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INCLUSIVE EDUCATION AND SOCIETY

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Abstract

Inclusive education as an innovation has, nevertheless, deep historical roots: caring, custody, mutual assistance, social service, participation. However, in the modern world, inclusions are hampered by stereotypes regarding persons with HIA, called disabilism or disability. Disabilism prescribes people with HIA inability to overcome natural limitations associated with the characteristics of their health status, body features, as well as many negative and ineffective features. These negative characteristics give rise to alienation, stigmatization and other consequences, impeding inclusion. At the same time, the healing, developing potential of inclusion as the curly for mutual relations of all people is very great: the culture of joint being, of common life is the basis of a healthy society. In modern society images of invalids as useless and burdening the society, as passive and depressed people, experiencing disability as a tragic event in life, with which they cannot cope, have spread. At the same time, psychological research recreates such images of people with HIA: those who succeeded in life have accumulated rich experience, but who want to gain knowledge in the field of their own or related profession, they go to colleges and courses, not hesitating about their limitations, etc. In recent decades, in connection with the growing process of aging of the population of Russia and the world, the problem of rehabilitation and social inclusion of people with complex and multiple chronic diseases of varying severity and / or possible worn to the category of persons with disabilities.

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Keywords: Caring, disabilism inclusive education, participation, persons with HIA, social service.

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1. Introduction

Inclusive education as an innovation has, nevertheless, deep historical roots: caring, custody, mutual assistance, social service, participation. However, in the modern world, inclusions are hampered by stereotypes regarding persons with HIA, called disabilism or disability. Disabilism prescribes people with HIA inability to overcome natural limitations associated with the characteristics of their health status, body features, as well as many negative and ineffective features. These negative characteristics give rise to alienation, stigmatization and other consequences, impeding inclusion. At the same time, the healing, developing potential of inclusion as the curly for mutual relations of all people is very great: the culture of joint being, of common life is the basis of a healthy society. One of the main problems of the psychology of limited opportunities, defectology, requiring its solution is the destruction of stereotypes about disability and the creation of a new social image of people with HIA.

In modern society images of invalids as useless and burdening the society, as passive and depressed people, experiencing disability as a tragic event in life, with which they cannot cope, have spread. At the same time, psychological research recreates such images of people with HIA: those who succeeded in life, have accumulated rich experience, but who want to gain knowledge in the field of their own or related profession, they go to colleges and courses, not hesitating about their limitations, etc. In recent decades, in connection with the growing process of aging of the population of Russia and the world, the problem of rehabilitation and social inclusion of people with complex and multiple chronic diseases of varying severity and / or possible worn to the category of persons with disabilities. The life of a person with HIA, its quality and features are the subject of attention of many researchers: they state the plurality of types of disability and the plurality of its individual variants. The life of a person no less than the life of other people is full of events, normative and abnormal crises, elections in favour of development and life, or a rejection of development and a more or less conscious and rapid dying. At the same time, like “normal”, “valid” people, crises and stages of development, as the person grows older, they lose their clarity, non-normative ones, crises of the individual-activity, layer normative crises and social-interpersonal plan no longer alternate, but practically coexist, to study the features of the development of individuals with HIA difficult. In addition, if in healthy people failures or failures of development are associated with a differently expressed infantilization, then in people with HIA, these failures and “failures” can lead to the growth of disease states, secondary and tertiary defects and increased disability, as well as - of death. This phenomenon is easy to explain, based on the traditional model of disability. This model including the limitation of life resources, but already at the end of the twentieth century, scientists began to discuss problems of disability more actively through the prism of developmental features and the need to help people solve age problems of each age. The aim of these discussions is to ensuring the harmony of their social life and the lives of the people around them. The aim is to the fuller involvement of people with HIA and those who are affected by the community and their fulfilment of their functions. In the community existence and development (starting with educational and labour activities, including generative and creative work, rethinking sociocultural norms) people with HIA and other members of community learn live together. Disability is more likely to have to with the experience of mortality. The comprehension of it often falls within the range of tasks facing a person as the choice of personal development or rejection of it. That is why the number of productively overcoming

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crises is less than among the healthy ones, but those who manage and even recover – live often more full and full. The experience of coping and productive comprehension of HIA and death in the Russian and many other communities is still largely unformed: people sometimes do not know how to face difficulties and diseases, disability and how to cope with difficulties, disabilities, how to die and prepare for death, how – to survive and develop, when, as it seems, this is impossible. Vujicic (2010) writes “In the life of any person, hard times happen. He falls, and it seems that there is no strength to rise ... But, overcoming difficulties, we become stronger and should be grateful for the new opportunities that are opening before us. What is important is the influence that a person exerts on others, and how he ends his course” (p. 5). In our opinion, working with disabled people, as well as, especially with elderly and old people, people experiencing intense suffering about other problems, it is necessary to introduce serious adjustments. It is also important for society to realize that the problems of people with HIA are problems of the whole society, and the quality of life of these people is one of the important indicators of the level and direction of the development of the community. Unfortunately, in the disability, age and perfectionist cultures of “civilized countries”, including Russia, the role of people with HIA and other suffering often amounts to consuming community resources, “sponging”, endless complaints of help and inferiority that bother others, happy full-fledged, coping with life and building it “of their choice”. “Suffering is ubiquitous and sometimes incredibly cruel. However, even in the most terrible slums, in the heart of the most terrible tragedies there are people who managed not only to survive, but also to remain happy” (Vujicic, 2010, p. 5). The segregation and isolation of the disabled, the elderly, the dying, as well as those who committed or is accused of committing a crime, neglecting and abandoning their personal and professional potential manifest themselves both in the family and in the society as a whole. So many of these people are forced live, saving on everything, including saving on relationships. After the main social, physical and personal resources and problems of people with HIA are claimed and consumption is completed, the mechanism of their displacement is launched, isolation. The desire to “make room” is not only broadcast to people with HIA, they are in various degrees close to them, but are often shared by the disabled themselves, who feel guilty because they are “useless” and “interfere”, as well as unnecessary, because the people around are busy themselves by yourself. That is why people with HIA people often celebrate, they feel themselves as a hindrance or superfluous people, do not see the prospects for their existence and, as experience of special interest shows, quickly lose the meaning of life and life itself, left alone with their problems, values, more or less life experience, personal and professional culture. In reality, there are many options for integrating the elderly and other age peoples with HIA into society: through rehabilitation and developmental training, professional and charitable activities, family service as a service for the disabled and disabled. The social debt to them is not limited to “pensions” and services, but includes a lively attitude love and participation, the relationship of people with HIA and others is not a relationship of consumption, but a relationship of mutual assistance. Frankl (1990) noted: “The body does not influence anything, it only causes, but this conditionality of the human spirit is not in the least the attachment of the human spirit to its body” (p. 95-96).

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2. Problem Statement

To study the conditions of life's harmony, including the productivity of life and the people's satisfaction with the HIA, as well as the main problems and focuses of working with them in the direction of harmonizing their lives, a number of free polls and interviews were conducted, whose main questions were: "How do you assess life person in with РШФ? What does she lack? What resources? What do people with HIA have – in abundance? What other resources, in your opinion, are necessary for these people to ensure that their lives are harmonious? Is the life of people with HIA harmonious around you? What makes it harmonious or inharmonious? And your life? What makes it harmonious, and what is not harmonious? What, in your opinion, are the main causes of disability, disease and dying? What should and do people with HIA need and do? What kind of support is needed for people with HIA by the family and society?".

3. Research Questions

As the study showed, people with HIA treat themselves and HIA with greater acceptance and understanding than those surrounding them, and the harmony of people's lives with HIA is subjectively and objectively linked to their environment, the experience of surrounding by meaningful and necessary people, inclusion of disabled people in life activity and involvement surrounding people with HIA. It is also connected with the experience of the presence of physical, spiritual and spiritual resources and the adoption of limitations and diseases "as a matter of fact": by adopting restrictions, however, older adults do not so much resign themselves to them and do nothing as "despite" the restrictions, using compensation and development mechanisms. People with HIA, especially the male, are satisfied with life largely where they not only have the strength and are included in the life of families, but also can work, have goals related to work and other spheres of life. "You cannot die" and "do not have time to hurt" are two frequent phrases indicating that, aware of the limitations and death, people with a harmonious type of life and attitude toward it, they live a busy life in which there is no place for boredom and satiety, alienation and feelings of guilt. On the contrary, before death, in the state of pre-terminal, in the presence of seriously disabling life, in a state of acute illness, people with HIA and those surrounding them mention the phenomena of satiety and boredom ("healed up"), as well as feelings of uselessness and guilt ("it's time to free the place", "cannot help"). These experiences, thus, record 1) the presence or absence of life resources, exhaustion and depletion of the resources of others; including fear of "being a burden" or dying "without a glass of water" or without a "dowry"; 2) the presence or absence of significant, developing relationships, the relationship of love, affection, affection and involvement – the experience of loneliness and uselessness; 3) the presence or absence of goals and prospects for life, the meaning of life – the experience of boredom and meaninglessness. A disabled person is often characterized by a lack of internal acceptance of the "roles" imposed by social norms. Children and families of people with HIA, as seen from the results of surveys, underestimate the needs for employment, ownership and communication, often simplifying the situation of disability and illness to the exhaustion of resources, while denying responsibility for the condition of the neighbour is typical: "disability". Social workers (ecologists) are less naive, as they observe the problems of these people in the sphere of "from the

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outside", however, they also underestimate the need for employment. In general, as the results of research on the socio-psychological level show, a person's life can be saturated and full-fledged in the fulfillment of a number of principles that M.R. Arpentieva, working with psychosocial workers and other professionals supporting people with HIA and their families in different regions of Russia, singled out the "Triangle of Life" technique. In this technique, as the central components (the "corners of the triangle") of productivity, the full value of human life, it considers: 1) the existence of vital forces and resources (physical and material, mental and spiritual, etc.); 2) the existence of relationships with people and "distant"; 3) the existence of life goals or prospects.

4. Purpose of the Study

The existence of vital forces is guaranteed by three basic conditions: 1) careful and caring, respectful attitude of a person to himself, his resources; 2) the ability to spend resources "on purpose", caring for the quality of their lives, including the quality of spiritual and spiritual life; 3) the ability and desire to share resources with the outside world, donate and accept help, gifts. Absence or damage of this component leads to the appearance and aggravation, up to disability, of various psychosomatic disorders. Work in the psychosomatic clinic, therefore, should focus more on the restoration and strengthening of life forces - human resources, the formation of care and respect for the person to themselves, including their own body and other resources. The presence of relations and their quality is determined by the following conditions: 1) diversity, richness of relations as the presence of contacts with close and "distant" people of different age, sex, nationality, religious affiliation, etc.; 2) "the need for relations" as a characteristic of a person's ability to choose to build relationships between people, not only close to "blood", "spirit" and "soul", but bringing novelty, creativity, development into his life; 3) the predominance of the relationship of love and gift exchange, the lack of a relationship of hostility and rejection – of self and peace, independence as an independent and inclusive. Absence or damage of the second component leads to the emergence and aggravation of mental disorders of a different type and intensity: the more damage to the system of relations, the more pronounced the violation. The work in the psychiatric clinic, in connection with this moment, should be more focused on restoring and strengthening the harmony of human relations with oneself and the world, the acceptance of existing relationships and their problems. The work in the psychiatric clinic should be focused on the differentiation of relations (such as a rejection of relationships that destroy people, and such as filling relationships with people love and respect) (Vujicic, 2010).

The presence and "sufficiency" of life goals and perspectives can be estimated by the following parameters: 1) the presence of several significant goals and dreams in life; 2) the reality of the goals and dreams of a person, the desire to translate dreams and goals into reality; 3) "lack of transparency", the importance of goals, the organizing role of life goals as values and plans for life. Absence or damage of the third component leads to the emergence and aggravation of both physical and mental disorders: this type of violation is especially typical for the elderly and senile, and as a rule is "triggered" by violations of the system of relations and "launches" losses and deformations of vital forces. Both in psychosomatic and psychiatric clinics, work aimed at restoring vital interest, life goals and building life plans is one of the central ones. In the work of this direction, the question of fictitiousness-the truth of the goals of life is leading: according to Adler (2011) and other specialists who studied the deformations of the person's life

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path, love, its practical realization in relationships with surrounding people, in the family and outside it. The existence of life goals is successfully formed as an integrative component of human vitality and health. This is formed in the different forms of psychosocial support (self-help groups and volunteer assistance for older people to groups and individuals in different developmental learning processes as a process of revision the person values and goals of his life; labour activity in the specialty that a person acquired earlier or – in the process of training and retraining, etc.).

In general, the absence or damage of one of the components means that a person becomes vulnerable to various kinds of diseases. The absence or damage of two components "guarantees" a chronic disease and / or disability and its progress. The absence of three components, their damage, are an indicator of the terminal threat: starting from suicides associated with a sharp loss of life goals, attitudes and forces, and ending with a slow dying in boarding schools, hospices or – lonely apartments. The absence of each of the conditions is a separate problem in which a specialist can and should focus, helping a person and his family.

5. Research Methods

Speaking about the most important, the main difficulties of specialists in communicating with this class of clients relate mainly to the tendency to segregation and the absence of formulated humane, human values, including the disability of a specialist, leading to psychological burnout in dealing with "inferior" clients. Attempts to forcibly overcome the resistance of clients and their families to changes that are almost universal reaction to pressure, as well as one of the causes of disruptions in development and life activity, have a very negative impact on the work. Therefore, in the process of training and retraining of specialists, special attention should be paid to the family's consent and disagreement about the disabled person, his features and illnesses, ways to overcome problems and coping with disability, directions for counselling and support in general. These issues are the subject of joint work in which a person and, if available, his family act as an interlocutor, a partner, and not an object of application of the diagnostic and corrective efforts of a specialist. If the client chooses senselessness, irresponsibility and self-destruction, persists in self-ineffectiveness and learned helplessness, then the task of the specialist, like the family, is to induce him to a different choice: in ways that presuppose a possible concept of humanity, moral standards (Seligman, 2006; Tsiring, 2013). It is necessary to abandon the fixation of negative trends and "inability", up to a ban on a non-objective discussion of these trends, but to include them in the context of training and advisory activities that allow losing traumatizing and gaining positive experience, change patterns of comprehension, experience, response, relationships.

6. Findings

In the works of the existential-humanistic direction by numerous authors, beginning with A. Maslow, scientists described an interesting kind of defences. With this type of protection is associated a huge proportion of diseases of the soul and body, self-restraint of opportunities or protection from development - the complex of Jonah (Jonah complex). This complex is due to the fact that through the fault of "fear of achievement" – itself, success, etc. – more than half of the people in the world do not

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even turn to the task closely and are not selected to any appreciable degree of realization of the internal potential: "The higher you rise, the more you fall" (Maslow, 1999). R. May also noted that the main condition for freedom and growth of a person is self-awareness and confrontation with oneself, requiring “acceptance of responsibility and feelings of loneliness, which entails this responsibility”. This implies rejecting the illusion of “child omnipotence”, that there will never be absolute certainty about the decisions that, one way or another, will be taken (May, 2004). Escape from freedom and escape from destiny, escape from oneself – three parts of one phenomenon (Fromm, 2005). To be a loser, sick, unsuccessful, limited – just (Glasser, 1990). “People we call” sick people “are people who are not who they are, they are people who built themselves all sorts of neurotic protections against being human”, says A. Maslow (Maslow, 1999; Angyal, 1965). The “fear of one's own greatness” or “the desire to escape the call of one's talent” is close to the inferiority complex described by A. Adler (Vaihinger, 1984).

In the behavioural and psychoanalytic model, in the explanation of diseases and disabilities, much attention is paid to the phenomena of aggression, including latent or latent. Hidden aggression is the most typical way of behaviour when an individual subject or group cannot express their hostility in an open form and resort to mockery, ignoring the interlocutor, or imposing their “love” and “help”. As K. Menninger has noted, our life is formed by those who love us, and those who refuse to love us. The imposition of “good” on other people is one of the most destructive forms of interaction. The plurality of forms of an explicit or hidden confrontation aggravates the response, further attempts to resist. It should be understood that the term “aggression” means “to go forward” or “approach”, while “approaching” is possible both for the purpose of establishing contact and for enmity (Menninger., 2002, May, 2004, Plant, 2005). These two opposing components of aggression in many respects, “positive” and “negative”, can be intertwined, and then aggression becomes a very ambiguous phenomenon: externally it can act as destruction, and internally be a condition and stage of creation. Man, according to Z. Freud (Freud, 1993), strives not only for love, creation, but for destruction, the instinct of death or destruction is the second basic instinct. Vailant (Vaillant & Mukamal, 2001) proposes to distinguish between “mature” and “immature” defences. Jung (1993) believed that the instability of the psyche can be periodic or situational: during periods of normative and abnormal crises, it is associated with violations of the interrelationship of different levels of consciousness, weakening the defence and making possible the penetration into the consciousness of aggressive collective archetypes (in including family-tribal, ethnocultural, etc.) of the unconscious. In the theory of Grof (1993) it is noted that at the time of childbirth a hyperstress situation arises: a person is born, encountering obstacles that are incomprehensible to him, experiencing an incredible horror of restraint, while he is unable to comprehend what is happening and is powerless. The totality of these experiences is “imprinted” in the psyche, and during the crisis moments of life the matrix of “birth” can become more active. According to the concept of Adler (2011), aggression is associated with “the will to power”: a person tries to conquer “a place under the sun”. The sense of separation is characterized by the fact that a person loses the ability to realize (Tsiring, 2005; Seligman, 2006). The opposite of helplessness is search activity. If a person stops exploratory behavior, especially if it was previously expressed, then this “difference” causes “illnesses of achievement”, if it does not, then it lives limiting itself, is disabled. Bandura (1986, 1997) showed that another reason for behavioural disorders may be the lack of faith in the effectiveness of their actions – the

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"theory of self-efficacy". Self-efficacy, as opposed to expectations about the results or consequences of actions, is the person's confidence that he can carry out certain specific actions. The belief in self-efficacy determines "what method of action he chooses, how much effort he will make, how long he will stand, when he meets with obstacles and failures, how much greater plasticity he will show in relation to these difficulties" (Bandura, 1986, p. 65; Plant, 2005). Patients and clients of this type need reciprocal, non-destructive aggression; assertiveness – persistent non-hostile self-protective behavior aimed at achieving the goal – is most useful. It is possible and necessary to offer cooperation, to state or punish a negative manifestation and again to offer cooperation (Menninger, 2001).

To summarize, as the leading techniques of work in connection with the noted problems, we note the importance of the forms of psychological assistance aimed at understanding and transforming: 1) life goals and values, including Frankl's (1990) logotherapy, Adler's (2011) therapy, etc. (Kempinski, 1993, Langle, 2014); 2) relationships, from generic scenarios to a culture of communication, including placement methods, sensibility training, etc. (Maslow, 1999, May, 2004, Menninger, 2001; Hellinger, 2003), 3) the accumulation and distribution of vital resources, including psychosomatic theories and practices of maintaining physical, mental and spiritual health, among which I want to separately note the approaches of Viilma (2004, 2007), Amosov (2003), Lazarev (2009).

7. Conclusion

As the leading technologies, we note the importance of a systematic approach that involves the involvement of people and the life of the community through social and psychological support based on the CSR, boarding schools and families, mutual assistance groups and training, professional and volunteer activities. "Some injuries heal faster if a person moves. The same can be said about life's difficulties ... Do not spoil your life with lamentations for the injustice of the trials that have fallen to your lot. Better look ahead" (Vujicic, 2010, p. 21).

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