliefs and evaluative beliefs (Geva, 2014). **The affective component** includes the emotions

the object elicits, reflecting the overall feelings towards it, and can be positive or negative. Since this component reflects the overall assessment of the object, some see it as the central component of the attitude (ibid.). **The behavioral component** refers to the inclination to be willing to act toward the object in a certain way (Shay & Kaniel, 2002). The three components of the attitude aspire to be compatible with one another in order to meet the need for consistency (Heider, 1958). The multidimensional definition helps in the theoretical understanding of an attitude and in ways of influencing attitudes, in keeping with the complexity of the attitude and its implications for psychological and behavioral processes. Studies have found that attitudes and their components can manifest themselves consciously and unconsciously (Payne & Gawronski, 2010).

Since the beginning of the 20th century, the study of attitudes focused on the connection between the elements of the attitude. The philosophical question dealt with the issue of personal identity and the individual's responsibility for his actions. From the psychological point of view, the question about connection dealt with the question of the make-up of the soul and the compatibility between the different parts of the ego. From a practical point of view, the question of connection dealt with the ability to predict and influence behavior (Geva, 2014). Attitudes are important to individuals in the conscious and practical dimensions, in the formation of self-perception and self-identity. At the cognitive level, the attitudes help to build a frame of reference for understanding the world and its organization. At the practical level, the attitudes assist the individual's adaptation to the world, his direction of behavior and achievement of his goals. Attitudes play a significant role in building and protecting the individual's self-image, identity, and social identity (ibid.).

Attitudes are acquired in a learning process. In the field of behavioral science learning is defined as a permanent change in behavior or potential behavior following an experience. There are three main theories that describe attitude acquisition processes. According to the **behavioral approach**, attitudes crystallize under the influence of a mechanism of operant conditioning in trial and error processes. According to this mechanism, behavior is stimulus-response based, is determined by its results, and shaped by reinforcement. Thus, when an attitude is strengthened, and when its results prove to be beneficial to the individual, it will be preserved and established. According to the **cognitive learning theory**, the connection between stimulus and response can be explained only through mental processes. Cognitive learning is based on information

processing among multi-sensory models. According to this theory, attitudes are acquired based on knowledge, in a process that involves the interpretation of many properties of an object and the formulation of evaluations on the basis of rational considerations (ibid.). According to **theories of mediated learning**, man is a social creature by nature and acquires preconceived and established attitudes from society and culture around him. A "database" of preferences, opinions, evaluations, patterns, experiences and more that have accumulated over generations are acquired by the individual from others in social processes that include observing behavior and imitating models (ibid.). At the most basic level, **a personal attitude** is a belief or opinion formulated by a specific individual towards a specific object. **A socially acquired attitude** refers to common beliefs adopted by the individual under the influence of government, cultural orientation, historical background, or other social conditions. Such an attitude tends to be more detached since it is not based on direct familiarity. It is based on social processes, tends to be influenced by abstract and rhetorical ideas, and is often based on stereotyping (Adams, 2000; Chynoweth, 2004; Gilbert, Mac Cauley & Smale, 1997). It does not involve personal responsibility and does not necessarily coincide with the personal attitude (Daruwalla & Darcy, 2005). There is a distinction in the field of research between **explicit attitudes** that are deliberately and consciously based on mental investments and **implicit, or latent attitudes** that are acquired and conveyed automatically and unconsciously (Payne & Gawronski, 2010) and are not consciously or directly expressed (Bargh & Morsella, 2008; De Houwer & Moors, 2007; Hofmann et al., 2005).

Disabilities

"*The field of Disability Studies has grown out of the aspiration of people with disabilities and their supporters to improve their quality of life, and it is in essence a political discipline. However, from the very outset disability studies have sought to establish their importance not as an isolated issue relevant only to disabled people or to professionals working with them, but as a universal concept which challenges the most profound cultural assumptions by questioning issues such as what a person is, what constitutes a human body, or what life is worth living. The studies research culture's attitudes towards the human body, the significance we attribute to the differences between people, and their connection to identity formation processes. There*

is also research conducted on the power structures that shape the public sphere, the education system or the workplace. The reference to disability as a category of social analysis contributes significantly and directly to dealing with all areas of knowledge and practice. The influence of these issues is thus crucial, both to shaping the present and to how human society will look in the future." (Ziv, Moore & Eichengreen, 2016, 13).

Definitions of Disability

Dictionary definitions of the term ***disability*** focus on factors that prevent individuals from achieving desired or "normal" outcomes, including inferiority, lack, incompetence, avoidance, and disqualification. Legal definitions include legal incompetence. Medical definitions (Steadman, 1976) distinguish between "*disability*" as a legal medical condition that indicates loss of functioning and earning capacity and "*disablement*" that refers to loss of function without loss of work capacity. These definitions refer to disability as a medical term with medical significance and importance (Linton, 1998). In the second half of the 1970s the term "*disabled*" was replaced with "*people with disabilities*" in order to substantiate the statement that disability is one of the characteristics of the individual and not its essence. Since the 1990s, the term *disabled* has become a secondary characteristic of individual and group characteristics, with the aim of emphasizing and treating it with due attention, and through it, to promote the rights of people with disabilities (ibid.).

Calls for minimizing classifications and labels, as well as conceptual changes (Oliver, 1995) influenced and shaped the social discourse concerning people with disabilities. The discourse today deals with the complexity of the definitions, and opposes the traditional perceptions that perceived the type of medical disability and its implications on functioning as the reason for the difficulties disabled individuals have integrating into society (Gilad & Barak, 2012). The official definitions from Harris (1971) through to that of World Health Organization (1981) sought to recall and actualize the fact that disability has two dimensions - personal and social (Oliver, 1990). The World Health Organization (1981) defines disability as a general term referring to impairments, performance restrictions and participation restrictions. These limitations are characterized by damage to the structure or function of the body. Function limitations are characterized by the individual's difficulty in performing activities and participation

limitations are characterized by the individual's difficulty in experiencing involvement in situations and events in daily life. Disability according to this definition is not merely a medical problem but rather a complex phenomenon that reflects the interaction between the characteristics of the human body and the characteristics of the society in which it lives (ibid). The problem with existing definitions lies in their reliance on the logic that disability is a trait of the individual, and the social dimension is a direct result of the individual's disability, without regard to the influence of social circumstances on the realization of disability (Ziv, Moore & Eichengreen, 2016). The initial definition of disability was based on an objective deterministic concept, and defined disability as a personal tragedy directly resulting from the presence of some physical defect (Ziv, Moore & Eichengreen, 2016). In the 1970s, disability organizations in Britain and North America defined disability as a product of social construction. These organizations defined impairment as damage to a physiological mechanism or function, and disability as a limitation stemming from the society's relation to the impairment, and the organization of social structures in a way that does not meet different needs (ibid). Changes in the 1990s re-emphasized the definition of differences within the group (Davis, 2006) and the personal, mental, and physical realities that characterize people with disabilities (Ziv, Moore & Eichengreen, 2016). The definitions that began to be established in the 2000s were characterized by humanistic concepts that typify the ecological model (Reiter, Kupferberg & Gilat, 2017, 13). The definitions under this approach diverge from setting clear boundaries and refuse to address categorical characteristics that distinguish a particular population from another population. In contrast, they deal with disability and dependence as a universal and inherent common denominator of human existence (Ziv, Moore & Eichengreen, 2016).

Criticism of the World Health Organization's definitions and the definitions of the polling bureaus and population censuses:

- **The objectification of the concept of normality** - The definitions use medical classifications and perpetuate the perception of disability as an abnormal function and inability to perform a "normal" social role. Along with the rigid classification of "disability", the relative and temporary nature of "normality" is ignored (Nordenfelt, 1987, 5 cited in the OECD).

- **Ignoring the role of society in creating disabilities** - According to the current perception, disability is not defined as inherent in the individual. However, at the same time, on a practical level the environment is shaped by social roles. The ability to perform these roles by the individual is characterized as "normal" while the inability to perform them places the individual at a disadvantage and defines his disability. The definition actually perpetuates the medical approach that changes in the individual must be made in order achieve integration (Soder, 1987, 5 cited in the OECD).
- **Most of the definitions were designed by people who do not deal with disabilities on a personal level** - Relying on definitions that are based on incomplete understanding often led to ineffective solutions, continuing discrimination and wasting of resources (Davis, 1997).
- **The definitions concretize a phenomenon whose character is not concrete** - The definitions present the disability as a static state, creating boundaries and clear distinctions, when in fact the boundaries are blurry and the spectrum is wide, multi-dimensional, and constantly changing (Oliver, 1990)

Michael Oliver (1990), argues that the definitions of disability are shaped by social construction and are not based on objective or rational thought. The definitions are determined by the influence of the strongest groups in the society on the basis of social meanings and are rooted in perceptions that are attached to physical, mental and other disabilities. Since strong groups in the society have a significant influence on social perceptions, definitions and common perceptions reflect the biases and interests of these groups (Albrecht & Levy, 1981, 14).

Attitudes and Perceptions about Disabilities

The past four decades have brought about modifications and changes in the perception of people with disabilities. The new concepts, which work to transform the reality of people with disabilities from exclusion to social inclusion and equality, are based on deep processes of change in terms, values, and social structures (Gilad & Barak, 2012). Over the course of history, three major models have been developed that define attitudes and perceptions regarding disability (Reiter, Kupferberg & Gilat, 2017, 13). The first model that developed is the **nursing model**, which is based to a great extent on the medieval conception that disability was perceived as punishment for sin. The

religious faith in this period championed kindness and mercy and defined disability as a tragedy while emphasizing the dependence disabilities caused (Reiter, Kupferberg & Gilat, 2017). The nursing model (Reiter, 1997) classifies society into different groups in a manner that represents the system of beliefs and social needs. This model presents a deterministic world view (Ziv, Moore & Eichengreen, 2016) in which man depends on external forces that dictate his judgments, values and behavior. The model divides the general population into distinct groups that are characterized and defined by common traits and characteristics. These traits and characteristics determine each group's classification, along with its rights and its obligations (Zabar & Ido, 2016). The classification helps to define and determine social boundaries between the normal and the abnormal, the accepted and the rejected, and the modes of action vis-à-vis each group (ibid.). The nursing model, which believes that a person with disabilities must be provided with both physical and existential needs, is divided into two approaches. Both approaches narrowly interpret the optimal quality of life of the disabled individual and perceive it as a life of dependence (Lahav, 1992). The patronizing nursing approach, which is based on altruistic feelings, views the person with limited internal resources as strange, dependent, and controlled by impulses', and is convinced that he should be singled out and treated with compassion (Reiter, 1997). The oppressive nursing approach is more authoritarian and demanding in nature, and its purpose is to act in the shortest and most effective way to achieve the goals the individual must reach within the limits of his disability, through practices of conditioning and compliance (Zabar & Ido, 2016). Throughout history, the nursing model has led to the displacement of people with disabilities to the margins of society, while socially and culturally stigmatizing disabilities as inferior. (Moore et al., 2016). It includes perceptions prevalent in the 1960s that believed people with disabilities should live in nursing homes, as they are unable to integrate into higher education or in the employment market (Ziv, Moore & Eichengreen, 2016).

Following the scientific revolution of the 19th century, **the scientific-medical model** developed, emphasizing the need and the attempt to cure the symptoms that limit the individual in order to improve his functioning, to foster his independence, and to help him integrate into society (Reiter, Kupferberg & Gilat, 2017). The scientific-medical model, also known as the "individual model", defines deviations as a factual and inherent defect in the individual's body, mind, or soul (Oliver, 2009). This model was developed in the 18th century, with a nursing approach at is basis (Rimmerman, 2013).

Disabilities, in this approach, are caused by an impairment in an individual's ability to function and constitute a personal tragedy to be dealt with (Addabbo, Krishnakumar & Sarti, 2013; Rimmerman, 2013). According to the medical model, disability is a medical state (Oliver, 2009; Fisher & Goodley, 2007) which represents a physical defect that needs to be corrected to accommodate society (Addabbo, Krishnakumar & Sarti, 2013; Johnson, 2011). The sociologist Nagi (1965) disagreed with the notion that the very existence of an impairment constitutes justification for determining disability and added the dimension of functional disability to the model. According to Nagi's model, disability is an expression of a physical and emotional limitation in a social context and a gap between the individual's functional abilities and the demands of society (Rimmerman, 2013). This was the basis for the promotion of a social and cultural concept of the concept of disability (Addabbo, Krishnakumar & Sarti, 2013). The humanistic model that began to formulate in the second half of the twentieth century reflects the perception that people with disabilities are equal, and advocates full equality of opportunity (Reiter, 2008). The definition of disability under this concept has led to a new paradigm of disability. The definition expanded from a solely medical definition to a **social definition** in the spirit of the ecological model, which describes a mutual and reciprocal correlation between man and his environment. The social, political, and democratic conception views heterogeneity and the differences between men and women as a significant value rather than a burden or a deviation, and it views each and every individual as unique and special (Reiter, Kupferberg & Gilat, 2017, 13). The social model has highlighted the differences between the impairment that defines the functional disability, and the disability itself that is the product of the interaction between the impaired individual and his environment (Johnson, 2011). The social model points out how society restricts the person with disabilities and argues that lifting the restrictions is a matter of social justice. In contrast to the medical model, the social model is based on the perception that people with disabilities have rights and that there is no need to treat them as charity cases - their needs must be met by change in the society rather than in the disabled individual (Johnson, 2011; Burchardt, 2004).

Disability Studies in Israel

The concept of people with disabilities, which has been acknowledged since the enactment of the Equal Rights for People with Disabilities Law in Israel (1998), is a

comprehensive term describing people who cope with physical, intellectual, cognitive, mental and other impairments in relation to their living space (Ziv, Moore & Eichengreen, 2016).

The field of disability and the advancement of the interests of people with disabilities has been an area of considerable and significant activity in Israel over the past two decades. Libertarian public perception and increased public awareness promote social, legal and community action, which is reflected in progressive legislation, court judgments that testify to developed concepts and new approaches, social policy that supports and enables progress, and the existence of many organizations whose goal is to advance people with disabilities in Israel (ibid).

The Roots of Attitudes and Perceptions Towards Disabilities

Negative attitudes towards disabilities are already discernable in the early stages of development (Krahe & Altwasser, 2006). Studies on the perceptions of young children have found that they are able to categorize individuals as impaired and unclassifiable, with a clear preference for people who do not have an atypical characteristic (Richardson et al., 1961).

Awareness of individual differences develops in children very early on. By the end of the first year of life, children develop awareness about their separateness from others (Stern, 1995). By the age of three, they can describe themselves in basic categorical terms and characteristics that identify them (Stipek, Gralinski, & Kopp, 1990). They are able to compare themselves to external standards of appearance and behavior. Before entering school, they formulate a well-developed perception of the self and are able to reflect how they appear to others and what differentiates them from others (Gilmore & Howard, 2016). During the elementary school years, self-perception becomes increasingly influenced by environmental responses (Di Biase & Miller, 2015) and comparisons to others (Gilmore & Howard, 2016). Their awareness of characteristics that affiliate them with others, and those that make them stand out as different broadens and is no longer limited to responses made by members of their inner circle (ibid). As their age increases, children's internal and interpersonal insights continue to develop and become more complex and sophisticated, as do their comparison and evaluation skills. During adolescence, reflective and perspective

abilities are higher and allow, but do not guarantee, a more comprehensive understanding and acceptance of oneself and others (Gilmore & Howard, 2016).
Toddlerhood and early childhood play a significant role in shaping the child's belief system and value system (Livneh, 1983). The influence of parental behavior and messages, the influence of early experiences and their connection to emotions and behaviors, messages, values and perceptions transmitted directly and indirectly, have a great influence on the child's attitudes and perceptions regarding disabilities in society (Livneh, 1983).
The **social learning theory** (Bandura, 1977) argues that human behavior is determined and shaped by the influence of internal factors as well as external ones and is the sum product of mutual interaction between cognitive, behavioral and environmental factors. According to this concept, man impacts on the environment, and the environment then affects man in a circular process of "**mutual determinism**". In this process the person experiences his environment, and through his experience crystallizes his system of beliefs and expectations. Cognitive learning serves as a basis for human behavior and shapes it in a way that, in his understanding, will lead to reinforcement. The behavior of the individual influences and changes the environment, and the changing environment continues to affect the cognitive system and thus the circular effect continues (Bitman, Byte-Marom & Lahav, 1992). According to social learning theory, the learning process of the individual from the environment involves attentional processes and self-regulating processes. Thus, learning is shaped not only through external reinforcement but also through the creation of self-reinforcing standards. In contrast to the behavioral approach that emphasizes learning through classical and operant conditioning, social learning influences the resulting behavior, but is determined by cognitive processes in which reinforcement influences behavior by being a source of information about social reality and motivation (Shimoni, Segal & Sharoni, 1996).
The **theory of social construction of reality** (Berger & Luckmann, 1966) describes how people formulate concepts, attitudes, perceptions and insights about reality through their experience in the world, and through interactions between themselves and between objects and events in their environments. The insights and perceptions that the individual produces through interactions are separated over time from the framework of interaction in which they are created and transformed into an objective reality. This

status gives them the ability to significantly influence how the individual experiences and understands reality and how he conducts himself in that reality (Regev, 2006).

Lee & Rodda (1994, 231) claim that children acquire beliefs and perceptions about disabilities through learning and social construction (Krahe & Altwasser, 2006). Studies have shown that a relationship with peers with disabilities over the course of a child's maturation, accompanied by mediation, can contribute to the formulation of a positive, humane and accepting attitude towards disability. Conversely, exposure without intermediary means poses a risk for adverse consequences such as rejection, defamation, labeling, and conflict (Brown, Odom & Mc Connell, 2008). Intermediary measures include significant interactions with individuals with disabilities, adult role models, and comprehensive and accurate information about disability (Gilmore & Howard, 2016). Conditioned perceptions and responses acquired through social learning and social and cultural norms reinforce ideals of beauty, youth and a healthy body (Livneh, 1982). These ideals 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 it 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 (Endre, 1979; Leviton, 1975; Livneh, 1980; Siller, 1964). These perceptions lead to rejection and avoidance of interaction with people with disabilities.

Social deviation is a phenomenon or number of phenomena that are not consistent with the social norm and are not a disease. Different social systems have different boundaries that define "normality" and therefore deviations will be perceived and defined differently in different societies. There are several approaches to deviation. The legalist approach assumes the existence of fixed and clear norms acceptable at a particular time and place. Deviant behavior according to this perception is defined according to the degree of compatibility with, or divergence from these norms and is therefore different from place to place. The statistical approach defines deviation as a behavior that rarely occurs. The degree of rarity of the behavior determines the extent of the deviation. According to the medical model approach, which stems from psychoanalytic theory, deviation is perceived as a disease and the deviate individual's behavior is viewed as defective and abnormal. The positivist approach perceives the deviation as an objective

entity that depends on society itself and the extent to which the society perceives the deviation as dangerous (Karmon, 2013).

Social status and stigmatization define disability as social deviation and the disabled as different, divergent and dependent (Barker, 1948; Kutner, 1971). Productivity, achievement, and the ability to meet high social and economic standards are highly valued (Livneh, 1982), and often difficult for the disabled to achieve. Beliefs about the prevailing socioeconomic level are established and sustained alongside the fear of poverty and unemployment (ibid.), and there are negative attitudes towards the role of the patient who is perceived as exempt from social obligations. All of the above denote individuals with disabilities as irrelevant to economic and social reality (Parsons, 1958; Sussman, 1969) and induce a negative attitude toward them (Livneh, 1982, 2012).

Psychodynamic processes from 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). There are processes that appear in early childhood and can be considered to be merely related to childhood experiences, but they are still perceived to be meaningful in shaping the child's approach to disabilities. Eagleton (2006) defines rationalization as the process of a coherent, consistent and logical justification system for perceptions and attitudes whose true origins are not visible (Michaeli, 2014). According to Thorson (1978), Kutner (1971), Wright (1980) and Dembo, Leviton & Wright, (1975), rationalization mechanisms emphasize the need for grief as a response to loss of wholeness and health of the body, and are behind the unresolved conflict triggered by the sight of a person with disabilities (Livneh, 1982). **Psychodynamic approaches** view the development of the individual and his personality as a result of the mutual influence between hereditary and biological factors and the relationships of the individual in his early years with the significant people in his environment (Becker, 2009). According to Freud (Yarom, 2007) the stages of psychodynamic development develop through conflicts between different structures that comprise the mind, and require the creation of a balance between impulses and instincts, social and moral constraints and the need to intervene and mediate between them. In order to enable adaptation, the individual constructs defense mechanisms that help him cope with the anxiety that arises from the conflict, and then adapt to social demands (Becker, 2009). Parents symbolize society and social expectations for the child. A child's desire for love and support from his parents motivates him to identify with and internalize the social

and cultural values they represent (Greenberg & Mitchell, 1983). Freud also assumed that the development of the individual was shaped at regular intervals. Each developmental stage is related to an area connected to specific erogenous impulses and to the child's relationship with the significant people in his life (Becker, 2009). The stages of psychodynamic development are formed and are based, among other things, on anxieties that stem from an unresolved developmental stage and relate to the individual's need for support and love, and the etiology of diseases and defects. This mechanism may produce in the individual a natural link between disability and its function as the cause of past crimes and dangerousness (Livneh, 1983).

The **halo effect** or the "phenomenon of expansion" (Wright, 1980; 1983) is a state in which a dominant characteristic overshadows the other characteristics of the individual and affects the tendency to evaluate or perceive him in a certain way (Kassin, 2005). This stereotypical perception, based on the lack of information, includes the assumption that certain disabilities attest to the presences of other characteristics of disability (Daruwalla & Darcy, 2005) and contribute to the perception of disability as perversion (Thoreson & Kerr, 1978). In addition, when the etiology of deviance is linked to responsibility, the individual with disabilities are held morally accountable for their deviances, creating the responsibility to "fix" or rehabilitate him. These attitudes are the result of processes of rationalization with negative connotations (Yamamoto, 1970; Safilios-Rothschild, 1970). Another implication is the perception of the individual that his presence in the company of an impaired person can negatively affect how he is perceived by the environment and cause social ostracism (Siller et al., 1967). In addition, an individual's sense of guilt about his health and bodily integrity in the presence of the person with disabilities, alongside other feelings and perceptions mentioned above, may result in his avoiding contact with the impaired person (ibid.).

The role of unfamiliar situations in creating anxiety and confusion was emphasized in the research of Hebb (1946) and Heider (1958). According to them, initial interaction with a person with disabilities places the person without disabilities in an unfamiliar situation (Heider, 1958), leads to the disruption of basic rules of social interaction, and the desire for withdrawal and the avoidance of such situations in the future (Yamamoto, 1970). Lack of factual and practical knowledge, lack of emotional preparedness, and lack of interactions and exposure to people with disabilities (Antony, 1972) lead to the formation of negative attitudes (English, 1971; Antony, 1972). People tend to avoid the atypical individual because he does not fit the structure expected from the environment

(Heider, 1944), and due to emotional unpreparedness, (Worthington, 1974) since the encounter with the sense of incompatibleness creates distress in the individual.
Barker (1953) and Wright (1960) held that people with disabilities were perceived as a marginal group in society. This perception promotes stereotypical responses of superiority towards the inferior status (Cowen et al., 1958; Yuker, Block & Younng, 1966). In their studies, they demonstrated that the treatment of groups of people with disabilities is identical to that of ethnic, racial and religious minorities, and lead to the same patterns of discrimination, prejudice and support for isolation and separation (Livneh, 1982).

Personality Variables associated with Attitudes towards Disability
Researches has found a correlation between personality traits and characteristics, and the formation of attitudes toward people with disabilities (Safilios-Rothschild, 1970; Pederson & Carlson, 1981; English, 1971; Mc Daniel, 1969; Siller, 1964). Ethnocentrism (Siller, et al., 1967; Yuker, Block & Campbell, 1960), aggressiveness and violence (Jabin, 1966; Whiteman & Lukoff, 1965; Noonan, Barry & Davis, 1970; Tunick, 1979; Kaiser & Moosbruker, 1960), implicit anxiety (Whiteman & Lukoff, 1965; Jabin, 1966), and a tendency to bully (Marinelli & Kelz, 1973; Siller, 1976; Yuker, Block & Campbell, 1960) were found to be inversely related to the acceptance of people with disabilities (Livneh, 1982). It is also found that the intensity of the ego (Siller, 1976), the perception of the body (Ryan, 1981), tolerance levels of ambiguity and uncertainty (Kaiser & Moosbroker, 1960), the need for acceptance and social approval (Jabin, 1966; Siller et.al., 1967) and intellectual abilities (English, 1971) were found to be directly related to the acceptance of people with disabilities (Livneh, 1982).
Attitudes and stigmas towards disability and attitudes in general emerge and form as part of socialization processes (Daruwalla & Darcy, 2005), as a product of learning, and do not attest to the disability itself (ibid).
Stereotyping was defined by Goffman (1963) as a process of corrupting the normal identity of the labeled individual (Tal, 2013). In the process of labeling, the social identity of the labeled individual is changed to a position of inferiority, while the labeler develops theories that justify the inferiority and danger of the person who is labeled, tBelow justifying his attitudes and behavior toward him. The labeling causes the

individual labeled to lose his identity to the characteristics of labeling as exclusive characteristics, on the basis of which he is considered socially inferior (Goffman, 1963). In the **theory of symbolic interaction** society is perceived as the product of 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 a group takes on significance in the processes of interactions and social construction (ibid).

Chubon (1992, 303) 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 disability. According to Horne (1985) attitudes are built on the basis of behavioral learning as a response to environmental stimuli and through reinforcement (Daruwalla & Darcy, 2005). An attitude towards a disability that is reinforced by the behavioral aspect will have a tendency to preserve and establish itself, such as the tendency to avoid (Corrigan et al., 2003; Jones & Corrigan, 2014). Gergen (1986) and Gergen & Gergen (1986) argue that initiating interaction and practicing communication methods are significant determinants of behavioral influence on attitudes towards disabilities (Daruwalla & Darcy, 2005).

The theory of cognitive dissonance (Festinger, 1957), as part of a family of <u>consistent theories</u>, assumes that the person's cognitive system is characterized by a natural desire for balance and alignment between its components. The imbalance between the components causes psychological discomfort. The natural tendency of the individual will be to act to reduce dissonance by avoiding information or situations that may amplify it (Geva, 2014). In the discourse on perceptions and attitudes toward disability, "cognitive dissonance" refers to the psychological discomfort experienced by people without disabilities in encountering people with disabilities (Daruwalla & Darcy, 2005) and an attempt to balance inconsistency by avoiding situations and interactions involving people with disabilities (Gething 1986; Nicoll, 1988). The <u>theory of information integration</u> is based on the notion that attitudes reflect knowledge and beliefs. According to this theory, clear and up-to-date information contributes significantly to understanding and influencing attitudes (Daruwalla & Darcy, 2005). <u>Role theory</u> is divided into four functions classified according to the purpose they serve. The **knowledge function** provides the individual with a framework for understanding

events and situations in reality and serves as a basis for assessing perceptions and attitudes toward a specific object (Antonak & Livneh, 1988, 12). The **social adjustment function** enables the individual to identify with reference groups and to obtain confirmation of his belonging by means of reinforcement of accepted behaviors (Katz, 1960). The **value expression function** enables the individual to express his central values and self-perception. The **ego protection function** enables the individual to reflect and express unresolved internal issues (Voyatzakis, 1994).

Types of Disabilities and Labelling

Developmental intellectual disability is characterized by a limitation of intellectual functioning, with an IQ lower than 75, and by impaired adaptive behaviors such as cognitive, social and practical skills (Werner & Abergel, 2018). The term refers to mental retardation, autism, and other intellectual and developmental impairments (Rudnick, 2014). **Sensory disability** refers to blindness, deafness, and other sensory impairments. **Psychiatric disability** is defined as general disability related to severe psychiatric disorder (Anthony et al., 2002) and is specifically defined as a psychological phenomenon that results from a psychiatric illness and blocks the ability to achieve goals in key areas of life (Corrigan et al., 2003). **Physical disability** includes a wide range of disabilities. It is defined as physical limitation, which can be manifested in the complete or partial dysfunction of any part of the body. The level of impairment varies and can be temporary or permanent (Ministry of Labor, Social Affairs and social Services website, 2018).

The "hierarchy of stigma" model (Smart, Martin & Guadagno, 2016, 137) was based on studies that investigated various categories of disabilities and indicated that certain types of disabilities tend to be more stigmatized than others. According to this model the lowest rate of stigmatism is carried out towards people with physical disabilities. People with cognitive disabilities are stigmatized more than those with physical disabilities, and the highest rate of stigmatism is directed towards people with psychiatric disabilities (Deckoff-Jones & Duell, 2018).

Societal norms and perceptions have a great influence on the cognitive perception of the individual with respect to different disabilities (Deckoff-Jones & Duell, 2018). Studies (Jones & Stone, 1995; Koser, Matsuyama & Kopelman, 1999; Stone & Sawatzki, 1980; Tingo, 1970) have shown that it is easier for people to interact with

others with physical disabilities such as hypertension or paralysis than with those who have cognitive impairment, psychiatric disability, or drug addictions (Deckoff-Jones & Duell, 2018). On the basis of social and cultural perceptions, individuals may associate physical impairment with courage, determination and integrity (Stone & Colella, 1996). Psychiatric disabilities, however, are often perceived as dangerous and potentially leading to violence, or even as caused by the affected individual (Crisp et. al., 2000).

The Effect of Labeling on the Labeler

Labeling is a judgmental process of stigmatization that leads to avoidance and stigmatizing behavior towards an individual or group of individuals (Kurzban & Leary, 2001; Link & Phelan, 2006). Studies define **labeling** as a three-component process: stereotyping, prejudice, and discrimination. The cognitive component, stereotyping, includes knowledge about structures, perceptions and attitudes toward certain groups of people and can be positive or negative. The emotional component is expressed in prejudice and occurs when a negative stereotype is associated with an individual's negative emotional response. The cognitive and emotional responses result in a behavioral response expressed in rejection, avoidance, hostility, and avoidance of interaction (Corrigan et al., 2003; Jones & Corrigan, 2014).

The labeling minimizes the viewer's point of view and causes him to avoid the labeled individual, and thus harms not only the person labeled, but also himself (Corrigan & Penn, 1999; Link, 1987; Link & Phelan, 2006; Link et al., 1999). Some researchers consider labeling a survival process used to warn against danger (Haghighat, 2001; Kurzban & Leary, 2001).

Perspective, as opposed to labeling, allows the individual to see things from someone else's viewpoint (Masuda et al., 2009). Studies also indicate an inverse relationship between perspective, and stereotyping and avoidance, which are significant components of the labeling process (Galinsky & Moskowitz, 2000). These studies reinforce the claim that individuals who possess stigmatic beliefs are prone to experience higher levels of mental and interpersonal stress (Masuda et al., 2009).

Attitudes vs. Behavior opposite Disabilities

There are three main models that deal with the dynamics of the connection between attitudes and behavior. Ajzen and Fishbein’s first model (1980), views a general attitude

as a good basis for predicting a range of behaviors that relate to it, and a specific attitude as a reliable tool for predicting specific behavior. According to this model, there is an inverse relationship between the time gap between the relationship between attitude and behavior (Tal, 2013). A later model of Fishbein & Ajzen (2005) draws on the theory of planned behavior (ibid.) which states that a person's behavior is influenced by his intention. The intention is determined by his attitude toward specific behavior, subjective norms, and his perception of his degree of control over behavior (Tal, 2013). According to Fazio & Zanna (1981), attitudes are strong indicators of behavior when they are based on available and direct knowledge about the object and are acquired through personal experience and direct contact (Tal, 2013).

Inconsistencies between attitudes and behavior increase when it comes to issues related to race and disability. Perceptions and norms of "correct behavior" that may be reported by an individual may not necessarily be expressed in a situation of direct interaction. Studies have shown a gap between the positions presented in the questionnaires and observed behavior associated with these attitudes. There is a tendency to express attitudes towards the disabled in a positive manner, but this will not always be expressed in real-time behavior (Daruwalla & Darcy, 2005).

Chapter 3 – Development

Development - Definition and Components

Development is a multidimensional process that refers to physical, motor, cognitive, and emotional changes in the individual (Fonagy et al., 2002; Kazdin & Weisz, 2003) Developmental stages include various challenges, and successful achievement of any particular developmental milestone is expressed in the individual's ability to adapt to the norms of behavior expected of him at each stage. The assessment of success at the developmental stage is based on various components including age, gender, cognitive, social, and emotional skills, and information processing processes, language acquisition, and social-cultural background (Ronen & Chamama, 2011, p. 35). The **age** component is a significant variable in measuring development because there are age-appropriate behaviors that characterize each developmental stage. Behaviors that are part of a normal developmental process at a certain age may indicate a developmental problem if they persist at a later age (ibid.). Gender differences affect the rate of development, through information processing and social adjustment (Kazdin, 1993; Kazdin & Weisz, 2003).

Cognitive development shapes the individual's ability to understand his behavior toward others and the behavior of others (Davies, 1999). The individual's thoughts, his perceptions and interpretations, the acquisition of language, the processing of information and the understanding of concepts, all constitute the basis for the way he perceives the world and his attitudes towards what is happening around him (Dodge, 1994; Davies, 1999; Kazdin, 1993 ,2003; Shirk & Russell, 1996) Cognitive development includes the acquiring a command of language and the individual's transition from speaking aloud to quiet internal speech (Vygotsky, 1962), and in fact symbolizes the transition from adult control of the child's actions to his own internal control (Luria, 1961). According to Mischel (1974), these processes contribute to the development of self-control and the postponement of gratification (Ronen & Chamama, 2011) Another significant component of cognitive development is the acquisition of information processing processes in general and the processing of social information in particular, (Ronen, 2003) The way in which the individual processes information affects his or her reaction to events and feelings about himself and the environment (Crick & Dodge,1994). Processes of social information processing are carried out in several

stages (Crick & Dodge, 1994; Dodge, 1986; Dodge & Pettit, 2003). The early stages include acquisition and organization of information, based on past experience and creating associations and meanings. The later stages include searching for alternative responses to information and the choice of a preferred response, with the last stage being the response (Ronen & Chamama, 2011). **Language development** is a process that symbolizes the general development of the individual (Luria, 1961; Vygotsky, 1962) during which the individual learns to use self-talk in order to regulate his behavior (Meichenbaum, 1977). **Emotional development** is a complex process that requires passage through developmental and cognitive stages as a basis for understanding feelings (McKay, Davis, & Pening, 2003). Understanding and accepting feelings in oneself and in the other requires the skills of identification, expression, understanding and awareness, and constitute the basis for social interactions and relationships. This ability begins to develop in the individual only around the age of ten, based on an understanding of cause and effect relationships and self-control (Shirk & Russel, 1996). The process of emotional development is deeply related to social development. The individual learns through interactions to express feelings alongside self-acceptance, self-esteem, and self-control (Ronen & Chamama, 2011). **Social skills** begin to develop from the initial attachment between the individual and his parents (Bowlby, 1969). This initial attachment is the basis for social connections. During the course of his development, the individual learns to make connections, to understand feelings and attitudes of others, to develop social skills, values, and goals (Davies, 1999), to develop self-identity, self-control, and gain social acceptance and support (McGinnis & Goldstein, 1997; Ronen, 2003). An **individual's environment** plays a significant role in his development. The family framework creates laws, norms, and boundaries that are compatible with the individual's cultural environment (Ronen & Chamama, 2011). The parents are perceived as having a huge impact on the child's functioning, are responsible for his behavior, and are the most effective agents of change for him (Webster-Stratton, 1993, 1994; Kazdin & Weisz, 2003).

The Development of the School Age Child

(From *The Psychiatry of the Child and the Adolescent*)

The Psychoanalytic Theory calls the period of school age "the latency period". In this period there is an accelerated development on the social axis and on the cognitive axis as opposed to the other slower developing axes (Sarnoff, 1987). According to the

psychoanalytic conception, at school age the superego begins to form, which is expressed in the organization of roles and supervision, causing considerable investment in the social and interpersonal spheres (Tyano, 2010). This stage is expressed in the redirection of impulses from the concrete realm to the realm of fantasy, enabling the individual to experience his impulses in a moderate manner and to express them in a way that he perceives as more socially acceptable, and which is expressed in the transition from her turning to his or her parents, to turning society, and integration into various frameworks (Tyano, 2010). These defense mechanisms - alongside the development of thought and memory skills, control of the ego, and assimilation of the ego and the ideal self - enable disconnection from the parents, adaptation to social norms, and the formation of a more stable identity. During this period, a multi-dimensional self-image emerges in the individual's consciousness (Wolf & Villain, 1990; Harter, 1983), which helps him to formulate a more complete conception of the self (Sroufe et al., 1992). During childhood, children become capable of thinking about different aspects of their experiences, and seeing them all as part of their inner worlds (Wolf & Villain, 1990). The concept of self crystallizes into a psychological concept and the individual learns to describe himself through thoughts, feelings, abilities, and traits (Selman, 1980; Broughton, 1978). Along with the child's sense of self, the idea of his social self also develops during this period (Damon & Hart, 1988). Cognitive development during this age period focuses on the investigation of reality and improves the ability to apply realistic solutions (Tyano, 2011). The development of intelligence is expressed in the development of judgment, generalization and logic. Social development broadens the expressions of empathy towards and awareness of others. And physical development contributes towards the capabilities of self-control and independence (Hetherington, 1988; Dishion et al., 1991). Emotional development helps the child to maximize the strengths of his ego, the appropriate use of emotion, and positive self-worth (Berk & Berk, 2006). Cognitive development at school age significantly changes the relationship with parents. Parents allow the child more independence (Warton & Goodnow, 1991) reasoning more with speech and using less coercion and reinforcement in order to get the child to do what is expected of him. Responsibility for the child's behavior becomes a shared responsibility. In this manner, the child knows what he should do, and the parents trust him to do what is required of him. At the same time, close supervision on their part, and guidance when necessary, is still extremely important (Hetherington, 1988; Dishion et al., 1991). In earlier periods

of development, the child was influenced by his parents, by their behaviors that served as a model for him, and through direct reinforcement. During this later period of development, the child is influenced by the way the parents supervise his actions, and by their expectations. (Sroufe et al., 1992). The individual deals with the emotional and social challenges of his age, in the context of his family, and therefore the family environment has a great influence on his development (Sroufe et al., 1992).

The development on the **interpersonal axis** during this period is of decisive importance. According to Erickson (Waterman, 1982), the central issue of childhood is coping with the ability to increasingly control adult skills, belonging to society, and the feelings that arise from success or failure in these struggles. The child learns to be part of a society and to accept common and universal laws. The need to belong to a social group alongside the development of operational thinking enables the internalization of social values and the investment of energy in creative and educational activities.

Cognitive – Moral Development

Definition of morality

The concept of morality, which derives from the Latin word *moralis*, is perceived by various societies as a system of rules and principles that underlies and motivates the behavior of the individuals, and is the defining standard in the context of good and evil. This view sees the primary role of morality as the establishment of a civil and just society that preserves the dignity and well-being of its members. Philosophers of morality distinguish between binding rules aimed at preventing injury to another or society, and the rules and principles of morality whose purpose is the expansion of personal and social good and include various kinds of altruistic behaviors (Nisan, 2001).

Theories of Moral Development

Three main approaches can be identified in the discussion of moral development (Nisan, 1984; Haidt & Bjorklund, 2008). The **Internalization Theory**, which is characterizes by the perception of psychoanalytic theories and the learning theory, and views the development of morality as the product of internalization. According to this approach, the internalization of morality depends on the internalization of external criteria which are transmitted to the individual during his development, by agents and

representatives of society (Reshef, 2008). Freud (Cavell, 1996) argued that morality develops when the child resolves the Oedipus complex by identifying with the parent. According to that theory, moral values are acquired by the child through identification with his mother and with other significant agents of society, the purpose of which is to resolve a basic and fundamental conflict between the individual and society (Nisan, 1984). The "empty hat" model describes the perception that represents this approach, according to which man is a blank slate in all that relates to the morality of his tendencies and behaviors, and society is what provides him with content and shapes his moral perception and behavior (Haidt & Bjorklund, 2008). Moral behavior often contradicts the natural tendencies of the individual, and therefore internalization is a central value in the process of moral development (Nisan, 1984).

Proponents of the **Behavioral Theory** argue that morality is acquired through basic processes of social learning, by reinforcing and rewarding of a set of values and behaviors (Skinner, 1971). The social learning approach holds the notion that imitating models and viewing the processes of punishment and rewarding of others are key elements in learning morality (Bandura & Mc Donald, 1963). The **Constructional Theory** includes developmental cognitive theories. These theories evolved as a response to behavioral empiricism and presented thinking as a central component in the acquisition of knowledge in general, and moral knowledge in particular (Kohlberg, 1969; Piaget, 1955; Cakir, 2008). According to the developmental cognitive approach, the individual is an active factor in his environment, and emphasis is placed on the process of moral construction and the individual's ability to judge reality and provide supportive explanations to his conclusions (Kurtines & Gewirtz, 1995).

Cognitive developmental theories hold that the world of individual values is formed in stages, in a process of transformation from primitive to advanced concepts, and is based on cognitive development alongside social interaction (Piaget, 1932; Baldwin, 1906). The developmental cognitive approach, also known as the rationalist approach, views moral development as a moral concept, a process of understanding and organizing social experiences through construction. During moral development the individual acquires principles which help him acquire self-regulation skills within social interactions (Nisan, 1984; Haidt & Bjorklund, 2008). The **Moral Sense Theory** is based on the ideas of the philosopher Hume (1969) that there is a similarity between moral perception and aesthetic perception. This approach claims that all individuals possess an internal, inherent intuition about good and evil, and therefore the source of

morality is emotion. This theory is based on neurological and evolutionary studies which saw emotion as the primary and central component in moral perception (Haidt & Bjorklund, 2008; Pinker, 1997; De Waal, 2000).

Moral Development as Reflected in the Cognitive Approach

The cognitive development approach views moral development as a cognitive, universal, final and permanent process, which is the driving force behind the individual's desire to adapt to and exist in balance with the environment. The individual's cognitive development is characterized by a hierarchy of developmental stages (Gibbs, Basinger & Grime, 2003). The cognitive approach to the development of morality perceives the individual as a being who naturally confronts his external world, and who is objective when faced with dilemmas that create the need to implement decision-making processes through the active and conscious application of moral principles. Awareness, which enables the individual to adopt the perspective of the other and to develop an internal representation of the world, alongside coping, both bring the individual to action based on his moral thinking. Moral exposure is improved through exposure to advanced moral reasoning (Turiel, 1966; Blatt & Kohlberg, 1975). Researchers of the Cognitive Theory maintain the standpoint that the essential comprehension of what is a good deed leads to moral behavior. Research based on the Cognitive Theory focuses on the variety of factors that influence moral thinking, in an effort to understand the correlation between the developmental level of moral thinking and behavior (ibid).

Piaget (1932) outlined the conceptual framework for moral development. Piaget grasped moral maturity as an understanding of the principles of justice and fairness. According to Piaget, the individual perceives reality through cognitions developed in his past experiences, and by acquiring additional cognitions that allow him to assimilate more complex experiences (ibid). According to this theory, the individual's moral development takes place in three stages:

- The immoral stage, in which the individual measures good and evil according to their suitability to his desires and needs.
- The heteronomous moral stage, in which the individual learns to obey and fear authority.

- The stage of autonomous morality, in which the individual understands the logic and necessity of laws and moral rules for the existence of the society in which he lives (Reshef, 2008).

According to Piage, there are four central factors that influence moral development: the influence of adults, interaction with the peer group, the level of cognitive development, and the integration between these components (Kay, 1970).

Kohlberg (1969, 1971) expanded upon Piaget's model. According to his theory, cognitive development is the basis for the development of understanding, and is a mandatory prerequisite to moral thought and judgment. Kohlberg (1969) conducted experiments with an emphasis on the conscious explanation of moral choice, and not just on the behavior itself (ibid). Kohlberg saw moral behavior as developing through interactions and social role-taking, and was motivated by an understanding of how to behave (Gibbs, 1995). He viewed the individual as an active factor in the process of his moral development. The individual participates in his development through his observation of opportunities for development and participation in his social environment. The centrality of cognitive development in moral development is evident in Kohlberg's model, which expanded upon the three stages of Piaget, to a universal development model that is constructed from six hierarchical and fixed stages (Rest, 1979). Each stage is characterized by the manner in which moral choice is justified by the individual (Kohlberg, 1969). The model is based on four principles according to which the stages are qualitatively different from one another in accordance with cognitive development. The sequence of stages is uniform but the pace is individual and depends on personality and environmental factors. Each stage includes not only moral content but also a content-compatible response. Each stage contains the cognitive achievements of the previous stages (Colby et al., 1987). The novelty of Kohlberg's theory was that moral development takes place according to a uniform pattern common to all human beings in a way that crosses social and cultural environments. The very existence of a uniform pattern attests to a universal perception of goodness and the effect of chronological development on moral development (Gibbs et al., 2007; Aloni, 2008, 155).

Kohlberg (1969) describes three basic levels of moral thinking. Each level includes two stages of development. The pre-moral level is characterized by the dichotomous classification of the world and the tendency to obey external laws. Moral behavior is motivated by reward and punishment and is based on obedience to authority and fear

of harm. At this level, there are two stages. The first is characterized by an egocentric point of view and the desire to obey in order to avoid harm. The second is characterized by a perception of mutual and conformed fairness of laws that are perceived as a tool for safeguarding and advancing the interests of the individual. The second level, the conventional conformist level, is characterized by a desire to meet the expectations of the environment, regardless of the direct result of a particular behavior. This level includes the third and fourth stages. The third stage develops the moral perception of behavior that conforms to environmental expectations, along with reciprocal social behavior. At this stage, behavior is based on the desire to be perceived as good in the eyes of the self and in the eyes of the other, and is perceived as good if it is reinforced by the environment. Cognitive development leads to empathy and understanding of the value of laws and rules in the broad sense. In the fourth stage, the moral act is perceived as an act that preserves and contributes to the social order. Laws and rules dictated by the social system are perceived as more de rigueur than personal opinions and attitudes, and maintaining social order is seen as an end in itself. The third, post-conventional autonomous level, is characterized by the definition of moral values that protect individual rights, and includes the fifth and sixth stages that are characterized by cognitive ability of abstract thinking.

This kind of thinking leads to an understanding of the reason and the need for rules and standards, alongside the understanding that not all of them are just. Moral behavior is measured according to absolute moral principles (Kohlberg, 1969).

The theory of Social Cognition (Selman, 1971, 1980) is a stage theory derived from Mead's Theory of Self (Dunn, 1997), Piaget's Cognitive Development Theory Cowan et al., 1969), Kohlberg's theory of Moral Development (Blasi, 1990), and Bandura’s Social Learning theory (Bandura, 1977) and refers to the development of social consciousness. According to this theory, the development of social concepts and cognitions is related to but distinct from cognitive development (Selman, 1980), in that social cognition results from the parallel development of cognitive logical thinking and moral thinking (ibid). Social cognition also includes the ability to take on a role. A role-taking ability is based on the ability to distinguish between the one's own perspective and the perspective of someone else, is distinguished by four social elements that are characterized by specific cognitive content, and progressively develops in five stages between age four and adolescence. The social elements include the child's personal characteristics, social concepts, peer group factors, and parent-child interaction. At each

stage of development, reference is made to each of these four factors (Selman, 1980, 1971). During the first stage, between the ages of three and six, social cognition focuses on identity or space, and there is no distinction between the individual's interpretation and the perspective of the other. Between the ages of five and nine, the child begins to formulate the understanding that others might have perspectives that are different from his own. The differences in perspective are due to differences in the knowledge on which the various individuals base their views. At this stage, friendships are one-sided and appraised by the child according to how many of his needs are fulfilled by each friend. Between the ages of seven and twelve, the child can already perceive that differences in opinions and perceptions based on differences in thoughts and feelings. The child is able to examine his own thoughts and feelings in relation to another's point of view, but he cannot relate simultaneously to his point of view and the point of view of another. Social relations at this stage are characterized by an understanding of the need for coordinating expectations and mutual adapting, as well as the tendency to end social relationships due to conflict around any subject, despite positive emotions. From the ages of ten to fifteen, the individual is able to relate simultaneously to his or her point of view and to the other's point of view and even to analyze his relationships as an observer on the side. Social relations in this stage are characterized by mutual intimacy and support. The stage of adolescence to adulthood is characterized by the ability to identify deep and multidimensional levels of communication in social relationships, while being able to see the perspective of others in relation and in comparison to accepted social norms (ibid).

Criticism of the Stage Theory

Many researchers have argued that the cognitive developmental model does not address the complex and multi-dimensional nature of moral development (Day & Tappan, 1996). Some argued that the model does not reflect the moral complexity in that it defines distinct and one-dimensional stages. According to them, the stages are not distinct and one can discern that thinking characteristics that are suitable for a specific stage can manifest in other stages as well (Damon, 1984). In addition, the individual simultaneously possesses many moral schemas and applies the most appropriate schema to the situation he is facing at any given time. The ability to adapt an appropriate and effective moral schema to any situation is indicative of the individual's moral maturity (Krebs & Denton, 2005). In the context of their daily routines, people tend not

to be rational, but rather to pragmatic and selfish, and even oftentimes immoral (Krebs, Denton, & Wark, 1997). Some argued that Kohlberg's theory is incomplete, that there are stages in which they have been empirically established and other stages that have not been properly proven - such as the third stage. Some of Kohlberg's critics have even proposed adding additional stages (Murphy & Gilligan, 1980). These criticisms viewed the developmental cognitive approach as a cold approach that ignores basic human values such as concern and caring, which from their standpoint are considered moral principles (Gilligan, 1982). Some also claimed that the theory lacks reference to factors leading to gender differences regarding moral judging (Gilligan & Attanucci, 1988). Then there were those who saw the centrality of the rational approach to the developmental cognitive model as disassociating the psychology of morality and in fact that the entire realm of morality from other orientations of psychology and development. (Narvaez & Lapsley, 2005).

Neo-Kohlbergian approach developers have viewed Kohlberg's phase theory as a central and important basis in the study of moral behavior and supported the model of moral behavior as a result of moral thinking. At the same time, they criticized the universal character of the model, suggesting three flexible content schemes instead of six, and dealing with diverse, multi-dimensional and practical philosophical models, distinguishing between general moral principles and the morality of specific interactions (Rest, Thoma & Bebeau, 1999). According to neo-Kohlbergian models, moral behavior can occur only in the presence of four major psychological processes and cannot occur in the absence of one.

The forerunners of the **neo-Kohlbergian Approach** saw the stages in Kolberg's theory as a central and important basis for the study of moral behavior, and supported his model which stated that moral behavior was a result of moral thinking. At the same time, they criticized the universal nature of the model, suggesting three flexible content schemas instead of six stages, and proposed also referring to diverse, multi-dimensional and practical philosophical models, while distinguishing between general moral principles and the morality of specific interactions (Rest et al., 1999). According to neo-Kolbergian models, moral behavior can occur only in the presence of four major psychological processes and cannot occur in the absence of one. **Moral sensitivity** refers to the interpretation of the situation: considerations relating to possible actions in a given situation, alongside considerations relating to the parties involved in the situation and the implications of the possible actions on them. **Moral judgment**

includes the judgment of possible actions and the choice of the most morally correct action. **Moral motivation** involves the intention to do what is morally right by prioritizing moral values over personal values. **A moral character** is courageously expressed in applying moral choice even when this choice presents a challenge (Rest, 1986, 1994).

Habits of Moral Interpretation

This model assumes that morality develops through the accumulation of interpretations that have been attained by the individual through dealing with moral issues and conflicts. According to this theory, when a situation arises that requires moral coping, two spontaneous and automatic cognitive processes occur. In the first stage, the situation leads to an intuitive, subjective and unconscious interpretation of the stimulus. This interpretation leads to an introspective process that is expressed in reflective, moral, rational, and conscious thinking, with the purpose of weighing intuition before deciding on action. The reflective process leads to the construction of an interpretation of the cognitive schema for dealing with future situations with moral elements. The interpretation habits created may sometimes lead to biased interpretation of situations that are not clear (Walker, 2000).

The Importance of Moral Identity

There are theorists who regard morality and moral identity as integral parts of the individual's complete personality. According to them, moral behavior is largely influenced by the moral motivation and moral identity that a person forms. The separation between the whole person and morality derives, according to these theories, from the excessive influence of rational perceptions on cognitive-developmental theories (Blasi, 1980). Studies examining the relationship between moral motivation and moral behavior, and between moral judgment and moral identity, have found a significant correlation between moral motivation and moral behavior (Hart & Flegley, 1995; Colby & Damon, 1993). A study conducted among teenagers demonstrated a high correlation between the ideal self and the actual self in a large percentage of youth involved and active in volunteering and social action. This study did not show a significant correlation between the degree of involvement and the moral thinking stage (Hart & Flegley, 1995). Another study that examined the motives behind a decision to

engage in community service indicated that the manner in which personal identity and moral motivation are shaped is the central determinant for moral behavior, as opposed to the individual reaching a specific moral development stage (Colby & Damon, 1993).

The Social Intuitionist Model of Moral Judgment SIM

This model argues that since the process of moral judgment takes place in a social environment, it should be viewed as an interpersonal social process. One acquires moral and ethical judgments by observing the behavior of others. When an individual encounters a situation with moral elements, moral intuition accompanied by emotion automatically comes into play, leading to immediate moral judgment and resulting behavior. The individual only engages in moral thinking after the fact. It is moral intuition that is responsible for the moral decision, but moral thinking is responsible for the reason. Often, the moral intuition that motivates action is inconsistent with moral thinking, and therefore a person's moral judgments are not necessarily reflected in his actual behavior. **Moral intuition** appears automatically and immediately, and causes the appearance of moral judgment accompanied by emotion. **Moral judgment** includes an assessment of character and behavior that relates to rules and norms. **Moral thinking** is a strenuous, goal-oriented and controllable mental activity. Between those three components there are six types of possible links (Haidt, 2001):

- **Intuitive Judgment Link** in which the sense that the situation contains moral elements leads to moral judgment.
- **Post Hoc Reasoning Link** that describes thinking that aims to justify the moral judgment (Kunda, 1990).
- **Reasoned Persuasion Link** that describes the justification of moral judgment through social norms (Hadit & Bjorklund, 2008).
- **Social Persuasion Link** relates to the social impact that the individual has on those who view and judge his behavior.
- **Reasoned Judgment Link** in which a thinking process is activated which disqualifies intuition.
- **Private Reflection Link** in which a spontaneously occurrence of a new intuition that can contradict an existing intuition, creating an intuitive social model for moral judgment (Haidt, 2001).

Empathy and Moral Behavior

Empathy is defined as an emotional response characterized by sensitivity, concern and care for the other and a desire to support and assist the other. This definition naturally distinguishes empathy as a basic component of moral development (Rauner, 2006). Dilemmas and moral decisions are based on the recognition of the existence of potential victims, participation in their distress and a desire to help them (Hoffman, 2000). Several researchers have discussed the correlation between emotion and moral behavior and emphasize the importance of intuition and emotion in identifying moral issues (Tangney, Stuewing & Mashek, 2007). The moral dilemmas presented by Kohlberg in the application of the theory of moral development in the field of education were based on the assumption that children could experience empathy towards characters depicted in dilemmas. The empathy toward the subject is intended to make the abstract moral problem more approachable (Rauner, 2006). Criticism of rationality in Kohlberg's (1984) theory emphasizes the importance of concern and caring for moral behavior (Gilligan, 1982). Other researchers have argued that the understanding of human distress and the ability to interact with individuals in distress is largely based on the emotional experience, and therefore difficulty in experiencing emotional states will make it difficult to identify situations with moral components (Oakley, 2020). According to researchers such as Eisenberg (2000) and Hoffman (1987), the roots of morality lie in the ability to empathize, since it enables the individual to see the other's point of view and therefore share in his distress. Sympathy and empathy motivate the individual to assist another in his distress (Eisenberg, 2000; Hoffman, 1987). Studies examining the relationship between difficulty in experiencing feelings and avoiding assisting a person in distress found that there is a difference between moral identification and moral judgment. In a study comparing subjects with frontal cortex injury to subjects without this type of injury, they found that at the level of moral judgment, based on cognitive components, there was no difference. However, there was a significant difference in the process of moral identification, which requires the attention of the individual to the existence of moral elements in the situation, and is supported by feelings. According to the researchers, the damage to the frontal cortex caused damage to the emotional mechanism and led to an inability to identify the moral components in a given situation (Saver & Damasio, 1991). Other studies have shown that emotional arousal activates cognitive energy, which in turn helps identify ethical dilemmas and the need to take action in response. When no emotional arousal is

triggered, cognitive energy of this kind will not be activated and moral components and issues will not be identified (Gaudine & Thorne, 2001).

Proponents of the Theory of Caring argue that a discussion of moral life includes a preoccupation with the question of the healthy development of the ego (Dutta-Bergman, 2004; Noddings, 2002). This theory was influenced by Martin Buber's dialogical philosophy (Gordon, 2011) and the work of Murdoch (1970), who emphasized the importance of attention and response. The theory of caring holds that moral education must engage in creating better people, as opposed to formulating arguments and principles (Noddings, 2007). The response is based on dialogue that requires engrossment and acceptance of what happens, with complete attention, openness, and honesty (Noddings, 2005). Engrossment leads to an experience of motivational displacement, which leads to a flow toward the needs of others, the environment or the situation, and the action taken is based on the information received. Noddings argues that acting out of concern is motivated by the ethics of a relationship, which is not the same as action driven by the ethics of virtues, which is based on the process of strengthening character. Both approaches evaluate moral thinking, but according to Noddings (2002, 2005, 2007) moral principles alone do not create sufficient motivation for action (Dutta-Bergman, 2004).

Environmental Aspects and Influences of Childhood Development

*Aspects of Parental Influence***:**

Many theories describe psychological and social development as a transformative process consisting of basic stages (Cohen et al., 2005; Kail, 2014; Berger, 2009; Berk, 2013).

Bronfenberg's model (1986), which evolved into the Bio-ecological theory of Damon & Lerner (2006), is based a contextual perspective and argues that the individual develops within a complex and multi-dimensional context. The family system, parental practices, parent-child relationship, peer group, and school all influence an individual's development (Ben-David & Nel, 2013; Bonfenbrenner, 1994). In the past, parents played a key role in raising a healthy child by providing basic needs, including love and security (Erath & Bierman, 2006; Lerner et al., 2015; Pleck, 2007; Scrimgeour et al., 2013). Today parental influence is seen as a central component in the influence of the family system as a whole on a child's development (Bronfenbrenner, 1994; Ely et al.,

2001; Patterson, De Baryshe & Ramsey, 1989; Berger, 2009), which is influence by factors in parental practices, the parent-child relationship, parental stress, parental behavior, and parenting styles (Esdaile & Greenwood, 2003; Algood, Harris & Sung Hong, 2013).

The Self-Determination theory (STD) defines three profound and innate psychological needs in the individual: autonomy, relatedness, and competence (Deci & Ryan, 2012; Ryan & Deci, 2000). According to this theory, when environmental conditions support deep psychological needs, development will be normal (Ryan & Deci, 2000). During their development, children are highly dependent on their parents, and over the years they become more and more autonomous, yet their need to be accepted by parents is maintained (ibid). Parental behavior significantly influences a child's experience as an autonomous, related, and competent being, and influences his behavior (Khaleque & Rohner, 2012). Many studies point to the central impact of parental characteristics, behaviors, and interaction skills on the child's development and adaptation (Sexauer, 2017).

The **Attachment Theory** has developed and broadened for more than three decades, with extensive empirical research, in order to deepen the understanding of social emotional processes in infancy and childhood and their impact on adulthood (Becker, 2009). The theory is based on the claim that in the first period of life, the child develops a significant physical and emotional connection with the principle figure who cares for him. This relationship, which includes the love and presence of the primary caregiver, is a basic need for the child, compared by the founder of the theory, John Bowlby, to the child's need for food (Bowlby, 1969; Keiny, 2006). Bowlby defined attachment as a motivational-behavioral system that interacts with other behavioral systems. The role of the attachment system is constant regulation of the degree of closeness between the toddler and his primary caregiver, with the help of supervision and control mechanisms, which enable the motivational attachment-behavioral system to flexibly adjust the direction and accuracy of its goals according to the information received from the environment. Control of the system facilitates maintaining an environmental balance, enabling the individual to observe and respond to the events around him, adapt to the environment, and ensure his personal and general survival (Becker, 2009). Bolby claims that closeness to human beings is a primordial human need. The closeness, which is essential for the survival of the infant, is achieved by signaling on its part, and the adult noticing the signals and then responding to them in order to meet the infant's

needs. Different patterns of this structure (signaling and response) create differences in the parent's attachment patterns with the baby (Kaminer, 2014). Based on the Ethological Theory, Bowlby presents man's motivations in terms of a behavioral system, with the understanding that inborn attachment seeking behaviors in infants are part of a basic biological evolutionary system with defensive and survival values (Levy, 2005). Bowlby identified innate behaviors such as crying, smiling, holding, eye contact, and responding to the caregiver's responses. These behaviors are designed to trigger a caring response among the adult and maintain physical proximity to him (Becker, 2009). In addition, the attachment system increases the child's chances of survival by making the infant's undeveloped brain utilizes the adult's developed brain functions to organize its life processes. Thus, in fact, the basic survival benefit of attachment is not only in the presence of a protective therapist but also in the psychological sense of deterrence that is important for coherent self-development (Fonagy et al., 2002; Keiny, 2006). According to Bowlby, the primary role of the parent is to provide a safe and stable foundation for the child. The parent must be competent and capable, available and ready to respond as needed. The child, on the other hand, innately knows how to make use of that safe foundation according to his needs, with the awareness that activation of attachment mechanisms will serve him in times of distress. The child must feel that the foundation is safe and capable, that he can seek closeness when anxiety increases, with the feeling that he is desired, and to distance himself when his sense of safety is re-established. This dialogue and the manner in which it takes place and crystallizes lay the foundation for meaningful relationships that the child will have in the future (Shimoni, 2006).

The great importance of the attachment model is that the internalized persona of the caregiver continues to accompany the infant in all future relationships, and the attachment style he formed with her will shape those relationships (Elizur, 2012; Bretherton, 1990). These representations are internal representations that constitute internal working models. These working models organize personality development, and shape and direct future relationships (Keiny, 2006). They contain structured answers, resulting from the child's experiences, to questions about interactions and relationships that he maintains, the degree of stability and protection they provide, the availability of his partners in the relationship, his place and importance in the interaction, and more (Becker, 2009). The internal working models organize personality development,

directing and shaping future relationships that are the continuation of these models throughout life (ibid).

Many studies point to associations between attachment characteristics, as expressed in adulthood, to individual personality characteristics in various areas (Mikulincer & Shaver, 2007). Secure attachment, which serves as a stable and protective foundation, is usually associated with a sense of security, emotional regulation, flexibility, coping and adaptability, empathy and sensitivity to others. In addition, insecure attachment is associated with negative influences such as psychopathology, adaptation difficulties and difficulties in interpersonal relationships (Mikulincer & Shaver, 2007; Sroufe, 2005).

Parenting style is defined as a behavioral transfer of the parent's attitudes toward his child, which is expressed in his education style, and affects the family emotional climate (Darling & Steinberg, 1993). Baumrind's model outlines three parenting styles (Baumrind, 1977; Robinson et al., 1995; Robinson, 1996).

The authoritarian parenting style, the authoritative parenting style and the permissive parenting style (Baumrind, 1977, 1991; Robinson et al., 1995; Rea & Rossman, 2005).

The authoritarian parenting style is characterized by a belief in the power of authority, obedience, and responsiveness, with a hierarchical perception that parents are the sole authority. The parents are characterized by confidence, decisiveness and a significant emphasis on discipline (Nieman, & Shea, 2004; Rossman & Rea, 2005; Reitman et al., 2002), using educational methods based on reward and punishment.

The authoritative style is characterized by parents who see their children as capable of self-control and taking responsibility alongside their own low tolerance for behavior they perceive as inappropriate. Authoritative parenting style is based on acceptance and supervision. This style is expressed in collaboration, division of roles, encouragement of personal responsibility, and age-appropriate independence (Baumrind, 1967), which characterize democratic education. Discipline, in the authoritative style, is seen as a supportive rather than a punishing framework (Omer, 1999; Querido, Warner & Eyberg, 2002; Reitman et al., 2002).

The permissive parenting style is a parenting method of education that is supportive and there is no use of punishment and its purpose is to encourage autonomy and individuation (Robinson et al., 1995; Barton & Hirsch, 2016; Wischerth et al., 2016). The permissive parenting style is characterized by an over-consideration of the child's wishes and full freedom of action (Solberg, 1999; Robinson et al., 1995), and many

times stems times from avoidance and difficulty in the tasks and functioning of the parents (Omer, 1999).

Studies have found that authoritative parenting style was largely related to children's normative functioning, in comparison to other styles (Rossman & Rea, 2005; Rea & Rossman, 2005; McKinney, Donnelly, & Renk, 2008)

The importance of **quality of attachment and parenting style** and their contribution to emotional, cognitive, and social development has been demonstrated in various studies (Sroufe, 2005; Gray & Steinberg, 1999). Yet a clear, general and agreed upon theory of the components and effects of parenthood has not yet been formulated (O'Connor, 2002).

Intergenerational Transfer is part of the socialization process and is defined as the transfer of resources, such as attitudes and behaviors, between different age groups over time and with inherited influence (Lee, 2014). The theory based on intergenerational transfer is based on a central assumption that an individual's family plays a central role in the formation of his personality (Bowen, 1978; Hall, 1981; Rabstejnek, 2012). The strongest influence of parents on their children occurs in early childhood, but it also continues to exist in the child's further development and influences his present and future (Janoski & Wilson, 1995; Bekkers, 2003). Family Systems Theory (Bowen, 1966) argues that all parts of the family are interrelated and affect one another, and therefore intergenerational transmission takes place among all members of the family (Britt, 2016). The **Social Learning Theory** views the learning process as a cognitive process that takes place in a social context. Parents have a significant influence on their children's behavior because they serve as role models for them (Bandura, 1977).

The Common Parent-Child Space is the multi-dimensional space in which the parent-child relationship occurs, and mutually represents the subjective interpretations of the parent and child regarding their interactions with each other (Sexauer, 2017) This symbolic space simultaneously includes past memories, present and future experiences, and includes numerous and covert dimensions of interaction that constantly feed and produce experiences, emotions, cognitive content, automatic responses, and behaviors (ibid). Many researchers have seen the importance of common space. Winnicott (1965) grasped the common space as a space that allows the individual to create his life and his experiences. Based on Winnicott's conception of man as a creative organism, he saw the initial development of this space with a transitional object that allows the child to create representation of his mother in her absence, until the transition to the stage at

which he can create and organize representations that are independent of the object or mother's presence and enable him to see himself opposite the greater world, and offer creative ideas of his own (ibid). Stern (1995) calls the interaction between the mother and her baby an "interactive dance" and emphasizes the infant's evolving ability to construct his own world of meanings and to regulate himself through the mother's interpretation and responses to his behavior (ibid). According to Jessica Benjamin (1988), the mutual recognition of mother and infant is what enables its development and its ability to exist independently. Mutual recognition, from her standpoint, requires knowledge of the separation between mother and child and the understanding that a common space exists between different individuals. A common space based on uniformity, continuity, and understanding of separateness helps the child develop as an individual with a sense of self, motivation and sense of efficacy (ibid). The common space is the ground for a variety of potentials of interactions and development. Memories, internal associations, a sense of self, and coping methods create different interpretations that are shaped separately by the mother and the child in response to shared events and experiences. The various interpretations present potential for a variety of behaviors that trigger future interactions (ibid). Daniel Siegel (2001) examines the common space from a different angle, which originates from interpersonal neurobiology. This theory views the components of the interaction between the child and the primary caregiver as factors on the basis of which higher cognitive and emotional abilities develop in the brain. According to Siegel (2001), cooperation, reflective dialogue, the ability to correct mistakes and damage, the creation of coherent narratives and emotional communication are the five components of parental-child interaction that will facilitate optimal development (ibid.). Fonagy & Target (2002) views the parent as responsible for instilling in the child reflective and mental abilities that are essential to his emotional and social development and for imparting empathy and self-regulation skills. These abilities develop, in his opinion, alongside exposure of his emotions, and contain his feelings while preserving the sense of separateness (ibid.).

Parental Influence on Moral Development:

Piaget saw moral judgment as the result of the connection between cognitive maturity and experience acquired by the individual in moving from the limited family environment to functioning in a broad social environment. He held that moral development is influenced by the parent's influence on the child, the child's relationship

with his peer group, his cognitive development, and the interaction between these three factors (Kay, 1970). Piaget argued that the attitudes of the parents and the environment towards the child influence his moral development and the nature of the morality the child will adopt for himself. Rigid, authoritarian parenting and dependency on caregivers will cause moral development to slow down, and delay the adoption of realistic external morality. Accepting parenthood and democratic education, which emphasize the importance and effectiveness of moral laws, assist in normal moral development and the assimilation of values based on internal morality (Piaget, 1932, Bull, 1969). Studies have shown that consistent parental responses that include explanations help the child to draw conclusions about his behavior, setting the standards for future behaviors in a way that ensures the protection of the rights and well-being of others (Dahl & Campos, 2013). On the other hand, rigid discipline does not help the child understand the rationale of his behavior (Laible & Thompson, 2002), may interfere with the flow of processing the parental message, and thus impair the process of structuring a shared value system and beliefs (Kochanska et al., 2005). And thus, rigid discipline is not conducive to the development of a mature understanding of morality (Ball et al., 2017). Studies have found a significant impact of the family interaction around the dinner table on the development of a normative belief system and the regulation of behaviors related to morality (Darling, 2007; Huesmann & Guerra, 1997; Lerner et al., 2015; Paat, 2013). Walker & Henning (1999) found in their research a correlation between a child's moral development and the parental communication style, ego, and moral thinking expressed in the family discourse and, accordingly, pointed to the significant role played by parents in the process of moral development (Pennar, 2016). McGuckin & Minton (2014) described the process of the child's emergence from functioning within the protected interaction with parents, to interaction in the world at large. The child's progression out into the society is accompanied by an interpretation and belief forming process regarding the social system (Bronfenbrenner & Ceci, 1994; Huesmann & Guerra, 1997; Rosa & Tudge, 2013). These interpretations are formed on the basis of the relationship with the parents, and their nature will affect their ability or inability of the child to develop morally and attain higher moral insights (Walker & Henning, 1999).

Intergenerational Transfer and Moral Behavior

Studies have shown that empathic, warm, and present parents reinforce pro-social behavior in their children (Musick & Wilson, 2008; Bekkers, 2007). Studies examining the origins of caring for others have found that they are shaped by learning processes through family life experiences (Sonderegger & Adriani, 2009; Bekkers, 2007). Various studies have shown that altruistic behaviors, mutual trust, and cooperation in inter-family interaction are components that promote intergenerational transmission of democratic values and pro-social values (Penner et al., 2005; Dotti-Sani & Treas, 2016). The Social Learning theory (Bandura, 1977) holds that intergenerational transfer occurs through various types of stimulus modeling (Herrmann, 2007). These models include a model based on an open display of desirable values, attitudes and behaviors (Matthews, Hempel & Howell, 2010; Steinberg & Wilhelm, 2003), a model based on detailed descriptions of values and desirable behavior in a family discourse (Zukin et al., 2006; Andolina et al., 2003), a model based on family symbolism that fosters the institution of value-based activity (Bekkers, 2007) and a model based on the indirect influence of the family culture based on giving, helping, and social activity, which influence the family atmosphere (Nesbit, 2013). Crimea found a direct correlation between parental volunteering and social and political activity among their children (Keeter et al., 2006), a direct correlation between parental interest in civic and political issues and interest in such issues among their adolescent children (Osili, Clark & Bergdoll, 2016; Flanagan & Levine, 2010), and a direct relationship between socially and politically active parents and similar activity among their children (Fletcher, Elder & Mekos, 2000; Settle, Bond & Levitt, 2011).

Parental Impact on Psychological Flexibility

Parenting is a complex task that comes with many responsibilities and challenges (Cappa et al., 2011), alongside pleasure and sense of meaning (Nelson et al., 2013). The balance between stress and pleasure is a factor that has a profound and significant impact on parents, children, and relationships (Deater-Deckard, 2005). The extent of parental stress affects the parent's ability to employ effective parental strategies (Bayer, Sanson & Hemphill, 2006), and consequently the child's ability to cope with social, academic, and emotional challenges (Cappa et al., 2011), his self-perception (Plotnik,

2008; Stoltz, 2013), his and his receptivity to different experiences (Lindhout et al., 2006). Psychological flexibility is expressed in the acknowledgement and acceptance of events, thoughts and emotions as they are, and the use of the energy they generate, in order to experience an existence connected to personal values, as opposed to avoiding them (Boulanger, Hayes & Lillis, 2009), and is mandatory for psychological health. Difficulty with opening up to present-moment experiences, in order to adhere to value-based activity is considered to be a psychological inflexibility that sometimes creates avoidance, and is related to different forms of stress (Kashdan & Roterberg, 2010). Lack of psychological flexibility can result in parental transmission of stress, avoidance and difficulty in purposeful behavior (Moyer & Sandoz, 2015).

The studies of Saland, Hawkins & Raymond (2017) show a relationship between attachment style, object relations, psychological flexibility, and a wide range of psychological and behavioral functions. The Object Relations theory (Melanie Klein, (Grosskurth, 1986); Winnicott, (Leiman, 1992); Hinz Kohut, (Elson, 1986); Otto Kernberg, (Christopher, Bickhard & Lambeth, 2001)) is strongly related to the theory of attachment and is based on the assumption that the individual's development is influenced by a combination of genetic factors and early experiences with his primary caregivers. Over the course of his development, the individual is influenced by interactions that create within him a dyadic relationship between primitive representations of himself and that of others, and form subconscious internal constellations. The behavior of the individual in interpersonal relationships, the structure of the individual's personality, and his different levels of psychological functioning will to a great extent be influenced by the internalized object relations and the connection between them (Salande, Hawkins, & Raymond, 2017). The successful integration of primitive representations will enable stable experiences of the self and of the other, and will contribute to the development of a healthy personality (Clarkin et al., 2007).

A study examining the relationship between personality organization and psychological flexibility (Lenzenweger et al., 2001) has shown a link between successful integration of internal objects and non-pathological relationships to psychological flexibility (Saland, Hawkins & Raymond, 2016) In addition, a negative correlation was discovered between psychological flexibility and attachment anxiety, avoidance, and defusion of identities (Saland, Hawkins & Raymond 2016).

In the family context, psychological flexibility is important both for the individual and for his development, and for the interaction between all the family members (Walser & Westrup, 2009). Children may experience stress and inflexibility just as adults do, but the family context is very significant for development and functioning because of the influence of parents on children (O'Brien, Larson & Murrell, 2008). Shielding children from unpleasant experiences and tensions hinders their ability to develop valuable coping skills (Tiwari et al., 2008). Children who have the skill to respond flexibly to daily challenges are not affected by them during their daily functioning (Marx et al., 2010). Awareness and acceptance of experiences as they occur are indicative of a higher quality of life and decreased stress, sadness and hostility (Ciarrochi et al., 2011).

Morals, Values, Challenging Situations, and Psychological Flexibility

Action in a particular situation requires identification, judgment, and evaluation of that situation. The reliability of the processed information directly affects the decision to act (Reshef, 2008). In a situation that requires dealing with a moral issue, information processing may be affected by various factors, may fail to identify the moral components, and thus may lead to erroneous conclusions (Tsang, 2002). **Cognitive biases** are a factor in information distortions in decision-making processes. They disrupt the nature of the information and may lead to mistaken decisions including moral infringements (Hammond, Keeney & Rraiffa, 2006). Cognitive biases often develop to help the individual protect his ego (Allport, 1937; Greenwald, 1980). People tend to cling to positive information about themselves and filter out the negative, to rely on illusions of self-aggrandizement and of controlling uncontrollable events, and to be unrealistically optimistic regarding future threats. These cause people to ignore moral elements when coping with situations, and exhibit inattentiveness to the potential for moral impairment (Taylor & Brown, 1998). According to Kahneman and Tversky (1979, 2000) there are three heuristics that may lead to errors in judgment and evaluation of events and situations. Representativeness refers to the error in attributing the probability that an event belongs to a specific group or is part of a particular process. Availability refers to an error in estimating the probability of development or frequency of a group. And anchoring refers to attributing excessive weight to the impact of a primary event on later events. Jones (1991) argues that when the probability of harm is low, the individual will find it difficult to identify the issue before him as a moral issue.

Abelson (1981) argues that the individual's thinking and behavior is influenced by cognitive frameworks that include defined action scenarios and schemas. There is no awareness of the action frameworks. They help the individual to deal with complex situations (Hammond et al., 2006), direct his thinking, and may affect the identification of moral elements and the moral strength of an event (ibid.). A person has a tendency to preserve an existing situation and therefore it is sometimes difficult to detect changes that occur gradually. Immoral behaviors can also occur as a result of a gradual process of small changes in the immoral behaviors of others (Gino & Bazerman, 2005). Sometimes moral deviation occurs on the basis of the individual's failure to stop his involvement in activity that has developed into immoral activity (Klayman, 1996). Refraining from taking responsibility for deciding on a moral issue results in immoral behavior, characterized by failure to perform the moral act or failure to prevent the immoral act (Baron, 1995). Cognitive heuristics play a central role in the judgment process of a situation. Distractedness or disregard as a result of heuristics may lead to moral blindness and an immoral decision (Reshef, 2008).

According to Kaniel (2006), anxiety and ignorance, which arise in situations of emotional arousal, are characterized by one-dimensional, concrete categorical thinking, and are a major factor in the creation of prejudice and labeling (Kaniel, 2006). When the individual encounters stressful life events and extreme demands of the environment, he must direct most of his resources to coping. When the environmental demands exceed the individual's resources, stress levels are higher (ibid.). When the stress level is high, the individual's processing system is not properly managed (Baddeley & Logie, 1995; Ericsson & Kintsch, 1995) and the person tends to have fixed and automatic response patterns that include reliance on existing attitudes. Mistaken generalizations support the reinforcement of attitudes and beliefs, and motivate the individual's behavior, sometimes in contradiction to the facts (Kaniel, 2006). Values are stable and justified principles that include ideals and beliefs about the personal or social preference for certain behaviors over other behaviors (Welzel & Inglehart, 2010; Schwartz & Boehnke, 2004). Cognitive-behavior based education derives from views and values concerning the individual and his world. A value system includes a distinction between good and evil by means of judgment, and supplies answers concerning the essence of man, matters of body and soul, free choice, quality of life, individual rights, and more. A complex cognitive system, achieved by cognitive-behavioral education, is a condition for the crystallization of a clear set of values. When the value system is clear,

it is possible to identify, learn and prioritize different values. A successful integration between the individual's cognitive system and value system enables the individual to live according to his own value system, to use cognitive skills regarding his values and to achieve the goals that derive from them (Kaniel, 2006).

Action of Commitment Theory

In the model of psychological flexibility, the preoccupation with values is a central component (Yadavaia & Hayes, 2009). Values within the framework of ACT are defined as the main, progressing, and continuous life paths in which the individual chooses to act. Values are ideas freely chosen by the individual and linked to patterns of action that direct and organize his behavior in a manner that gives meaning to his life (Dahl, Schuck & Campos, 2013). Values are ideas that inspire caring and concern, and just as a compass directs the individual towards a purposeful path, when an individual conducts himself according to the directives of his values he feels a sense of meaning (Luoma, Hayes & Walser, 2007). Unlike goals that are achievable objectives, values are a description of an ongoing process and are never achieved, as is the case with an act of commitment. An act of commitment is expressed in the creation and reinforcement of effective patterns of behavior in order to achieve goals that align with the value system. Patterns of behavior, of any kind, are constructed continuously and infinitely at any given moment. An act of commitment helps to create effective patterns and reduce the damage of patterns that are the result of a tendency towards avoidance, cognitive attachment and enslavement to the realized ego. An act of commitment is done with attentiveness and helps to develop psychological flexibility (cognitive behavioral therapy for adults, acceptance therapy and commitment). Formulation and clarification of values is very significant in ACT intervention, which is based on a pragmatic approach (Dahl et al., 2009), and which seeks to continuously assess the tools that can help the individual to take the most effective steps in the direction of his values and goals (ibid.). The values are freely chosen and precede judgment, are not pre-determined but are structured by the individual (Wilson & DuFrene, 2009). However, as a result of being social beings, personal values are related to society and culture and are formulated through language that is culturally shaped (Dahl et al., 2009).

Part 2 – Research Procedure, Results and Discussion

Chapter 4 – Assumptions, Methods and Some Research Solutions

Research Topic

The principle research topic is the link between psychological flexibility and attitudes towards disabilities in society among parents and their children.

The study examines social, educational, and psychological aspects of parent-child relationships, and addresses the question of education for psychological flexibility and intergenerational transfer of psychological flexibility.

Many studies have shown that the level of psychological flexibility affects the manner and effectiveness of coping with life events and experiences. This study examines the correlation between the level of psychological flexibility of parents and the level of psychological flexibility of their children, and the correlation between the level of psychological flexibility of parents and their children and the results of their dealing with dilemmas related to integrating people with disabilities in society.

The study deals with the question of the relationship between education and psychological flexibility, and perception of disability in society, in order to examine the educational elements that influence the acquisition and assimilation of psychological flexibility. The study relates to personal and social perceptions that shape attitudes toward the disabled in society, as well as various educational models and elements, including psycho-dynamic and psycho-social models, cognitive models and behavioral models that are manifested in the parent-child relationship, as well as models based on the third wave approaches of cognitive behavioral theory and their power in personal and social change.

The Research Questions

- Is there a connection between the degree of psychological flexibility of the individual and his attitude towards individuals with disabilities in society?
- Which specific criteria, out of the seven criteria of psychological flexibility, are more influential than other criteria on the individual's attitude towards disability in society?
- Is there a connection between the psychological flexibility measured in the parent, and the psychological flexibility measured in the child?

- What elements in the parents' perceptions have a significant educational impact on their children?
- What components of parents' behavior have a significant educational impact on their children?
- Is there a difference in attitudes towards disabilities that parents projected when questioned privately, and the attitudes they projected when asked to discuss them with their children?
- Is there a relationship between the degree of psychological flexibility of the parent and his or her child's dominance in completing the joint questionnaire?
- Is there a relationship between the degree of psychological flexibility of the child and his / her dominance in the questionnaire?
- Is there a relationship between the degree of psychological flexibility of the parent and the degree to which he accepts his child's views?

The Context of the Research

Healthy coping involves a variety of abilities that provide a response to a dynamic and unpredictable world, whose basic essence is change and renewal. Therefore, psychological flexibility is the foundation and essence of health and fulfillment (Kashdan, 2010). Reality places an individual in an infinite variety of situations. Human consciousness operates in the framework of normal and inevitable psychological processes that enable it to react effectively to an unlimited number of events and situations. The unique abilities of cognition have allowed man to completely overpower all other living creatures and to control the planet in which he lives. At the same time, cognitive modes of operation and language skills, as well as emotional pain and suffering, have become an inseparable part of human existence

A major challenge, or even the intimation of a need to deal with any external or internal situation, automatically and instantly creates endless methods of coping. The expected benefits of each of these methods are considered long before any real coping is needed. In this way, every event, external or internal, becomes apparent at any time and place by the way it is recognized, and verbally portrayed. These verbal portrayals may have significant psychological and behavioral affects. People effectively apply their cognitive skills, and these applications are expressed in the ability to solve problems, achieve goals and avoid objects or situations perceived as dangerous or harmful.

Avoidance may be effective in certain situations, but when done regularly it can become problematic and even destructive. Its ramifications can be particularly harmful when it jeopardizes the individual's welfare or prevents him from achieving his goals. Studies have shown that psychological flexibility positively affects behaviors, performance, prejudices, the ability to cope, and the ability to receive and learn new things (Boulanger, Hayes & Lillis, 2009). Studies that examined psychological flexibility among parents found that psychological flexibility helps parents respond flexibly in general to distressful situations, and specifically to their children's responses (Cheron, Ehrenreich & Pincus, 2009; Mc Cracken & Guantlett-Gilbert, 2011). Studies that have examined the relationship between psychological flexibility in parents and psychological flexibility in their adolescent children have found a connection between the adolescent's psychological resilience and subjective perception of his parent's warmth, psychological control, and parental authority (Williams, Ciarrochi & Heaven, 2012).

Research on educational faculties has shown that education for psychological flexibility helps to successfully promote new educational programs, while acknowledging the emotions that arise in interactions with colleagues, maintaining a pleasant and positive atmosphere, and preserving values of caring and promoting children's success (Biglan, Layton, Rusby & Hankins, 2013). Man has a natural need to maintain consistency and balance in interactions, cognitions, beliefs and behavior. When the individual experiences an imbalance between his thinking and his actual behavior, he experiences psychological and cognitive discomfort. Encountering strangers, people who are different, people who do not conform to the familiar world of concepts and cannot actualize themselves, and encountering people with disabilities in particular, causes people discomfort and a desire to avoid such situations in the future (Daruwalla & Darcy, 2005).

In order to justify his avoidance, the individual develops theories regarding the inferiority and danger of those who differ from him and mentally alters the individual's social position to one of inferiority (Goffman, 1963). At the same time, the individual's points of view become limited (Corrigan & Penn, 1999; Link & Phelan, 2006). Studies have shown that this process affects not only the disabled person, but also the individual himself and causes him high levels of mental stress in both personal and interpersonal domains (Masuda et al., 2009). Psychological flexibility allows a person to experience negative thoughts and emotions without judgment or involvement, and thus their

influence is minimized (Hayes et al., 2006; Masuda et al., 2004). Therefore, the level of tension he must cope with is low, and he can react and respond according to his inherent values (Masuda et al., 2009).

The Importance of the Research and its Contribution

The study connects different schools of thought about learning and teaching, drawing concepts from the world of education, psychology and sociology in order to create a holistic perspective on education and its goals.

Education is facilitated by pedagogy, but also by psycho-pedagogy, and it is important that content acquired in the educational framework is also applicable to daily life. The belief underlying this study sees importance in promoting content of life skills, physical and mental health, coping with challenges, problem solving, social involvement, and healthy interactions and values in the educational setting, as one of the child's significant socialization agents, alongside engaging in academic pursuits.

Many studies have demonstrated the power of psychological flexibility as a therapeutic tool, and its ability to function as a positive influence on both personal and social levels. In order to espouse a perspective on psychological flexibility as a preventive tool and as a way of life, the study proposes to treat psychological flexibility also as a significant educational tool which – when used effectively - can contribute to both the individual and society around him. In order to create the basis for this approach, and the bridge between psychological flexibility as a therapeutic tool and psychological flexibility as an educational, preventive and applied tool, the aim of the study was to examine psychological flexibility in an interaction between three focal points: 1) Psychological flexibility as a tool that helps an individual cope effectively and adaptably with life situations in general, and challenging life situations in particular. 2) The ability to convey psychological flexibility with its various components through educational influence, particularly from parent to child. 3) Addressing the question of the need of this type of tool for school-age children.

The study was done mostly through a discourse on attitudes towards integrating (including) people with disabilities. This topic 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.
In recent years there has been a significant increase in the number of children in Israel applying for placement in Special Education. There is a significant increase in children who are coping with communication, emotional, behavioral, and cognitive disabilities. A report presented to the Knesset Committee in 2015 reported a 70% increase in special education students since 2005. (Ministry of Education, 2015).
While the total number of students in the Israeli education system has increased by 33 percent since 2005, the number of special education students has jumped by 127 percent.
The increase in the number of special education students was particularly rapid among students with communication disorders - their number rose from 894 in the year 2000 to 11,145 in 2018. The number of students with severe behavioral disorders increased in those years from 2,347 to 17,483.
This type of reality creates a need for observation from an alternative point of view, which emphasizes the emotional, behavioral, social and communicative aspects of education, as the ultimate goal.
The concept behind the research is that in order to progress from theory to process, it was important to build a research infrastructure that acknowledged the connection between psychological flexibility to adaptive behavior, and physical, mental and emotional well-being, and the connection between educational aspects psychological flexibility development and the responsibility of educators for students' welfare.

The Research Method

The present study is a two-phase study in an integrated research method. The goal of the first phase of the study was to collect quantitative data, in order to statistically establish the relationship between attitudes towards disability and psychological flexibility. In the second phase, a qualitative follow-up of parents and children was conducted in order to investigate and understand the quantitative findings in more detail and depth, and to investigate specifically the relationship between psychological flexibility in parents and psychological flexibility in children regarding their attitudes towards disabilities and other factors that influence this relationship. It was hypothesized that in the first phase there would be a positive correlation between psychological flexibility and a positive attitude toward disabilities in society, with

reference to the encounter with the disabled person as an external event that evokes psychological and cognitive discomfort.

In the second phase, a closed questionnaire separately examined psychological flexibility in parents and children, a joint response to an open questionnaire examined personal attitudes toward a variety of people with disabilities, and to understand types of interactions and influences related to chosen responses.

Integrated Research Methods

An integrated study involves the analysis of quantitative and qualitative data and integrates the data at one or more stages during the study (Plano-Clark & Creswell, 2008). The main significance of an integrated study is to combine different cognitive models in the same research study in order to generate mutual dialogue and learning via a collective formulation of better and deeper insights into the phenomenon under investigation (Greene, 2007). The use of this type of research was first implemented in 1959 (Campbell & Fiske, 1959) to investigate the validity of psychological traits in a variety of methods. The basis of the method is the rationale that the combination of methods can overcome the limitations and biases of each paradigm in its own right and thus contribute to the validation of the findings and the body of knowledge (Creswell, 2014).

An integrated research method involves combining or connecting quantitative and qualitative data. Qualitative data tends to be open, meaning not predefined and unanticipated. Quantitative data usually includes a predefined pool of responses (Creswell, 2014). The implementation of an integrated study enables the use of different methods to examine various phenomena that together form part of the broad range of research, while supporting conclusions and increasing confidence in the conclusions, deepening the interpretations regarding the studied phenomena. Integrated research leads to the development of tools and approaches based on findings, and the formulation of new concepts, questions and research directions (Greene, 2007).

There are several approaches to integrated research. This study was based to a large extent on the transformative integrated approach. In this approach, parallel and complementary strategies were used throughout the entire study to structuring and constructing long-term goals and programs (Creswell, 2014). The present study does not suggest an intervention program and is therefore not an action study, but is instead concerned with social perceptions and their impact, and attempts to raise awareness of

participants through participation in the research itself. The study also aims to draw general conclusions about the power of education and its impact on society as a whole, and to lay the foundation for future programs aimed at improving the lives of individuals and society.

Integration of methods in educational research

Since the beginning of the 21st century, many researchers have chosen to integrate methods in educational research (Greene & Caracelli, 1997). The integration of methods contributes to an increased level of understanding of the material studied through increased validity, reliability and accuracy of results. In addition, a deeper understanding of the data is achieved, while exposing new ideas and increased awareness of a variety of values, points of view and positions (Katz, 2011).

The Research Rationale

At the basis of the research is the ecological approach and the transformative approach.
The ecological approach views reality as a product of sensory absorption and human experience. According to this approach, the individual perceives the world through his senses. Understanding the world is crystallized through the construction of interpretations of phenomena and events, and these interpretations are adapted to the accumulated knowledge of science through language and discourse.

In the ecological approach, knowledge is a subjective structure constructed with social interaction that allows adaptation, but not overlap, between concepts in reality (Von Glasersfeld, 1989). Science does not reveal theories and expose the laws of nature, but rather the structure of theories on the basis of experience. Therefore, reality is constructed from the perception of its participants and has no fixed representation (ibid.).

This approach advocates the interdependence of the various components of the world and the recognition of the importance of each factor (Keiny, 2002). It emphasizes social interaction, interaction between organism and environment, between humans and biosphere. An ecological approach is a democratic approach that sees the importance of each element and promotes cooperation, mutual respect and the right to be different (ibid).

According to this approach, man is an inseparable part of the system in which he operates. At the same time, by being the only creature with awareness and reflective

abilities, he is responsible for the way he looks at the world, for the interpretation he builds for the personal perceptions he holds and for his knowledge structures. (Maturana & Varela, 1987).

Psychological flexibility is intended to enhance one's ability to experience the present with awareness and without judgment, and to conduct oneself in a world that best serves the values that the individual has chosen to commit to. The goals of ACT intervention are broad and generally strive to enrich the experiential and behavioral diversity of the individual (Yuval, 2011)

The ecological approach is consistent with the concept of the third wave, which emphasizes the influence of components such as acceptance, change, commitment, awareness and attentiveness in cognition and behavior (Linehan, 1993).

In a study based on the ecological approach, the researcher is an observer from the outside, conceptualizes relationships, constructs theoretical knowledge, and integrates his feelings and thoughts with reality and with his value system (Keiny, 2006)

Another approach that this study draws from is the transformative approach. According to the transformative worldview, research should intervene in daily life and social order, and must strive towards social change or dealing with social oppression (Mertens, 2010). Such research includes the examination of social issues and sees both the researcher and the subjects as part of the study itself. The transformative approach focuses on the needs of the individual and society, contributes to raising the awareness of participants and about participants, and fosters changes and improvement for all involved (Creswell, 2014).

This approach is in keeping with the extensive preoccupation of this study with attitudes towards disabilities and their personal and general ramifications, and with the aspiration to understand these perceptions and attitudes in order to create processes of deep change that stem from them.

The study deals with the impact of parental education and its various layers, on how the child experiences someone who is different from him and how he reacts towards him. In examining these components, the study attempts to create a general and extensive statement on education in general, on education for psychological flexibility in particular, and on the importance of assimilating cognitive behavioral tools in education and their impact on the individual and society. The choice of outlooks and concepts that come from the world of cognitive behavioral theory stems from the use of these practices in raising the awareness, involvement, and cooperation of the individual with

regard to his perceptions and behavior (Salande & Hawkins, 2017). In addition, the examination of things through these concepts ultimately emphasizes the educational orientation while emphasizing the individual's perceptions and beliefs as shaping his path alongside his responsibility for his actions, and his involvement in their preservation or in creating change.

The study also examines interpretations and perceptions that are shaped by the individual under the influence of his environment, and therefore refers **to social constructivism**. Social constructivism is based on the concept that the individual wants to understand the world in which he lives, and therefore he develops diverse and multidimensional subjective interpretations of his experiences and applies them toward objects, things and situations. According to Crotty (1998), human beings construct meanings while operating in the world they interpret. They are born into a world of meaning that is constructed by their culture and education, and therefore they understand their world according to their historical and social perceptions. The basic formation of meaning is rooted in interaction with other humans, and therefore is always social (ibid.). The purpose of research with a social constructivist approach is to understand the complexity of human perceptions while adhering to the perspective of participants.

The researcher takes into account that meanings are not always assimilated by individuals, and in many cases are shaped through cultural and historical interactions and norms. The researcher also identifies her personal point of view, which shapes her interpretation of the research, and examines it in parallel with his attempt to find the range of meanings that different individuals give to the world (Creswell, 2014).

Research Procedures

The study was divided into two phases. The first phase consisted of one stage and the second phase of three.

The first phase, quantitative in nature, included the random distribution of about 150 questionnaires to a diverse population through e-mail and social networking groups, with the aim of building a database to examine the relationship between psychological flexibility and accessibility to society. These questionnaires included a questionnaire on attitudes towards disabilities in society (Halperin, Elad-Stanger, Andvolt, 2016), which was constructed and transmitted by the Applied Center for the Psychology of Social Change, and the Psychological Flexibility Questionnaire **Aaq2** (Bond, et al.,

2011) which has been administered and validated in various studies (Palladino et al., 2013).

The second phase, which is essentially integrated and qualitative, included about 30 mixed questionnaires that were handed out to parents and their children. The first part was the parent questionnaire, which included the multi-dimensional questionnaire for psychological flexibility for parents (Rolffs, Rogge & Wilson, 2016). There was also an open questionnaire to deal with dilemmas of integrating people with disabilities into the residential neighborhood. The second part is the children's questionnaire which includes a closed questionnaire on psychological inflexibility among young people (Greco, Murrell & Coyne, 2005) as well as an open questionnaire for dealing with dilemmas of integrating children with disabilities into the educational environment. The questionnaire was delivered directly to the participants in a frontal manner, as well as through personal contact on social networks and by e-mail. The parents were asked to fill in their questionnaire first, and only then to fill out the questionnaires with their children, to mediate if mediation was needed, and to indicate if mediation was required. In all the questionnaires, the parents reported that they mediated the questionnaire for the child. At the end of the questionnaires, the parents and children were asked to report the shared experience.

Research Participants

The study population included a random selection of approximately 150 participants, and about 30 parent and child couples aged 8-12, with the aim of examining the relationship between psychological flexibility and attitudes towards disabilities within the society.

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%), and the rest were born abroad (13.80%). Most of the participants were married (74.10%), and the rest were not (25.90%).

Table 1: Means, standard deviations, and frequencies of the sample's demographic characteristics

	N	%	Mean	Standard deviation
Gender				
• Female	101	66.00		
• Male	52	34.00		
Age			44.21	13.34
Education				
• High school	17	11.11		
• Academic	136	88.90		
Origin				
• Abroad	21	13.80		
• Israel	131	86.20		
Marital status				
• Married	106	74.10		
• Not married	37	25.90		

Demographic characteristics of sample 2

The data was gathered from 29 parents and their children. The average age of the parents was 42.93 years (SD = 7.56), and their children's average age was 10.60 years (SD = 2.62). Most of the parents were females (65.50%) and also most of the children (62.10%). In addition, most of the parents were secular (75.00%), and the rest were traditional (10.70%) or religious (14.30%).

Table 2 :Means, standard deviations, and frequencies for the sample's demographic characteristics

	N	%	Mean	Standard deviation
Age			42.93	7.56
Gender				
• Female	19	65.50		
• Male	10	34.50		
Child's age			10.60	2.62
Child's gender				
• Female	18	62.10		
• Male	11	37.90		
Religion				
• Secular	21	75.00		
• Traditional	3	10.70		
• Religious	7	14.30		

In order to assess the differences in the demographic variables between parents with different children ages, the sample was divided into two by child age greater than 12. The associations with the discrete variables were assessed using chi-square tests with Fisher correction, and with the parents' ages using dependent sample t-tests.
Results show no associations between the demographic variables and the split sample by children's age.

The sampling considerations in this study are based on accessibility to the research population.

Research Tools

1. **Psychological flexibility questionnaires**
    a. **AAQII** - (Bond et al., 2011) **Acceptance & Action Questionnaire** – A seven item questionnaire that holistically measures psychological flexibility. The questions are based on the seven key processes in psychological fulfillment: defusion, acceptance and binding action. Each of the questions is measured on a spectrum ranging from 1-7 to a high score showing psychological flexibility (Palladino et al., 2013).
    b. **MPFI** - **Shorter Global Composites** (Rolffs, Rogge & Wilson, 2016). A 24 item questionnaire that measures psychological flexibility and inflexibility. The questions are based on 12 dimensions of flexibility and inflexibility corresponding to the Hexaflex model. Six key dimensions of flexibility and six key dimensions of inflexibility
    c. **Psychological Flexibility Questionnaire for Children - Acceptance and Fusion Questionnaire for Youth (AFQ-Y**) (Greco, Murrell & Coyne, 2005): A self-report questionnaire for children based on the acceptance and commitment theory that examines psychological inflexibility alongside high levels of cognitive fusion and experiential avoidance This questionnaire has a long 17-item version (AFQ-Y) and a short 8-item version (AFQ-Y8).
2. **A questionnaire on attitudes towards disabilities in society**
    a. **A questionnaire on attitudes towards disabilities** (Halperin, Elad-Stanger & Andwelt, 2016) - designed and applied by the Applied Center for Social Change Psychology, which focuses on the psychological processes underlying relations between groups. The questionnaire addresses various psychological aspects - perceptual, emotional and behavioral - which represent different aspects of the treatment of people with disabilities. The first part refers to measures that include perceptions of people with disabilities, including stereotypes, homogeneity, implicit and explicit prejudice, social norms and the perception of a practical threat or threat to one's self-perception that people with disabilities create. The second part refers to the feelings of the individual in response to the encounter with people with disabilities,

and the intensity of those feelings. The third part deals with the intent of behavior towards people with disabilities and includes the intent underlying the behavior in comparison to actual behavior.

b. **Disabilities questionnaire – Attitudes of parents** - An open questionnaire that examines hidden and visible attitudes towards different types of disabilities through the subject's degree of willingness to engage directly with and integrate people with disabilities in their immediate circles. The questionnaire was originally designed to examine - at the beginning of a course for the integration of disabilities in society - attitudes towards and faith in the rehabilitation and change of special education students. The original questionnaire also included reference to development and rehabilitation with regard to profession, marital status, and more. In this study, the questionnaire was constructed without any reference to rehabilitation, but only to the disability itself and to the type of disability, with the intention of examining the position and components of the attitude towards disability itself.

c. **Children's Disability Questionnaire** - An open questionnaire that examines children's hidden and visible attitudes towards different types of disabilities through willingness to engage directly and integrate people with disabilities in their immediate social circles. The questionnaire was based on the questionnaire that measures parental attitudes. Parents and children answered the questionnaire together. Questions, The questions also referred to the interaction between parent and child, focusing on the way choices were made, the level of cooperation of the child, the extent to which the child's attitudes were expressed, and the extent to which the parent's influence was directly and indirectly felt.

Ethical Considerations (based on Karnieli, 2010)

Informing the interviewees - The participants were aware of the study and participated voluntarily. The research process and its characteristics were explained to them.

Non-exposure to danger - Study participants were not exposed to danger by participating in the study. Non-exposure to danger applied both to participation in the research and to the publication of its results.

Non-assurance of profit - The participants' participation in the research was voluntary and of their free will, and did not guarantee any profit for the interviewees.

Non-consent to participate in the study - If one of the participants refused to continue his participation in the research, his request was honored and he ceased his participation at no harm to himself. In addition, the information collected until that stage was not used without his permission.

Anonymity - The identity of the interviewees was protected and the information they provided will not be revealed under their identities in any point in the future.

Respect for interviewees - The subjects were informed in advance of the research objective and their participation in the research was approved by them in writing. The children in the study were accompanied by their parents and their participation in the research was with their personal consent and parental consent.

Loyalty to the findings - the discourse on the findings was carried out with absolute loyalty to the data. The data reflected the truth and will be preserved as proof.

Data Analysis

The study was an integrated study and therefore integrated different types of data.

Analysis of the quantitative data included an examination of the correlation, positively and negatively, between the psychological flexibility and *attitudes towards people with disabilities* questionnaires. For the general population, the average and variance of the general score of each questionnaire was examined on its own. For each of the positions presented in the statements of each of the questionnaires, the prevalence for each participant was considered. In addition, the averages and standard deviations for each statement were calculated for all the statements and groups of statements dealing with a common subject. In some cases, where there was a need to examine the findings more deeply, the frequency of different variables in one questionnaire were examined for a population that responded to a specific answer in the second questionnaire. For example, examination of a statement that indicated a specific position on an attitude questionnaire regarding a group with high psychological flexibility, low psychological flexibility, and moderate psychological flexibility.

The analysis of the qualitative data focused on examining the relationship between psychological flexibility in the parent and his attitudes toward the disabled in society, psychological flexibility in the child's attitudes toward the disabled in society, and the direct and indirect influence of the interaction between parent and child on the formulation of the child's attitudes. The analysis included analysis of open questionnaires, which examined the correlation between children and parents attitudes, the child's perceptions of educational influences, reporting on the parent-child interactions around a specific task and content. Later we examined these factors in comparison to the psychological flexibility questionnaires. According to the constructivist approach (Lincoln & Guba, 1985), the text was analyzed in a thematic analysis based on the continuous stages and was related to text segments as the analytical units (Shkedi, 2003).

The analysis process was based on coding to link the different content segments and examine the meanings (Ryan & Bernard, 2000, 780) and the topics that characterized the data. The encoding process included categorization based on analysis of the information and adaptation to the concepts relevant to the data. Categorization was the basis for interpretation and meaning. The categories were examined both in relation to the data they contain and in relation to other categories (Shkedi, 2003).

Research Innovation

Most studies to date which have focused on psychological flexibility and children have focused on mental disorders. This study deals with prevention and a way of life. Psychological flexibility is a relatively new field, but many studies have already been conducted in the field. The impact of psychological flexibility on the potential to develop and deal with various mental psychopathologies has been studied extensively, including the use of developing psychological flexibility to treat anxiety, depression, post-traumatic stress disorder, and more (Kashdan & Rottenberg, 2010). The relationship between psychological flexibility and physical and mental health in the individual was also investigated (Hayes et al., 2006).

Approaches towards disability have also been studied, but research has focused mainly on their influence on the practitioner. Masuda and colleagues study (2009) also noted the negative effects of labeling on the individual engaged in the labelling, and there is room to expand on these influences. In addition, cognitive-emotional, emotional, and behavioral components that come into play during the encounter with the individual

with disabilities were well researched in the 1980s (Livneh, 1982). But research has not yet been conducted on encounters with disabilities as an external event that evokes external and internal psychological events within the individual, and how and why such encounters require psychological flexibility. The relationship between rigid and authoritative factors in parenting and psychological flexibility in adolescents was also investigated (Williams, Ciarrochi & Heaven, 2012), but the study very minimally and indirectly, through the study of self-regulation, touched on psychological flexibility in younger children (ibid.). Studies also spoke of the contribution of psychological flexibility to society as a whole (Biglan, 2009), but those studies did not talk about education for psychological flexibility from an early age, or its structure and application as a significant component in the lives of individuals, society and culture.

Chapter 5 – Presentation and analysis of the research results

The results will be presented in two sections. Section 1 will analyze the attitudes towards individuals with disabilities. Section 2 will analyze the associations between psychological flexibility and attitudes towards individuals with disabilities.

Attitudes towards individuals with disabilities

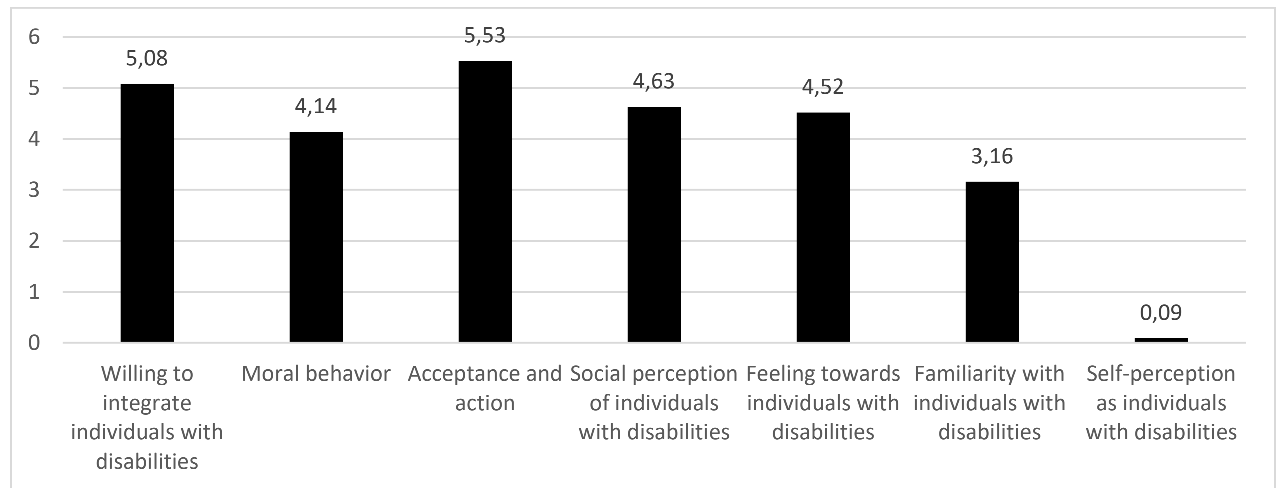
Descriptive statistics for the core variables

Table 3 describes the descriptive statistics for the core variables. As Table 4 shows, 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 an 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.

Table 3: Means, standard deviations, and ranges of the core variables.

	Mean	Standard deviation
Willing to integrate individuals with disabilities	5.08	0.60
Moral behavior	4.14	1.20
Acceptance and action	5.53	1.18
Social perception of individuals with disabilities	4.63	0.66
Feeling towards individuals with disabilities	4.52	0.57
Familiarity with individuals with disabilities	3.16	1.95
Self-perception as individuals with disabilities	0.09	0.35

Figure 1: Means of core variables regarding attitudes towards individuals with disabilities.



Correlations between the core variables

In order to assess the correlations between the core variables, Pearson correlations were conducted between all the variables.

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 individuals with disabilities ($r = .27$, $p < .01$).

Meaning, the more the participants had positive feelings towards individuals with disabilities, the more they exhibited moral behavior, and the higher their levels of acceptance. In addition, the greater the participants' familiarity with individuals with disabilities was, the more positive feelings they had towards individuals with disabilities.

Table 4: Correlations between the core variables.

	1	2	3	4	5
1 Moral behavior					
2 Acceptance and action	.18*				
3 Social perception of individuals with disabilities	.13	.16*			
4 Willing to integrate individuals with disabilities	.21**	.12	-.01		
5 Feeling towards individuals with disabilities	.10	.24**	.08	.02	
6 Familiarity with individuals with disabilities	.06	.14	-.02	.27**	.08

*p < .05, **p < .01

Associations between the core variables and the demographic characteristics

In order to assess the associations between the core variables and the demographic characteristics, independent sample t-tests and Pearson correlations were conducted.

Demographic profile according to willingness to integrate individuals with disabilities

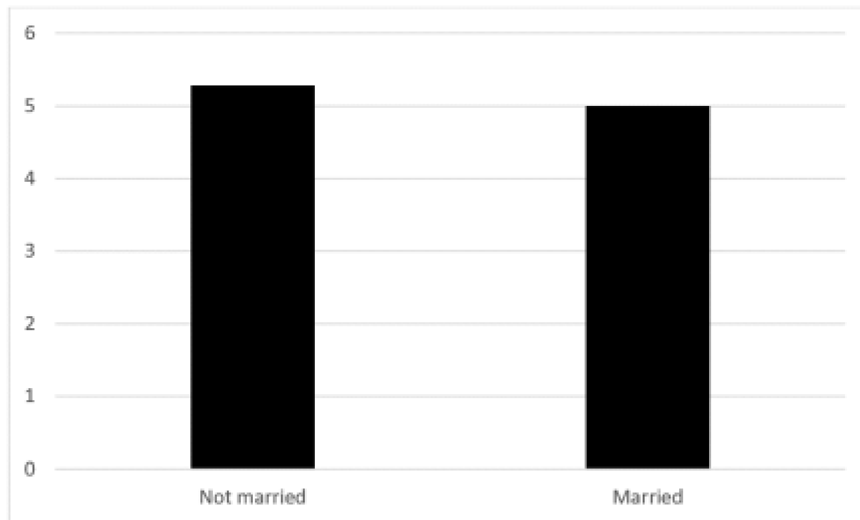
Results show a negative correlation between the willingness to integrate individuals with disabilities and the participants' age ($r = -.26$, $p < .01$), meaning that the younger the participants were, they more willing they were to integrate individuals with disabilities.

In addition, it was found that non-married participants (Mean = 5.28, SD = 0.53) were more likely to want to integrate individuals with disabilities in comparison to the married participants (Mean = 5.00, SD = 0.62) ($t_{(141)} = 2.45$, $p = .02$).

Table 5: Associations between the demographic characteristics and willingness to integrate individuals with disabilities.

	Mean	**Standard deviation**	**T (df)**	**r**	**p**
Gender			-0.20 (151)		.98
• **Male**	5.08	0.60			
• **Female**	0.51	0.60			
Age				-.26	< .01
Education			0.39 (151)		.70
• **Academic**	5.09	0.60			
• **High school**	5.03	0.61			
Origin			0.17 (150)		.86
• **Abroad**	5.09	0.73			
• **Israel**	5.06	0.60			
Marital status			2.45 (141)		.02
• **Not married**	5.28	0.53			
• **Married**	5.00	0.62			

Figure 2: Difference between married and non-married at willing to integrate individuals with disabilities



Moral behavior

The results show no associations between the demographic variables and moral behavior.

Table 6: Associations between demographic characteristics and moral behavior

	Mean	**Standard deviation**	**T (df)**	**r**	**p**
Gender			-1.08 (91.53)		.28
• **Male**	3.99	1.31			
• **Female**	4.22	1.14			
Age				.02	.80
Education			0.57 (151)		.57
• **Academic**	4.16	1.21			
• **High school**	3.98	1.20			
Origin			0.06 (150)		.95
• **Abroad**	4.15	1.20			
• **Israel**	4.14	1.22			
Marital status			0.33 (78.11)		.74
• **Not married**	4.24	0.99			
• **Married**	4.17	1.24			

Acceptance and action

Results show a positive correlation between the participants' age and the acceptance and action questionnaire results ($r = .22$, $p < .01$), that is, the older the participants the higher their acceptance for individuals with disabilities.

Table 7: Associations between the demographic characteristics and AAQII questionnaire.

	Mean	Standard deviation	T (df)	r	p
Gender			-0.25 (151)		.80
• **Male**	5.49	1.11			
• **Female**	5.54	1.22			
Age				.22	< .01
Education			0.57 (151)		.57
• **Academic**	5.60	1.12			
• **High school**	4.98	1.53			
Origin			1.52 (23.58)		.14
• **Abroad**	5.60	1.11			
• **Israel**	5.08	1.52			
Marital status			-0.64 (141)		.52
• **Not married**	5.41	1.12			
• **Married**	5.56	1.20			

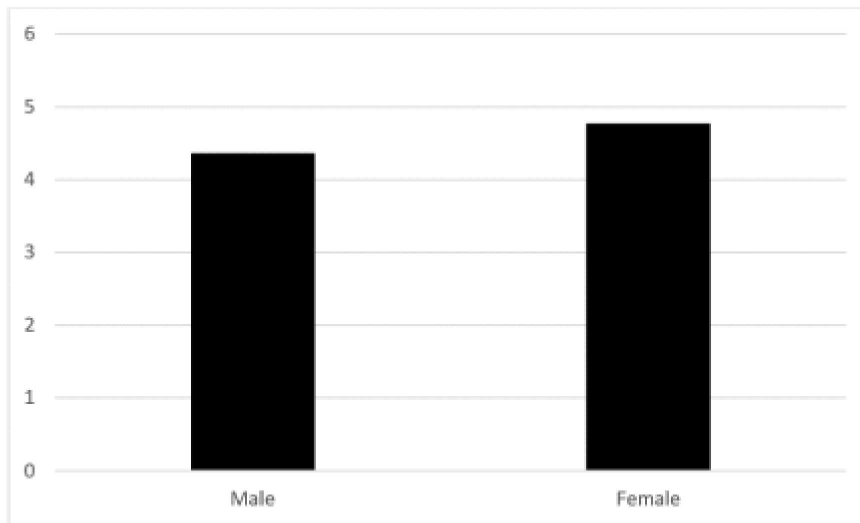
Social perception of individuals with disabilities

Results show that males (Mean = 4.36, SD = 0.72) had less positive perceptions of individuals with disabilities in comparison with females (Mean = 4.77, SD = 0.59), ($t_{151)}$ = -3.80, $p < .01$).

Table 8: Associations between the demographic characteristics and social perception of individuals with disabilities.

	Mean	Standard deviation	T (df)	r	p
Gender			-3.80 (151)		< .01
• **Male**	4.36	0.72			
• **Female**	4.77	0.59			
Age				.12	.15
Education			-1.42 (151)		.16
• **Academic**	4.61	0.67			
• **High school**	4.85	0.59			
Origin			0.26 (150)		.80
• **Abroad**	4.65	0.64			
• **Israel**	4.61	0.73			
Marital status			0.32 (141)		.75
• **Not married**	4.69	0.57			
• **Married**	4.65	0.69			

Figure 3: Positive perceptions of individuals with disabilities, male's vs females



Feeling towards individuals with disabilities

Results show a positive correlation between age and feelings towards individuals with disabilities ($r = .24$, $p < .01$), that is the older the participants were the more positive their feelings towards individuals with disabilities.

Table 9: Associations between the demographic characteristics and feelings towards individuals with disabilities.

	Mean	Standard deviation	T (df)	r	p
Gender			-0.88 (151)		.38
• **Male**	4.47	0.51			
• **Female**	4.55	0.60			
Age				.24	< .01
Education			-1.46 (151)		.15
• **Academic**	4.50	0.55			
• **High school**	4.72	0.71			
Origin			0.70 (150)		.49
• **Abroad**	4.54	0.58			
• **Israel**	4.45	0.55			
Marital status			1.51 (141)		.13
• **Not married**	4.66	0.52			
• **Married**	4.49	0.60			

Familiarity with individuals with disabilities

Results show no associations between the demographic characteristics and familiarity with individuals with disabilities.

Table 10: Associations between the demographic characteristics and familiarity with individuals with disabilities

	Mean	Standard deviation	T (df)	r	p
Gender			0.42 (150)		.68
• **Male**	3.25	2.09			
• **Female**	3.11	1.88			
Age				-.01	.91
Education			1.28 (150)		.20
• **Academic**	3.23	1.95			
• **High school**	2.59	1.87			
Origin			0.41 (149)		.69
• **Abroad**	3.19	1.92			
• **Israel**	3.00	2.22			
Marital status			-0.58 (140)		.56
• **Not married**	2.94	1.79			
• **Married**	3.16	1.98			

Predicting willingness to integrate individuals with disabilities

A multiple linear regression analysis was performed, with independent variables as the core variables: moral behavior, acceptance and action, social perception of individuals with disabilities, feeling towards individuals with disabilities, familiarity with individuals with disabilities, and the demographic variables age and marital status that were found to have a significant direct association with willing to integrate individuals with disabilities

The regression model showed that the seven independent variables accounted for approximately 23.50% of the total variance in the willingness to integrate individuals with disabilities ($F_{(7, 134)} = 5.89$, $p < .001$).

Results showed strong positive correlations between moral behavior ($\beta = .21$, $p < .01$), familiarity with individuals with disabilities ($\beta = .27$, $p < .01$), and being not married ($\beta = .19$, $p = .01$) and willing to integrate individuals with disabilities. In addition, there was a negative correlation between age and willingness to integrate individuals with disabilities ($\beta = -.28$, $p < .01$). Willing to integrate individuals with disabilities predicts more moral behavior, higher familiarity with individuals with disabilities, being single, and being younger.

The hypothesis was partially confirmed.

Table 11: Standardized and unstandardized coefficients to predict willingness to integrate individuals with disabilities based on the core and demographic variables.

	B	**Std Error**	***B***	**t**	**p**
Moral behavior	0.11	0.04	.21	2.69	< .01
AAQII	0.02	0.04	.03	0.42	.68
Social perception of individuals with disabilities	0.05	0.07	.05	0.63	.53
Feeling towards individuals with disabilities	0.05	0.08	.05	0.61	.54
Familiarity with individuals with disabilities	0.09	0.02	.27	3.46	< .01
Age	-0.01	0.00	-.28	-3.52	< .01
Marital status (not married)	0.27	0.11	.19	2.52	.01

Summary

Results showed that the older participants had more positive feelings and attitudes towards individuals with disabilities but had less willingness to integrate them. In addition, being non-married predicts more of a willingness to integrate individuals with disabilities.

In the final linear regression, it was additionally found that moral behavior and familiarity with individuals with disabilities also predict the willingness to integrate individuals with disabilities in the society.

Psychological flexibility and attitudes towards individuals with disabilities

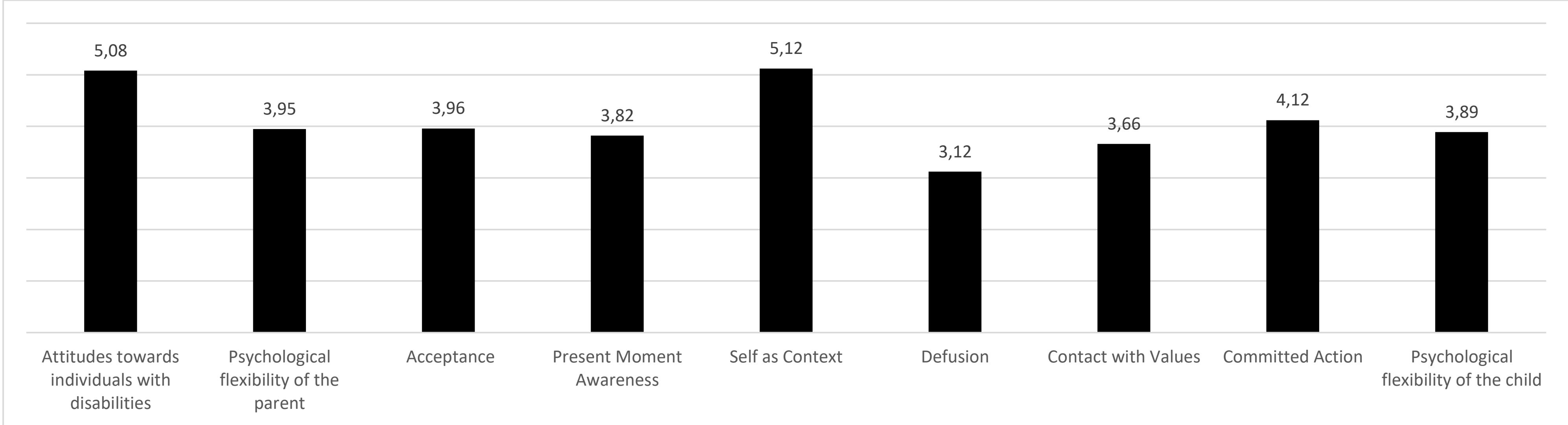
Descriptive statistics for the core variables

The average score for the Acceptance and Fusion questionnaire 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 had a willingness to integrate individuals with disabilities in society to a greater extent, and 35.70% had doubts about it.

Table 12: Means, standard deviations, and frequencies for the core variables.

	Mean	**Standard deviation**
Attitudes towards individuals with disabilities	5.08	0.60
Psychological flexibility of the parent		
Acceptance	3.96	0.45
Present Moment Awareness	3.82	0.82
Self as Context	5.12	1.02
Defusion	3.12	0.82
Contact with Values	3.66	0.72
Committed Action	4.12	0.57
Psychological flexibility of the parent total	3.95	0.82
Psychological flexibility of the child total	3.89	0.33

Figure 4: Means of core variables regarding attitudes towards individuals with disabilities and Psychological flexibility



Testing the research questions

Table 13 shows Pearson correlations between psychological flexibility and attitudes towards individuals with disabilities. This table presents the main testing of the research questions.

Table 13: Pearson correlations between psychological flexibility and attitudes towards individuals with disabilities.

	1	2	3	4	5	6	7	8
Attitudes towards individuals with disabilities								
Acceptance	.321**							
Present Moment Awareness	.418**	.628**						
Self as Context	.121*	.525**	.712**					
Defusion	.252**	.571**	.781**	.631**				
Contact with Values	.014	.632**	.641**	.561**	.472**			
Committed Action	.084	.514**	.644**	.692**	.481**	.682**		
Psychological flexibility of the parent total	.315**	.721**	.621**	.582**	.389**	.478**	.419**	
Psychological flexibility of the child	.291**	.182*	.202**	.138**	.102*	.055	.071	.192*

*p<.05, **p<.01

Q1:Is there a relationship between the level of psychological flexibility of the parent and the level of psychological flexibility of the child?

As shown in Table 13, a positive correlation was found between the level of psychological flexibility of the parent and the level of psychological flexibility of the child ($r=.192$, $p<.01$). That is, higher psychological flexibility of the parent is related to higher level of psychological flexibility of the child.

Q2: Is there a connection between the degree of psychological flexibility of the individual and his attitude towards individuals with disabilities in society?

As shown in Table 13, a positive correlation was found between the degree of psychological flexibility of the individual and his attitude towards individuals with disabilities in society ($r=.315$, $p<.01$). That is, higher psychological flexibility is related to more positive and acceptance of individuals with disabilities in the society.

Q3: Which specific criteria, out of the seven criteria of psychological flexibility, are more influential than other criteria on the individual's attitude towards disability in society?

As shown in Table 13, 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 ($r=.084$, $p=.612$) did not correlate with attitudes towards individuals with disabilities.

Q4: What elements in the parent's perception and behavior have a significant educational impact on their child?

To assess these questions Pearson correlations were computed between the various aspects of parents’ perceptions and behavior with the educational impact on their child. As shown in Table 13, the most influential parent aspect on child’s education is acceptance ($r=.202$, $p<.01$). Meaning, the higher acceptance parent has, the more psychological flexibility the child has, and therefore parents can more easily educate and instruct children in regard to individuals with disabilities.

In addition, Self as context of the parent has a positive influence on child's education ($r=.138$, $p<.01$). In this vein, defusion of the parent has also a positive influence on children ($r=.102$, $p<.05$). However, the aspects of Contact with Values ($r=.055$, $p=.821$) and also Committed Action ($r=.071$, $p=.728$) did not found to influence child's education.

Q5: Is there a relationship between the degree of psychological flexibility of the parent and his or her child's dominance in completing the joint questionnaire?

To assess this question, a Pearson correlation was conducted between psychological flexibility of the parent and child's dominance in completing the joint questionnaire. Result did not show a significant correlation between these variables ($r=.082$, $p=.725$). Meaning, psychological flexibility of the parent does not influence on child's dominance in completing the joint questionnaire.

Q6: Is there a relationship between the degree of psychological flexibility of the child and his / her dominance in the questionnaire?

To assess this question, a Pearson correlation was conducted between psychological flexibility of the child and child's dominance in completing the joint questionnaire. Result showed a significant positive correlation between these variables ($r=.173$, $p<.05$). Meaning, the more psychological flexibility child has, the more dominant he is in completing the joint questionnaire.

Multi-variate model

In order to assess the influence of both parent and child psychological flexibility on attitudes towards individuals with disabilities, a multi-variate linear regression was conducted.

All the predictors in the model explained 36% of total variance in attitudes towards individuals with disabilities ($F=8.212$, $p < .05$).

Specifically, it was found that Psychological flexibility of the parent has a positive association with positive attitudes towards individuals with disabilities ($\beta=.385$, $p<.05$). In addition, acceptance was positively related to positive attitudes towards individuals with disabilities ($\beta=.225$, $p<.05$). Similarly, Self as Context has also a positive correlation with positive attitudes towards individuals with disabilities ($\beta=.201$, $p<.05$).

Defusion has also a positive correlation with positive attitudes towards individuals with disabilities (β=.182, $p<.05$).

Finally, Psychological flexibility of the child was found to positively predict positive attitudes towards individuals with disabilities (β=.120, $p<.05$).

Table 14: Linear regression coefficients assessing attitudes towards individuals with disabilities

Variable	**B**	**Std Error**	***β***	**t**	**p**
1. Psychological flexibility of the parent	0.164	0.081	0.385	2.638	0.034
2. Acceptance	0.849	0.064	0.225	2.432	0.041
3. Present Moment Awareness	0.760	0.093	0.201	2.859	0.014
4. Self as Context	0.316	0.070	0.182	2.148	0.038
5. Defusion	0.070	0.078	0.067	1.181	0.441
6. Contact with Values	0.059	0.114	0.127	0.515	0.612
7. Committed Action	0.027	0.412	0.032	1.031	0.432
8. Psychological flexibility of the child	0.641	0.086	0.120	1.938	0.036

Flexibility and inflexibility analysis

In order to get a better understand of the factors in the questionnaire of, I followed the analysis instructions of Rolffs, Rogge & Wilson, (2018).

As seen in Figures 5 to 7, 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 present moment ($p<.01$), high self as 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 have the ability to be more psychologically flexible and hence to treat in a more humanistic way to individuals with disabilities. This indicate 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.

Figure 5: Means of flexibility and inflexibility scales

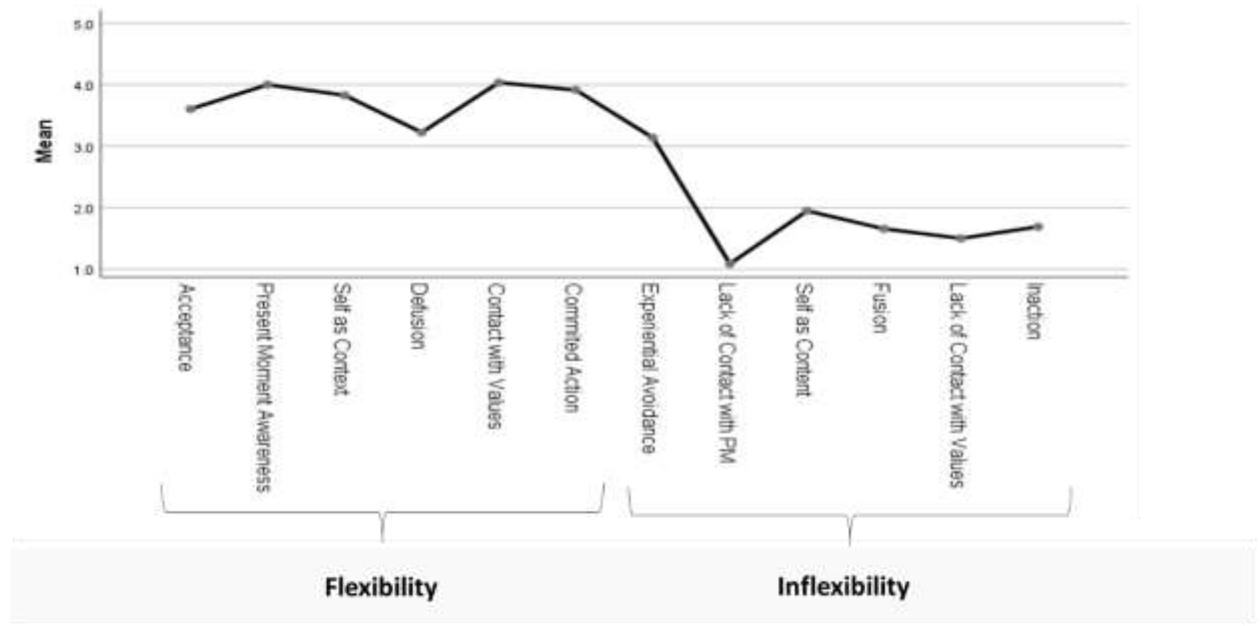


Figure 6: Radar diagram of flexibility factors

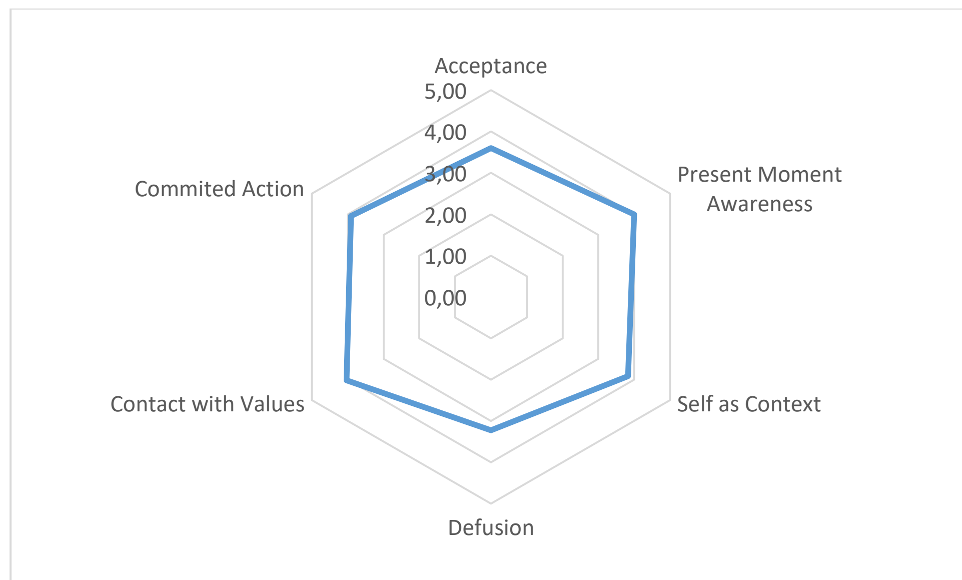
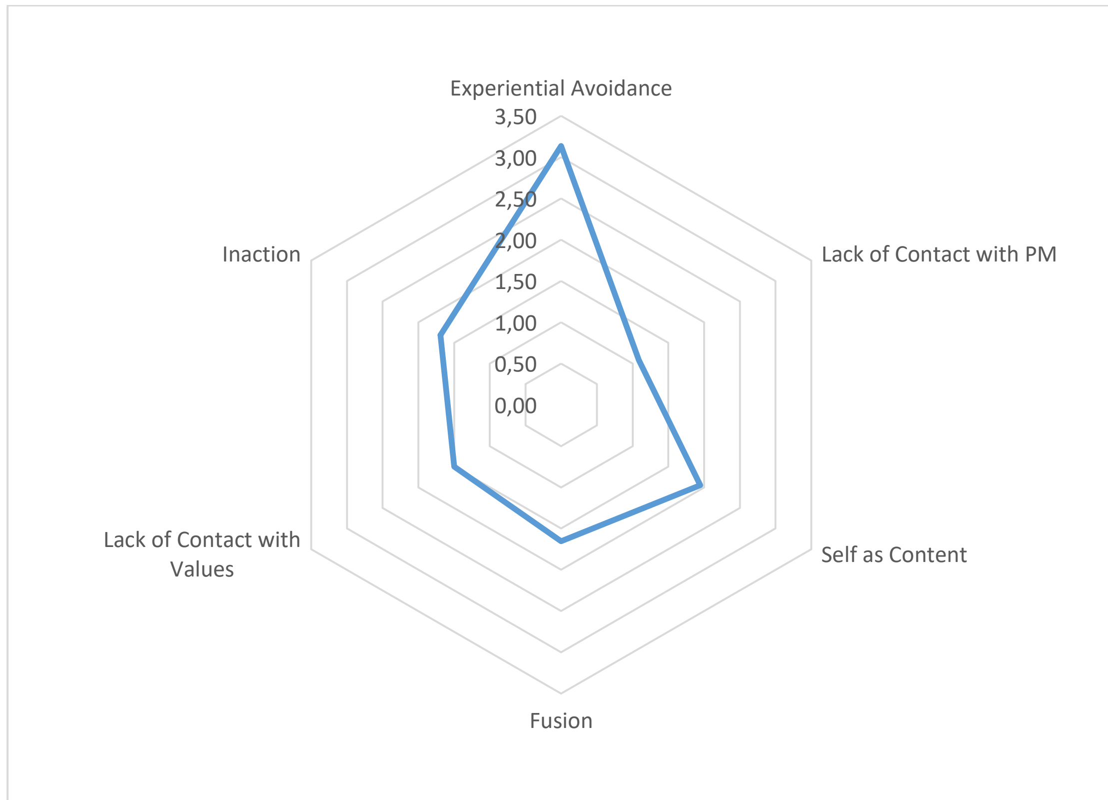


Figure 7: Radar diagram of inflexibility factors



Qualitative Results

In addition to the quantitative questionnaires, parents and children also elaborated on their statements, attitudes and perceptions regarding individuals with disabilities. This method aims to elaborate the quantitative findings in order to further understand how exactly the psychological flexibility of the parent is related to the psychological flexibility measured in the child. Several interesting findings were discovered.

1. The ease of acceptance of individuals with non-harming disabilities

One of the most important themes that were expressed in the results is that there are differences in various types of disabilities regarding the ability of both parents and children to accept and integrate these individuals. That is, some disabilities are far more difficult to accept in comparison to others. It seems that both parents and children are more ease to accept individuals who are not perceived as a threat to their personal safety.

Meaning, 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 be accepted. Here are some examples of individuals with disabilities who parent and children feel more comfortable to accept:

"A 19.5 years old, religious-national, with Asperger's syndrome (autism spectrum, high functioning). He does not like to leave home. I do not think that this type of disability has a significant effect on the environment."

"A 37-year-old, a fire survivor, confined to a wheelchair and with burn scars all over his body and face. I feel sorry for him, and think it would be nice for him to live with a neighbor and not be afraid of his appearance."

"A 23-year-old with Down's Syndrome recently married his partner, who also has the syndrome. I don't want my neighborhood to be threatening and especially not my children. I have no problem living alongside people with intellectual or physical disabilities."

It is interesting to see how the participants in it the study described the emotional process of acceptance they went through. In the beginning, they were had stigmas regarding people with genetic disorders, but later on they came to realize the needs and emotions of these people.

"I chose because I see no danger to my family living near them, I once heard that Down's syndrome people are cute and don't make problems"

Parents mainly emphasized the need for keeping society, and their children specifically, safe in the presence of individuals with disabilities. Meaning, they chose these types of disabilities which will not harm their children physically or psychologically. In addition, another criteria to integrate individuals with disabilities is the ability to feel empathy towards the person.

“I would choose her because I feel I can help her. When I think of a girl like that, I feel like it's okay for me and I don't feel sorry for her she can do well and that her hands can be helped, such as having a stuttering girl doesn't have to feel sorry for her all the time. You don't have to constantly complete the sentences for her.”

“In recent times in particular, we have come to know that people with Down’s syndrome owners can successfully integrate and contribute to society. I find this issue of high importance.”

“A 30-year-old with post-trauma has contributed to the country and it is our duty to help him”

The difficulty with accepting individuals with disabilities perceived as harmful

On the other hand, parents found it very difficult to accept individuals with disabilities which can potentially harm their children:

“I have trouble with violent people. A man sitting in jail, not because he made a mistake in his life but because of violent behavior, unfortunately may return to this behavior and I am not interested in it in my environment or around my children.”

“A person prone to violence can frighten people and live in fear all the time and restlessly if attacked".

“I am not ready to put my family in danger with a neighbor who could infect his environment with illness.”

“I have young children and the environment of alcohol addicts seems to me not necessarily agreeable”.

Parents 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 a significant resistance to individuals with those disabilities.

The need of parents to foster diversity in the society

An interesting consideration of parents with regard to integrated individuals with disabilities, is their desire to create a more diverse society with people who can help and learn from each other.

"This child knows how to speak sign language, and chances are that the other children in the class will also learn. It is important for other children to learn a very interesting new language and to be interested in this subject. I can connect with him and talk to him in sign language and it is very cool in my opinion to learn a new language I did not know before."

"I can connect with him, and the fact that he went through an accident doesn't mean he's an alien. This does not mean that he is not funny or nice. I will try to connect with him and learn from him things I did not know before."

"In my opinion, integrating different children into society is very good, and first of all, we are all human beings and everyone has problems. Some children come out with visible problems and some come out with invisible problems. I think both sides will learn a lot and connect with each other, even if it's a little weird and even difficult at first. You can learn from each other lots of new things and see that it doesn't matter if someone has Down's syndrome or is blind and mute - in the end we are all human beings and we all have feelings. In addition, it will teach accepting the other, to see that the other is harmless, that things are just probably harder for him. Help him and connect with him."

Hence, parents place a high importance on integrating individuals with disabilities in order to create a society in which people can learn one from another's experience and also to help each other.

The tendency of children to help individuals with disabilities

One of the most important motives of children in integrating individuals with disabilities is to help them, from a humanistic point of view.

"In my opinion it is not so scary and even if you can handle it. Not everything has to be with us. Other children can be dealt with. Maybe it's a little scary but you can get used to it if you know it. Learn who the child is. Seeing what he can do, can be done with him and see that they are human beings like us, and there is nothing to be afraid of. We constantly want to be with people who are like us and not be with anyone who is different because they are afraid that what is different from them is not good but there is nothing to be afraid of. I had such a girl in school and the first time I saw her she hit and she looked inappropriate but I knew her and she is very cute, she is just a normal person and she deserves to be in the classroom with normal children. There is nothing to pity her for being a regular like boy. Not only what looks good is good. If you are a little different you should not stay away."

"I would play with her with the dog. It kind of scares me to look her in the eyes but I think I would get used to it. I could be a friend because you can talk to her as usual. She doesn't hit or do things that could hurt me."

"A boy who was involved in a car accident and has scars in his hand. I have a tolerance for problematic external appearance."

"I think, as I said before, it's very interesting to understand how her brain works, what she thinks and actually connects with. Getting to know something newer than I was used to. A brain that works differently."

As seenת children are very mature and positive in their attitudes regarding helping and the integration of individuals with disabilities. They state that despite the initial fear and stigma, they are willing to interact with individuals with disabilities and help them. They have a flexible attitude in accepting other people with significant difficulties both in their appearance or their behavior.

It is important to note that children feel more positive if they feel safe. As such, when children feel that individuals with disabilities might harm them, they choose not to engage:

"A child with violent behavior and violent character. Scared me not to hurt me"

"It also scares me a little and gets me out of concentration in the middle of class if he does some involuntary movement or shouts or makes noise in the classroom."

The joint experience of responding to the questionnaire between parents and children

Participants were asked about thoughts and emotions that were aroused during answering the questions. Parents were very positive regarding how flexible and open-minded their children were, as expressed in the following citations:

"As a mother, it was exciting to see how my child possesses much less prejudice and fears than anyone else. It is encouraging."

Other parents stated that the questions made them think about the education they give to their children regarding accepting other people:

"The questionnaire sparked thoughts on the issue and confrontation with choices and situations that we do not always have control over. Questions have been raised about the way I raise children in relation to people with disabilities, to the emphasis that the issue (almost) does not receive at home, due to the limited exposure of people with disabilities in the immediate family."

"We've had an amazing experience, I've met a lot of people with disabilities I didn't know before, and personally examined how I could really act if I came across things like that."

“It's hard to admit that we have intolerance for something. Still, the questionnaire had to be completed ... that required an effort.”

“It was a difficult dilemma to make the ranking and selection. Not sure that we feel confident with our choices”

“It is good to know that at these ages the children think quite empathetically, which I did not know before. The boy had heard more about the types of disabled people, things he did not know before, and that interested him greatly”

“A lovely questionnaire that requires a lot of thought. I was glad to hear my son's answers even though I was not surprised. He has a very developed emotional intelligence, and I am sure he will apply what he said when the moment arises.”

Hence, this experience was very meaningful for both children and their parents.

In addition, children were also very positive regarding answering the questions with their parents. They said it was a very insightful experience

“I had fun filling out the questionnaire and I think it's good that you ask yourself questions that you are not used to because you can learn things about yourself and also how you think about things and feel about things and find out about yourself that you can handle and that you have faced in all sorts of situations you didn't think you could. This questionnaire is good because it teaches things you don't know about, things you think. If you are with children who are different from you, then you can learn a lot and not be closed and not say that I do not want others in society because they are not like me.

"I filled out the questionnaire with mt girl. I thought she would have difficulty dealing with different things from her. A very committed and responsible girl, very socially committed and very prominent in society and the things she does and yet very sensitive. I was sure she would have a lot more reservations and was very excited to find that she was open to knowing and learning and also coping with unpleasant feelings and thoughts that come up and self-aware but also come with flexibility. Personally, I always had to write something, and I had to pinpoint myself and deal with the truth. I

perceive myself as an open person and there are places that are complex to me and admit these places, not even the questionnaire is anonymous."

"I was very happy, and I had fun answering the questions, it was a little scary to hear types of people with disabilities, but everything is fine."

Inter-generational transference of psychological flexibility

This study examined in which ways, parents transfer to their children the skill of psychological flexibility. Hence, the parents and children were asked to respond the open questionnaires next to responding to the psychological flexibility questionnaires. Results showed certain pattern in the participants' answers, which indicated a correlation between parental psychological flexibility and children's choices and explanations in the open text questionnaire.

Below are responses in the open text questionnaires for participants that were found **high** in psychological flexibility:

"Disabled individuals should be integrated into society because they are human beings and have the right to be with everyone. I think you can learn from disabled kids too. I think that if you become a practitioner you can learn to be a better person and even though you are afraid you can learn to love children who at first encounter look scary but you can learn that they can be good friends."

"He poses no danger to me or my friends, maybe we can help her with writing or painting"

"I think it is important to integrate them. Maybe it would be unpleasant in the beginning, but in the end they are like us"

Below are responses in the open text questionnaires for participants that were found **low** in psychological flexibility:

"It makes me afraid to see it. She's an ordinary girl and everything but a little scary to see things like that. I feel uncomfortable. Maybe finally I could get used to it but I want to feel comfortable in the classroom and it scares me and a bit disgusting to me. I understand that everything is fine with her but emotionally it is difficult for me. I understand that everything is fine with her but it scares me. It can be by a mistake and unintentional, but still. I am not comfortable with it."

"I'm scared of these people, once there was someone doing it in front of me and I was stressed thinking he would hit me."

"She washes her hands many times a day, is afraid to touch the classroom door handle, sit next to other children, touch others' belongings, and fears that others will touch or touch her belongings - I like to get dirty and jump and shout, I won't have fun with her"

As shown in the citations above, participants with low levels of psychological flexibility tended to showed lower tendency to integrate individuals with disabilities.

Correlation between moral approach and intention to integrate

This study also examined how moral approach could influence the intention to integrate individuals with disabilities. Results showed certain patterns in the participants' answers, which indicated a correlation between moral approach and children's choices and explanations in the open text questionnaire.

Below are responses in the open text questionnaires for participants that were found **high** in moral approach:

"I think it is important to integrate. It can help children integrate into society and succeed in changing bad behavior and dealing with their limitations and also teach the people in society about all the types of people there are".

"I am a very social girl and I think I can help her a lot and put her in my group."
"This is a child with cerebral palsy with normal intelligence. There is no problem with him treating him normally."

"I think it helps to get to know different and unusual children too. It's important that not everyone is used to it. You have to know how to deal with all kinds of people"

Below are responses in the open text questionnaires for participants that were found **low** in moral approach:

"It is very unpleasant to be with such a girl in class".

"It is difficult for me to think of such a girl as a friend"

As shown in the citations above, participants with low levels of moral approach tended to show lower tendency to integrate individuals with disabilities.

The process of responding to questionnaires

Results showed interesting patterns regarding how parents responded the questionnaires. Specifically, in the beginning, when parents filled-in their own questionnaires, they were a little uncomfortable and even anxious in some cases. It seems that the issue of individuals with disabilities is not something that is easy for them to deal with. However, when responding to the open text questionnaires with their children, parents felt they need to show a more open-minded approach and reported a positive and even self-enhancement experience:

"It's good to know that at these ages the kids think pretty empathetically, which I didn't know before. The boy has heard more about the types of disabled people he did not know before and it is of great interest to him"

"The questionnaire required one to have thoughts of what would happen if children with disabilities were crying. It also aroused thoughts and wonder about the internalized stigma".

"It was an important and interesting questionnaire and hopefully the integration of children with disabilities will develop"

"The questionnaire aroused thoughts on the issue and confrontation with choices and situations that we do not always have control over. Questions have been raised about the way I raise children in relation to people with disabilities, to the emphasis that the issue (almost) does not receive at home, due to the minority of exposure to people with disabilities in the immediate family"

The table summarizes the participant's responses, from both parents and their children, regarding key perceptions and themes that arose regarding the willingness to integrate, key perceptions and themes that arose regarding the unwillingness to integrate, attitudes, approaches, general perceptions about integration, and observations from the shared experience of completing the questionnaire. The table presents the similar and different responses of parents and children regarding each of the issues, as well as the learning and observation process which offer insight on the shared experience.

Among a high proportion of the participants, there is a correlation between attitudes, topics, and content brought up by parents and their children.

The issue of danger and an uncomfortable feeling repeatedly appeared as a common central theme among parents and children, being factors that influence an unwillingness to integrate.

With regard to the willingness to integrate, more diverse answers were provided by both parents and children, and common perceptions were once again discerned among parents and their children. Recurring themes related to the importance of integration, 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 of the participants, there was a match between the parent's attitudes and the child's attitudes toward integration.

The description of the shared experience documented mutual learning, the parents' impression of their children's knowledge and openness, questions that arose regarding education and inculcation of values and perceptions, and an indication of the challenge of dealing with issues of perceptions, attitudes and disabilities.

Table 15: Key Perceptions and Themes in Participants' Responses

Central Themes in Support of Inclusion		**In common /Different**	**Central Themes in Opposition of Inclusion**		**In common /Different**	**Approaches to Inclusion as Reported in Study**		**In common /Different**	**Shared Experience**
Parent	**Child**		**Parent**	**Child**		**Parent**	**Child**		
There is no deep reference. Only emotions that arose specifically were addressed. Unwillingness to face the challenges.			Inclusion mandatory.			Inclusion mandatory.	In favor, it is beneficial.	**In favor of it.**	We learned that we think alike.
There is no deep reference. Only emotions that arose specifically	It doesn't bother me. I am familiar with it.	In common: unwillingness to face the challenges.	Inclusion mandatory.	It is unpleasant for me to see something like that.		Inclusion mandatory.	Beneficial.	**In favor of it.**	Mediation was necessary. The child was apprehensive.

Central Themes in Support of Inclusion		In common /Different	Central Themes in Opposition of Inclusion		In common /Different	Approaches to Inclusion as Reported in Study		In common /Different	Shared Experience
Parent	**Child**		**Parent**	**Child**		**Parent**	**Child**		
were addressed. Unwillingness to face the challenges.									
Willingness to include a disability that doesn't impose on others, or a person who is pitied.	It will be fun for me to do things with them that I like.	In common: That it won't cause me difficulty, or that it benefits me personally.	Difficulty with violence and addiction.	Makes me feel uncomfortable.	In common: Dangerous or causes uncomfortable feeling.	Disabled people whose difficulties are more pronounced that in other people, but who deserve to be participants. In favor of inclusion, but personal difficulty with	It benefits society, because one day we may encounter them and it is a good idea to get practice with it.	Humane approaches, Rational approaches	It's exciting to see that my child has less fears and prejudices than I do.

Central Themes in Support of Inclusion		In common /Different	Central Themes in Opposition of Inclusion		In common /Different	Approaches to Inclusion as Reported in Study		In common /Different	Shared Experience
Parent	Child		Parent	Child		Parent	Child		
						violent or unpredictable behavior.			
Willingness to include physical disabilities	It doesn't bother me. I am familiar with it.	In common: Willing specifically if I know her, or it won't bother me.	Difficulty with violence and a disruption to quality of life (screaming in my area)	Hurts my feelings and violent.	In common: Dangerous or causes uncomfortable feeling.	Familiarity will decrease fear and apprehension.	I can learn a lot from them.	Mutual learning.	Questions arose about education, and what a parent transmits to his child on this subject.

Central Themes in Support of Inclusion		**In common /Different**	**Central Themes in Opposition of Inclusion**		**In common /Different**	**Approaches to Inclusion as Reported in Study**		**In common /Different**	**Shared Experience**
Parent	**Child**		**Parent**	**Child**		**Parent**	**Child**		
A sense of security when there are tools to cope and help. A desire to make contact.	It isn't so scary; it isn't so disgusting. We can change habits and can learn new things about people.	In common: A sense that I have the tools and the ability to cope and help. Willingness.	Concern about instances of inflexibility and a difficulty making contact when it isn't possible.	Scary and hurts my **sense of security.**	In common: Dangerous or causes uncomfortab le feeling**.**	Every person has the right to respect and independence just because he is a person. Inclusion contributes to flexibility and contributes to both sides. Mandatory for a healthy and functioning society.	We have an opportunity to meet someone different, and it's an opportunity for him to have others meet him and accept him as he is.	Beneficial to both sides, and Humane approaches.	Child - Challenging, allows for learning and coping. It teaches us that we can learn a lot when we interact with someone different. Mother - We surprised to discover her daughter's viewpoint. She thought she would have difficulty coping with and accepting different things. She learned that her child is

Central Themes in Support of Inclusion		In common /Different	Central Themes in Opposition of Inclusion		In common /Different	Approaches to Inclusion as Reported in Study		In common /Different	Shared Experience
Parent	Child		Parent	Child		Parent	Child		
									more open and flexible than she thought. Regarding herself - difficulty seeing in herself aspects of non-acceptance. Difficulty admitting she has a hard time coping.
Not harmful to the environment.	They aren't any trouble.	In common: They are not harmful.	Concern about the family's safety.	Scary or disgusting.	In common: Dangerous or causes uncomfortab le feeling.	It's a basic right of every person. It builds a society worthy of living in.	We need to include because they are people and we need to treat them like everyone else. We can	Human rights, a willingness to undergo the process	As she completed the questionnaire, the child was gradually able to hear about children who at first seemed very scary to her. The mother was apprehensive

Central Themes in Support of Inclusion		In common /Different	Central Themes in Opposition of Inclusion		In common /Different	Approaches to Inclusion as Reported in Study		In common /Different	Shared Experience
Parent	Child		Parent	Child		Parent	Child		
							learn a lot from it. Some of the people scare me but I have to get over that. I don't want children that hurt me.		about exposing her daughter to all of the scenarios. She gradually realized that she wanted to expose her, because it's part of the world and our society. She saw that the more she opened up, the more her daughter did.

Central Themes in Support of Inclusion		In common /Different	Central Themes in Opposition of Inclusion		In common /Different	Approaches to Inclusion as Reported in Study		In common /Different	Shared Experience
Parent	**Child**		**Parent**	**Child**		**Parent**	**Child**		
It's important for a disabled person to be part of the community.	It wouldn't bother me.	In common: A willingness to include. Different: Parent - sees the importance of inclusion. Child - it wouldn’t bother me.	Concern about violence.	It makes me stressed.	**In common: Dangerous or causes uncomforta ble feeling.**	Environmental ly dependent disabilities - if the environment is suitable disabilities will not be noticeable. But there are disabilities that can be dangerous even if you try to adapt	It's good to include children if they can be in a regular place and not in a place for kids with problems all the time. And it's also good for regular kids to become familiar with the experiences of others.	Parent - environmental ly dependent. Child - important for both sides.	It was too long for my child and hard to concentrate, but he is not apprehensive about children in his class who are different from him.

Central Themes in Support of Inclusion		In common /Different	Central Themes in Opposition of Inclusion		In common /Different	Approaches to Inclusion as Reported in Study		In common /Different	Shared Experience
Parent	Child		Parent	Child		Parent	Child		
Willingness to include, out of familiarity.	It's frightening until you get used to it. You can get used to it. They have a right to be part of society.	In common: Willingness out of familiarity and adaption	Concern about violence.	I wouldn't feel comfortable/calm	In common: Dangerous or causes uncomfortable feeling.	People for whom it is suitable must be fully included. It teaches compassion and solidarity. The resilience of a society is measured by the degree of tolerance towards people with disabilities	It's important to accept someone who is different even though it isn't easy, and know we must cope.	Personally and socially important.	The joint discourse was interesting.

Central Themes in Support of Inclusion		In common /Different	Central Themes in Opposition of Inclusion		In common /Different	Approaches to Inclusion as Reported in Study		In common /Different	Shared Experience
Parent	**Child**		**Parent**	**Child**		**Parent**	**Child**		
Willingness to include people who had difficult experiences or who won't negatively affect my quality of living.	I can cope with it, identify with it, I have tolerance for it.	In common: The ability to cope, identify, and tolerate.	People who can't communicate, or who might negatively affect my quality of life.	Violence or inability to communicate.	In common: Dangerous or causes uncomfortable feeling.	Every person has a disability - but the nature and intensity changes from person to person.	Different people should be included because they need to feel like they are regular children.	Familiarity, openness, acceptance.	The questionnaire is important and interesting, as is the approach to inclusion.
Willingness to include people who don't pose any threat or who I won't have to interact with.	I can respect it, and I have things in common with them.	Different: There is no integration, despite a common vision.	Fear of danger.	It is hard for me to cope with expressions of violence.	In common: Dangerous or causes uncomfortable feeling.	There is no problem with inclusion if the difficult cases can be sent to special institutions, and expose children only	Things people are born with, and external disabilities are easier to deal with. They can be included.	There is a difference between disabilities that can be included, and those that can't.	It made me aware of our intolerance - that was challenging.

Central Themes in Support of Inclusion		In common /Different	Central Themes in Opposition of Inclusion		In common /Different	Approaches to Inclusion as Reported in Study		In common /Different	Shared Experience
Parent	Child		Parent	Child		Parent	Child		
						to the cases they can cope with.			
	I don't have a problem with anybody.			I don't have a problem with anybody.		Generally, in favor. When there is a danger to others in the environment, it should be checked out very well.	People need to learn how to cope with others, even if it isn't so easy.	Parent - if they don't present any danger. Child - we need to learn how to cope with others.	
Don't present a danger + need help.	I don't have a problem with it.		Fear of danger and violence.	It scares me.	In common: Dangerous or causes	As long as there is no danger to me or my family,			Rating and choosing created a dilemma - they were not confident

Central Themes in Support of Inclusion		In common /Different	Central Themes in Opposition of Inclusion		In common /Different	Approaches to Inclusion as Reported in Study		In common /Different	Shared Experience
Parent	Child		Parent	Child		Parent	Child		
					uncomfortable feeling.	I am not against the idea.			or sure about their choices
A desire to help.	I can understand, communicate, help.	In common: A desire to assist.	Violence and danger.	Violence and children who aren't suitable for my personality	In common: Dangerous or causes uncomfortable feeling.	Totally in favor. If there is a danger to the public then a professional should supervise.	Inclusion is beneficial. I was in a kindergarten for the hearing impaired, and I have more friends from there.	In favor, with professional supervision when needed.	Important questionnaire that puts reality in your face, forcing you to cope with something new.

Central Themes in Support of Inclusion		In common /Different	Central Themes in Opposition of Inclusion		In common /Different	Approaches to Inclusion as Reported in Study		In common /Different	Shared Experience
Parent	**Child**		**Parent**	**Child**		**Parent**	**Child**		
Getting to know someone disabled and different benefits both parties. Every person at every age deserves a second chance.	identification /understandin g	In common: Identify with, and understanding. Different: Becoming familiar is helpful to both parties	Violence and danger.	It scares me.	In common: Dangerous or causes uncomfortab le feeling.	In favor of including all types of disabilities in society, as long as they don't endanger other people. A varied society. Everyone deserves a second chance. Becoming familiar with differences lowers anxiety.	In favor. It can help children integrate into society and succeed in changing bad behavior, and in coping with their disabilities, and teach people in society about the types of	A social and personal process - mutual learning	It was very interesting and challenging to talk about the different situations.

Central Themes in Support of Inclusion		In common /Different	Central Themes in Opposition of Inclusion		In common /Different	Approaches to Inclusion as Reported in Study		In common /Different	Shared Experience
Parent	**Child**		**Parent**	**Child**		**Parent**	**Child**		
							people there are.		
It isn't harmful to society.	I can function normally, or maybe I will get used to it.	In common: Normal/not harmful functioning	Violence and danger.	It scares me to see things like that every day in my classroom.	In common: Dangerous or causes uncomfortable feeling.	A person with disabilities who does not pose a threat can be included, and thereby learn from his environment.	I have no problem with it if it isn't scary or dangerous.	In favor if it isn't scary or dangerous.	Child - It was a little scary at first, but in the end it was interesting and fun to answer the questions. Parent - It was an opportunity to test myself personally, what would happen if I

Central Themes in Support of Inclusion		In common /Different	Central Themes in Opposition of Inclusion		In common /Different	Approaches to Inclusion as Reported in Study		In common /Different	Shared Experience
Parent	Child		Parent	Child		Parent	Child		
									encountered such situations in reality.
An emphasis on the process and on the two-way social effect.	It isn't hard for me, I can help.	In common: Willing to include. A desire for interaction.	Illnesses and violence.	It disgusts me/scares me.	In common: Dangerous or causes uncomfortab le feeling.	Equal inclusion is significant. The more empathetic and tolerant people are, the more they will value themselves.	It's possible. They can also be good people.	Mutual learning.	Mother is happy to know that her child is optimistic even when he encounters things he has never encountered before and it not familiar with.
						In favor of inclusion.	It's beneficial.		Interesting. Raises questions and is confusing.

Central Themes in Support of Inclusion		In common /Different	Central Themes in Opposition of Inclusion		In common /Different	Approaches to Inclusion as Reported in Study		In common /Different	Shared Experience
Parent	**Child**		**Parent**	**Child**		**Parent**	**Child**		
There should be inclusion so that society can help and give them a sense they are legitimate.	We need to help them because they are pitiful.	In common: A perception that they need help	Violence and illness.	It disgusts me/scares me.	In common: Dangerous or causes uncomfortab le feeling.	Mutually beneficial to society and the individual.	It's worthwhile to include. Even if unpleasant things happen, in the end they are just like us.	We need to give them an opportunity. Faith in the process. Beneficial to both sides.	The child has experienced inclusion of children with disabilities in his school. In the child's personal experience, inclusion is an important and interesting issue.
Familiar with inclusion. There is no recoiling or apprehension. Believe in inclusion. Their	You can learn new things about them. Their disabilities don't define who they are.	In common: Familiarity and willingness to get to know	Violence and danger.	It isn't pleasant to be around them.	In common: Dangerous or causes uncomfortab le feeling.	It is desirable and necessary, when considering the benefits for those included.	As long as their won't be a lot of them in my class.	Thoughts on the benefits for both sides.	It was interesting to discover we have similar preferences, considerations, and positive viewpoints. I learned to

Central Themes in Support of Inclusion		In common /Different	Central Themes in Opposition of Inclusion		In common /Different	Approaches to Inclusion as Reported in Study		In common /Different	Shared Experience
Parent	**Child**		**Parent**	**Child**		**Parent**	**Child**		
disabilities don't define who they are.									understand various limitations and the strengths of my home, and despite the openness and tolerance the need for personal space.
Not harmful to the environment. Stereotypes - they are good people…	Character traits - because he is smart, because she is a good girl.	In common: They are not harmful to those around them	Dangerous.	It might disrupt the class.	In common: Dangerous or causes uncomfortab le feeling.	It could be beneficial, but it could also be harmful.	It depends on which children, and which disabilities.	It could be beneficial or harmful - depending on who it is.	Interesting questions and tough choices. We hope for understanding, and that everyone will accept everyone.

Central Themes in Support of Inclusion		In common /Different	Central Themes in Opposition of Inclusion		In common /Different	Approaches to Inclusion as Reported in Study		In common /Different	Shared Experience
Parent	Child		Parent	Child		Parent	Child		
Exciting and compassionate stories. Without danger to the environment.	It doesn't bother me. I would treat them normally.		Harmful to quality of life, and dangerous to the environment (not violence)	Scary, awkward.	In common: Dangerous or causes uncomfortable feeling.	In principle, I am in favor with the required assistance for each one.	We need to get to know different children and it's important that not everybody be normal. So that we can cope with all kinds of people.	Parent - in favor, with assistance. Child - increasing our familiarity and coping is important.	
Not dangerous to the environment.			Danger to the environment.			In favor, but it depends on the level of disability - I want my children to be	Different children are included in my classroom, and that's	Parent - in favor, depending on the level and type. Child -in favor,	I learned with my child - about his personal security and about his encounter with his emotions.

Central Themes in Support of Inclusion		In common /Different	Central Themes in Opposition of Inclusion		In common /Different	Approaches to Inclusion as Reported in Study		In common /Different	Shared Experience
Parent	Child		Parent	Child		Parent	Child		
						exposed to disabilities of a certain level and type.	good. We learn to get to know one another.	familiarity and mutual contribution.	
Familiarity. A willingness and desire to help. A willingness to start the process even in cases of behavior problems.	They are like us, they just need a little more help.	In common: We are similar. We can start a process. Willingness to help.	Difficulty with addiction. I sense there is no way to help or make a contribution.	Inclusion is blessed.	In common: helplessnes and an uncomfortab le feeling.		Inclusion is welcomed. Need to make sure the receiving party has the appropriate tools to accept and include.	we need to give them an opportunity. Faith in the process. Beneficial to both sides.	It required a lot of thought. I wasn't surprised, but was happy to hear my child's responses.

Central Themes in Support of Inclusion		In common /Different	Central Themes in Opposition of Inclusion		In common /Different	Approaches to Inclusion as Reported in Study		In common /Different	Shared Experience
Parent	Child		Parent	Child		Parent	Child		
A regular person with…or a person who underwent rehabilitation - things that can work.	They can be included with no problem.	In common: regular kids…they can be included	Violence - a standpoint that doesn't change, and illnesses.	He won't be able to integrate.	In common: Dangerous and causes uncomfortable feeling, lack of faith in the ability to integrate.	In favor of full inclusion - people with disabilities have potential.	Inclusion is beneficial.	In favor.	We discovered common viewpoints about inclusion.
They function normally, but they just….	They can be included with no problem.	In common: regular kids…they can be included	No control over their bowels, no ability to communicate.	It isn't suitable for the general atmosphere.	In common: Dangerous and causes uncomfortable feeling, lack of faith in the ability to integrate.	In favor.	In favor.	In favor.	Interesting and productive.

Central Themes in Support of Inclusion		In common /Different	Central Themes in Opposition of Inclusion		In common /Different	Approaches to Inclusion as Reported in Study		In common /Different	Shared Experience
Parent	Child		Parent	Child		Parent	Child		
Familiarity. Personal preferences of neighbors. Things that aren't preceived as problematic on a personal level.	There could be more help in the classroom, and that can be beneficial. The dog is cute.	Different: Parent - prefers a non-problematic personality. Child - they can make a contribution	Violence and addiction.	Scary, and they might bother me.	In common: Dangerous or causes uncomfortable feeling.	In favor of a diverse environment.	I want all kinds of kids to be included in my class.	In favor of a diverse environment.	It's an opportunity to talk about things we don't usually talk about.
An opportunity to help, a chance to teach children.	It doesn't bother me.		Damaging to quality of life, and disability that is perceived as hard to cope with.	It's not nice when there is physical repulsion, we need to make an effort to communicate.	In common: damage to quality of life, and difficulty coping.	Inclusion is worthwhile. It teaches us compassion and caring.	Including different children is beneficial to society.	Contribution to the individual and society	It was important to raise this important topic. We hope to learn to be tolerant of one another.

Central Themes in Support of Inclusion		In common /Different	Central Themes in Opposition of Inclusion		In common /Different	Approaches to Inclusion as Reported in Study		In common /Different	Shared Experience
Parent	Child		Parent	Child		Parent	Child		
	To try to connect and learn things, and learn to think differently.			Somebody who hurts others.		In favor of inclusion with coordinated support.	Including children in society is very important. It's difficult and strange at first, but we can connect and learn from each other.	Important, but requires a process and support.	Evoked thoughts about the situation in reality and ingrained perceptions
Harmed as a result of a contribution to society			Violence and danger.	Doesn't behave according to rules and regulations.	In common: Dangerous and lack of authority and limits.	In favor of inclusion.	We need to know that maybe it's harmful, and maybe it's good.		Exhausting. Thought inspiring.

Chapter 6 – Discussion, Conclusions and Recommendations for Further Researches

The study dealt with the relationship between psychological flexibility and various elements of psychological flexibility, and attitudes towards disabilities in society. The goal of the study was to examine intergenerational transfer of psychological flexibility from parents to children, while addressing the various elements of psychological flexibility and their dominance over others, and the impact of perceptual and behavioral educational factors.

The study used a questionnaire on attitudes towards disabilities, as well as three different questionnaires that constitute a diagnostic tool in acceptance and commitment therapy, and measure psychological flexibility and psychological rigidity. The rationale rests on the notion that although acceptance and commitment therapy are part of the third wave of cognitive-behavioral therapy and are used to address psychopathologies, the underlying concept and its main purpose serve to relate to life and affect the quality of life of the individual and society.

This study treats psychological flexibility as an educational goal and thus examined the educational impact of parents in transferring psychological flexibility to their children without being exposed to the term itself.

The study examined the intergenerational transfer of psychological flexibility in order to raise the question of the importance of psychological flexibility as an educational goal in itself. The main issues that have been raised concern the connection between psychological flexibility, morality and values, and coping with mental and emotional challenges, as well as the question of whether the development of psychological flexibility can be influenced through perceptions and behavior.

The transfer of psychological flexibility from parents to their children was examined in the study through attitudes towards disabilities in society.

In this study, the expression of psychological flexibility was measured in the acceptance of others who are limited or different, as a representation of accepting challenging internal and external psychological events that raise the need for coping

The analysis of the data addresses the research questions and raises a number of key issues that were prominently present among the reports of the research population.

The relationship between psychological flexibility and attitudes towards disabilities

Attitudes towards disabilities in society, and elements that influence and formulate these attitudes were chosen as a tool for examining psychological flexibility, since psychological flexibility is defined as the ability to relate to the present consciously, fully and unmediated, and to act according to selected values (Hayes, Strosahl & Wilson, 2012) 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, and 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 humans' ability to adapt to changing and challenging circumstances that form part of daily life (ibid.). The six core processes can be divided into three process pairs: the “acceptance” and “cognitive Defusion” pair relates to an open response style and supports a person's openness to direct participation and unmediated experience. The “present moment awareness” and “I as a context” pair relates to a focused and supportive response style in a conscious and flexible relationship with the present. The “values” and “committed action” pair relates to an active response style and supports relationships with meaningful values through daily activities (ibid.). According to this model a person with psychological flexibility will encounter reality and reality events openly and directly, will be focused on the experience and the here and now, and will act out of awareness of 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).

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

between disability and death, and associating behaviors that originate with prejudices to individuals with disabilities and factors related to disability (Livneh, 1982).

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 as loss of connection to values and of effective connection with the direct results of actions. In this situation the behavior of the individual is governed by conformity, desire to please and avoidances. This behavior impairs a sense of health, vitality, purpose, and meaning (Hayes, Strosahl & Wilson, 2012).

Psychological rigidity describes a state of adherence to verbal and cognitive rules, or identification with them, as a result of rigid attention processes. As a result, the repertoire of the individual's behaviors is reduced to the point where effective connection with the direct results of actions is lost. This is manifested in avoidant or controlled patterns of behavior (ibid).

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 to link cognitions, emotions, and overt behavior (Finkenauer, Engels & Baumeister, 2005; Hayes et al., 2006; Moilanen 2007). The individual endowed with psychological flexibility is capable of experiencing negative thoughts and feelings without involvement or judgment, and can experience such feelings and thoughts without experiencing them as truths, and therefore without suffering any impact from them. (Hayes et al., 2002; Masuda et al., 2004; Masuda et al., 2007; Hayes et al., 2006). Thus he can respond and behave according to his values (Schmertz & Calamaras, 2009).

A state of psychological rigidity will lead to avoidance of encounters and dealing with unpleasant thoughts, feelings, memories or physical sensations. In such a situation the avoidance will eternalize the encounter experience as aversive without the possibility of creating an authentic experience. When the individual is unable to disengage from a particular thought, and his emotions and thoughts are perceived as an objective representation of reality rather than a temporary product of the mind (Safran & Segal, 1990), there may be a lack of acceptance and a lack of openness (Kashdan, 2010). An inability to accept frustration or deal with unwanted experiences leads to inefficient processes of attention and decision-making skills. This results in an investment of energy in attempts to label, avoid, or change inevitable experiences (Wegner, 1994).

Psychological flexibility is, according to Hayes, Strosahl and Wilson (2012), a unifying model of human functioning. According to this model the six core characteristics of psychological flexibility are responsible for functional and adaptive behavior. The relationship between psychological flexibility and positive attitudes toward disabilities, as measured in this study, reinforces the status of psychological flexibility as a tool for building and establishing flexible attention processes. Flexible attention processes make it possible to meet reality and events in reality as they are and not as truths that regulate the world. The connection between psychological flexibility and attitudes, perceptions and a willingness to integrate people with disabilities points to psychological flexibility as an important tool not only for psychopathological situations, but as a tool for life that strengthens the ability to produce good contextual control over verbal cognitive processes, while relating to immediate results of an individual's actions in the present as part of a broader context of conduct while connecting to values.

The results of the present study showed 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 in the multidimensional questionnaire for psychological flexibility - and positive emotions, positive perceptions and a desire for integration with individuals with disabilities. The results of the study indicate a positive correlation between the degree of psychological flexibility of the individual and his attitude towards individuals with disabilities in society, so that a high level of psychological flexibility is associated with a positive and accepting attitude towards people with disabilities.

A positive correlation was also found between psychological flexibility of the parent and a positive association with positive attitudes towards individuals with disabilities. Psychological flexibility of the child was found to conclusively predict positive attitudes towards individuals with disabilities.

The study showed that among the elements of psychological flexibility, acceptance is the element with the highest positive correlation to a positive attitude towards disabilities in society. Acceptance refers to 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 results of the study it can be concluded that psychological acceptance and behavioral willingness to confront events and experiences in a 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, which contributes 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 (ibid.). 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 showed a positive correlation between the ability for cognitive defusion and a positive attitude towards other people, and people with disabilities in particular. From the results of the study 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 deep 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 defusion skills when required, or to engage in value-based actions when required. The pair of elements "present moment awareness" and "I as 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 (ibid). The study showed a positive correlation between the elements “awareness of the present moment” and “I as 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.

It can therefore 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.

In the present study, attitudes towards disabilities were chosen as representing life events that have an impact on internal and external situations.

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

Among the adult population in particular, the desire has arisen to integrate people with disabilities as a way to create a more diverse society in which different individuals can help each other, get to know each other, learn from experience and learn from each other.

Hebb (1946) and Heider (1958) emphasized the role of unfamiliar situations in creating anxiety and confusion. In their research, they found that the interaction of individuals in society with a person with a disability constitutes an unfamiliar situation that is not suitable 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 (Antony, 1972; English, 1971). Experiencing a feeling of uncertainty and inadequacy creates distress in the individual (Hebb, 1946; Heider, 1958). The results of the present study showed a positive correlation between acquaintance with a person with a disability and positive feelings towards people with a disability and a desire for integration.

This result is consistent with social theories such as:

The social learning theory (Bandura, 1977) according to which cognitive learning serves as a basis for human behavior, and a person molds his behavior in a way that he understands will lead to reinforcements.

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 (Regev, 2006; Leeds-Hurwitz, 2009).

The aura effect (Wright, 1980, 1983) describes a stereotypical perception based on a lack of information (Daruwalla & Darcy, 2005), and due to focusing on a dominate trait other traits are associated with an individual that don't necessarily characterize him (Kassin, 2005).

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

And role theory, which includes the knowledge function, that constitutes a framework for understanding events and situations and influences perceptions and attitudes (Antonak & Livneh, 1988, 12).

An analysis of the open-ended questionnaires revealed that the adult population tended to choose disabilities that were familiar to them and that they felt they had the tools to cope with. 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 on the basis of behavioral learning in response to environmental stimuli and through reinforcements (Daruwalla & Darcy, 2005). And with the findings of Triandis (1971) and Gargen (1986) that creating interactions and practicing communication practices are significant factors in behavioral influence on attitudes toward disabilities (Daruwalla & Darcy, 2005).

The population of children mainly noted fear, and differences between thought and emotion. This result that is consistent with other studies conducted in the field, and showed that the relationship of children with disabled peers, which is based on meaningful interactions and broad interaction contributes to the formation of a positive, humane and accepting attitude (Gilmore & Howard, 2016; Krahe & Altwasser, 2006).

The preference for individuals with disabilities when the subject perceives himself as able to assist them appeared in both the parent questionnaires and the child questionnaires. This finding can have a number of explanations: Yamamoto and Safilios-Rothschild have found that when an etiology of deviation is linked to responsibility there is an impact of the disability on the moral dimensions of the individual with the disability alongside the social responsibility for "correcting it" (Yamamoto, 1970; Safilios-Rothscild, 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 the difficulty in coping with unfamiliar situations significantly affects positive and negative perceptions and behaviors. Psychological flexibility allows one to meet and respond to unfamiliar situations while present and accepting, and thus enables effective and adaptable outcomes of the individual’s actions in his or her own life, and in the interactions he or she maintains with his or her environment.

The children noted fear of the unfamiliar. The process of exposure they went through via the questionnaire led to a desire for knowledge and familiarity despite their apprehension. This finding reinforces the research of Lee & Rodda (1994, 231) who argue that beliefs and perceptions about disability, and the connection made between disability and an unfamiliar situation, are acquired in children through learning.

One of the main issues raised in the open-ended questionnaires concerns the effect of the type of disability on the ability to accept and the desire for integration among parents and children. Parents and children tended to accept more details about a disability that was not perceived by them as threatening their personal safety. There is an openness to

accepting people with genetic disabilities or as a result of physical trauma alongside a difficulty accepting people with a background of delinquency or violence. This holds true even when it is unknown what the person's current condition is or if he has recovered (van Boekel et al., 2015).

Parents stressed the need to keep their children and the environment safe from disabilities that may endanger or harm them. Mothers expressed a willingness to integrate people with disabilities that they could empathize with.

This finding indicates the difficulty of meeting people with a background of crime or violence in an authentic, non-prejudiced manner, and that people relate such disabilities as a result of choice. Disabilities in general are viewed as a permanent condition, and there is difficulty in believing in rehabilitation and change. Knowledge and familiarity are important, as is a present and attentive encounter. This finding supports research (Ison et al., 2010). and also connects to the next theme which deals with moral development.

Relationship between psychological flexibility, moral development and attitudes towards disabilities

Morality is defined as a system of rules and principles that drives an individual's behavior in the context of good and evil. According to this viewpoint, the role of morality is to establish a functional and just society while avoiding harm to individuals or society, and increasing personal wellbeing (Nisan, 2001). The desire for social change, social inclusion, a functional and diverse society, and provision of opportunities for legitimacy and belonging was repeated in the responses of parents and children in specific attitudes towards different disabilities, and in their general perceptions, while noting mutual benefit to society and the individual.

According to the cognitive approach, the understanding of what is “the right thing to do” leads to moral behavior. According to this theory morality develops through dealing with dilemmas, and an active and conscious application of moral principles while adopting the perspective of others, and developing an inner representation of the world. According to this theory, the very understanding of what the right action to take is leads to moral behavior (Turiel, 1966; Blatt & Kohlberg, 1975).

This study presented the participants with a dilemma in which they must select which people with disabilities they would choose to integrate and see as part of their

community, and which they would choose not to integrate. The choosing process was unrestricted, and in the same way that the elections are conducted, the respondents could decide to abstain from choosing who to integrate or who not to integrate. However, only one respondent did so. Dealing with the dilemma of which people to include and which to exclude caused respondents to formulate specific criteria for correct behavior that would explain their choices. The choice of a concept that supports integration was selected by most subjects as the correct concept, with explanations that support acceptance of diversity, a diverse society, processes of acquaintance and change, mutual learning, equal opportunity, and a desire to help and assist. At the same time, when the respondents decided not to integrate someone, they explained that they wanted to protect their children and society as a whole from the behaviors of individuals with disabilities that may be potentially harmful.

The results of the study show a strong positive correlation between moral behavior, acquaintance with a person with a disability, and a desire to integrate people with disabilities. This result reinforces the cognitive moral development theory. Getting to know a person with a disability makes it possible to see him from a broader point of view, to adopt his point of view, and to act out of awareness of it. This understanding will lead to action that is consistent with the need of the individual and with an understanding of society's ability as a whole to benefit from it. It will therefore lead to moral conduct which is consistent with the desire to integrate him into society. This result is also consistent with the claim of Eisenberg (2000) and Hoffman (1987) that the roots of morality lie in the capacity for empathy, since it allows the individual to see the other's point of view and thus sympathize with his distress and help him (Eisenberg, 2000; Hoffman, 1987). In this study, subjects from the parent population and especially from the child population described the person with a disability as an equal and similar person who is dealing with a disability, and subsequently expressed the desire to support and assist. These results are also supported by studies which found that empathy is a fundamental element of moral development (Mehrabian & Epstein, 1972; De Vignemont & Singer, 2006; Hein & Singer, 2008). Since moral dilemmas and decisions rely on acknowledging the existence of a potential victim, empathizing with his distress, and having a desire to help (Hoffman, 2000). Perceptions of this kind arose in the responses of the study population and influenced the choices of parents and children to include people with disabilities who they feel compassion for, can identify with, or help. This result can also be supported by the studies of Tangney, Stuewing

and Mashek (2007) which emphasized the importance of intuition and emotion in identifying moral issues and the relationship between emotions that arise in the individual which foster moral behavior.

Furthermore, researchers who deal with theories of concern and caring argue that a discussion of moral life includes dealing with the question of the healthy development of the self (Dutta-Bergman, 2004; Noddings, 2002) This position is reflected in the responses of the subjects, who indicated their ability to benefit from integrating people with disabilities at the level of familiarity, understanding, awareness, experience, coping and opportunities for mutual learning and development, while learning about themselves as a derivative of the process. Following the previously discussed theme of disability as a strange condition, studies have shown that situations that trigger emotional arousal also trigger cognitive energy that helps identify dilemmas and moral issues, and the need for action (Gaudine & Thorne, 2001). In the same manner that challenging situations create the need for balance by way of action or avoidance, thus the challenge of the imaginary encounter with individuals with disabilities for the purpose of including them triggered emotional and cognitive arousal, and recognition of dilemmas and moral issues. These findings also reinforce the results of the study regarding a strong link between moral behavior, acquaintance with a person with a disability, and a willingness to integrate.

This study showed a positive correlation between psychological flexibility and moral development and thus between psychological rigidity and moral violations such as labeling processes. Researchers discovered that when confronted with a moral issue, information processing processes can lead to erroneous conclusions, including moral violations, due to failure to identify the moral elements. These processes are called cognitive biases (Tsang, 2002; Hammond, Keeney & Rraiffa, 2006). Cognitive biases serve as a defense mechanism for the individual in situations of uncertainty. However, they are likely to cause inattention and moral impairment (Taylor & Brown, 1998). When the individual is dealing with a high stress level his processing system is not functioning at par (Baddeley & Logie, 1992; Ericsson & Kintsch, 1995) and he tends to have fixed and automatic response patterns that include relying on existing attitudes. In this situation, erroneous generalizations support the strengthening of attitudes and beliefs and motivate the individual's behavior, sometimes contrary to the facts (Kaniel, 2006). A prominent result of the study among adults was an unwillingness to integrate people with a history of violence or addictions. According to the participants' responses,

people of this type are perceived as having a permanent disability that cannot be rehabilitated. There is a lack of faith in their ability to grow and change, and in their right to another chance, and fear of the danger of including them. Among the children, similar preferences were seen but the explanations were less rational and general, and more emotional. The children talked about feelings of fear, embarrassment, disgust, difficulty coping and the difficulty in breaking down social structures which is expressed in disobedience to authority, rules and boundaries. Among the majority of the adult population there was no mention of acquaintance with people dealing with addiction or violence disorders nor a desire for acquaintance and encounter. The behavior of the individual as stated in the questionnaire constituted for the subjects the totality of his personality and essence. The reference to him through the characteristics which describe his disability has resulted in labeling and avoidance.
A positive correlation between moral behavior and psychological flexibility as found in the acceptance and commitment study, as well as positive feelings towards people with disabilities, is reinforced in a theory of concern and caring. This theory argues that moral education should engage in the creation of better people, as opposed to constructing arguments and principles (Noddings, 2007). In-depth dialogue (engrossment) and acceptance of what is happening out of full attention, openness and sincerity should underlie the action (Noddings, 2005). A deep understanding leads to a motivational displacement experience, which in turn leads to a flow towards the needs of others, the environment or the situation, and produces an action based on the information received (ibid.) In the motivation for integration that arose from the results of the study, arguments arose regarding the establishment of a functional and just society, the avoidance of harming others, and the expansion of personal good, as emerged in Nisan's (2001) definition of morality. The parents in the study attached a high level importance to integrating individuals with disabilities in order to create a society where people can learn from each other's experience and help each other. The children's motivation to integrate was mainly based on the desire to help and create equal opportunities, from a humanitarian point of view.

Psychological flexibility as affected by educational factors - psychological flexibility both in parents and children

This study was conducted on school-age children. During this developmental period the relationship with parents changes (Warton & Goodnow, 1991). Children become

more independent in the various areas of development, and the responsibility for their behavior becomes a shared responsibility (Hetherington, 1988; Dishion et al., 1991). Children at this age develop skills of judgment, generalization and logic. The capacity for empathy and seeing others expands and they are able to examine and respond to reality (Tyano, 2011). The study demonstrates how school-age children are able to cope with and examine challenging issues, and express independent attitudes and opinions.
At the same time, there is a correlation between the children's reactions and the parents' reactions, and the level of psychological flexibility and their moral attitudes. This result is reinforced in the studies of (DeHart, Sroufe, Cooper, 2004) which emphasize the effect of parental supervision and responses on the child's actions.
Theories of intergenerational transfer see the individual's family as a central and significant force in the transmission of attitudes, behaviors and hereditary influences (Lee, 2014), which influence the formation of his personality and behavior (Bowen, 1966, 1978). These perceptions are expressed in the results of the present study in a positive relationship between psychological flexibility in the parent and their children's willingness to integrate children with disabilities. The results of the open-ended questionnaire demonstrate that psychological flexibility in parents influenced both their children's choices and the way children chose to explain their choices. Children of parents with high psychological flexibility demonstrated a willingness for integrating children with disabilities and addressed in their reasoning the choice of answers that addressed the process of facing challenge, openness, acceptance and new learning about themselves and the world. Children of parents with low psychological flexibility addressed in their reasoning for choice through terms of immediate feelings and immediate gain or loss from the encounter, without reference to the process.
It was also found that psychological flexibility in the parent is positively correlated with psychological flexibility in the child, and psychological flexibility in the parent predicts a positive attitude of the child towards disabilities. This finding is consistent with the study by Davidov & Grusec (2006), according to which parental practice related to psychological flexibility is positively correlated with empathy and positive outcomes of social activity.
The elements of psychological flexibility in the parent that have been found in the study to have a significant educational impact on the child are: acceptance, cognitive defusion, and perception of “I” as a context. The results of the study showed that the higher the level of acceptance in a parent, the higher the child's psychological

flexibility, and therefore the parent's influence on the child's perceptions and behaviors is more significant. It was also found that cognitive defusion and self-as-context in the parent are elements that have a positive impact on the child's education.

These findings are consistent with Kaniel's (2006) claims that education based on cognitive-behavioral perceptions draws on views and values relating to the individual and his or her world. A complex cognitive system, which is achieved through cognitive-behavioral education, forms the basis for formulating a clear value system that allows one to identify, learn and create priorities between different values. A successful combination of the individual’s cognitive system and his world of values of allows the individual to live according to values, make use of cognitive skills regarding his values and achieve goals that result from them (Kaniel, 2006).

The elements of cognitive work, including acceptance, cognitive defusion and self-as-a-context, influence a person's conduct in his or her areas of life, as well as education (Kaniel, 2006). Studies have shown that authoritative, rigid parenting and dependence on caregivers will result in a deceleration of the child's moral development and the adoption of a realistic external morality. Accepting parenting and democratic education that emphasize the importance and effectiveness of moral laws help in the proper development of morals, and internalization of values based on internal morality (Piaget, 1932; Bull, 1969), which are positively correlated, according to the results of this study, with psychological flexibility and positive perceptions regarding people with disabilities.

The study showed that the more psychologically flexible the child is, the more dominant he is in filling out the questionnaire, regardless of the parent's level of psychological flexibility. According to the results of this study, psychological flexibility in the child allows him to share difficult content and express his opinions regardless of the acceptance of the environment or the psychological flexibility of his parents. This finding is consistent with the self-definition theory that parental behavior significantly influences a child’s experience of himself or herself as autonomous, belonging, and capable and influences his or her behavior (Khaleque & Rohner, 2012).

According to Bandura (1977) parents have a significant influence on their children's behavior because they serve as their role models. The qualitative results demonstrate this effect through pointing to the existence of common mortality in parents and their children both in terms of willingness to integrate as well as in terms of resistance to integration as well as common general perceptions towards integration of people with

disabilities. Among the child parents in this study, cognitive biases (Hammond, Keeney & Rraiffa, 2006) towards certain types of disabilities were prominent. These biases were expressed in the central position in reference to an unwillingness to integrate, which is characterized by fear of danger, harm and unpleasant feelings in the encounter with the individual with disabilities, and is based on his being perceived as violent, dangerous or incapable of change. This position appeared respectively in pairs of children and parents. Other common perceptions that have arisen relate to a lack of belief in the individual's ability to integrate, a parent's or child's sense of helplessness, and difficulty coping. These perceptions also increased respectively in pairs of children and parents.

Positions common to both parents and their children regarding a willingness to integrate referred to a willingness to integrate a specific disability on the basis of acquaintance, contribution or personal interest, and ability to identify with the disability, and an ability to assist. Other common positions that have emerged are willing to accept change and go through a process, a desire for interaction, a vision of mutual contribution and humanitarian, rational and social perceptions. This result is supported by studies that have shown that parent empathy and presence reinforce pro-social behavior among their children (Musick & Wilson, 2008; Bekkers, 2007.) And many studies have found a direct link between involvement and activity in social and political issues among parents and involvement in this type of activity among their children (Bergdoll, Clark & Osili, 2016; Flanagan & Levine, 2010).

A significant similarity was also presented between the feelings, thoughts and perceptions of the parents and the feelings, thoughts and perceptions of their children regarding people with disabilities and the integration of people with disabilities.

In cases where no common denominator was found, the children's perceptions of integration tended to be more positive and a humanitarian point of view was prominent. Dahi & Campos (2013) have shown in their studies that a consistent parental response that includes an explanation helps the child draw conclusions about his or her behavior and guide future behaviors in a way that is consistent with preserving the rights and well-being of others. In this study the questionnaires were filled out by parent and child jointly. The parents were asked to mediate to the child unfamiliar or challenging situations that arose from the questionnaire and at the same time allow him to offer his personal opinions. The mediation and the leeway the child received in filling out the

questionnaire helped the children to face challenging questions and difficult descriptions and at the same time come forth with positive attitudes towards integration. O'Brien, Larson & Murrell (2008) and Coatsworth et al. (2010) argued that the family context is significant for children's development and functioning, and that the child's exposure to experiences and challenges develops his or her ability to respond flexibly and openly to everyday experiences. The responses of the parents and their children showed that the more the children are exposed to discourse, even while filling out the questionnaire itself, and the more exposed they are to a variety of everyday events and people, the more positive they are towards integration and the readier they are for mutual acquaintance and learning. Filling out the questionnaires presented an interesting pattern among the parent population. Parents initially reported a feeling of discomfort and difficulty coping in their encounter with the questions, however when asked to mediate the questionnaire to their children they reported a commitment to showing more openness. Following the process, they reported insights about themselves. Parents reported, among other things, thinking about education and about which perceptions parents convey in their education, while understanding that there are often similarities in perceptions. They expressed their difficulty in discovering in themselves unacceptable sides, difficulty admitting their struggle in being accepting, understanding that there is a projection of personal apprehension on the child and the concern over whether or not to expose him to certain things, understanding that the parent's openness affects the child's openness, dealing with things they prefer not to deal with on a daily basis, and an opportunity to examine themselves personally. At the same time, the parents' admiration for the level of openness, acceptance and maturity of their children rose.

Addressing findings through research questions

The study found a link between levels of psychological flexibility and attitudes, perceptions and approaches towards people with disabilities in society, and even isolated specific elements from the elements of psychological flexibility whose correlation with a positive attitude towards disability was highest. A correlation was found between the level of psychological flexibility and feelings towards individuals with disabilities, social perceptions towards people with disabilities and willingness to integrate people with disabilities.

Regarding the intergenerational transfer, a connection was found between the level of psychological flexibility in the parent and the level of psychological flexibility of the child.

A correlation was found between the parent's perceptions and the child's perceptions with regard to integration for people with disabilities.

An educational effect of the parent's psychological flexibility was found on the child's perceptions, with an emphasis on a more significant influence of specific elements among the elements of psychological flexibility.

A relationship was found between the parent's readiness to complete the questionnaire and the child's readiness to complete the questionnaire, but no relationship was found between the parent's level of psychological flexibility and the child's dominance in completing the questionnaire. At the same time, a similarity in the length and depth of the answers can be seen in parents and children.

It can be seen that the parents and children underwent a process during the completion of the questionnaire. Parents initially reported apprehension, agitation and reliance on attitudes stemming from stigmas and labeling. With the need to explain and mediate the questionnaire for children and the exposure to the children's questionnaires, the parents were exposed to both their children's attitudes and their own attitudes and began to conduct a self-dialogue regarding their attitudes and their educational influences.

Children typically tended to be more open and accepting towards people with disabilities, and it was found that when the child’s level of psychological flexibility is higher he is more dominant in filling out the questionnaire. No correlation was found between the psychological flexibility of the parents and the level of dominance of the child in filling out the questionnaire but a connection was found between the level of psychological flexibility of the child and his dominance in filling out the questionnaire. From this it is possible to deduce a relationship between the level of psychological flexibility of the parent and the dominance of the child in filling out the questionnaire.

Summary

The aim of the study was to examine several aspects of the impact of psychological flexibility as an educational tool. One aspect addressed psychological flexibility as a tool for effectively and adaptively coping with life events that produce external and internal psychological events. Another aspect addressed the possibility of transmitting

psychological flexibility via educational processes through intentional learning and through unconscious transference of perceptions and attitudes. Another aspect addressed the processes of reflection and learning through mediated exposure to challenges, and coping with them.

The study was conducted in two stages. In the first stage, quantitative data was collected in order to establish the connection between psychological flexibility, attitudes towards disabilities, and attitudes towards the integration of people with disabilities. The second phase included a combination of qualitative and quantitative research and examined parent and child pairs in order to more deeply investigate the relationship between psychological flexibility in parents and psychological flexibility in their children, and their attitude towards people with disabilities and integration of people with disabilities in society. The goal was to research the factors affecting this relationship. The combination of methods was chosen out of a desire to understand in detail the phenomenon being studied from the rationale that a combination of methods can overcome the limitations and biases of each paradigm on its own, and thus contribute to the validity of the findings and the body of knowledge.

The combination of quantitative data and qualitative data contributed to an in-depth examination of the phenomenon, to strengthening the conclusions and confidence in the conclusions, to deeper interpretation, and also laid the foundation for the development of tools, approaches and ideas for further research. The use of open-ended questionnaires and the need to explain and express positions without the use of an answer bank or hierarchy elicited from respondents 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 study was largely based on the transformative integrated approach. According to this approach, parallel and complementary strategies are used throughout the entire study for the structuring and constructing of long-term goals and plans. This type of research deals with social issues, with the needs of the individual and society. It strives to make an impact on the participants' awareness and set them up for actions of change and improvement. For the duration of the study, social perceptions and their impact were touched upon, with the underlying attempt to raise the awareness of the participants through participation in the study itself. It was hoped that the study would create in the participants the desire to draw general conclusions about the power of

education and its impact on society, and lay the foundation for future programs aimed at improving the lives of individuals and society.
The study also drew from the ecological approach, according to which the understanding of the world is formed through the construction of interpretations of phenomena and events. This understanding is then adapted to knowledge consciously accumulated through language and discourse. The perception of knowledge as a subjective structure that is constructed through social interaction emphasizes the status of the individual as an integral part of the system in which he operates. Also, since man is the only creature with reflective awareness and abilities he is responsible for his perceptions and structures of knowledge. The ecological approach is consistent with the concept of the third wave which emphasizes the impact of components such as acceptance, change, commitment, awareness and attentiveness in cognition and behavior.
The study also addressed **social constructivism** through an examination of interpretations and perceptions that are formulated by the individual, based on his activity in the world and the influence of his environment. The aim of focusing on this viewpoint was to understand the complexity of human perceptions and their range of meanings, while being faithful to the perspective of the respondents and paying attention to and investigating personal perspectives and interpretations.
The study sought to illuminate the concepts being researched from different and new perspectives.
Unlike studies that have been conducted over the past few years, which have dealt with psychological flexibility as the core of acceptance and commitment therapy and in psychopathological situations, the aim of this study was to present the function and potential of psychological flexibility in everyday life events as a developmental, preventive tool and as a means of achieving personal and environmental quality of life. The study was based on the assumption that acquiring psychological flexibility from an early age will have an influence on the child's development, and infuse his choices and actions with social and personal values and personal responsibility.
Internalizing psychological flexibility at an early age not only affects children as individuals, but also the entire educational process underlying building, preserving and developing society.
Approaches towards disability have also been studied, but research has focused mainly on their influence on the practitioner. In addition, cognitive-emotional, emotional, and

behavioral components that come into play during the encounter with the individual with disabilities were well researched in the 1980s.

The topic of 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 addressed issues of disability and integration in order to investigate the impact of psychological flexibility on how people cope.

Another relationship examined is the relationship between morality and attitudes towards people with disabilities. Approaches and models that deal with the development of morality discussed the relationship between the level of development of moral thinking and behavior, through dealing with dilemmas, decision making, awareness, reflective processes, adopting another's point of view, developing internal representation of the world, social processes, developing moral thinking, using moral reasoning, and adopting perceptions and taking action based on moral thinking. Studies dealing with moral identity have found a link between moral identity, moral motivation and moral behavior.

Studies that have discussed the relationship between emotion and moral behavior have highlighted the importance of intuition and emotion in identifying moral issues and have found a link between morality, sympathy, and empathy. Also, various studies have indicated a link between cognitive biases, habits, fear of change, anxiety and ignorance as a result of emotional arousal to immoral behavior, categorical thinking, prejudice and labeling. Psychological flexibility deals with values as key components in the organization of the individual's behavior and sense of meaning. This study laid the foundation for examining the connection between moral development, thinking and perception and psychological flexibility.

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

The study connects different schools of thought about learning and teaching, drawing concepts from the world of education, psychology and sociology in order to create a holistic perspective on education and its goals.

The study measured psychological flexibility among school-aged children, who are at a significant developmental stage in which their self-perception and social selves are formed in multidimensional ways.

The relationship between rigid and authoritative factors in parenting and psychological flexibility in adolescents was also investigated, but the study very minimally and indirectly, through the study of self-regulation, touched on psychological flexibility in younger children There are studies that speak of the contribution of psychological flexibility to society as a whole, but those studies do not talk about education for psychological flexibility from an early age, or its structure and application as a significant component in the lives of individuals, society and culture

The child’s young age requires him, by default, to cope with his ability to gain control of his skills, interactions, social structures and emotions. Failures and successes in skills at this stage affect his continued development.

Since school-age educational frameworks deal with pedagogical aspects alongside psycho-pedagogical aspects, and implement doctrines about all areas of child development at these ages, the study sought to build a body of knowledge that deals with the educational effects of psychological flexibility, and coping tools that provide psychological flexibility. Thus it will be possible in the future to formulate and pursue additional research, plans and relevant tools based on psychological flexibility.

Taking all of the above into consideration, the study sought to examine both the effects of psychological flexibility on the individual and society in a situation that simulates coping with events and experiences, as well as to understand both dominant educational influences and dominant elements influencing education, that will help determine a proper infrastructure for building educational programs based on psychological flexibility.

The ability to transfer psychological flexibility through education was tested in this study in intergenerational transmission from parents to children.

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

The study found 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 have listed many reasons for difficulty coping in unfamiliar and uncertain situations, and the results of ineffective or adaptive coping. Further studies have 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, correlations were found between different aspects of involvement in developmental stages and teaching psychological flexibility. Connections were found between psychological flexibility and coping, self-management, self-regulation, acceptance of others, empathy, and social involvement, and reduction of involvement personal and social psychopathologies. These connections reinforced the research assumption that the acquisition of perceptions, habits and tools is very significant in childhood, and that it is important to make proper use of this period and carefully select the learning content that will significantly contribute to an adaptable and meaningful life and for establishing a society worth living in.

The study also demonstrated, through its results and review of many studies that preceded it, that psychological flexibility can contribute to the individual and society, and that an organized and precise platform should be created which will combine learning and training in psychological flexibility as part of educational programs.

The specific educational impacts found to be in correlation with psychological flexibility and results of previous studies are psychological flexibility elements components found to have significant educational influence.

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 a 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.
- 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 deep observation.
- 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 the individual's ability to understand and accept reality as dynamic and changing, and treat it openly and flexibly. It can therefore 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 important.
- There is a difficulty of meeting people with a background of crime or violence in an authentic, non-prejudiced manner, and there is a tendency to believe that people relate such disabilities as a result of choice.
- Getting to know a person with a disability makes it possible to see him from a broader point of view, to adopt his point of view, and to 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 with an understanding of society's ability as a whole to benefit from it.
- The relationship of children with disabled peers, which is based on meaningful interactions and broad interaction, contributes to the formation of a positive, humane and accepting attitude

- There is a positive correlation between psychological flexibility and moral development and thus between psychological rigidity and moral violations, such as labeling processes.
- Discussion of moral life includes dealing with the question of the healthy development of the self. In this study the responses position indicated their ability to benefit from integrating people with disabilities at the level of familiarity, understanding, awareness, experience, coping and opportunities for mutual learning and development, while learning about themselves as a derivative of the process.
- Motivation for integration arguments regarding to the establishment of a functional and justice society, the avoidance of harming others, and the expansion of personal good, as emerged in Nisan's (2001) definition of morality.
- School-age children are able to cope with and examine challenging issues, and express independent attitudes and opinions.
- There is strong effect of parental supervision and responses on the child's actions.
- The individual's family is a central and significant force in the transmission of attitudes, behaviors and hereditary influences which influence the formation of his personality and behavior.
- Psychological flexibility in parents influenced both their children's choices and the way children chose to explain their choices.
- Parental practice related to psychological flexibility is positively correlated with empathy and positive outcomes of social activity of the child.
- Psychological flexibility in the parent has a significant educational impact on the child.
- Acceptance, cognitive defusion and self-as-context in the parent are elements that have a positive impact on the child's education.
- These findings show that education based on cognitive-behavioral perceptions draws on views and values relating to the individual and his or her world.
- Psychological flexibility in the child allows him to share difficult content and express his opinions regardless of the acceptance of the environment or the psychological flexibility of his parents.

- The process of dealing with dilemma and challenge situations lead people to internal insights. Dealing with things they prefer not to deal with on a daily basis, allow an opportunity to examine themselves personally.

Possibly impacts of research limitations

- The study addresses a sensitive topic and deals with questions of self-awareness and self-honesty, and identifies the gap between attitudes and behavior. In light of this, it was necessary to read as deeply and objectively as possible the open-ended answers provided by the respondents and to analyze them in tandem with the closed questionnaires. This required great sensitivity and great precision. In such cases there is always doubt as to whether the analysis of the response is true to the respondent's original intention.
- Since the research was based on participant responses, questions arise with regard to the disparity between self-perception and actual conduct in reality. There may be a case where an individual perceives himself as more patient than he actually is, and this is evident in the report. There may also be the opposite situation, where people perceive themselves as finding it difficult to accept people with disabilities, however in real-time coping they discover for themselves abilities and forces that they were unaware of. Thus there can be gaps between self-reporting and the situation in the field.
- Since the topic is complex both at the level of the topic itself and in reference to the sincerity that the research asks of the respondents, it was necessary to engage in in-depth preparation with the respondents about the research goals, rationale, process, and how to fill out the questionnaires. These explanations may have an affect how the questionnaires are filled out.
- The age, gender, occupation and sector of the parents can affect their capabilities of self-reflection, psychological flexibility and any other components of research.
- The difficulty that parents face in exposing their children to content related to disabilities can affect the way they present the questions to the children, and consequently their children's responses.
- The interaction between parents and their children can affect the answers to the questionnaires in a manner that does not necessarily accurately reflect reality.

- Due to the complexity of the issue, many more questionnaires were distributed than those that were answered. It is possible that responant's perceptions influenced their participation in the study, meaning that the people who initially agreed to answer the questionnaires and participate in the study have approaches that are fundamentally more open, are more flexible, more informed, have more familiarity with themselves or people with disabilities, may engage in open discourse with their children more often, and more. These components may have an impact on the results of the study
- The closed and open questionnaires were in a sense a simulation of coping, and examined attitudes and behavior through hypothetical scenarios, and not through actual coping with the specific situation about which the respondents were asked.
- In any qualitative analysis there is a danger of personal interpretation and judgment interfering with the analysis of the data.
- The study did not make a sharp distinction between the components of psychological flexibility that are transmitted consciously and the components that are transmitted unconsciously. It is necessary to continue researching this topic in order to build a customized tool that will serve the educational field.
- The study is divided into two main parts. The first part of the sample did not include people included in the second part of the sample. The research group in the second part of the study was small because people had difficulty dealing with the questionnaire - in terms of content and length. This can be considered as a limitation, but at the same time proves the importance of research on this sensitive topic. Continued participation of children and their parents allows for opportunities for further research that will explore the key components of the study on a larger sample.

Recommendation for Further Research

The study found no educational impact for the "values" and "committed action" elements that are significant components of the psychological flexibility model. It would be worthwhile to delve deeper into further research and examine their impact in more depth in order to understand whether the results of the study are indeed related to the impact of these components or to the research process that influenced the results.

Continued research can compare conscious and intentional educational impacts to unconscious educational impacts, with respect to psychological flexibility. This can be examined through a comparison between the influence of the individual and his behavior, and the influence of an educational program to be implemented in the educational framework.

In addition, it will later be possible to research with an action study the educational application of each component - through intentional acquisition or through modeling - and its impact on various areas of life such as coping with problem solving, interactions, self-advocacy, social involvement and more.

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Appendix

*Appendix 1:*A questionnaire on attitudes towards people with disabilities

Base parameters

In the following set of questions, we would like to learn a little about you.
Please answer the following questions to the best of your understanding - there is no correct or incorrect answer to these questions.

Moral Foundations Questionnaire (1: Haidt, 2013)

When you decide to what extent something is morally right or wrong, how significant are the following considerations in terms of reaching your decision? Please rate your significance of the following scenarios on a scale ranging from 1-7:
1 - not at all significant   7 – very significant

- If someone has shown disrespect for authority
- If someone violated principles of purity and modesty
- If someone took care of a weak or vulnerable individual
- If someone behaved dishonestly
- If someone committed an act of betrayal in his group
- If someone acted in accordance with social traditions
- If someone has done something disgusting
- If someone has been cruel to another person
- If someone's rights are revoked
- If someone has shown disloyalty

Appendix 2: Acceptance and Action Questionnaire -II

1 - not at all 7 – extremely

1. My painful experiences and memories make it difficult for me to live a life that I could value.
2. I'm afraid of my feelings.
3. I worry about not being able to control my worries and feelings.
4. My painful memories prevent me from having a fulfilling life.
5. Emotions cause problems in my life.
6. It seems like most people are handling their lives better than I am.
7. Worries get in the way of my success.

Belief in people's ability to change

(3 based on Tamir et al., 2007)

How much do you agree with the following statements? Please rate your agreement with the following statements on a scale ranging from 1-7

1 - not at all 7 – extremely

- No matter how much they try, people cannot really change who they really are
- People often significantly change their basic character traits.

Attitudes towards people with disabilities

According to the accepted definition, a person with a disability is "a person with a physical, mental or intellectual disability, including cognitive, permanent or temporary, whose function is substantially limited in one or more of the main areas of life."

In the next set of questions, we would like to learn about your attitudes and feelings towards people with disabilities.

Appendix 3: Measure of Perceptions

Stereotypes of Disabilities Parameter (Contradictory Characteristics)
(based on Kaspa and Schwarzwald, 1997)

On each axis in the table below there are two adjectives describing typical human character traits. In your opinion, to what extent do each of the traits describe an individual with a typical disability?

1.	friendly							hostile
	1	2	3	4	5	6	7	8
2.	high level abilities							low level abilities
	1	2	3	4	5	6	7	8
3.	intelligent							stupid
	1	2	3	4	5	6	7	8
4.	Compassionate towards others							No compassion towards others
	1	2	3	4	5	6	7	8

Appendix 4: Measure of biases regarding people with disabilities are "hinted at"

(2 Classic and Modern Racism, 2000)

Please indicate how much you agree with the following statements:

1 – don't agree at all   6 – agree very much

Classic:

- People with disabilities are weak in character compared to people without disabilities.
- People with disabilities do not take advantage of the opportunities that society offers them.

Modern:

- In today's society there is no longer any discrimination against people with disabilities.
- People with disabilities have too many demands in their struggle for equal rights
- Society is overly concerned for people with disabilities, to the extent where other groups aren't treated fairly.

Appendix 5: A measure of social norms in Israeli society towards people with disabilities

(Based on Paluck & Shepherd, 2012)

In the following questions, we are not asking about your personal opinions, but about how you think most people in Israeli society feel.

Please rate your responses to the following questions on a scale ranging from 1-6:

1 - almost no one   6 - almost everyone

- How many Israelis think it is normal to tell a joke or make an intolerant statement about people with disabilities?
- How many Israelis think it is normal to discriminate against people with disabilities in the workplace or in academic institutions?

Appendix 6: Measure of dehumanization

Below is a list of emotions. Read the list, and choose from it the feelings that you think best characterize people with disabilities. That is, we want you to think about what emotions people with disabilities tend to feel. Circle the emotions you have chosen. Try to circle only a few emotions, only those that seem most characteristic to you. There is no correct answer to this questionnaire, and we want to know what you think.
(Read the entire list, and circle the words you choose. In my opinion, the emotions that best characterize disabled people are…)

Confusion	Pain	Pride	Optimism
Passion	Tranquility	Distress	Fear
Sorrow	Affection	Shame	Distinction
Cheerfulness	Rage	Enjoyment	Pleasure
Bitterness	Hope	Regret	Despair
Admiration	Loneliness	Enthusiasm	Joy
Disdain	Nostalgia	Suffering	Remorse

Appendix 7: Measure of the perception of the benefit of treating people with disabilities

Please rate your agreement with the following statements on a scale ranging from 1-7
1 – not at all 7 - extremely

- A person with a strong personality can overcome his disability on his own.
- Over-treatment of people with disabilities only makes it difficult for them to learn to manage on their own.

Appendix 8: Measure of homogeneity of people with disabilities

(Park & Rothbart, 1982)
Please rate your agreement with the following statements on a scale ranging from 1-7
1 - not at all 7 - extremely

- People with disabilities are alike in terms of goals in their lives.
- People with disabilities are alike in terms of their behavior.

Appendix 9: Measure of the perception of an actual/symbolic threat and the "healthy self"

Please rate your agreement with the following statements on a scale ranging from 1-7

1 - not at all 7 – extremely

- The integration of people with disabilities into Israeli society threatens the fabric of healthy society.
- Investing resources in including people with disabilities harms the rest of the population.
- When I see a person with disabilities, I think that I or someone in my family can become a disabled person.
- Many times in our lives we come into contact with people with disabilities, which naturally brings forth a variety of different emotions.

Try to think: to what extent do such feelings arise when you come into contact with a person with disabilities?

	not at all	very rarely	rarely	to some extent	very much	extremely
1. anger						
2. empathy						
3. repulsion (withdrawal, rejection)						
4. fear						
5. sorrow						
6. admiration						
7. pity						
8. confusion (discomfort, unpleasantness, lack of knowledge of how to act)						
9. helplessness						
10. shame						

Appendix 10: Measures of intent of behavior

A "hidden" social distance towards people with disabilities

To what extent do you agree with the following statements on a scale of 1- 6?

1- not at all or very little 6 - to a very great extent

- Out of my concern for the children in the neighborhood, I would not want people with disabilities to walk around my neighborhood.
- I would not want a close relationship with a person with disabilities because we would have a hard time finding a common language.
- You should not connect too much to a person with disabilities because it can affect your thinking.

An "evident" social distance and the exclusion of people with disabilities

To what extent do you agree with the following statements on a scale of 1-6?

1- not at all or very little 6 - to a very great extent

- I am prepared to be a neighbor of a person with disabilities.
- I was willing to be a friend of a person with disabilities.
- I am willing to be a spouse of a person with disabilities.
- I am prepared for my children to study in a classroom with a child with disabilities.
- I am willing to set up a social club for people with disabilities in my neighborhood.
- I am willing to do volunteer work with people with disabilities
- People with disabilities should have the right to have children.
- People with disabilities should have equal rights as everyone else.
- Persons with disabilities must be prohibited from voting in elections.

Appendix 11: Personal Demographic Details - Parents

sex M/F

age

country of origin

religion

level of observance

education

Appendix 12: Additional demographic details

According to the accepted definition, a person with disabilities is "a person with a physical, mental or intellectual disability, including cognition, permanent or temporary, for which his functioning is substantially limited in one or more of the main areas of life."

- Do you meet the definition of a person with disabilities? If so, explain.
- Do you consider yourself disabled? If so, explain.
- Do you think most other people view you as disabled? If so, explain.

Please mark that statements that are correct, regarding yourself:

- I have gotten to know a person with disabilities very closely. If so, please elaborate:
- I have worked alongside a person / people with disabilities. If so, please elaborate:
- My work includes providing services or caring for people with disabilities. If so, please elaborate:
- I have one or more family members with disabilities. If so, please elaborate:
- I have one or more close friends with disabilities. If so, please elaborate:
- I have one or more neighbors with disabilities. If so, please elaborate:
- I spend time with a person with disabilities on a daily basis. If so, please elaborate:

Appendix 13: Letter to participants in study

Dear parents and children,

My name is Hila and I am a doctoral student in education at Adam Mickiewicz University in Poznan, Poland.

Attached are two questionnaires that are part of my research work.

The questionnaires are complex and profound and require thoughtful responses, and therefore will take time to complete.

Both questionnaires are completely anonymous and are used for research purposes that aim to examine the intergenerational transfer of psychological flexibility with regard to the integration of people with different types of disabilities in society.

There are no right answers - every answer is good and acceptable. Please try to answer as honestly as possible.

There is no way to link the questionnaire to the person who answered it.

The first questionnaire is intended for parents and includes the expression of their personal positions.

The second questionnaire is designed for your children to answer and express their positions.

Please fill in the parents' questionnaire first and only then the children's questionnaire.

The children can fill in the questionnaire themselves or through your mediation. Please indicate on the questionnaire whether the child filled out the questionnaire alone or through mediation. Fill in the last part of the questionnaire, which expresses your impressions, together.

I would be very grateful if you would elaborate on your choice as much as possible with reference to both the cognitive aspect of the choice and the emotional aspect.

I greatly appreciate and thank you for your participation.

Hila

Appendix 14: Personal information - Children

Sex	Male / Female
Age	
Marital status	
Education	
Occupation	
Religious / Secular / Other	
Child's age	
Birth order (what number child in family)	
Child's sex	Male / Female
Child's hobbies	

Appendix 15: Questionnaire for Parents

According to the accepted definition, a person with a disability is "a person with a physical, mental or intellectual limitation, including cognitive, permanent or temporary, which significantly limits his or her functioning in one or more of the major areas of life."

1. Do you yourself meet the definition of a person with a disability? If so, please elaborate.

2. Do you consider yourself to be a disable person? If so, please elaborate.

3. Do you think that most other people will view you as a disabled person? If so, please elaborate.

4. I have become personally and closely acquainted with a disabled person. If so, please elaborate.

5. I have worked with a person/people with disabilities. If so, please elaborate.

6. My job entails providing services or caring for people with disabilities. If so, please elaborate.

7. I have a relative with disabilities. If so, please elaborate.

8. I have a close friend/friend with disabilities. If so, please elaborate.

9. I have a neighbor/neighbors with disabilities. If so, please elaborate.

10. I spend time with a disabled person on a daily basis. If so, please elaborate.

Appendix 16: Multidimensional Psychological Flexibility Inventory

Multidimensional Psychological Flexibility Inventory (MPFI)

FLEXIBILITY SUBSCALES

ACCEPTANCE

IN THE LAST TWO WEEKS...	Never TRUE	Rarely TRUE	Occasionally TRUE	Often TRUE	Very Often TRUE	Always TRUE
I was receptive to observing unpleasant thoughts and feelings without interfering with them.	O	O	O	O	O	O
I tried to make peace with my negative thoughts and feelings rather than resisting them	O	O	O	O	O	O
I made room to fully experience negative thoughts and emotions, breathing them in rather than pushing them away	O	O	O	O	O	O
When I had an upsetting thought or emotion, I tried to give it space rather than ignoring it	O	O	O	O	O	O
I opened myself to all of my feelings, the good and the bad	O	O	O	O	O	O

PRESENT MOMENT AWARENESS

IN THE LAST TWO WEEKS...	Never TRUE	Rarely TRUE	Occasionally TRUE	Often TRUE	Very Often TRUE	Always TRUE
I was attentive and aware of my emotions	O	O	O	O	O	O
I was in tune with my thoughts and feelings from moment to moment	O	O	O	O	O	O
I paid close attention to what I was thinking and feeling	O	O	O	O	O	O
I was in touch with the ebb and flow of my thoughts and feelings	O	O	O	O	O	O
I strived to remain mindful and aware of my own thoughts and emotions	O	O	O	O	O	O

SELF AS CONTEXT

IN THE LAST TWO WEEKS...	Never TRUE	Rarely TRUE	Occasionally TRUE	Often TRUE	Very Often TRUE	Always TRUE
Even when I felt hurt or upset, I tried to maintain a broader perspective	O	O	O	O	O	O
I carried myself through tough moments by seeing my life from a larger viewpoint	O	O	O	O	O	O
I tried to keep perspective even when life knocked me down	O	O	O	O	O	O
When I was scared or afraid, I still tried to see the larger picture	O	O	O	O	O	O
When something painful happened, I tried to take a balanced view of the situation	O	O	O	O	O	O

DEFUSION

IN THE LAST TWO WEEKS...	Never TRUE	Rarely TRUE	Occasionally TRUE	Often TRUE	Very Often TRUE	Always TRUE
I was able to let negative feelings come and go without getting caught up in them	O	O	O	O	O	O
When I was upset, I was able to let those negative feelings pass through me without clinging to them	O	O	O	O	O	O
When I was scared or afraid, I was able to gently experience those feelings, allowing them to pass	O	O	O	O	O	O
I was able to step back and notice negative thoughts and feelings without reacting to them	O	O	O	O	O	O
In tough situations, I was able to notice my thoughts and feelings without getting overwhelmed by them	O	O	O	O	O	O

Appendix 17: Parents - Open Questionnaire:

A new community project in your residential neighborhood is working to rehabilitate, maximize opportunities, and optimize integration for different people in society. As part of the project, five people will receive apartments in your immediate area, as well as social and community activities to establish neighborly relations and integrate them into the community atmosphere.

Each person in the neighborhood was asked to select five people from the attached list of people.

You are asked to select five people to be accepted for the project in your neighborhood. Next to each of the selected people, the reasons for their choice must be stated.

The residents of the neighborhood are also given the option of choosing two people to be integrated into another neighborhood.

Indicate who are the two people you would choose **not** to live next door to you and the reasons for choosing them.

1. Alcoholic age 40, lives alone.
2. A 32-year-old man formerly imprisoned for domestic violence.
3. A 23-year-old man and his wife, who both have Down's Syndrome, who are recently married.
4. A 30-year-old former military medic, who lost a good friend during a mission. He has since suffered post-trauma, is unemployed, and has recently divorced due to outbursts and depression.
5. A 25-year-old who suffers from frequent panic attacks (anxiety). He avoids social situations for fear of having an attack.
6. A 15-year-old boy, the son of a single mother. Diagnosed with ADHD. Very impulsive and exhibits physical and verbal violence.
7. A 59 years old woman who contracted a severe streptococcal infection at her workplace and as a result lost her left leg.
8. A 19.5-year-old, national-religious, with Asperger's syndrome (autism spectrum, high functioning). Does not like to leave the house and prefers to avoid people.

9. A 38-year-old man from Tira, who went blind following a car accident. He has visible scars on his face and eyes. Assisted by a guide dog.
10. A 30-year-old woman who was neglected as a child and suffers from environmental retardation. Functioning at the level of a 4-year-old girl. She wanders and talks to people around her in an inappropriate way.
11. A 31-year-old who had a work accident that caused a complete disability in his right hand. He suffers from anxiety and depression, and is prescribed medical cannabis.
12. A 19-year-old girl, anorexic, conspicuously thin. In and out of hospital. Discharged from military service due to her mental illness.
13. A 25-year-old born with cerebral palsy. A quadriplegic who communicates with gestures, unintelligible sounds and a communication board.
14. A 20-year-old diagnosed with PDD (on the autism spectrum) with moderate-low functioning and behavioral problems. Characterized by stereotypical movements and shouting that can last for hours. Lives with her grandmother.
15. A 52-year-old, diagnosed with paranoid schizophrenia, being treated with medication.
16. A 37-year-old, survivor of a fire, confined to a wheelchair and with scars from burns all over his body and face.
17. A 40-year-old, with slight mental retardation. He weighs about 200 kg, lives with his father.
18. A 30-year-old who suffers from a visible skin disease that may only be contracted by direct and close contact over time.
19. A 60-year-old who is diagnosed as having a mild developmental mental disability. She tends to take things that are not hers and is a compulsive hoarder.
20. A 50-year-old, released from long rehabilitation after becoming addicted to gambling and getting in trouble due to debts. Lost contact with his family and

Five people I chose to live near me:
No. ___ I chose him/her because:
No. ___ I chose him/her because:
No. ___ I chose him/her because:
No. ___ I chose him/her because:
No. ___ I chose him/her because:
Two people I chose to live in another neighborhood:
No. ___ I chose him/her because:
No. ___ I chose him/her because:

**For parents: Please write freely about your position and attitude regarding the integration of people with disabilities in society. Explain and elaborate.

Appendix 18: Acceptance and Fusion Questionnaire for Youth (AFQ-Y)

We want to know more about what you think, how you feel, and what you do. Read each sentence. Then, circle a number between 0-4 that tells how true each sentence is for you.

	Not at all True	A little True	Pretty True	True	Very True
1. My life won't be good until I feel happy.	0	1	2	3	4
2. My thoughts and feelings mess up my life.	0	1	2	3	4
3. If I feel sad or afraid, then something must be wrong with me.	0	1	2	3	4
4. The bad things I think about myself must be true.	0	1	2	3	4
5. I don't try out new things if I'm afraid of messing up.	0	1	2	3	4
6. I must get rid of my worries and fears so I can have a good life.	0	1	2	3	4
7. I do all I can to make sure I don't look dumb in front of other people.	0	1	2	3	4
8. I try hard to erase hurtful memories from my mind.	0	1	2	3	4
9. I can't stand to feel pain or hurt in my body.	0	1	2	3	4
10. If my heart beats fast, there must be something wrong with me.	0	1	2	3	4
11. I push away thoughts and feelings that I don't like.	0	1	2	3	4
12. I stop doing things that are important to me whenever I feel bad.	0	1	2	3	4
13. I do worse in school when I have thoughts that make me feel sad.	0	1	2	3	4
14. I say things to make me sound cool.	0	1	2	3	4
15. I wish I could wave a magic wand to make all my sadness go away.	0	1	2	3	4
16. I am afraid of my feelings.	0	1	2	3	4
17. I can't be a good friend when I feel upset.	0	1	2	3	4

Appendix 19: Children - Open Questionnaire

A new social project at school is working to rehabilitate, maximize opportunities, and optimize integration for different people in society. As part of the project, each class will include five new students from the attached list of children.

You are asked to choose five children to join your class, please indicate who you would choose for your class. Next to each of the selected children, the reasons for their choice must be stated.

It is also possible to choose two children who will be included in another class and not in your class.

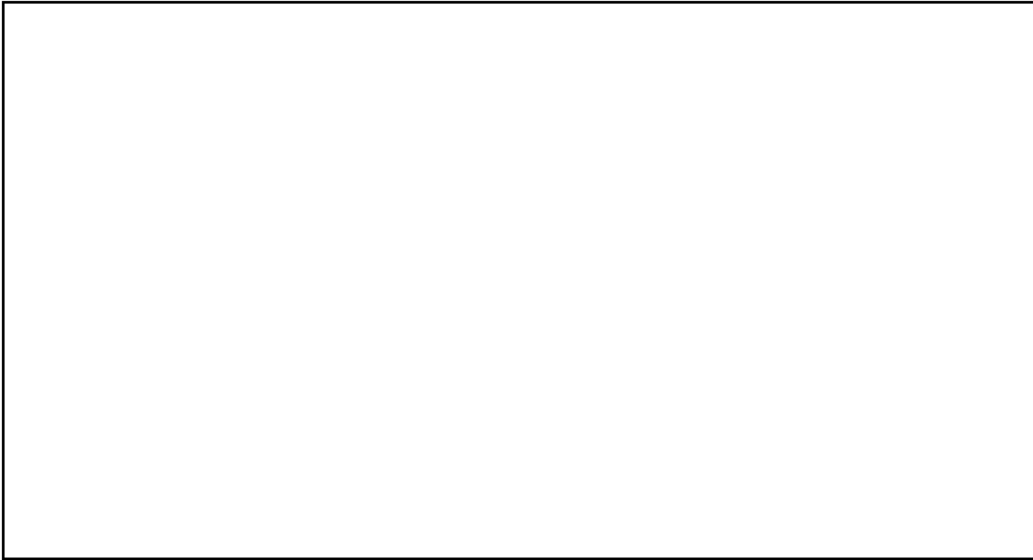
Indicate which of the two children you would prefer not to be added to your class and the reasons for choosing them.

1. A child born with cerebral palsy from birth. Paralyzed in all four limbs but can get around in a wheelchair, and has normal intelligence.
2. A moderately retarded girl with Down's syndrome.
3. A child with a behavioral disorder, who has difficulty forming social relationships and is prone to violent behavior.
4. A blind girl with a visible disability who is helped by a guide dog.
5. A deaf and mute child who knows how to communicate in sign language.
6. A very shy girl who has difficulty speaking in front of a group of children, eating next to other children and initiating relationships. She gets along with one or two good friends. Very shy.
7. A child who was involved in a car accident, his right hand is paralyzed and there are burn scars on his upper body, including his face and neck.
8. A girl with ADHD and learning disabilities. She behaves wildly, is rude to teachers and reacts insultingly when approached in a way that is not clear to her.
9. A moderate to high-functioning child with autism, with high intelligence and an excellent memory. He asks lots of questions, repeats himself often, and cries and shouts when there is a change in the schedule, or a new activity. In extreme instances he may become violent and throw objects.
10. A girl suffering from Albinism, who hardly sees. She suffers from tumors on her skin and is not allowed to be in the sun.

11. A child with a health problem that causes him to be overweight and have an increased tendency to perspire.
12. A child with anxiety over enclosed spaces, noise, and overcrowding. Avoids any activity that includes the things he is anxious about.
13. A girl who washes her hands many times a day, is afraid to touch the classroom door handle, sit next to other children, or touch other people's belongings. She is also afraid that others will touch her belongings or get too close to her.
14. A girl who behaves in a way that is inappropriate for her age. Is provocative and wears revealing clothing and makeup. She only hangs out with children older than her.
15. A child with Tourette's syndrome who makes involuntary movements with his limbs, neck and facial muscles, and makes involuntary noises.

Five children I chose to include in my class:
No. ___ I chose him/her because:
No. ___ I chose him/her because:
No. ___ I chose him/her because:
No. ___ I chose him/her because:
No. ___ I chose him/her because:
Two children I chose to send to another class:
No. ___ I chose him/her because:
No. ___ I chose him/her because:

**For children: Please write freely what your position is regarding the integration of people with disabilities in society and an explanation.



Appendix 20: Feedback questionnaire – Parents and Children

Parents and children: Write about your experiences and feelings while completing the questionnaires.

What was the experience of filling out the questionnaire like for each of you (easy / challenging / tiring / upsetting etc....)?
What did you learn about yourself as a result of filling out the questionnaire?
What did you learn about your parent / child as a result of filling out the questionnaire?
In your opinion, were their more similarities or differences when comparing your responses?
How was the shared experience (parent and child) of filling out the questionnaire and the discourse on the subject of disabilities?

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Abstract

The conception, structuring and shaping of this study was rooted in a compelling and comprehensive familiarity with cognitive-behavioral theory in education and therapy, and an understanding of the profound impact that adjustment difficulties leave on an individual's life. Experience in the application and impact of cognitive-behavioral principles as an integral part of daily educational practice has led to the question of the role and impact of education on the individual's ability to cope with changing, unfamiliar and challenging situations and the impact of the individual's adaptability and coping abilities on the quality of his life and on the social framework he lives in.

The study sought to connect different perspectives and content areas in order to lay the foundation for building applied tools in the field of education. This was done with a focus on the concept of "psychological flexibility" which is a key concept in acceptance and commitment therapy, belonging to the third wave of cognitive-behavioral psychology. The study examined the educational impact of "psychological flexibility" through its removal from the psychopathological therapeutic discourse and treating it as an applied tool.

To do this **the study sought to examine** psychological flexibility in an interaction between three focal points: 1) Psychological flexibility as a tool that helps an individual cope effectively and adaptably with life situations in general, and challenging life situations in particular. 2) The ability to convey psychological flexibility with its various components through educational influence, particularly from parent to child. 3) Addressing the question of the need of this type of tool for school-age children.

The concept behind the research is that in order to progress from theory to process, it was important to build a research infrastructure that acknowledged the connection between psychological flexibility to adaptive behavior, and physical, mental and emotional well-being, and the connection between educational aspects psychological flexibility development and the responsibility of educators for students' welfare.

The study addressed educational influences on elementary school aged children, who are at the stage in which a sense of independence begins to crystallize, and an occupation with social awareness and social issues begins to develop.

The study was done mostly through a discourse on attitudes towards integrating people with disabilities. This topic 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.

The study deals with the question of the relationship between education and psychological flexibility, and perception of disability in society, in order to examine the educational elements that influence the acquisition and assimilation of psychological flexibility. The study relates to personal and social perceptions that shape attitudes toward the disabled in society, as well as various educational models and elements, including psycho-dynamic and psycho-social models, cognitive models and behavioral models that are manifested in the parent-child relationship, as well as models based on the third wave approaches of cognitive behavioral theory and their power in personal and social change.

The present study is a two-phase study in an integrated research method. **The goal of the first phase of the study** was to collect quantitative data, in order to statistically establish the relationship between attitudes towards disability and psychological flexibility. **In the second phase**, a mix method follow-up of parents and children was conducted in order to investigate and understand the quantitative findings in more detail and depth, and to investigate specifically the relationship between psychological flexibility in parents and psychological flexibility in children regarding their attitudes towards disabilities and other factors that influence this relationship.

This study is based on the hypothesis that learning psychological flexibility from an early age and assimilating it as an inseparable part of the educational process will constitute a significant tool for the child, contributing to his development in a way that emphasizes personal and social values and personal responsibility. The child's development and the final results greatly affect both the individual and his or her immediate environment as well as society as a whole. This study argues that awareness of the educational value of psychological flexibility should be increased and placed as an educational goal both at home and at school.

The study population included a random selection of approximately 150 participants, and about 30 parent and child couples aged 8-12, with the aim of examining the relationship between psychological flexibility and attitudes towards disabilities within the society.

Demographic characteristics of sample 1 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%), and the rest were born abroad (13.80%). Most of the participants were married (74.10%), and the rest were not (25.90%).

Demographic characteristics of sample 2 was gathered from 29 parents and their children. The average age of the parents was 42.93 years (SD = 7.56), and their children's average age was 10.60 years (SD = 2.62). Most of the parents were females (65.50%) and also most of the children (62.10%). In addition, most of the parents were secular (75.00%), and the rest were traditional (10.70%) or religious (14.30%).

The study was divided into two phases. The first phase consisted of one stage and the second phase of three. The first phase, quantitative in nature, included the random distribution of about 150 questionnaires to a diverse population through e-mail and social networking groups, with the aim of building a database to examine the relationship between psychological flexibility and accessibility to society.

The second phase, which is essentially integrated and qualitative, included about 30 mixed questionnaires that were handed out to parents and their children. The first part was the parent questionnaire, which included the multi-dimensional questionnaire for psychological flexibility for parents. There was also an open questionnaire to deal with dilemmas of integrating people with disabilities into the residential neighborhood. The second part is the children's questionnaire which includes a closed questionnaire on psychological rigidity among young people as well as an open questionnaire for dealing with dilemmas of integrating children with disabilities into the educational environment. The questionnaire was delivered directly to the participants in a frontal manner, as well as through personal contact on social networks and by e-mail. The parents were asked to fill in their questionnaire first, and only then to fill out the questionnaires with their children, to mediate if mediation was needed, and to indicate if mediation was required. In all the questionnaires, the parents reported that they mediated the questionnaire for the child. At the end of the questionnaires, the parents and children were asked to report on the shared experience.

The Research Questions

- Is there a connection between the degree of psychological flexibility of the individual and his attitude towards individuals with disabilities in society?
- Which specific criteria, out of the seven criteria of psychological flexibility, are more influential than other criteria on the individual's attitude towards disability in society?
- Is there a connection between the psychological flexibility measured in the parent, and the psychological flexibility measured in the child?
- What elements in the parents' perceptions have a significant educational impact on their children?
- What components of parents' behavior have a significant educational impact on their children?
- Is there a difference in attitudes towards disabilities that parents projected when questioned privately, and the attitudes they projected when asked to discuss them with their children?
- Is there a relationship between the degree of psychological flexibility of the parent and his or her child's dominance in completing the joint questionnaire?
- Is there a relationship between the degree of psychological flexibility of the child and his / her dominance in the questionnaire?
- Is there a relationship between the degree of psychological flexibility of the parent and the degree to which he accepts his child's views?

Research Tools

1. Psychological flexibility questionnaires:
   a. AAQII - (Bond et al., 2011) Acceptance & Action Questionnaire.
   b. MPFI - Shorter Global Composites (Rogge, Wilson & Rolffs, 2016).
   c. Psychological Flexibility Questionnaire for Children - Acceptance and Fusion Questionnaire for Youth (AFQ-Y) (Greco, Murrell & Coyne, 2005)
2. A questionnaire on attitudes towards disabilities in society
   a. A questionnaire on attitudes towards disabilities (Halperin, Elad-Stanger, Andwelt, 2016)
   b. Disabilities questionnaire – Attitudes of parents
   c. Children's Disability Questionnaire

The results presented in two sections. Section 1 analyze the attitudes towards individuals with disabilities. Section 2 analyze the associations between psychological flexibility and attitudes towards individuals with disabilities.

Results showed that the older participants had more positive feelings and attitudes towards individuals with disabilities but had less willingness to integrate them. In addition, being non-married predicts more of a willingness to integrate individuals with disabilities.

It was additionally found that moral behavior and familiarity with individuals with disabilities also predict the willingness to integrate individuals with disabilities in the society.

Regarding psychological flexibility and attitudes towards individuals with disabilities, 64.30% of the participants had no doubts and had a willingness to integrate individuals with disabilities in society to a greater extent, and 35.70% had doubts about it. Positive correlation was found between the level of psychological flexibility of the parent and the level of psychological flexibility of the child ($r=.192$, $p<.01$). Positive correlation was found between the degree of psychological flexibility of the individual and his attitude towards individuals with disabilities in society ($r=.315$, $p<.01$).

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 ($r=.084$, $p=.612$) did not correlate with attitudes towards individuals with disabilities.

A pearson correlations were computed between the various aspects of parents' perceptions and behavior with the educational impact on their child. The most influential parent aspect on child's education is acceptance ($r=.202$, $p<.01$). Meaning, the higher acceptance parent has, the more psychological flexibility the child has, and therefore parents can more easily educate and instruct children in regard to individuals with disabilities.

In addition, Self as context of the parent has a positive influence on child's education ($r=.138$, $p<.01$). In this vein, diffusion of the parent has also a positive influence on children ($r=.102$, $p<.05$). However, the aspects of Contact with Values ($r=.055$, $p=.821$) and also Committed Action ($r=.071$, $p=.728$) did not found to influence child's education.

In addition to the quantitative questionnaires, parents and children also elaborated on their statements, attitudes and perceptions regarding individuals with disabilities. This method aims to elaborate the quantitative findings in order to further understand how exactly the psychological flexibility of the parent is related to the psychological flexibility measured in the child.

One of the most important themes that were expressed in the results is that there are differences in various types of disabilities regarding the ability of both parents and children to accept and integrate these individuals. That is, some disabilities are far more difficult to accept in comparison to others. It seems that both parents and children are more ease to accept individuals who are not perceived as a threat to their personal safety.

The participants in it the study described the emotional process of acceptance they went through. In the beginning, they were had stigmas regarding people with genetic disorders, but later on they came to realize the needs and emotions of these people.

Parents mainly emphasized the need for keeping society, and their children specifically, safe in the presence of individuals with disabilities. They chose these types of disabilities which will not harm their children physically or psychologically. In addition, another criteria to integrate individuals with disabilities is the ability to feel empathy towards the person.

On the other hand, parents found it very difficult to accept individuals with disabilities which can potentially harm their children

Parents specifically expressed negative attitudes in integrating individuals with infectious diseases or a history of violence.

Parents with regard to integrated individuals with disabilities, report on their desire to create a more diverse society with people who can help and learn from each other.

Hence, parents place a high importance on integrating individuals with disabilities in order to create a society in which people can learn one from another's experience and also to 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. As seen, children are very mature and positive in their attitudes regarding helping and the integration of individuals with disabilities. They state that despite the initial fear and stigma, they are willing to interact with individuals with disabilities and help them. They have a flexible

attitude in accepting other people with significant difficulties both in their appearance or their behavior.

Children feel more positive if they feel safe. As such, when children feel that individuals with disabilities might harm them, they choose not to engage. Participants were asked about thoughts and emotions that were aroused during answering the questions. Parents were very positive regarding how flexible and open-minded their children were

Other parents stated that the questions made them think about the education they give to their children regarding accepting other people

Hence, this experience was very meaningful for both children and their parents.

In addition, children were also very positive regarding answering the questions with their parents. They said it was a very insightful experience

This study examined in which ways, parents transfer to their children the skill of psychological flexibility. Results showed certain pattern in the participants' answers, which indicated a correlation between parental psychological flexibility and children's choices and explanations in the open text questionnaire.

Results showed certain patterns in the participants' answers, which indicated a correlation between moral approach and children's choices and explanations in the open text questionnaire. As shown in the results, participants with low levels of moral approach tended to show lower tendency to integrate individuals with disabilities.

Results showed exciting patterns regarding how parents responded to the questionnaires. Specifically, in the beginning, when parents filled-in their own questionnaires, they were a little uncomfortable and even anxious in some cases. It seems that individuals with disabilities are not comfortable for them to deal with. It is evident in the relevant and logical answers and addressed mainly the question of risk. However, when responding to the open text questionnaires with their children, parents felt they needed to show a more open-minded approach and reported a positive and even self-enhancement experience for the experience of filling out the questionnaire with their children. The parents testified that they had difficulty answering the questionnaire and were surprised at how their children were open to integrating children with disabilities. The parents even testified that their children's openness highlighted their rigidity in their own reactions and attitudes.

The study dealt with the relationship between psychological flexibility and various elements of psychological flexibility, and attitudes towards disabilities in society. The

goal of the study was to examine intergenerational transfer of psychological flexibility from parents to children, while addressing the various elements of psychological flexibility and their dominance over others, and the impact of perceptual and behavioral educational factors.

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 a 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.
- 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 deep observation.
- 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 the individual's ability to understand and accept reality as dynamic and changing, and treat it openly and flexibly. It can therefore 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 important.
- There is a difficulty of meeting people with a background of crime or violence in an authentic, non-prejudiced manner, and there is a tendency to believe that people relate such disabilities as a result of choice.
- Getting to know a person with a disability makes it possible to see him from a broader point of view, to adopt his point of view, and to 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 with an understanding of society's ability as a whole to benefit from it.

- relationship of children with disabled peers, which is based on meaningful interactions and broad interaction contributes to the formation of a positive, humane and accepting attitude
- There is a positive correlation between psychological flexibility and moral development and thus between psychological rigidity and moral violations such as labeling processes.
- Discussion of moral life includes dealing with the question of the healthy development of the self. In this study the responses position indicated their ability to benefit from integrating people with disabilities at the level of familiarity, understanding, awareness, experience, coping and opportunities for mutual learning and development, while learning about themselves as a derivative of the process.
- Motivation for integration arguments regarding to the establishment of a functional and justice society, the avoidance of harming others, and the expansion of personal good, as emerged in Nisan's (2001) definition of morality.
- School-age children are able to cope with and examine challenging issues, and express independent attitudes and opinions.
- There is strong effect of parental supervision and responses on the child's actions.
- the individual's family is a central and significant force in the transmission of attitudes, behaviors and hereditary influences which influence the formation of his personality and behavior
- Psychological flexibility in parents influenced both their children's choices and the way children chose to explain their choices.
- Parental practice related to psychological flexibility is positively correlated with empathy and positive outcomes of social activity of the child.
- psychological flexibility in the parent have a significant educational impact on the child
- Acceptance, cognitive diffusion and self-as-context in the parent are elements that have a positive impact on the child's education.
- These findings show that education based on cognitive-behavioral perceptions draws on views and values relating to the individual and his or her world.

- Psychological flexibility in the child allows him to share difficult content and express his opinions regardless of the acceptance of the environment or the psychological flexibility of his parents.

In summary, this study found that using tools to develop "psychological flexibility" may be effective in the educational field and contribute to the individual and the society in which he or she lives. The study showed that psychological flexibility is transmitted between parents and children through education, consciously and unconsciously. Also, the educational impact of psychological flexibility and the subsequent educational value of that impact was proven to be significant in: dealing with challenging situations and moral dilemmas, developing self-awareness, expanding adaptability and coping capabilities, problem solving, flexibility and learning, connection to values and action based on values. This impact has been demonstrated to influence not only the individual's quality of life, but the way in which he conducts himself and is influential as a member of society.