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Self-Preservation of Health and Personality among Students with Disabilities in the Inclusive Education as a Problem Statement

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> The article describes the conceptualization of the health and personality selfpreservation among students with disabilities, which is associated with the necessity to expand the methodological boundaries of the study and social modeling in inclusive education. There are considered features of the denoted social group self-preservation reactions, self-preservation behavior and selfpreservation strategy. Starting from the assumption that self-preservation presupposes reaction to threats of different levels, a three-level model of the phenomenon is proposed: 1) physical and mental health self-preservation as reaction to internal and external threats; 2) self-preservation personality; 3) self-preservation of the social environment. The development of the model is based on the principle of contextually taking into account the uncertainty of modern society status, which involves numerous threats to human health and life. The connection between the conscious necessity for self-preservation and active behavior is emphasized. Within the inclusive university framework, it is possible to create successful self-preservation strategies, despite the stringent requirements for professional training, which are observed through comprehensive support for students with disabilities.

> **Keywords:** concept of self-preservation; self-preservation of health and personality; students with disabilities; inclusive education; self-preservation behavior; self-preservation strategy.

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Постановка проблемы самосохранения здоровья и личности студентов с инвалидностью в условиях инклюзивного образования

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Представлена авторская попытка концептуализации проблемы самосохранения здоровья и личности студентов с инвалидностью. Отмечается, что это связано с необходимостью расширения методологических границ изучения и социального моделирования инклюзивного образования. Рассматриваются особенности самосохранительных реакций. самосохранительного поведения и самосохранительной стратегии обозначенной социальной группы. Отталкиваясь от предположения, что самосохранение предполагает реакцию на угрозы разного уровня, предлагается трехуровневая модель феномена: 1) самосохранение физического и психического здоровья как реакция на внутренние и внешние угрозы; 2) самосохранение личности; 3) самосохранение социальной среды. Разработка модели основывается на принципе контекстуальности: учитывается состояние неопределенности современного общества, предполагающее многочисленные угрозы здоровью и жизни человека. Подчеркивается связь осознанной необходимости самосохранения с активным поведением. В рамках инклюзивного вузовского образования возможно конструирование успешных стратегий самосохранения, несмотря на жесткие требования к профессиональной подготовке, что обеспечивается через комплексное сопровождение студентов с инвалидностью.

Ключевые слова: концепт самосохранения; самосохранение здоровья и личности; студенты с инвалидностью; инклюзивное образование; самосохранительное поведение; самосохранительная стратегия.

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Introduction

Modern society offers people with disabilities inclusive education, or general education on common terms in regular (nonspecialized) higher educational institutions with the obligation to assist them during the process of receiving professional training/ specialty. The author's work experience on this issue allows to assert that it has recently compensated for the physical disabilities of students and allows them to hope for a further successful life and professional scenario. However, the problem of disability is an obstacle for a person, with which they cope with while enrolling in university, during the course of their studies, and when graduating. Disability is associated not only with the destruction of the body, but also the personality. In this situation, enrolling in university and studying in a general (inclusive) group is, by and large, a self-preservation strategy.

Numerous risks to human life and health that have arisen in modern society make the problem of self-preservation extremely relevant; it is a question of humanity, the survival of humanity and its societal system. In science, this question arose in the 70s of the 20th century in the West and was connected with the active formation of a position in relation to someone's own health, and then a decade later this scientific direction became popular among Russian researchers: A.I. Antonov, I.V. Vereshchagina, I.V. Zhuravleva, G.M. Igoshev, A.A. Kovaleva, I.B. Nazarova, L.A. Popova, L.S. Shilova and others. It is worth noting that the interest of scientists is gradually shifting from general methodological problems of self-preservation to life and health self-preservation in various social groups. Among the last, persons with disabilities are of particular interest, for whom health self-preservation is a matter of quality of life.

The health of these people has already suffered, so the subjects are faced with the task of continuous self-preservation of what is left, including through regular rehabilitation courses and the finding of opportunities to integrate into society under this condition.

One of the options for it is an educational lift, while for people with disabilities (to be precise, with intact intelligence) it is important to acquire a comfortable educational environment for personal development. Such a successful environment is the inclusive educational space of the university. The purpose of this article is to present the results of work aimed at creating the author's model for solving the problem of self-preservation for students with disabilities in inclusive education conditions.

Methods

As the method is the theoretical modeling and conceptualization of the health and personality self-preservation of students with disabilities in inclusive education conditions. The introduction of the role of a person with special educational needs in the model of the process of educational inclusion sets a new perspective on the methods for studying this process. We consider the constructed model as an ideal representation of the solution to the identified problem. This meets the needs existing in the situation of the development of social and educational policies regarding persons with disabilities. which we have observed over the past twenty years. Our approach is aimed at identifying the personal traits of self-preservation among this category: the nature of their selfpreservation behavior and self-preservation strategies. Conceptualization, from the specialist's point of view, is the process of constructing some recognizable concept [10]. In this case, the proposed model is necessary for an expanded vision of the inclusive education phenomenon.

Results

When we speak about self-preservation, we mean the actions to preserve one's own life and the normal state of life-supporting systems on the part of an individual living being or an entire community of such beings. For a person with his biosocial essence, the problem of self-preservation is described in two aspects: biological and

social. In the first case, we are talking about preserving human life and health, as well as the whole world as a civilization, in the second — about preserving the individual and, by and large, society and all social systems, ensuring their vital functions. At the same time, for a person, self-preservation as an action can be at different levels: from reflexive to meaningful and planned/ organized. The author's experience in the comparative analysis of animal and human behavior allows us to assert that selfpreservation is a human reaction (the human body, his personality, a social subject) towards external threats to life and health. Like all living beings, the human's instinct of self-preservation manifests itself through pain and fear, which stimulate some meaningful or unconscious actions. Unlike animals, which are capable not only of basic physiological reactions, but also of complex behavioral programs of adaptation to climatic conditions, humans use the entire arsenal of social systems and developed technologies in self-preservation programs. Human programs for self-preservation are multivariate, since they differ for each person and for each social group.

Self-preservation presumes a response towards threats of different levels, which differ among representatives of different social and socio-demographic groups. In this case, we are interested in how self-preservation occurs at the designated levels among students studying in an inclusive educational environment

1. If the self-preservation of a disabled person as a complex phenomenon consists of actions directed against threats of different levels, then we should first of all highlight the internal level: negative processes occurring in the body and psyche. In this case, we are talking about the self-preservation of health (somatic and mental). The World Health Organization notes that disability is "a common phenomenon that many people experience throughout their lives. It is the result of the interaction between certain health conditions (dementia, blindness, spinal cord

injury, etc.) and a number of environmental and individual factors" [4].

Interaction with the external environment for a disabled person is painful and requires efforts on his/her part. The health status of a person with a disability depends on the potential of the body itself to respond to illness or injury, as well as on the conditions in which the person finds himself. Studying at a university or college is, by and large, a test time for the atypical student. The stress that arises during admission, when speaking in classes, defending projects, and exam sessions, gives rise to self-doubt, as well as fears about each subsequent situation. The consequence of the situation is the deterioration of health. A student with a disability must prove every time that he can be no worse than the rest of the norms of typical students, often to the detriment of his\her health. As a way out of the situation, the self-preservation instinct must be triggered, transformed into a conscious strategy for supporting one's health. It must be recognized that inclusive support at universities is aimed at supporting the self-preservation strategy. The complexity of such support, including the pedagogical, socio-psychological, and medical areas, can provide the greatest possible positive result. But medical rehabilitation is not a part of the functions of the university; the only correct solution may be close communication with medical institutions, centers and rehabilitation specialists.

Since disability is often associated with comorbidity, in the process of developing self-preservation strategies, students themselves must be aware of the possibility of comorbidity. From the point of view of doctors, "in real life, an ideal organism from the point of view of nature every second encounters a multitude of pathological agents, under the influence of which its individual components fail, leading to the development of a disease" [2, p. 4]. Accordingly, by definition, the non-ideal body of people with special needs reacts much more sharply to any negative factors.

Separately, we should highlight the threats to the mental health of a student with disabilities. Many people with special needs often already have mental health or emotional disorders. Entering university is associated with fears, self-doubt and problems with the adaptation to an inclusive group and an inclusive educational space. Typically, a child/young person with a disability will be more isolated from social life prior to enrollment. At the university, he/ she gets him/herself into an intense student life with a large number of stimuli that require active involvement and emotional reactions. Further professional training is associated with situations requiring significant effort in terms of the preparation for classes and the necessity to keep up with students in good health. The inability of a student with disabilities to complete a task efficiently activates psychological defense mechanisms. The situations are complicated by the general discourse of continuous risks in modern postmodern society [7], anxiety, uncertainty and fears are supported by the external atmosphere. which significantly complicates the implementation of essentially optimistic selfpreservation strategies.

2. The second level of threats affecting the self-preservation of a person with disabilities is threats against the individual, or more precisely, personal development. Since personality is characterized by the flow of mental processes, it is not possible to separate the previous level of selfpreservation from a self-preservation of personality. Based on the self-concept, it is much more difficult for a person with a disability to maintain integrity and identity. Thus, if a young person enrolls in an inclusive university from a special educational institution, he is forced to rebuild his identity. Staying in a special educational institution (school) in most cases is much more comfortable for a person with a disability, since such limited isolation is gentle on his personality [13]. A situation arises when a young person, on the one hand, strives to preserve their personality (what is formed at the moment), on the other hand, they feel the need to develop and overcome him/herself.

3. In turn, the personality is a socialized individual, which presupposes interaction with society, socialization and the presence of social connections: "Society and the individual interact according to the principle of two systems, one of which is dominant in relation to the other. This already presupposes a strategy for self-preservation of the individual as a system" [8, p. 274]. Consequently, preserving oneself as an organism and as a person requires another level the preservation of a relevant social environment in which there are stable relationships that support a person with special needs [15]. For a person with a disability, threats from a social environment that is not fully accessible mean a personal challenge that requires social activity and joining forces to support the social institutions of inclusion. Self-preservation is always a response (reaction) to risks arising in modern society: man-made, environmental, social. Barriers increasing the social disadvantage for people with disabilities, according to the World Disability Report (2011), lead to poor health and learning outcomes [3]. It must be admitted that the awareness of threats forces people with disabilities to mobilize and look for opportunities to preserve themselves as personalities in society. Self-preservation here becomes not only a reaction to risks, but also a social need to ensure one's safety.

Professional higher education is one of the resources that ensures self-preservation. Higher education provides protection and recognition to a person with a disability. However, a fairly small percentage of people with disabilities can and do decide to enroll in university. The problem is that a person with a disability finds themself between the possibility of complete failure, leading to self-destruction, and the growth of his/her capabilities, leading to self-preservation. For a special student, the situation of studying at an inclusive university is associated with the constant overcoming of oneself. For obvious reasons, inclusive education can only be effective in the conditions of an accessible environment, ensuring a comfortable existence for atypical students, and their inclusive support. But without a self-preservation strategy developed by the student with special educational needs, efforts on the part of the university will not be successful. The connection between self-preservation and successful learning at an inclusive university is obvious, and the three-level model of selfpreservation for people with disabilities fits guite organically into the inclusive context that the university poses.

Conclusion

The development of inclusive education in higher education is built on the basis of successful practices, first foreign, and now our own, domestic, ones. It is probably needed to admit that the transition from a rehabilitation model to an inclusive one was rapid. In this regard, at the moment, the necessity of the generalization of the accumulated experience reguires conceptualization. For specialists, having a well-formed concept will allow them to build a holistic system with more effective technologies that can be applied in practice. In turn, it is the methodological base that can and should serve not only for qualitative changes in inclusive education, but also for consolidating this educational policy and social practice in those territories and in those universities that have not yet accepted and fully mastered it. The understanding of the significance of methods in a seemingly practical issue has already matured in Russian science, for example, from V.M. Rozin we find an analysis of the methodological approaches to inclusive education applied by researchers and specialists [11]. In connection with the development of inclusive education in university, works devoted to the psychological characteristics of students with disabilities appear in scientific literature; the position related to the socio-psychological adaptation of students is especially emphasized [12, p. 246], and the problem of activity of students with special educational needs [1]. But, in the same row, there is the problem of self-preservation, which is based on active behavior and an active position. In this regard, this concept should be taken into account in the methodological basis of inclusive education.

The practical orientation of the problem a priori connects it with organizational and managerial models, which makes it necessary to address two levels. Issues about the specific behavior and psychological characteristics of students with disabilities inevitably lead to the formulation of organizational problems and technological solutions. This part talks a lot about the concept of universal design as a method for building an inclusive educational space in universities, about interdepartmental and interstructural interaction in solving the problems of students with disabilities. In other words, many ideas are emerging, among which the most important for us are those that meet the issues of preserving the health of students with disabilities. Here it is important to take into account a certain "dilemma" that every inclusive university solves: on the one hand, when implementing inclusive education, the health capabilities of students with disabilities should be taken into account, but on the other hand, it is necessary to provide high-quality professional knowledge and prepare a specialist in a certain field. Researchers have already noted that inclusion gives rise to a number of paradoxes [14], but this fact must also be taken into account in the method. It was precisely the methodological "inadequacy" that made it possible to raise the question of developing the concept of the self-preservation of the health and personality of a student with disabilities. The formulation of this problem is not completely new; it returns us to the issue of rehabilitation, posed earlier by the WHO [5], but the problem of self-preservation was not raised in the discourse of educational inclusion. When

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