

SOCIAL AND PSYCHOLOGICAL CHARACTERISTICS OF SELF-ATTITUDE AND
SOCIAL COMPETENCE OF ADOLESCENTS IN THE CONTEXT OF INCLUSIVE
EDUCATION

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ABSTRACT

The present study focuses on the socio-psychological characteristics of self-attitude and social competence among adolescents with typical development patterns, in contrast to those with disabilities (or special education needs-SEN) in the context of inclusive education.

The topicality of this research is determined by the need to understand the psychological mechanisms of adolescent adaptation within inclusive settings to develop effective support programs.

The study involved 116 adolescents aged 13–15 years (58 with typical development patterns and 58 with SEN) from inclusive schools in Vanadzor. The methods employed were the Self-Attitude Assessment Technique by V.V. Stolin and S.R. Pantileev, the Social Competence Diagnostic Method by A.M. Prikhzhyan, and correlation analysis by Spearman.

The findings revealed significant differences between the two groups. Adolescents with special educational needs demonstrated an average level of social competence but exhibited significant challenges in expressing independence, organization, and self-confidence. Their self-attitude was characterised by low self-assurance, high internal conflict, and weak self-

attachment. Correlational analysis showed a stronger relationship between self-attitude and social competence in the group with disabilities.

For SEN, the critical factor in social adaptation was the emotional-value core (self-acceptance, self-worth), whereas for those with typical development, volitional-regulatory components (self-guidance, self-confidence) were more essential. These findings underscore the necessity of a differentiated approach in the psychological support of inclusive education.

Keywords: inclusive education, self-attitude, social competence, adolescents with disabilities, self-acceptance, psychological support, adaptation, social integration

INTRODUCTION

One crucial aspect of modern education is creating conditions for the full development and social integration of all students, as outlined in the principles of inclusive education.

Inclusion, involving the joint education of adolescents with typical development patterns and those with disabilities, is positioned as a key tool for ensuring equal opportunities and overcoming social isolation. However, the effectiveness of inclusive practices is largely determined by their ability to consider the psychological characteristics of adolescence - a period of intensive formation of identity, self-esteem and social competence. These constructs serve as fundamental predictors of successful adaptation, building constructive relationships with peers and teachers, along with overcoming the challenges of the transitional age in a heterogeneous educational environment.

Review of previous studies and current issues. The problem of self-attitude (structurally including self-respect, self-acceptance, self-esteem, auto-sympathy) as a basis for personal development has been widely studied by L.S. Vygotsky, V.V. Stolin, S.R. Pantileev, I.I. Chesnokova, R. Burns, K. Rogers, and E. Erickson. Social competence, understood as the ability to effectively interact in society, achieve goals, adapt to norms and resolve conflicts, was analysed by A.M. Prikhodko, V.N. Kelasyeva, and E.V. Koblyanskaya. Theoretical approaches explaining their formation -cognitive-behavioural (A. Bandura), cultural-historical (L.S. Vygotsky), ecological (W. Bronfenbrenner), narrative (D. McAdams), identity theory (E. Erickson) emphasise the role of social context.

Despite a substantial body of research, significant challenges remain in the field of inclusive education for adolescents:

1. Lack of comparative empirical data: There are insufficient studies directly comparing self-attitude and social competence in typically developing adolescents and those with special educational needs within a single inclusive environment.
2. *Unclear relationships:* Specific patterns of relationships between components of self-attitude and aspects of social competence in each group require clarification. How exactly does internal attitude towards oneself affect social functioning in an inclusive environment?
3. *Consideration of gender-related differences:* Gender differences in these characteristics among adolescents with disabilities and special educational needs in inclusive classes have not been sufficiently studied.
4. There is an urgent need for scientifically based guidelines on psychological support that consider the identified differences and relationships.

Research Aim and Objectives: Based on the identified issues, this research aimed to study the socio-psychological characteristics of self-attitude and social competence of adolescents with NR and HL in the context of inclusive education, and to identify the relationships between these characteristics for the development of differentiated guidelines for psychological support.

To achieve the goal, the following objectives were set:

1. To assess the level of self-esteem using V.V. Stolin and S.R. Pantileev's methodology (scales: Closedness, Self-assurance, Self-management, Reflected self-attitude, Self-worth, Self-acceptance, Self-attachment, Internal conflict, Self-blame) in adolescents with SEN
2. To assess the level of social competence in adolescents with and without disabilities using A.M. Prikhodjan's methodology (sub-scales: Independence, Self-confidence, Attitude to responsibilities, Communication development, Organisation, Interest in social life, Integral coefficient).
3. To conduct a comparative analysis of self-esteem and social competence indicators between the groups of disabilities and special needs, as well as between boys and girls within each group

4. To identify correlations between self-esteem scales and the social competence subscales in the NR and HL groups using Spearman's correlation analysis.

5. To develop practical guidelines for differentiated psychological support for NR and HL adolescents in an inclusive educational environment.

The main findings of the study (announced):

1. Adolescents with disabilities demonstrate lower self-confidence, higher internal conflict and weaker self-attachment compared to their peers with disabilities, while they have a compensatory increase in self-esteem and self-management.

2. The level of social competence of adolescents with disabilities is on average lower than that of ND, with pronounced difficulties in independence, organization and self-confidence.

3. Key difference: In adolescents with disabilities, social competence is closely associated with self-acceptance and self-esteem (emotional-value core), while in adolescents with disabilities it relies to a greater extent on self-confidence and self-management (volitional-regulatory aspects).

4. Internal conflict and self-blame are universal negative factors of social adaptation, but they manifest themselves differently across groups.

5. The identified differences require fundamentally different approaches to psychological support for adolescents with disabilities and special educational needs in an inclusive environment.

Structure of the article: The article comprises the following sections: introduction, literature review, materials and methods (description of the sample, methods, research procedure); results (comparative analysis of self-attitude and social competence, correlation relationships with data tables); discussion of the results (interpretation of the identified patterns in the context of inclusion theories and practices); conclusion (main findings, practical recommendations, directions for further research), and a list of references.

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2. The level of social competence of adolescents with disabilities is, on average, lower than that of ND, with pronounced difficulties in independence, organisation and self-confidence.

3. In adolescents with disabilities, social competence is strongly linked to self-acceptance and self-esteem (emotional-value core). Conversely, in these adolescents, it relies more on self-confidence and self-management (volitional-regulatory aspects).

4. Internal conflict and self-blame are universal negative factors of social adaptation, but they manifest themselves differently across groups.

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LITERATURE REVIEW

Modern society faces the necessity of ensuring equal opportunities for all its members, which is especially significant in the field of education. Inclusive education, which involves joint education of typically developing children and children with special educational needs, is becoming an important tool for social integration and development. In this context, the psychological characteristics of adolescents, whose personalities are shaped by specific conditions of intensive social interactions and self-awareness, are particularly important. Self-attitude and social competence are key characteristics that determine the success of adolescents' adaptation in an inclusive environment, their ability to build relationships with others and to cope with the challenges of adolescence.

Adolescence is a period of active identity formation, when self-esteem and self-perception largely depend on external feedback and social environment. The issue of self-attitude towards the results of one's development is one of the most pressing problems in psychology, since the success and well-being of a person's future life depend on the internal resources with which a

person "meets" and masters new developmental tasks. The problem of self-acceptance by a teenager that we explore in this study has been reflected in the works of Russian (L.S. Vygotsky, I.I. Chesnokova, V.V. Stolin, etc.) and foreign scholars (P. Heymans, R. Havighurst, R. Burns, K. Jung, E. Erickson, etc.).Teenagers exhibit various characteristics among their peers, which can promote tolerance and empathy, but also create challenges in communication and self-esteem. Self-esteem, encompassing emotional self-acceptance and self-confidence, plays a decisive role in overcoming these difficulties. Social competence, which reflects adolescents' ability to interact effectively with others, adapt to group norms, and resolve conflicts, is a crucial factor for an inclusive classroom.

The study of self-esteem and social competence of adolescents in the context of inclusive education is based on several theoretical approaches. The cognitive-behavioural approach, based on A. Bandura's work (1977) emphasises the role of self-efficacy in shaping self-esteem. According to this theory, adolescent self-confidence is determined by the experience of successful interaction with their environment, which in an inclusive environment may be complicated by the diversity of social expectations (Bandura, 1977).

The cultural-historical theory of development, proposed by L.S. Vygotsky (Vygotsky, 1978) emphasizes the importance of social interaction in the development of competencies. In an inclusive environment, the zone of proximal development of an adolescent expands through collaboration with teachers and peers, which contributes to the formation of social competence (Vygotsky, 1978).

An approach based on Erikson's identity theory (Erikson, 1968) views self-attitude as a central element of the adolescent identity crisis. Inclusion can intensify this crisis by requiring adolescents to adapt to diversity, which, in turn, affects their self-perception.

Contemporary research, such as the work by D. McAdams (2013), emphasises the narrative approach, where self-concept is formed through personal stories reinterpreted in the context of social interactions, including inclusive experiences (McAdams, 2013).

Bronfenbrenner's (1979) ecological approach emphasises the influence of the environment on personality development. An inclusive classroom, as a microsystem, shapes self-concept and social competence through interactions with teachers, peers, and school culture, which requires taking into account multilevel factors (Bronfenbrenner, 1979).

A common feature of social competence is the individual's attitude to the current situation, The ability to achieve their goals in society, along with their communication skills, contributes to their advancement.

E.V. Koblyanskaya defines social competence as understanding the relationship between the self ("I") and society. It involves the ability to select appropriate social guidelines and to organise activities in accordance with these guidelines. The author proposes that social competence should be evaluated as an adaptive phenomenon, where the effectiveness of the adaptive mechanism is supported by socio-psychological preparedness (Kamenskaya, 2012).

V.V. Stolin identifies three dimensions of self-attitude: sympathy, respect, and closeness (Stolin, 1985). Similar results were obtained by other researchers, although they are only indirectly related to self-attitude, since they were obtained in the study of emotional interpersonal relationships and descriptive personality traits (Gozman, 1987; Kondratieva & Shmelev, 1983).

These approaches complement each other, creating a comprehensive basis for analysing the psychological characteristics of adolescents in an inclusive environment. They allow us to identify the mechanisms for the formation of self-attitude and social competence, as well as for identifying the ways to support them in the context of educational inclusion.

METHODOLOGY

The study involved 116 boys and girls - students in grades 7 and 8 aged 13 to 15 years (58 adolescents with normal development (ND) and 58 adolescents with special needs in physical and/or psychological development (SPD). Diagnostic and research methods were applied as follows:

1. The methodology for studying self-attitude, developed by Stolin and Pantileev in 1993 (Stolin and Panteleeva, 1993), defines self-attitude as a person's perception of their own identity or "self." This self-attitude is significantly influenced by an individual's experience of their value, which can manifest in a wide range of emotions, from self-respect to self-abasement.

The Multidimensional Questionnaire for Studying Self-Attitude (MIS – Methodology for Studying Self-Attitude) was created by S.R. Pantileev in 1989 and contains 110 statements that are distributed into nine scales. The method aims to provide a comprehensive study of

individual's self-awareness covering cognitive, dynamic, and integral aspects. Scales: closeness, self-confidence, self-management, reflected self-attitude, self-worth, self-acceptance, self-attachment, internal conflict, self-blame.

2. Methodology for Diagnosing Social Competence in Students (Prikhzhian, 2007)

This approach aims to assess the social competence levels of adolescents in relation to their age. The criteria for evaluating social competence include the following: independence, self-confidence, sense of responsibility, communication skills, organizational abilities, self-regulation, interest in social life, hobbies, and proficiency with modern technologies.

Age validity: designed for adolescents aged 11 to 16. The total score for social competence is obtained by summing up the points from all items together.

The indicators for the subscales are calculated in the same way:

- 1) independence;
- 2) self-confidence;
- 3) attitude toward one's responsibilities;
- 4) development of communication;
- 5) organisation, self-regulation;
- 6) interest in social life, presence of hobbies.

The study was conducted in Vanadzor schools with inclusive education in February 2025.

The study's results were validated through mathematical, descriptive statistical methods, and Spearman's correlation analysis method.

To analyse self-attitude among selected groups of adolescents, the Self-Attitude Assessment Method (developed by V. V. Stolin and S. R. Panteleev) was used, and the results are displayed in **Table 1**.

Table 1.
Average values of self-esteem scales of adolescents in the study groups

№	Self-esteem scales	Normative development			Adolescents with disabilities		
		B	G	Int	B	G	Int
1.	Closedness	7,1	6,3	6,7	5,1	5,7	5,4

2.	Self-Confidence	9,4	8,4	8,9	7	6,6	6,8
3.	Self-Guidance	6,8	6,2	6,5	7,6	8	7,8
4.	Reflected Self-Attitude	5,7	5,1	5,4	5,3	5,5	5,4
5.	Self-Worth	8,1	8,7	8,4	8,2	9	8,6
6.	Self-Acceptance	6,9	6,1	6,5	7	5,8	6,4
7.	Self-Attachment	6,8	5,6	6,2	4,4	4,2	4,3
8.	Internal Conflict	7,2	7,8	7,5	8,3	8,5	8,4
9.	Self-Blame	6,7	7,5	7,1	6,2	6,4	6,3

Based on the data table, we will conduct a comparative analysis of the self-attitude of adolescents with normal development (ND) and adolescents without normal development (nd), highlighting the key differences across the scales. The interpretation is based on the description of the technique's sten-scale boundaries (low: 1–3, average: 4–7, high: 8–10stens).

The ND group shows a more balanced self-attitude, with most indicators positioned in the middle zone, which signifies situational adaptability. Strengths include self-confidence and self-esteem, while a risk zone exists due to a tendency towards self-blame.

In the group with disabilities, pronounced problems on the scales of closedness, self-confidence, self-attachment (below the norm), increased internal conflict and self-management (above the norm), self-esteem and self-blame are close to the norm, but with gender nuances. The key problem areas are: low self-confidence, high internal conflict, chronic insecurity and emotional exhaustion. Compensatory mechanisms include: inflated self-esteem (an attempt to maintain self-respect), hypertrophied self-management (control as protection from chaos), and low self-attachment (willingness to change due to dissatisfaction with oneself). Gender differences: Girls with disabilities are more vulnerable (low self-acceptance, high self-blame).

Table 2.
Average values of the social competence scales of adolescents in the study groups

Nº	Social competence scales	Normative development			Adolescents with disabilities		
		B	G	Int	B	G	Int
1.	Independence (I)	11	9,8	10,4	13,4	11,8	12,6
2.	Self-Confidence (SC)	10,3	10,9	10,6	11,2	12,6	11,9
3.	Attitude Toward Responsibilities (AR)	11,5	10,1	10,8	10,4	9,4	9,9
4.	Development of Communication Skills (CS)	10,6	9,2	9,9	11,6	11,2	11,4
5.	Organization and Volitional Regulation (OVR)	9,7	9,1	9,4	11	10,8	10,9
6.	Interest in Social Life and Hobbies (ISL)	10,3	10,3	10,3	10,9	11,7	11,3
77.	Integral Index of Social Competence (total score, SC index)	63,4	59,4	61,4	68,5	67,5	68

Note: The method uses a reverse scale; the higher the numerical score, the lower the expression of social competence on this scale. High level 6-9, average level 10-14, low level 15-18. Integral coefficient of social competence. High level 36-60, average level 61-84, low level 85-108.

The analysis of the results of the study of social competence of adolescents presented in the table allows us to identify differences between the groups of schoolchildren with normative development (ND) and with disabilities (DZ) aged 13-15 years, as well as between boys and girls. The method by M. Prikhozhan used in the study assesses social competence by six subscales and an integral coefficient, using a reverse scale, where higher scores indicate less pronounced competence. The general integral coefficient of social competence demonstrates that adolescents with DZ (68) have a slightly lower level of competence compared to the ND group (61.4), which corresponds to the average level (61-84). This indicates certain difficulties

in the formation of social skills in adolescents with DZ, probably associated with their specific disorder of psychological development (F83 according to ICD-10). The differences between boys and girls are insignificant, but the indicators for girls with disabilities are slightly lower (67.5 versus 68.5 for boys), which may reflect gender-specific features of socialisation.

The most noticeable differences in the subscales are observed in independence and organisation. The average scores for independence (12.6) are higher in adolescents with disabilities than in the NR group (10.4), indicating a lesser mastery of this skill. This may be due to limitations in cognitive or behavioural regulation, typical for children with disabilities. Organisation and self-regulation are also less pronounced in adolescents with disabilities (10.9 versus 9.4 in NR), emphasising difficulties in self-regulation and planning. Self-confidence in adolescents with disabilities (11.9) is lower than in the NR group (10.6), especially in girls (12.6), which may be due to social stigmatisation or internal psychological barriers. At the same time, the development of communication in adolescents with disabilities (11.4) is comparable to the NR group (9.9), which indicates preserved potential in this area, possibly due to compensatory mechanisms or support from the environment. The attitude to their responsibilities in adolescents with disabilities (9.9) is somewhat better than in the NR group (10.8), which may reflect greater motivation to perform social roles. Interest in social life and hobbies in both groups is at an average level, with a slight advantage in adolescents with disabilities (11.3 versus 10.3).

Thus, adolescents with disabilities demonstrate an average level of social competence, but with pronounced difficulties in independence, organisation and self-confidence. These features require an individualised approach in the educational and social environment to support their integration and development. Strengthening these skills can contribute to improving their social adaptation and quality of life.

The next stage of the study was to test the correlations between self-esteem and social competence of adolescents in the context of inclusive education. Spearman's correlation was used for the analysis, which made it possible to identify the relationships between the variables under study.

Table 3.

**Correlation Matrix Between Self-Attitude and Social Competence Scales in Adolescents
with Typical Development (TD) and with Disabilities (WD)**

Nº	Self-esteem scales	Independence (I)		Self-Confidence (SC)		Attitude Toward Responsibilities (AR)		Development of Communication Skills (CS)		Organization and Volitional Regulation (OVR)		Interest in Social Life and Hobbies (ISL)		Integral Index of Social Competence (total score, SC index)	
		TD	WD	TD	WD	TD	WD	TD	WD	TD	WD	TD	WD	TD	WD
1.	Closedness	,195	-,293*	-,035	,344**	,097	-,369**	,121	-,024	,307*	-,067	,242	,351**	,289*	-,049
2.	Self-Confidence	,0146	,326*	,024	,222	,306*	,275	,081	,032	,194	-,131	,145	-,316*	,239	,021
3.	Self-Guidance	,267*	-,236	-,026	,144	,301*	-,028	,158	-,059	,246	,105	,089	,313*	,341**	,083
4.	Reflected Self-Attitude	,086	-,071	,063	,199	,165	-,253	,161	-,055	,201	,036	-,105	,011	,163	-,068
5.	Self-Worth	,035	-,259*	-,029	,254	-,378**	-,239	,035	-,131	-,128	,071	,008	,107	-,129	-,108
6.	Self-Acceptance	,046	,482***	-,173	,591***	,286*	,391**	,248	,294*	,233	-,044	-,007	-,283*	,231	,337**
7.	Self-Attachment	,189	,325*	-,138	-,164	,373**	,119	,314*	,015	,405**	-,054	-,049	-,139	,381**	,072
8.	Internal Conflict	-,131	-,102	,121	-,061	-,331*	-,179	-,202	-,151	-,401**	,178	,056	,042	-,295*	-,133
9.	Self-Blame	-,329*	-,019	,254	,147	-,416**	-,049	-,268*	,009	-,251	,352**	-,055	,151	-,367**	,268*

Notes: *— significance level $p \leq 0,05$; ** —significance level $p \leq 0,01$; *** — significance level $p \leq 0,001$

Self-confidence is a central positive factor for the NR group. It is positively related to self-confidence (0.326) and attitude towards responsibilities (0.306). Confidence in one's abilities is directly "translated" into confident social behaviour and responsibility. In the HNW group, self-confidence is negatively related only to internal conflict (-0.316). High self-confidence reduces internal conflicts, but does not manifest itself in a direct positive influence on specific aspects of social competence, as in NR. Perhaps environmental barriers hinder the direct implementation of this confidence in the social sphere.

Self-management (a sense of control over one's life) in NR is positively related to attitude towards responsibilities (0.301) and integral SC (0.341). Internal control fosters responsibility and promotes overall social success. In the group with disabilities, self-management is positively associated only with the Integral SC (0.313). The sense of control is important for overall social adaptation, but is less differentially related to specific skills than in NR.

Internal conflict acts as a universally negative factor. In both groups, high internal conflict is negatively associated with the Integral SC (NR: -0.295, NR: -0.133, but in NR, the connection is very weak and is not significant at the selected levels in other aspects. Internal contradictions hinder social adaptation regardless of the group. In NR, conflict is negatively associated with self-esteem (-0.331), emphasising the relationship between negative self-perception and social difficulties. In NR, internal conflict is strongly associated with the lack of self-acceptance (-0.283).

Self-blame in NR is a strong negative factor. It is negatively associated with self-confidence (-0.329), self-esteem (-0.416), self-management (-0.268), and Integral SC (-0.367). Self-blame undermines the key pillars of self-esteem and social competence. In the HVD group, the picture is much more contradictory. Self-blame is positively associated with organisation (0.352), which may indicate hypercompensation: a sense of guilt motivates excessive diligence and control ("I must try twice as hard"). A negative connection with internal conflict (-0.401) requires careful interpretation - perhaps, in HVD, self-blame sometimes acts as a more "structured" mechanism compared to diffuse conflict.

Closedness in the HVD group acts as a maladaptive factor. Negatively correlated with self-management (-0.293), self-acceptance (-0.369), self-esteem (-0.259) and positively correlated with internal conflict (0.344). Closedness is associated with deep problems of self-attitude. In NR, paradoxical correlations were revealed. Positive correlations with self-management (0.307) and integral SC (0.289). For some NR adolescents, moderate closedness (restraint, selectivity) can be combined with confidence and general social success, without being as destructive as in people with disabilities.

The integrated indicator of social competence (SC) in people with disabilities has the most significant positive relationships with self-acceptance (0.337) and self-attachment (0.381). Negative relationships with internal conflict (-0.133) and self-blame (-0.268). The overall social success of people with disabilities in inclusion is primarily based on the acceptance of themselves and their characteristics (Self-Acceptance) and an emotional connection with themselves (Self-Attachment), and is undermined by internal conflicts and self-blame. In NC, the strongest positive correlations are with self-leadership (0.341) and self-confidence (0.239). Negative relationships are with internal conflict (-0.295) and self-blame (-0.367). The social success of NC is more closely linked to volitional regulation and control (Self-Leadership) and confidence in one's abilities (Self-Confidence). It is negatively impacted by internal conflicts and self-blame.

DISCUSSION

Recent studies in the field of inclusive education demonstrate the ambiguity of the influence of an inclusive environment on the psychological development of adolescents with various disabilities. The works by Booth & Ainscow (Booth & Ainscow, 2016) emphasise that inclusion does not place children with SEN in a general education environment, but requires systemic changes in approaches to teaching and upbringing. Modern studies of self-esteem in adolescence show its critical role in the formation of social competence. Of particular importance are the works of American authors (Harter, 2015; Rosenberg, 2018), who revealed the specificity of self-perception among adolescents with special needs in inclusive settings.

Research on social competence of adolescents with disabilities (Malofeev, 2019; Ekzhanova, 2020) indicates the need to take into account not only cognitive but also emotional and personal factors of development. Works on the psychology of inclusion (Semago, 2010;

Judina & Alehina, 2018) emphasise the importance of creating a psychologically safe environment for all participants in the educational process. The results obtained are consistent with the data of Russian studies showing the specific features of the development of social competence in adolescents with disabilities.

The study by Bystrova, involving 123 adolescents with SEN, confirmed the importance of an individual approach to the development of social competence in inclusive settings. This aligns with our findings on the need for differentiated support (Bystrova, 2022).

Of particular interest is the work of the Queen (Koroleva, 2013), which emphasises the role of social and psychological competence as a condition for the success of the inclusive process. The author spotlights the need to identify the characteristics of social and psychological competence of children and adolescents with developmental disabilities, which correlates with our data on the differences in the "psychological architectures" of adolescents with LD and HL.

Studies on the self-attitude of adolescents with intellectual disability confirm the critical role of the emotional-value component. In studies on the self-attitude of adolescents with mental disability, the importance of such components as self-respect, self-acceptance and self-attitude is highlighted, which is fully consistent with our findings on the key role of self-acceptance for adolescents with disabilities.

An analysis of the Russian experience of inclusive education shows that inclusive education involves the creation of special educational conditions for individuals with disabilities. However, our study broadens this definition by illustrating that these conditions should take into account not only educational, but also psychological characteristics of different groups of students.

It is important to note that the "paradox of self-blame" identified by us in adolescents with disabilities is a new aspect in understanding the mechanisms of adaptation, which has not received sufficient coverage in previous studies. This indicates the need for a more in-depth study of the defence mechanisms and coping strategies among adolescent SEN in an inclusive environment. The data presented convincingly demonstrate that an inclusive environment differently modulates the connection between the inner world of a teenager and his social

functioning, depending on the presence or absence of disabilities. The identified differences in "psychological architectures" have profound practical and theoretical implications.

The depth of influence of self-attitude in people with disabilities: The fact that for teenagers with disabilities, it is the emotional-value core (self-acceptance, self-worth) that serves as the critical foundation of social competence emphasises the existential significance of inclusion. An inclusive environment not only provides access to education but also becomes a space where the basic attitude towards oneself as an accepted and valuable part of society is either formed or destroyed.

The high correlation of self-acceptance with self-confidence and organisation in people with disabilities indicates that acceptance of one's own characteristics is not the end point, but a launching platform for the development of specific social skills and confident behaviour. In contrast, isolation turns out to be especially destructive for this group, closely intertwined with internal conflicts and blocking self-management - this signals the risk of social isolation as a protective, but dead-end reaction to the challenges of inclusion.

The paradox of self-blame in people with disabilities and its interpretation: The positive relationship found between self-blame and organisation in adolescents with disabilities requires special attention. This may indicate a mechanism of hypercompensation or an "A" student syndrome or a model student syndrome, when feelings of inferiority or guilt for one's limitations are transformed into super efforts to demonstrate control and performance ("I must be perfect to be accepted").

Although this may have a short-term effect in the form of high organisation, such a relationship is potentially toxic in the long term, leading to emotional burnout and increased internal conflict (their negative relationship only confirms this tension). This emphasises the need for psychological work not only on skills, but also on the motivational basis of the activities of adolescents with disabilities, shifting the focus from fear of failure and shame to internal interest and the value of achievements.

Inclusion as a factor that exacerbates differences: The results obtained clearly illustrate that an inclusive environment does not level out, but rather underlines the differences in psychological resources and needs of adolescents with disabilities and special educational

needs. For adolescents with SEN, inclusion is primarily a social context, where success is determined by their agency (self-confidence, self-management).

For adolescents with disabilities, inclusion is primarily a context that shapes personality, where the key question is, "Do I have the right to be who I am here?" Without a positive answer to this question (self-acceptance), their resources for developing social skills (SC) are sharply limited. The effectiveness of inclusion directly depends on its ability to provide this foundation of acceptance.

Differentiation of support: The assumption about the need for a differentiated approach takes on concrete outlines:

For teenagers with disabilities, support programs should include: in-depth psychological work (individual and group therapy, art therapy, narrative practices), the formation of a positive identity and acceptance of one's characteristics, a reduction in the level of internal conflict and self-criticism, and prevention and correction of social isolation.

For adolescents with typical development, the emphasis should be on developing social and psychological competencies, self-confidence and assertiveness training, developing self-control, goal-setting and self-regulation skills (self-management), teaching constructive strategies for coping with mistakes and criticism (reducing self-blame), and developing empathy and understanding of the characteristics of peers with disabilities.

All this should be accompanied by the creation of a psychologically safe class/school environment through a system of activities that reduce stigmatisation, encourage cooperation and mutual support, where a positive self-attitude of all participants in the educational process is recognised as a key condition for successful inclusion.

An inclusive environment has a qualitatively different impact on adolescents with and without disabilities, requiring specific approaches to psychological support for each group. This conclusion is confirmed by Bystrova's findings (Bystrova, 2022). and is consistent with international evidence on the need for individualisation of the inclusive process.

The emotional and value aspects of self-relationship are crucial for the successful social adaptation of adolescents with SEN in an inclusive environment. This is confirmed by studies of self-relationship of adolescents with intellectual disability, which identify self-acceptance as a basic component of psychological well-being.

The positive correlation between self-blame and organisation in adolescents with disabilities indicates potential destructive adaptation mechanisms that require psychological correction. This "paradox of self-blame" is a new aspect in understanding adaptation mechanisms that requires further study.

Effective inclusion requires not only the creation of physical conditions, but also the formation of a psychologically safe environment that takes into account the specific needs of all participants in the educational process. This is consistent with Koroleva's conclusions (Koroleva, 2013) about the role of social and psychological competence as a condition for the success of the inclusive process.

Ignoring the identified specific relationship between self-attitude and social competence when developing support programs in inclusive education risks making them ineffective or even harmful. Our recommendations for a differentiated approach complement existing methodological developments with more specific psychological mechanisms of influence.

Realising that for one group, the emotional-value resource is critical, while for the other, the volitional-regulatory one is decisive, allows us to specifically strengthen the psychological foundation on which only genuine social inclusion and development of competence in each teenager can be built.

Further research should focus on:

1. Factors that contribute to the formation of healthy self-acceptance in adolescents with disabilities in an inclusive environment
2. mechanisms for translating self-confidence and self-management into social success among their peers without disabilities
3. Long-term effects of various models of psychological support in inclusive education

CONCLUSION

The study revealed notable differences in self-esteem and social competence between adolescents with typical development patterns and those with SEN in inclusive education.

Adolescents with disabilities demonstrate an average level of social competence, but face significant difficulties in independence, organisation and self-confidence, which are associated with their specific psychological disorder.

Their self-esteem is characterised by low self-confidence, high internal conflict and weak self-attachment. This highlights the importance of emotional self-acceptance for their social adaptation. In adolescents with typical development, social competence is based on self-management and self-confidence, while self-blame can be a major barrier to achieving social success.

Within adolescents with SEN, self-esteem and social competence are more closely interrelated, indicating their dependence on internal psychological resources in inclusion. Self-acceptance and self-esteem are key factors for social adaptation of adolescents with disabilities, while in ND, volitional aspects such as self-regulation play a greater role. The unexpected connection between self-blame and organisation in adolescents with disabilities indicates hypercompensation, which can be destructive in the long term.

An inclusive environment has different effects on adolescents with disabilities and ND, requiring a differentiated approach to their psychological support.

For adolescents with disabilities, it is necessary to implement programs aimed at developing self-acceptance and reducing internal conflict. Individual and group therapy, including art therapy and narrative practices, will help strengthen a positive identity and overcome social isolation. It is important to work on the motivational basis of their activities, shifting the focus from guilt and fear of failure to internal interest and the value of achievements. For adolescents with normative development, the emphasis should be on developing social and psychological competencies through confidence, assertiveness and self-regulation training. Moreover, forming empathy and understanding of the characteristics of peers with disabilities is also necessary.

Creating a psychologically safe environment in the classroom through activities that reduce stigma and encourage cooperation is a key condition for successful inclusion for both groups. School programs should include systemic support measures that promote acceptance and mutual support of all participants in the educational process. Future research should focus on studying the factors that contribute to the formation of healthy self-acceptance in adolescents with SEN in an inclusive environment. It is necessary to carry out a more detailed analysis of the mechanisms of translating self-management and self-confidence into social success within adolescents with ND. The long-term effects of various models of psychological

support in inclusion require study to assess their effectiveness. It is also important to examine how specific educational practices and school culture influence the development of self-esteem and social competence to identify effective support strategies.

Limitations of the study

1. The sample is limited to 116 adolescents from Vanadzor schools, which may not reflect the situation in other regions or types of educational institutions.
2. The lack of a longitudinal approach limits understanding of the dynamics of self-esteem and social competence.
3. Gender differences require more in-depth analysis due to the limited sample size.

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РЕЗЮМЕ

СОЦИАЛЬНО-ПСИХОЛОГИЧЕСКИЕ ОСОБЕННОСТИ САМООТНОШЕНИЯ И СОЦИАЛЬНОЙ КОМПЕТЕНТНОСТИ ПОДРОСТКОВ В КОНТЕКСТЕ ИНКЛЮЗИВНОГО ОБРАЗОВАНИЯ

Айк Авагимян, Заруги Григорян

Исследование направлено на изучение социально-психологических особенностей самоотношения и социальной компетентности подростков с нормативным развитием и ограниченными возможностями здоровья в условиях инклюзивного образования. Актуальность работы определяется необходимостью понимания психологических механизмов адаптации подростков в инклюзивной среде для разработки эффективных программ сопровождения. В исследовании приняли участие 116 подростков 13-15 лет (58 НР и 58 ОВЗ) из школ г. Ванадзора. Использовались методика исследования самоотношения В.В. Столина и С.Р. Пантилеева, методика диагностики социальной компетентности А.М. Прихожан, корреляционный анализ Спирмена. Результаты выявили значимые различия между группами. Подростки с ОВЗ демонстрируют средний уровень социальной компетентности, но имеют выраженные трудности в самостоятельности, организованности и уверенности в себе. Их самоотношение характеризуется низкой самоуверенностью, высокой внутренней конфликтностью и слабой самопривязанностью. Корреляционный анализ показал более тесную взаимосвязь самоотношения и социальной компетентности у подростков с ОВЗ.

Для подростков с ОВЗ критическим фактором социальной адаптации является эмоционально-ценостное ядро (самопринятие, самоценность), тогда как для подростков НР приоритетными выступают волевые -регуляторные аспекты (саморуководство, самоуверенность). Это требует дифференцированного подхода в психологическом сопровождении инклюзивного образования.

Ключевые слова: инклюзивное образование, самоотношение, социальная компетентность, подростки с ОВЗ, самопринятие, психологическое сопровождение, адаптация, социальная интеграция.

ԱՄՓՈՓԱԳԻՐ

ԴԵՌԱՀԱՍՆԵՐԻ ԻՆՔՆԱՎԵՐԱԲԵՐՄՈՒՆՔԻ ԵՎ ՍՈՑԻԱԼԱԿԱՆ

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ՀԱՄԱՏԵՔՍՈՒՄ

Հայկ Ավագիմյան, Զարուիի Գրիգորյան

Ուսումնասիրությունն նպատակ ունի պարզելու բնականոն զարգացող և զարգացման խանգարումներ ունեցող դեռահասների ինքնավերաբերմունքի ու սոցիալական կոմպետենտության սոցիալ-հոգեբանական առանձնահատկությունները ներառական կրթության պայմանավորված է ներառական միջավայրում դեռահասների հարմարման հոգեբանական մեխանիզմների խորացված ըմբռնման անհրաժեշտությամբ, ինչը կարևոր է արդյունավետ ուղեկցող ծրագրերի մշակման համար: Հետազոտությանը մասնակցել է Վանաձոր քաղաքի դպրոցների 116 դեռահաս՝ 13–15 տարեկան (58՝ բնականոն զարգացող, 58՝ զարգացման խանգարումներով երեխա): Կիրառվել են Վ.Վ. Ստոլինի և Ս.Ռ. Պանտիլեվայի ինքնավերաբերմունքի ուսումնասիրության մեթոդիկան, Ա.Ս. Պրիխոժանի սոցիալական կոմպետենտության ախտորոշման մեթոդիկան և Սպիրմենի համահարաբերակցային վերլուծությունը: Արդյունքները ցույց տվեցին նշանակալի տարբերություններ երկու խմբերի միջև: Զարգացման խանգարումներով դեռահասները ցուցադրում են սոցիալական կոմպետենտության միջին մակարդակ, սակայն ունեն ինքնուրույնության, կազմակերպվածության և ինքնավստահության դժվարություններ: Նրանց ինքնավերաբերմունքն առանձնանում է ցածր ինքնավստահությամբ, բարձր ներքին հակասություններով և քոյլ ինքնակապվածությամբ: Համահարաբերկցային վերլուծությունը ցույց տվեց ինքնավերաբերմունքի և սոցիալական կոմպետենտության ավելի սերտ կապ զարգացման խանգարումներ ունեցող դեռահասների մոտ: Զարգացման խանգարում ունեցող դեռահասների սոցիալական աղապտացիայի համար վճռորոշ է հուզական արժեքային հիմքը (ինքնընդունում, ինքնարժենություն), մինչդեռ նորմալ զարգացող

դեռահասների մոտ առաջնային են կամային-կարգավորիչ ասպեկտները (ինքնաղեկավարումը, ինքնավտահությունը), ինչը պահանջում է ներառական կրթության հոգեբանական ուղեկցման տարբերակված մոտեցում:

Քանալի բառեր՝ ներառական կրթություն, ինքնավերաբերմունք, սոցիալական կոմպետենտություն, զարգացման խանգարումներ ունեցող դեռահասներ, ինքնընդունում, հոգեբանական ուղեկցում, աղապտացիա, սոցիալական ինտեգրում:

Հոդվածը ստացվել է՝ 25.09.2025

Հոդվածն ուղարկվել է զրախոսման՝ 28.09.2025

Հոդվածը երաշխավորվել է տպագրության՝ 30.10.2025