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ВЕСТНИК

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PSYCHOTHERAPEUTIC RELATIONS IN INCLUSIVE PSYCHOLOGICAL COUNSELING

Abstract. Psychological counseling in inclusive practice is a variant of counseling psychology and psychotherapy. It represents direct work with an individual, aimed at solving interpersonal and intrapersonal, educational and work / professional human problems by means of a consultative / psychotherapeutic conversation. Counseling and psychotherapy in inclusive practice assumes a special type and is a special way of organizing interpersonal interaction in dialogical form. The psychologist is inseparable from his / her interlocutor; therefore, the research of counseling and psychotherapy in inclusive practice is closely related and suggests the need to study the specifics of the psychologist’s interpersonal relations with the client, both in comparison with ordinary forms of inclusive interaction, and in other forms of professional communication (pedagogical, medical, etc.). The purpose of the study is to investigate psychotherapeutic relations in inclusive psychological counseling.

The theoretical method of the research is the theoretical investigation of the psychotherapeutic relations in inclusive psychological counseling. It is very interesting to develop the problems of mutual understanding between the psychologist and the client in inclusive and other types of counseling and psychotherapy practices. In the works of M.R. Arpentieva, F.E. Vasilyuk, G.A. Kovalev, A.F. Kopiev, B.M. Masterov, A.B. Orlov, T.A. Florenskaya, A.U. Kharash, and many other domestic scientists shows that there are several main ways of building mutual understanding associated with the organization of joint (reflection) research of what is happening in the client's life inside and outside the counseling and psychotherapeutic situation. Different strategies (explaining, interpreting and dialogizing) and components (self-understanding, understanding another, understanding the situation) of understanding are more or less characteristic of a particular person, client, consultant, supervisor, and their environment. Using different strategies and addressing different components leads to a unique pattern of human relationships. In inclusive practice, aspects of "semantic exchange" become obvious: the consultant and the client draw each other's attention to areas of understanding that are inherent in them and important for a full understanding of what is happening. Very often this or that sphere of reality remains closed for the client: he does not understand it because he has never explored as a result of the fact that this sphere was "banned", ignored by his family members and other environment, or simply did not know about it. The consultant expands and deepens the client's understanding by introducing new meanings or new "voices" into the dialogue. The client, enriching his world with new meanings, gets the opportunity for more successful coping and sometimes healing. An important aspect of working with people with disabilities and their families is taking into account the technological features of work and the special importance of value-semantic aspects: the dialogue "smooths out" and resolves problems that are inaccessible to the traditional "expert-diagnostic", bureaucratized medical or social models. The psychologist, as a guide and facilitator, as an interlocutor, creates the conditions for dialogue, an invitation to which the client can respond if he /she needs dialogue and help and feels that he /she can receive such help. But even in a state of disbelief and despair, dialgue helps to establish internal connections, and, after that, to increase external opportunities, to remove the primary and secondary restrictions on the life of a person with a disability and / or his (her) loved ones. Among the leading skills and knowledge of a specialist, it is necessary to indicate the skills of understanding, acceptance, authenticity as transparency, congruence as harmony, concreteness as objectivity, appeal and personification, awareness / reflexivity.

Key words: inclusive dialogue, disability, special needs, psychotherapy, psychological counseling.

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МҮГЕДЕКТЕРДІҢ ПЛИХИКОТЕРАПЕВТИКАЛЫҚ ДИАЛОГЫ ЖӘНЕ ДИАЛОГИЯЛЫҚ ҚҰЗЫРЕТТІЛІГІ

Аннотация. Инклюзивті практикадағы психологиялық кеңес беру – бұл психологиялық және психотерапиялық консалтингтің нұсқасы. Бұл кеңес беру / психотерапиялық әңгіме арқылы тұлғааралық және тұлғаишілік, тәрбиелік және еңбек / адамның кәсіби мәселелерін шешуге бағытталған адаммен жүргізілетін тікелей жұмыс. Инклюзивті практикадағы кеңес беру және психотерапия арнайы форманы алады және диалогтық формада тұлғааралық өзара әрекеттесуді ұйымдастырудың ерекше әдісін білдіреді. Психологты сұхбаттасушымен бөлуге болмайды, сондықтан инклюзивті практикадағы кеңес беру мен психотерапияны зерттеу тығыз байланысты және әдеттегі инклюзивті өзара әрекеттесу формаларымен салыстырғанда психологтың клиентпен тұлғааралық қарым-қатынасының ерекшеліктерін зерттеу қажеттілігін ұсынады, және кәсіби қарым-қатынастың басқа түрлерінде (педагогикалық, медициналық және т.б.). Зерттеудің мақсаты - инклюзивті психологиялық кеңес берудегі психотерапиялық қатынастарды зерттеу. Теориялық зерттеу әдісі - инклюзивті психологиялық кеңес берудегі психотерапиялық қатынастарды теориялық тұрғыдан зерттеу. Психолог пен клиенттің өзара түсіністік мәселелерін инклюзивті және басқа да кеңес беру түрлері мен психотерапия практикасында дамыту өте қызықты. М.Р. Арпентьева, Ф.Е. Василюк, С.А. Белорусова, Г.А. Ковалева, А.Ф.

Копьева, Б.М. Мастерова, А.Б. Орлова, Т.А. Флоренская, А.У. Хараш және басқа да көптеген отандық ғалымдар, олар консультациялық және психотерапиялық диалог пен өзара түсіністікті құрудың бірнеше негізгі жолдары бар екенін көрсетті, олар клиенттің өмірінде консультациялық кеңістікте және одан тыс жерлерде болып жатқан оқиғаларды бірлесіп зерттеу (рефлексия) ұйымдастырумен байланысты. және психотерапиялық жағдай. Түсінудің әр түрлі стратегиялары (түсіндіру, түсіндіру және диалог жүргізу) және компоненттер (өзін-өзі түсіну, басқасын түсіну, жағдайды түсіну) белгілі бір адамға, клиентке, кеңес берушіге, супервайзерге және олардың қоршаған ортасына азды-көпті тән. Әр түрлі стратегияларды қолдану және әртүрлі компоненттерге жүгіну адамдар арасындағы қатынастардың ерекше үлгісіне әкеледі. Инклюзивті практикада «семантикалық алмасудың» аспектілері айқын болып, жұмыстың жетістігін анықтайды: консультант пен клиент бір-бірінің назарын өзіне тән және болып жатқан оқиғаларды толық түсіну үшін маңызды түсіну салаларына аударады. Клиент үшін көбінесе сол немесе басқа шындық сферасы жабық болып қалады: ол оны түсінбейді, өйткені ол ешқашан бұл салаға «тыйым салынған», оның отбасы мүшелері және басқа орта ескермеген, жай ғана жасаған бұл туралы білмейді. Консультант диалогқа жаңа мағына немесе жаңа «дауыстар» енгізу арқылы клиенттің түсінігін кеңейтеді және тереңдетеді. Клиент өз әлемін жаңа мағыналармен байыта отырып, табысты күресуге және кейде емделуге мүмкіндік алады. Инклюзивті практикадағы консультативті-психотерапиялық диалог оның сәттілігінің бір шарты болып табылады. Қатынастар паритеті өзара әрекеттестіктің дараланған, дараланған және нақты моделін таңдау сезімталдығымен қатар, маманмен және мүгедектердің өзімен және оның отбасы мүшелерімен, басқа қатысушылармен жұмыс жасаудың өтемдік сипаттамасын ғана емес, сипаттамасын да қамтамасыз етеді. оның өмірінде әртүрлі инклюзивті жағдайлар мен жағдайларда. Мүмкіндіктері шектеулі адамдармен және олардың отбасыларымен жұмыс істеудің маңызды аспектісі жұмыстың технологиялық ерекшеліктерін және құндылық-семантикалық аспектілердің ерекше маңыздылығын ескеру болып табылады: диалог дәстүрлі «эксперттік-диагностикалық» қол жетімсіз мәселелерді «тегістейді» және шешеді, бюрократталған медициналық немесе әлеуметтік модельдер. Психолог жетекші және фасилитатор ретінде, сұхбаттасушы ретінде диалог үшін жағдай жасайды, егер ол клиентке диалог пен көмек қажет болса жауап бере алатын шақыру және осындай көмек ала алатынын сезінеді. Бірақ сенімсіздік пен үмітсіздік жағдайында да диалог ішкі байланыстарды орнатуға, содан кейін сыртқы

мүмкіндіктерді арттыруға, мүгедектің және / немесе оның жақындарының өміріндегі негізгі және қайталама шектеулерді алып тастауға көмектеседі. Маманның жетекші дағдылары мен білімдерінің арасында сотсыз түсіну, сөзсіз қабылдау немесе «көлденендік» дағдыларын, шынайылық пен ішкі мәнге сәйкестік немесе ішкі мөлдірлік, сыртқы әлеммен үйлесімділік ретінде үйлесімділік, нақтылық - объективтілік, тартымдылық және дараландыру, хабардарлық / рефлексивтілік. Осы дағдылардың барлығы маманға оқшаулануға, дамудан қорғанысқа, тәжірибенің блокадасына және обсессивті монологқа деген бейімділікті «бұзуға» көмектеседі.

Түйін сөздер: инклюзивті диалог, мүгедектік, ерекше қажеттіліктер, психотерапия, психологиялық кеңес беру.

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ИНКЛЮЗИВНЫЙ ПСИХОТЕРАПЕВТИЧЕСКИЙ ДИАЛОГ И ДИАЛОГИЧЕСКАЯ КОМПЕТЕНТНОСТЬ ЛИЧНОСТИ

Аннотация. Психологическое консультирование в инклюзивной практике - это вариант консалтинговой психологии и психотерапии. Он представляет собой непосредственную работу с человеком, направленную на решение межличностных и внутриличностных, образовательных и рабочих / профессиональных человеческих проблем посредством консультативной / психотерапевтической беседы. Консультирование и психотерапия в инклюзивной практике приобретают особый вид и представляют собой особый способ организации межличностного

взаимодействия в диалогической форме. Психолог неотделим от собеседника, поэтому исследования консультирования и психотерапии в инклюзивной практике тесно связаны и предполагают необходимость изучения специфики межличностных отношений психолога с клиентом, как в сравнении с обычными формами инклюзивного взаимодействия, и в других формах профессионального общения (педагогическом, медицинском и др.). Цель исследования - изучить психотерапевтические отношения в инклюзивном психологическом консультировании. Теоретический метод исследования - теоретическое исследование психотерапевтических отношений в инклюзивном психологическом консультировании. Весьма интересным является разработка проблем взаимопонимания психолога и клиента в инклюзивных и иных видах практик консультирования и психотерапии. В работах М.Р. Арпентьевой, Ф.Е. Василюка, С.А. Белорусова, Г.А. Ковалева, А.Ф. Копьева, Б.М. Мастерова, А.Б. Орлова, Т.А. Флоренской, А.У. Хараша и многих других отечественных ученых, показавших, что существует несколько основных путей построения консультативно-психотерапевтического диалога и взаимопонимания, связанных с организацией совместного исследования (рефлексией), происходящего в жизни клиента внутри и вне консультативно-психотерапевтической ситуации. Разные стратегии (объясняющая, интерпретирующая и диалогизирующая) и компоненты (самопонимание, понимание другого, понимание ситуации) понимания являются более или менее характерными для того или иного человека, клиента, консультанта, супервизора, их окружения. Использование разных стратегий и обращение к разным компонентам приводит к уникальному рисунку взаимоотношений людей. В инклюзивной практике очевидно значимыми и определяющими успех работы становятся аспекты «смыслового обмена»: консультант и клиент привлекают внимание друг друга к областям понимания, свойственным им и важным для полноценного осмысления происходящего. Очень часто для клиента остается закрытой та или иная сфера реальности: он не понимает ее потому, что никогда не исследовал в результате того, что эта сфера была «под запретом», игнорировалась членами его семьи и иным окружением или просто не знал о ней. Консультант расширяет и углубляет понимание клиента, вводя новые смыслы или новые «голоса» в диалог. Клиент, обогащая свой мир новыми смыслами, получает возможность более успешного совладания и подчас исцеления. Консультативно-психотерапевтический диалог в инклюзивной практике - одно из условий ее успешности. Паритетность отношений наряду с чуткостью выбора индивидуализированной, персонализированной и

конкретной модели взаимодействия обеспечивают развивающий, а не только компенсаторный характер работы со специалистом и самого человека с ограниченными возможностями и членов его семьи, и иных участников его жизни в разных инклюзивных контекстах и ситуациях. Важным моментом работы с людьми с ограниченными возможностями и их семьями является учет технологических особенностей работы и особую значимость ценностно-смысловых аспектов: диалог «сглаживает» и разрешает проблемы, недоступные традиционной «экспертно-диагностической», бюрократизированным медицинской или социальной моделям. Психолог как проводник и фасилитатор, как собеседник, создает условия для диалога, приглашение, на которое клиент может откликнуться, если нуждается в диалоге и помощи и ощущает, что такую помощь получить может. Но даже в состоянии неверия и отчаяния диалог помогает наладить внутренние связи, а, вслед за этим, и увеличить внешние возможности, снять первичные и вторичные ограничения жизнедеятельности человека с инвалидностью и/или его близких. Среди ведущих умений и знаний специалиста нужно указать умения безоценочного понимания, безусловного принятия или «горизонтальности», аутентичности как искренности и соответствия внутренней сути или транспарентности, конгруэнтности как гармонии с внешним миром, конкретности как предметности, обращенности и персонифицированности, осознанности / рефлексивности. Все эти умения помогают специалисту «фрустрировать» повседневные тенденции к изоляции, защитам от развития, блокадам опыта и навязчивым монологам.

Ключевые слова: инклюзивный диалог, инвалидность, особые нужды, психотерапия, психологическое консультирование.

Introduction. Psychological counseling psychotherapy in inclusive practice is a variant of counseling psychology. It represents direct work with an individual, aimed at solving interpersonal and intrapersonal, educational and work / professional human problems by means of a consultative / psychotherapeutic conversation in different inclusive practice or practices (educational, social, medical, psychological / psychotherapeutical and etc.). Counseling and psychotherapy in inclusive practice assumes a special type and is a special way of organizing interpersonal interaction in dialogical form. The psychologist is inseparable from his / her interlocutor; therefore, the research of counseling and psychotherapy in inclusive practice is closely related and suggests the need to study the specifics of the psychologist's interpersonal relations with the client, both in comparison with ordinary forms of inclusive

interaction, and in other forms of professional communication (pedagogical, medical, etc.) (Lovenfosse et.al, 1999; Marquis et.al, 2020; Taylor, 2010).

There are very few studies directly devoted to the problems of counseling people with disabilities and their families. In domestic counseling psychology and psychotherapy, one can note the works of M.R. Arpentieva, T.A. Podolskaya and N.V. Mazurova (Arpentieva, 2019; Podolskaya et.al, 2021). In foreign psychology and pedagogy, there are numerous works of a meta-analytical type devoted to certain aspects of psychological assistance to these people. However, generalizing studies are clearly still insufficient. Numerous research and development in this area is associated with the problems of social rejection and isolation of people with disabilities and their families, stigmatization, secondary defects, etc. However, in the context of the analysis of family scenarios and the (intergenerational) transmission of family experience, more and more attention is being paid to the processes associated with the “patient identification” of “pathologizing family relationships” (roles), for example, excessive dependency and distancing relationships, over-orientation of families towards social success and achievements (intellectual, economic, etc.) and families of the passive-consumer type, excessive dominance or submission, excessive emphasis on gender / gender, age / generational, religious, ethnic, etc. differences or ignoring them, etc. (Thenu et.al, 2013; Vlaskamp et.al, 1999; Weber et.al, 2021). All these problems are in one way or another connected with the blockade of experience and work with experience and with masks and roles that strengthen such blockades, defenses, etc. (Fromm, 2020; Grand et.al, 2020; Hamburger, 2021). Protecting himself or herself from the traumas caused by educational and professional life, by other people (family, love and friendship) relationships, etc., an individual is also protected from development, blocking the possibility of self-realization and self-realization. For people with disabilities and their families, such protection seems especially important and justified: limited opportunities justify rejection of self-actualization, isolation and alienation, transgression and stagnation. Dialogue is something that helps not only to “unblock” and realize what is being ignored, but sometimes also helps to return what was lost or acquire new in return. It helps not only to increase opportunities by restoring them (rehabilitation), but also forms new ones (habilitation) (Hancheva, 2020; Moriera, 2021; Kirby et.al, 2019). Research in the field of inclusion is most actively involved in the problems of trauma, however, in our opinion, all counseling practice can be viewed as an inclusion practice, especially where and when it is focused on dialogue, co-creation and co-transform of the life (Blake et.al, 2019; Frederickson, 2013; Heidenreich et.al, 2021; Maurer et.al, 2021).

The purpose of the study is to investigate psychotherapeutic relations in inclusive psychological counseling.

The theoretical method of the research is the theoretical investigation of the psychotherapeutic relations in inclusive psychological counseling.

Results. One of the basic requirements for a professional in inclusive practice is the need to know the boundaries of their professional capabilities. Restrictions are imposed not only by school and method, but also by various psychological problems of the therapist in inclusive practice. It is best not to work with clients who are likely to be contacted from this “clogging”. In this sense, there is no “client - not a client” problem, there is a “therapist - not a therapist” problem in inclusive practice (Adekson, 2020; Chen et.al, 2017; Tashlykov, 1984; Varga, 1994). A psychologist in inclusive practice “must be personally free from the tendency to manipulate people around him / her, be able to recognize and suppress those in others, while maintaining control in the tense field of affective, cognitive, behavioral life, seeking to transform the patterns of interpersonal response in inclusive practice, the competence of trainees in interpersonal situations. The general, “transtheoretical” principle of work of a psychologist with a client in inclusive practice is the frustration of the (exclusive) ordinary, everyday ways of communicating, understanding and responding to the client in inclusive practice. However, the very “hobby” for frustration “for the sake of frustration”, the destruction of the client’s stereotypes, can be largely pathogenic. A real and fairly common danger in this situation is the emergence of the client’s psychological dependence on the psychologist in inclusive and other practice and relations.

With the improvement of psychological and psychotherapeutic assistance in inclusive practice, the development of the practice of psychotherapy and counseling / consulting in general, the problem of the patient’s dependence on the psychotherapist, the client and the psychologist is increasing. Psychological assistance in inclusive practice can lead to this dependence no less than other drugs. The opposite situation is also real: in the process of help, counseling, the psychologist may find himself / herself in a certain unconscious dependence on the client (Karvasarsky et.al, 1992), since communication with him / her can increase his / her self-esteem, contribute to self-government. One of the occupational diseases is the desire to act as a prophet and a magician, overestimation of one’s capabilities, in practice, leads to the infantilization of the patient / client in inclusive practice, delaying treatment, deformed his dependence on the specialist. The ideal of help is not in providing the client in inclusive practice with “psychological prostheses”, but in providing him with the means to independently deal with difficulties (Tashlykov, 1984; Arpentieva, 2017). Trust in the therapist in inclusive

practice is, of course, a pleasant thing, but not necessary. Specialists often confuse “contact” with being well in someone’s community. In reality, contact only means sufficient openness of the communication channel. Excessive attention to “warm, emotional relationships” can create barriers to an effective therapeutic process (Cormier et.al, 2016). Thus, another way to study and assess the professionalism-non-professionalism of the psychologist-psychotherapist can be the analysis of professional “myths” (naive ideas) and illusions in inclusive dialogue (Eidemiller et.al, 2016). There are not so many studies devoted to the research of professional “myths” (illusions) and “mistakes” in inclusive practice. Most of these are carried out as part of supervision research. Errors and illusions of a psychologist in inclusive practice are often “subdivided” into errors associated with the general incompetence of the subject of understanding, associated with the inability to adhere to a certain distance (the value of which is determined by the norms of psychotherapeutical myth) in interaction with the client and errors in choosing the method of influence (Karvasarsky et.al, 1992; Arpentieva, 2017; Cormier et.al, 2016; Eidmiller et.al, 2016; Kharash, 1983; Kopyev, 1991; Orlov, 1995; Rogers, 2020). Each of these groups of errors and illusions can be described through the analysis of their “value implications”, typical ways of understanding and situations of misunderstanding, as well as the model of interactive interaction with the client in inclusive practice proposed by the consultant. A number of researchers are trying to identify errors typical for each of the stages, stages of consultative interaction in inclusive practice, to identify their common, usually value, prerequisites (Kharash, 1983; Kopyev et.al, 2017; Orlov, 1995). Now we will describe a number of typical illusions and mistakes, as well as ways and means of “overcoming”, correcting and preventing them in inclusive practice.

Thus, we see that one of the most important characteristics of the interaction of the psychologist with the client in inclusive practice, the characteristics of the competence of the consultant, as well as the factor determining the specific features and possibilities of interactive contact and the psychologist’s understanding of the client is the system 1) of the individual values of a practical psychologist, to some extent “depending” on 2) the system of values and the theory of personality, laid down within the framework of a particular psychotherapeutic school, approach, norms of the professional community and professional activity in general. In modern psychology, the study of the first “factor” is devoted to works of a “comparative” nature, which are looking for “transparadigmatic” principles of psychological interaction common to all systems and directions. The study of the second is most often comparative historical research in inclusive practice.

The domestic approach to counseling in inclusive practice is represented by a number of directions, the most significant of which is the dialogical approach based on the ideas of M.M. Bakhtin (1969), A.A. Ukhtomskiy (1995), M. Buber (1995) (Bakhtin, 2013; Ukhtomskiy, 1994) and a number of others representatives of phenomenologically and existentially humanistically oriented philosophy and psychology (Corey et.al, 2018; Feijoo, 2017; Rabu et.al, 2018). Despite the possibility of considering this approach as a holistic one, like everything in this area, it exists in several individual variants: F.E. Vasilyuk (1997-2018), A.F. Kopiev (1991-2020), T.A. Florenskaya (1991-2008), Kharash A.U (1978-1998), M.R. Arpentieva (1999-2021) (Kopyev et.al, 2017; Arpentieva, 2018; Florenskaya, 2001; Kopyev, 2013; Vasilyuk, 2016; Vasilyuk, 2007). The key concept of this approach is the concept of dialogue (Bakhtin M.M., 1969), as well as the concept of “dominant on the other” (Ukhtomskiy A.A., 1995), (Ukhtomskiy, 1994). The meaning of counseling and / or psychotherapy in the dialogical model is seen not in the achievement of certain local psychotherapeutic goals, but in the very event of recovery - through dialogue - from the sometimes dead or painful self-isolation of the human personality as the initial prerequisite for all problems (with health, adaptation, development, training, etc.). The concept of dialogue in a psychotherapeutic / counseling context is associated with the anthropological concept of M.M. Bakhtin (Bakhtin, 2013) and other hermeneutists about dialogue and understanding as the essence of man and the place of his being and development. These ideas presuppose, on the one hand, a very close connection, and on the other hand, the polarization of “I” and “you” as a kind of universal, common clan circumstance. Purposeful / professional and everyday-spontaneous, non-professional options and forms of psychotherapeutic and consulting experience in inclusive practice are based on a fundamental ontological need for a “friend”, which is a non-specific condition of all organized forms of psychotherapy. The dialogical nature of communication in the process of helping people with special needs and their families creates a certain internal - natural - prerequisite that makes the phenomena of assistance possible regardless of the special professional and theoretical equipment of a specialist. Dialogue and its principles are metatheoretical.

In theoretical and methodological terms, the idea of the dialogical nature of communication in inclusive practice - and, in particular, communication between a client and a consultant - allows us to rethink a number of traditional psychotherapeutic “aporias” related to the activities of a consultant psychologist, such as: “directiveness-indirection”, “professional alienation - sincerely personal involvement”, “the use of diagnostic indications - refusal

of diagnostics as a manifestation of alienation and manipulation”, consider these contradictions as mutually complementary aspects of the psychologist-consultant’s activities. In practical terms, psychtherapy and psychological counseling in inclusive practice, built on the principles of dialogue, involves special approaches both in diagnosis and in the very organization of the consultative process (Kopyev et.al, 2017; Arpentieva, 2018; Florenskaya, 2001; Kopyev, 2013). Monological communication in inclusive practice is defined as inauthentic communication, communication loaded with various forms of resistance, closed communication, role-playing, playful, conventional, reproductive, etc. This is an important distinction for building a system of ideas about the personality, its structure, and the inclusive process. This distinction is common in the work of dialogue-oriented therapists in inclusive practice. It manifests itself in the structure of the personality as the allocation of two instances: I-present (social) and I-spiritual (future), living in the worlds of small (in the form of a mixture of monologic and dialogical manifestations) and large dialogues, the distinction of these instances - internal voices in the inner world allows us to distinguish three levels of dialogue (small) in counseling: 1. sympathetic listening to the “present I” - similar to empathic listening, understanding in inclusive practice; 2. sounding the voice of the “spiritual self” - the consultant hears the unspoken, but really existing, hears the voice of the “spiritual self” in the client’s behavior, unravels the messages of the “spiritual self” (“sounds the voice of” conscience “, etc.”), here the task is another therapist in inclusive practice; 3. the meeting of the “present and spiritual I” in inclusive practice - the catharsis of the personality is prepared by the first and the second: the first is to create the possibility of such sounding of the voice of the “spiritual I” so that it can be heard, the second - so that the client himself / herself can hear it, somehow treat it, somehow and to some extent accepted him / her as his / her own (Florenskaya, 2001). In addition to fixing these important theoretical concepts and distinctions, the dialogical approach in inclusive practice also fixes a very significant empirical fact - consulting, in fact, is a dialogue, communication between two people: no more or no less. Therefore, it is natural to perceive the conseling situation as a dialogue. What is the source of the client’s and the consultant’s activity in this situation, how is it regulated, what is it? Here we encounter a whole range of new concepts:

1. The category of the position of “aesthetic externality” in inclusive practice. This position, its characteristics are set and determined by the activity of the dialogical psychologist-consultant. Its specificity lies, first of all, in the fact that this concept is literally transferred “copied” from the sphere of aesthetic understanding, the aesthetic attitude of an individual to an

object of art: for M. Bakhtin (1969) (Bakhtin, 2013), a full understanding of an object of art is possible only if an individual takes in relation to him /her an aesthetic position. The consultant's activity in inclusive practice lies in the fact that he / she shows his understanding of various aspects of the behavior of the consultant, he concentrates his / her attention on certain manifestations, certain voices in the client, he / she can address various instances of the client: in fact, he / she can enter into a dialogue with certain aspects of the client's inner world, but this is not an objective activity, not a dismembering analysis and not an evaluative understanding.

2. Dialogic intention in inclusive practice - within the framework of this approach, each individual is supposed to have it, regardless of the forms of communication. Each individual, as it were, is waiting for the opportunity to enter into a dialogue; they turn to him all the time, but very often this opportunity, the intention is not realized in inclusive practice. This representation is very important for the consultant: in a certain way it organizes the system of ideas and the behavior of the consultant himself / herself, at the same time it is assumed that effective counseling in inclusive practice cannot take place outside the client's counter activity.

3. It is clear that entering the dialogue in inclusive practice cannot take place without difficulty and the consultant in this situation faces the task of provoking the client's dialogical intention, another important concept is the principle of silence (the client's "principle of psychotherapeutic frustration") as a generalization, a general solution for situations of provocation, lies in the general deficit of the consultant's significant reactions to the client's statements, here you can recall the consultant's amimity - a manifestation of the principle of silence (Kopyev et.al, 2017; Arpentieva, 2018; Florenskaya, 2001; Kopyev, 2013).

Almost all supporters of this approach in inclusive practice "gravitate" towards (practical) religious psychology (Florenskaya, 2001; Vasilyuk, 2007; Vasilyuk, 1988; Vasilyuk, 1996). In the dialogical approach in inclusive practice there are many "borrowings" from humanistic psychology, but if in the West the development of conseling is carried out as a transition to transpersonal, then in our countries to religious psychology (Gill et.al, 2018; Uspenskiy, 2005; Vasilyuk et.al, 2017). The problematic is general, but the conceptual design is completely different. In these systems, the problems of polylogic and / or "trialogical" of consultative interaction are posed with particular clarity: participation in the consultative dialogue of a third: phantom, ideal or real individual: "significant other" client, observer or supervisor, co-therapist or God.

One of the most complete and structured integrative models is presented

in the works of G.A. Kovalev (1991, 1993). He identifies main paradigms (strategies) of psychological influence (Kovalev, 1991).

Within the framework of the object paradigm, the psyche and the individual act as passive objects of influence of external conditions, the product of these conditions. Historically, the first, nowadays existing, for example, in behaviorism, it can be represented through the strategy of “imperative influence”, the functions of which are to control the behavior and attitudes of a person, to reinforce and direct them in the right direction, to coerce with respect to the object of influence. It is realized in the conditions of limiting the possibilities of independent choice of actions and decisions by the subject. It is appropriate and effective in extreme situations, and the implementation of relations in closed hierarchical organizations, and some subcultures.

The action paradigm affirms the activity and selectivity of an individual’s reflection of external influences and is represented by cognitive orientation in Western psychology. Influence within the subjective paradigm is viewed as a symbolic activity, its goal is to influence the assimilation and voluntary acceptance of new cognitive states or models of external behavior through the exchange of messages between communicators: the internalization of information values in a situation of perceptual choice. A.B. Orlov points to the “chronically conflicting” nature of such communication (Orlov, 1995). Any modern concept of influence, according to G.A. Kovalev, can be understood in relation to each of 3 pairs of alternative models: 1.transactional (two-sided) versus hypodermic (one-sided), 2.actional (intentional) versus reactive (passive), 3. procedural versus “effective” (“final”). However, as G.A. Kovalev notes, the recognition of the activity, selectivity of mental reflection of external influences, as well as the transactional, procedural nature of the organization of influence does not remove the question of the relevance of these influences and their context (Kovalev, 1991). The main problem here is the problem of goals and their orientation of the participants in interaction, communication in general.

The one-dimensional approach to man as an object is associated with a pessimistic view of human nature (T. Hobbes, S. Freud, C.G. Jung). The optimistic tradition (J.J. Rousseau, A. Maslow, R. May, C. Rogers) emphasizes the uniqueness and originality of the human mental organization. The “developmental” strategy is most relevant to the personal, “intersubjective” approach. The conditions for its implementation is dialogue: the adequacy of the dialogue between the subject and the subjective character of human nature makes it most relevant as a form and means of psychological influence and organization, a method of psychological research. Imperative and manipulative strategies have the least developmental potential.

The analysis of the correlation between the imperative-dialogical structures of the psychologist's interaction with the client allowed a number of researchers to offer several more interesting views on the problem of identifying advisory "paradigms". The transition to the search for a generalizing model for studying the phenomena and processes of counseling requires the allocation of "invariant" categories for studying the practice of psychological assistance. Researchers are looking for them in two main directions: within the framework of the problem of studying the "interactive orientation" of the consultant, and the ways, ways of understanding the client by the psychologist in the consultative dialogue. Interactive orientation of the psychologist what and how the psychologist does when he works with the problem of the person who came to him / her (the content and direction of the psychologist's actions). Representatives of different theoretical directions and systems can implement the same orientation and vice versa. T.A. Florenskaya (2001) describes the "technological", "humanistic" and "dialogic" orientations of practicing psychologists (Florenskaya, 2001). In the study by B.M. Masterov (1998) distinguishes four types of interactive orientations in counseling and psychotherapy (Masterov, 1998).

Within the framework of the ascertaining orientation, the psychologist helps the client to formulate the essence of the problem and the goals of the changes in rational terms: he / she chooses a picture of the world in which changes are possible that are adequate to the client's problem or "reads" the problem in terms of the client's picture of the world. After formulating the problem, the client can see for himself possible ways and means of solving it or use the help of a psychologist in inclusive practice. Sometimes the psychologist tries to help find the means of change, relying on the identification of the client's subjective picture of the world (as he / she understood it). The experience of "here and now" interaction does not play a big role in this. The psychologist and the client discuss and interpret the client's past experience.

2. Within the framework of reconstructive orientation, the psychologist helps the client to reconstruct the context of the problem in the "here and now" situation in terms of the client's worldview. The means of subjective picture of the world reconstruction offered by the psychologist can influence its characteristics. In the reconstructed "here and now" reality, the psychologist and the client find themselves together, acquire new experience. The client can himself, or with the help of a psychologist, formulate an approach to solving the problem, or a request for understanding (changing the subjective picture of the world itself), in case of seeing a dead end in solving this problem. The client experiences his experience and acts as his / her interpreter in the categories of his / her picture of the world, the psychologist helps in changing

the client's subjective picture of the world (helps to understand), offers means of reconstruction, being together with the client inside the reconstructed reality and experiencing it in the categories in which this reality is structured. By offering a different picture of the world, the psychologist assumes that it will act not in the function of describing psychological reality and interpreting the client's experience, but in the function of means of understanding, with the help of which the client can consciously try to restructure his subjective picture of the world, reaching the desired understanding. The client himself becomes an interpreter of his / her experience, using the new subjective picture of the world as a means of understanding.

3. Within the framework of procedural orientation, subjective picture of the world spontaneously actualizes in a situation "here and now" as a consequence of the strategy of following the client (the client's self-understanding is important). In the process of interaction, the task of change is not explicitly set and is often not reflected, as are the means of change. The client is in the "stream of experience". The continuation of the process involves its further facilitation and following the client's manifestations in the "here and now" situation. The psychologist has the ability to a certain extent to enhance one or another component of this experience, stimulating the client's reflection on certain components of the experience. The interpretation of the experience is carried out by the client in the categories of his picture of the world: either in the "stream of experience" the client experiences insight (a series of insights), or he interprets his / her experience according to the results - according to those changes that he / she felt and felt in himself / herself in inclusive practice. Understanding the client, "reading" the client's subjective picture of the world, mastering the means of its reconstruction in the "here and now" situation and the choice and / or construction of relevant psychotechnics of changes are the most important components of the professional activity of a practical psychologist. Within the framework of reconstructive orientation, the task of the psychologist is not to clearly formulate the problem and interpret the content, not to search for the causes of certain symptoms, but to recreate a certain context in which the problem exists in the "here and now" situation. The psychologist's attention is not focused on the content of the problem, but on the very process of reconstruction and funds by which it is carried out: the psychologist offers a framework and means of reconstruction. The reconstruction itself is carried out by the client using the tools and procedures offered to him / her. The client really lives inside the recreated reality. Thus, in the situation "here and now" the client's experience is actualized, which is relevant to the experience "there and then", but in "here and now". The psychologist, acting as an accomplice in the reconstruction process, finds

himself / herself in this reality next to the client, drawing his attention to the unnoticed or unreflected fragments of his / her subjective picture of the world (subjective picture of the world) and experience that the client does not understand, helps the client to gain new experience in inclusive practice.

4. Within the framework of the analytical orientation, the client's picture of the world is "behind the scenes" of interaction "here and now". The psychologist has a double task: to "draw" the client into his / her picture of the world and to implement the procedures of changes within the framework of this picture, relying solely on the experience belonging to the space "there and then." The psychologist acts as a professional, bearer of the picture of the world and means of change, performs the function of interpreting the client's experience (which will mean this or that effect of the procedure, this or that experience of the client). He / she takes responsibility for the result and is the only one who knows how and what should happen, what should be.

Another model for analyzing the situation of psychological assistance is proposed in the works (1986-2017) of F.E. Vasilyuk and his school (Vasilyuk, 2007). F.E. Vasilyuk considers the methods of mental assistance in connection with the levels of building experiences (as a special activity to overcome critical life situations within the framework of the psychotechnical approach. Since the "position of a consultant is not a detached problems, and the activity of experiencing is mediated by all levels of consciousness, then, based on the typology of levels of consciousness proposed by him, he identifies four methods of psychological assistance ("psychotechnical units") (Puzyrei, 1986).

I. The psychotechnical unit "interpretation - the unconscious": the reason for its application is a gap in the intelligibility of the stream of contents of the level of experience fixed at the level of consciousness, which is brought to the client's consciousness with subsequent interpretation (associations, fantasies, dreams), since a) the meaning of such material is most often not fully understood by the client (the unconscious does not exist phenomenologically, and the gap in understanding is the reason and condition for interpretation, b) due to the passiveness of the observer in the act of experiencing, it is easier for an individual to accept the interpreter's view of this act than in the case of interpreting a conscious judgment or action. The level of reflection is the reference for the interpretation of the unconscious, bypassing it the process of awareness cannot work, which acts here as a smooth mechanism of experience that provides the effect of psychological help. The leading mode of communication is the interpreter's monologue. The client can, protesting against the authoritarian-monological way of dealing with the ego consciousness, resist or manipulatively force the psychologist to take the position of the "Omniscient Expert" (Vasilyuk, 1988; Vasilyuk, 1996).

II. “Empathy-experience”: the level of experience is a mode of functioning of consciousness in which the inner observer seems to be floating with the flow; the work is done by a stream of experiences, and not by active efforts of the individual. In accordance with the phenomenological structure of this level (the passivity of the observer, the activity of the observed), the technique of stimulating the processes of this level consists in the elimination of the conscious and voluntary activity of the subject (which is most expressed in the client-centered approach, the method of empathy, his procedure consists in the consultant catching the sound of the client’s statements actual experience and its designation: this is the difference between empathy and verbalization (and not just a wider use of the phenomenon of empathy”) focus on bearing the here-and-now experienced feelings of the narrator. The relationship of unconditional and non-judgmental acceptance and the consultant’s trust in the client is characteristic: the monologue of empathy determines its ability to create a non-judgmental attitude towards the client: the consultant, refusing his / her own context of understanding, gets used to the client’s inner world, building his understanding from this phenomenological perspective, playing the role of an “empathizing mirror”. The leading mode of communication in inclusive practice is the client’s monologue.

III. “Understanding-awareness”: the participation of the level of consciousness (“volitional flow of thought”, “objectification”, “presentation”) in the work of experience is clearly manifested in solving “tasks for personal meaning” (Leontiev A.N.), the effectiveness of the reception of awareness is determined by the elimination of the phenomenological condition of experience (passivity of the Observer), for example, in the method of paradoxical intention of V. Frankl), rational, explanatory and cognitive therapy (Masterov, 1998). The therapist’s stimulation of the processes of active perception and analysis leads to the formation of a new image, situation, a new intentional object. The leading mode of communication in inclusive practice is dialogue: the perception of the therapist and the client is thought of as fundamentally comparable, mainly the former only in the absence of affective distortions generated by involvement in the situation - the position of the “methodologist of sanity”.

IV. “Maieutics - reflection”: the subject of reflection is the subjective foundations of activity: 1. in every fact of consciousness and behavior, it sees an act, 2. being interested in its internal, subjective determinants, the result of reflection (revealing the mismatch between the value (norm) and the real grounds of the perfect act, stimulating their revision (cognitive psychology)). The principle of the method is “psychotherapeutic maieutics”: the psychologist comprehends the client’s statement in the context of his

self-awareness, the leading mode of communication is the internal dialogue of the individual being consulted with himself / herself, which requires the psychologist to be able to hear the polyphony of the client's speech contexts. The proposed model of the psychologist's understanding of the client can be easily reconstructed into the model of semantic analysis of conseling and psychotherapy in inclusive practice (Vasilyuk, 1988; Vasilyuk, 1996).

Semiotic (or semantic) analysis of various phenomena and directions of conseling and psychotherapy is currently considered one of the most promising in inclusive practice (Metcalf,2021), allowing to fully reveal such a deep parameter of consultative interaction as understanding, as well as to comprehend new approaches to the creation of integrative conseling and psychotherapy directions and systems and to the analysis of "transtheoretical" conseling and psychotherapy phenomena in inclusive practice. One of the interesting variants of psycho-semantic analysis of consultative interaction involves the study of the dynamics of various "language genres" and "discursive forms" at different stages of the conseling and psychotherapy in inclusive practice. This approach is illustrated by one of the many procedural descriptions of the conseling and psychotherapy proposed below (Brammer et.al 1993; Mindell, 2016).

Discussion. The analysis of the above approaches to the study and organization of the conseling and psychotherapy in inclusive practice allows us to conclude that the appeal to the phenomenon of the psychologist's understanding of the client makes it possible to reflect the most important, essential and, on the other hand, the most profound mechanisms and aspects of consultative interaction. The method of understanding chosen by the therapist is closely correlated with his idea of the personality as a whole, the nature of the conseling and psychotherapeutical myth and the system of values, the idea of goals and the basic principles of his professional activity. In addition, the chosen method of understanding the client manifests itself in a real communication situation as a tendency to implement one or another model of interactive interaction.

In general, the development of psychotherapy and conseling in inclusive practice is characterized by a tendency towards the creation of integral, transmodel systems of psychotherapy / counselind, including techniques and methods that have proven themselves in practice, at the same time with the replacement of clinical and social therapy with "therapy method" or "practice": the choice of approach is determined by the needs of the client and the situation in inclusive practice, search for the most effective models and methods of interaction with the client. Research into the practice of providing psychological assistance is also developing in the direction of searching

for “trans-situational” ways to solve certain problems and phenomena of various edological (helping) systems in inclusive practice. In addition to the comparative in nature historical and paradigmatic analysis, another plane of the search for “transmodel” regularities of the conseling and psychotherapy is the procedural analysis of consultative interaction (Orlov, 1995; Vasilyuk, 1996). It is very interesting to develop the problems of mutual understanding between the psychologist and the client in inclusive and other types of counseling and psychotherapy practices. In the works of M.R. Arpentieva (Arpentiva, 2017; Arpentieva, 2018) shows that there are several main ways of building mutual understanding associated with the organization of joint research (reflection) of what is happening in the client’s life inside and outside the counseling and psychotherapeutic situation. Different strategies (explaining, interpreting and dialogizing) and components (self-understanding, understanding another, understanding the situation) of understanding are more or less characteristic of a particular person, client, consultant, supervisor, and their environment. Using different strategies and addressing different components leads to a unique pattern of human relationships. In inclusive practice, aspects of “semantic exchange” become obvious: the consultant and the client draw each other’s attention to areas of understanding that are inherent in them and important for a full understanding of what is happening. Very often this or that sphere of reality remains closed for the client: he does not understand it because he has never explored as a result of the fact that this sphere was “banned”, ignored by his family members and other environment, or simply did not know about it. The consultant expands and deepens the client’s understanding by introducing new meanings or new “voices” into the dialogue. The client, enriching his world with new meanings, gets the opportunity for more successful coping and sometimes healing (Arpentiva, 2017; Arpentieva, 2018).

It is important to note that what was not the sphere of the specialist’s work, general aspects are important in it, the technological understanding of which can vary depending on the theoretical model, and depending on the client’s and the consultant’s worldview, and depending on the type of violation and the characteristics of the client’s needs with disabled individual or the needs of family members of the disabled individual serving as a group client (Corey et.al, 2020; Guindon et.al, 2019). It is important for the counselor or therapist to be able to listen to the client’s voices, as well as their voices, forming a single dialogue indicating the directions of possible and productive development (Hunter et.al, 1993; Thompson et.al, 2015). Among the leading skills and knowledge of a specialist, it is necessary to indicate the skills of non-judgmental understanding, unconditional acceptance or “horizontality”, authenticity as sincerity and correspondence

to the inner essence or transparency, congruence as harmony with the outside world, concreteness as objectivity, appeal and personification, awareness / reflexivity. All these skills help the specialist “frustrate” everyday tendencies towards isolation, protection from development, blockades of experience and obsessive monologues (Carkhuff, 2017; Truax et.al, 2017).

Conclusion. Consultative and psychotherapeutic dialogue in inclusive practice is one of the conditions for its success. The parity of relations, along with the sensitivity of the choice of an individualized, personalized and specific model of interaction, ensures the developmental, and not only compensatory, nature of working with a specialist and the individual with disabilities himself and his family members, and other participants in his life in different inclusive contexts and situations. An important aspect of working with people with disabilities and their families is taking into account the technological features of work and the special importance of value-semantic aspects: the dialogue “smooths out” and resolves problems that are inaccessible to the traditional “expert-diagnostic”, bureaucratized medical or social models. The psychologist, as a guide and facilitator, as an interlocutor, creates the conditions for dialogue, an invitation to which the client can respond if he needs dialogue and help and feels that he can receive such help. But even in a state of disbelief and despair, dialogue helps to establish internal connections, and, after that, to increase external opportunities, to remove the primary and secondary restrictions on the life of an individual with a disability and / or his (her) loved ones.

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