International Journal of Pedagogics

VOLUME Vol.06 Issue04 2026
PAGE NO. 653-659
DOI 10.37547/ijp/Volume06Issue04-131

Organization of Academic and Social Activity of Students with Disorders of Intellectual Development in Special Pedagogy: A Retrospective-Pedagogical Analysis

Madina Arslanova

Associate Professor of the Department of Preschool and Inclusive Education Methodology, Institute for Retraining and Advanced Training of Directors and Specialists of Preschool Education Organizations, PhD in Pedagogical Sciences, Uzbekistan

Received: 18 March 2026; **Accepted:** 05 April 2026; **Published:** 30 April 2026

Abstract: The article presents a retrospective pedagogical analysis of changing attitudes toward children with intellectual developmental disabilities and the evolution of ideas concerning their education and social participation. Particular attention is paid to the transition from deficit-centred interpretations of disability to approaches emphasizing interaction between the learner and the social environment. The development of clinical observation, psychological assessment, institutional special education and social-rights perspectives is considered as a continuous process that changed the aims of special education. Learning-social activity is interpreted as an integrated pedagogical construct combining academic learning, communication, independence, social experience, life competencies and participation. The analysis substantiates the need to organize contemporary special education not only around correction of impairments, but also around accessible environments, meaningful participation and preparation for independent social life.

Keywords: Special pedagogy, intellectual developmental disability, learning-social activity, retrospective analysis, socialization, special education, social model, rights-based approach, corrective pedagogical support, life competencies.

Introduction: Turning to the history of special pedagogy allows us to understand the conditions under which the concepts and approaches used in modern educational practice were formed. The attitude of society towards children with intellectual disabilities was not the same at different times: at some historical stages, their exclusion from the community and leaving them unprotected prevailed, while later the ideas of care, treatment, special education, rehabilitation, integration and ensuring equal participation developed consistently. Therefore, it is appropriate to consider this issue not only as a medical or psychological history, but also as a pedagogical evolution associated with changing perceptions of human dignity, the right to education and social participation [1; 5; 18]. In early scientific views, disability was explained more by a stable disorder in the body, functional deficiency or limitation of the individual's capabilities. Over time, this concept has expanded: a person's activity and participation began to be interpreted as a phenomenon determined not only by his individual characteristics, but also by the convenience of the environment, social relations, legal guarantees and existing barriers. This change has also led to a revision of the goals of special education. Now the result of pedagogical assistance should be assessed not only by mastering the curriculum, but also by the child's ability to act independently in everyday life, enter into communication, assume social roles and participate as actively as possible in society [9; 43; 50].

Historical sources show that individuals with physical, sensory or intellectual differences have existed in all periods of human society. However, attitudes towards them have differed sharply depending on the religious

beliefs, moral values, medical knowledge and legal culture of society. In ancient times, a defect was often interpreted as “abnormality”, “punishment” or a socially unacceptable condition. These views almost denied the child the opportunity to receive an education, and limited his place in society to dependence and exclusion [15; 16; 17]. It is also not complete to describe the historical situation only as a single negative picture. Some sources contain information about the existence of people with serious health problems in ancient communities, and in some regions they were provided with care or social protection. In later religious and spiritual systems, the ideas of compassion, protection and assistance were strengthened. However, assistance at this stage was more in the nature of care and charity, and the child’s potential as a subject of education was not yet sufficiently recognized [20]. The most important turning point from a pedagogical point of view was that humanistic ideas gradually began to shift from the view that “such a child should be protected” to the idea that “such a child can also learn and develop”. This change determined the subsequent stages of the history of special education. Because the recognition of the possibility of education created the need to monitor the child's mental development, identify individual characteristics, create special methods and evaluate pedagogical results. Thus, the formation of special pedagogy is simultaneously a scientific and moral turn, characterized by a shift in attention from the "defect" of the child to his "development potential".

In the late 18th and early 19th centuries, research aimed at clinically differentiating intellectual developmental disorders intensified. Although the initial classifications differed sharply from today's scientific terminology, their historical significance lies in the fact that they began to abandon the idea of seeing different conditions as the same "mental retardation". In the sources of J.-F. Dufour, F. Pinel and J.-E. Esquirol, there are attempts to identify degrees of intellectual deficiency, differences between congenital and acquired conditions, and clinical signs [21; 22]. Esquirol's views on distinguishing a stable limitation in intellectual development from a later onset dementia had a significant impact on the development of diagnostic thinking. This distinction was also important for pedagogy: if the condition was not seen only as a "disease to be treated", the issue of developing the child's existing capabilities, appropriate education and the formation of social skills became the agenda. Thus, clinical observations gradually began to serve as a theoretical basis for pedagogical experience. The activities of J.G. Pestalozzi, J. Itard and E. Seguin further illustrate the pedagogical content of this turn in this direction. Pestalozzi approached the education of children excluded from education from a humanistic point of view, while Itard demonstrated the possibility of a consistent influence aimed at the development of perception, speech and social behavior in his studies with a child from Aveyron. Seguin developed a pedagogical-correctional system based on the development of sensory-perceptual activity and the transition to more complex concepts [24; 26]. These experiments practically showed that intellectual disability does not absolutely deny a child the opportunity to receive education. The significance of this stage from the point of view of educational and social activity is that it gradually became clear that the object of pedagogical influence is not only the “mental function”, but also the child’s perception, communication, behavior, daily activities and relationships with others. That is, the initial experiences of special education later laid the foundation for the idea of organizing educational and social development in an interconnected manner. The expansion of general education in the second half of the 19th century and the beginning of the 20th century exacerbated the problem of identifying children who had difficulties in mastering the school program. Since clinical examinations alone were not enough for the needs of mass education, psychological assessment methods began to develop. The tasks developed by A. Binet and T. Simon, the subsequent proposal of W. Stern about the intelligence quotient, and the measurement systems of L. Terman, D. Wechsler and other researchers brought diagnostic practice to a new level [30; 31]. The positive side of the psychometric approach is that it allowed for a systematic assessment of a child's learning difficulties, the separation of needs at different levels, and the organization of special pedagogical support. At the same time, the limits of interpreting intelligence only through a single numerical indicator were also determined over time. The view that educational experience, cultural environment, physical condition,

speech abilities and social conditions can affect test results has become stronger [32]. This has shown the need to analyze the development of a child not only in terms of internal "deficiencies", but also in terms of his life and educational conditions.

During this period, special schools, classes, medical and pedagogical institutions and forms of differential education began to expand in Europe and Russia. As a result, special education became a separate organizational system: training of pedagogical personnel, special programs, diagnostic criteria and correctional methods were formed. Although this process practically expanded the right to education of children with intellectual developmental disorders, their education in separate institutions also created the problem of social segregation. In the subsequent period, it was this contradiction that gave impetus to the development of the ideas of integration and inclusion [18; 19].

In the 20th century, special pedagogy focused more on the laws of the child's development, compensatory capabilities, and the role of pedagogical influence, rather than explaining intellectual development disorders solely on the basis of clinical signs. In the defectological views of L.S. Vygotsky, an important methodological role was played by the differentiation of primary disorders from their social consequences, the search for opportunities to develop higher mental functions through education, and the avoidance of limiting the child's development to existing difficulties [35; 36]. The essence of this approach is that biological or functional limitations do not determine the child's entire personality. The educational environment, cooperation with adults, relationships with peers, the content of activities, and the form of pedagogical support have a significant impact on the dynamics of development. Therefore, the task of special pedagogy is not only to "correct" the impaired function, but also to use the child's preserved capabilities, form methods of activity, and expand social experience.

S.D. Zabramnaya, V.V. Lebedinsky, A.R. Maller, L.M. The work of researchers such as Shipitsyna shows the need to view the issues of diagnostics, mental development, family and social environment, education and socialization in an interconnected way [37–40]. It is especially important that the socialization of a child with intellectual developmental disorders is not a spontaneous process, but requires targeted pedagogical support, practice in real-life situations, the creation of conditions for communicative experience and independent activity.

From this perspective, the concept of "educational and social activity" is not limited to the fulfillment of educational tasks. It includes the student's ability to cooperate with others in the process of acquiring knowledge, understand and plan the task, use help wisely, control his or her behavior, apply the acquired knowledge and skills in everyday situations, and master social norms in practical activities. Such an interpretation justifies the need to assess the results of special education not only through academic indicators, but also through life competencies.

Theoretical views on disability can be conditionally seen in charitable, medical, rehabilitation, social and legal directions. These models are not strictly historical boundaries that completely exclude each other; in practice, their elements can be found even in the same period. However, they are of methodological importance in understanding where the child's problem is perceived, how the purpose of assistance is determined, and by what means the educational outcome is assessed [41; 42]. The charitable model places the main emphasis on compassion and care. In this, the person receiving assistance is imagined as a more passive recipient. The medical model, on the other hand, associates the main cause of the difficulty with a disorder in the human body and considers treatment, correction or functional compensation as a priority. The rehabilitation approach extends this logic and involves restoring the person's lost or limited functions to the extent possible and adapting them to daily activities. Although these models have made a significant contribution to the development of a special assistance system, they are limited by the fact that they do not take into account the social participation of the individual and the barriers in the environment. In the social model, the focus shifts from the question "what is wrong with the person?" to the question "how does the environment prevent his participation?" In the views of M. Oliver, UPIAS and other representatives of the social model, a large part of disability is associated with physical, organizational and attitudinal barriers [43; 50]. From a pedagogical point of view, this approach requires adapting the educational

environment, variably organizing tasks and materials, strengthening communicative support, and taking the child's real participation as the main criterion.

The legal model reinforces the social approach with equality, non-discrimination and the right to education. The UN Convention on the Rights of Persons with Disabilities has developed an approach based on seeing the individual as a holder of rights, not as an object of protection and care [9]. This change has also increased terminological caution in special pedagogy: rather than identifying a person with his diagnosis, it has become more important to use concepts that express individual needs, activity opportunities and necessary pedagogical conditions. Retrospective analysis shows that the goals of special education have expanded significantly throughout history. If in the early stages the main task was care and the formation of elementary skills, then later the tasks of literacy, preparation for work, corrective development, social adaptation and preparation for independent living were added. In today's pedagogical interpretation, the educational activity of the student should not be separated from his social experience. Because the practical value of knowledge is manifested when the student can use it in everyday life, communication, self-service, teamwork, and solving problem situations. The organization of educational and social activities for a primary school student with intellectual developmental disorders covers several interrelated areas. First, the educational task should be understandable, step-by-step, and focused on active action. Second, the task should have a social content and lead the student to real behavioral experiences such as communication, waiting in line, working with a partner, asking for help, or providing help. Third, repeated and varied exercises should be organized so that the mastered skills can be transferred to different situations. Fourth, it is advisable to take into account not only the correct answer in pedagogical assessment, but also the level of independence, type of assistance, continuation of activity, and social participation.

In this approach, the teacher does not remain the only center that transmits knowledge in a ready-made form. He appears as an organizer who designs the student's activity, regulates the necessary assistance, turns social situations into a pedagogical resource and gradually expands the child's independence. The student should not be a passive performer of the task, but an active subject who makes choices within his capabilities, enters into dialogue, sees the result and enriches his experience. Interpreting educational and social activity in this way also expands the meaning of the concept of "correction". Correctional and pedagogical assistance should not be limited to practicing a separate function, but should serve to reduce the student's difficulties in activity, teach successful strategies, expand communicative opportunities, form mechanisms for self-management and adaptation to social situations. This combines academic and life results in a single pedagogical system.

The generalization of the studied sources allows us to express the formation of assistance to children with intellectual developmental disorders in special pedagogy in four conditional stages. At the first stage, clinical observation and humanistic ideas prevailed, and initial confidence in the possibility of educating such children appeared. The second stage is characterized by psychological diagnostics and the expansion of special educational institutions. At the third stage, defectology and oligophrenopedagogy were consolidated as independent scientific and practical directions, and correctional methods, special programs and a system of personnel training were developed. At the fourth stage, along with the medical-correctional approach, social, legal, integrative and inclusive views were strengthened.

Stage	Scientific direction	Changes in educational practice	Main pedagogical outcome
Stage I	Clinical observations and preliminary classifications	Transition from care to recognition of the possibility of education	Formation of confidence in the possibility of pedagogical influence

Stage II	Psychological diagnostics and differential assessment	Expansion of the network of special schools and classes	Institutionalization of special education
Stage III	Defectological and correctional concepts	Special programs, methodologies and personnel systems	Scientific substantiation of developmental-correctional education
Stage IV	Social and legal paradigms	Integration, inclusion, adaptation of the environment	Prioritization of participation, independence and life competencies

The value of this periodization lies not in enumerating historical facts, but in showing how the goals of special education have changed. Each new stage has not completely rejected the previous experience, but rather reassessed its possibilities and limitations. For example, clinical knowledge is still necessary today, but it should not determine pedagogical decisions in isolation; diagnostics are important, but it should serve not only to classify the student, but also to plan educational assistance; correction is necessary, but it should not ignore environmental factors that limit the child's social participation. In our opinion, the main methodological conclusion that can be drawn from historical experience in organizing the educational and social activities of students with intellectual developmental disorders is that an approach that pre-emptively narrows the child's development opportunities is pedagogically ineffective. Diagnosis provides important information for educational planning, but it cannot fully determine the student's future social role, level of independence, or learning opportunities. Therefore, in the educational process, it is necessary to analyze “resources” along with “limitations”, “support conditions” along with “difficulties”, and “opportunities for participation” along with “deficiencies”. The second important conclusion is the inseparability of educational and social development. If the skills of reading, writing, arithmetic, ideas about the environment, labor and self-service that are formed in the primary school are not linked to real-life situations, their functional value decreases. On the contrary, if educational tasks are combined with everyday experience, communication, choice, responsibility and cooperation, knowledge becomes a component of social competence. Therefore, educational and social activity should not be considered as a special lesson or a separate event, but as a principle of organizing the entire educational process. The third conclusion is the pedagogical role of the environment. The most important aspect of the social model for special pedagogy is that it encourages not to look for the cause of difficulties only in the student himself. Incomprehensible instructions, overly complex tasks, insufficient time for communication, lack of visual supports, a uniform assessment method, or negative attitudes in the classroom can also limit a student's performance. Therefore, pedagogical diagnostics should not end with the question "what can the child not do?", but should seek an answer to the question "under what conditions can he do it better?" The fourth conclusion is that the ultimate goal of special pedagogical assistance is independence and social participation. In order for the student not to become dependent on constant assistance, the amount and form of assistance should be gradually changed, and the opportunities for independent decision-making, self-control, daily tasks, and interaction with others should be expanded. Only when this principle is consistently implemented starting from primary education, a solid foundation for subsequent professional, domestic, and social adaptation will be created. The results of a retrospective analysis show that in the history of special pedagogy, two opposing trends have always coexisted. On the one hand, separate institutions, special methods and differential diagnostics have created previously unavailable educational opportunities for children with intellectual disabilities. On the other hand, the same system has also created the risk of isolating the child from the general social environment, assessing his

capabilities within the framework of the diagnosis and pre-emptively limiting his role in society. The modern approach, while preserving the positive aspects of this historical experience, seeks to reduce the aspects that lead to segregation and passivity. Therefore, in today's special education, it is important not to contrast clinical, psychological, pedagogical and social information, but to integrate them around a functional goal. Medical information helps to understand the child's health and preventive measures; psychological assessment determines the dynamics of cognitive processes and development; pedagogical observation shows real opportunities in educational activities; and social analysis reveals family conditions, communication, peer relationships and environmental barriers. All this should serve to determine the direction of the student's individual educational and social development.

The category of “educational-social activity” appears as an integrative concept for special pedagogy. Its “educational” part refers to knowledge, skills, tasks, methods of activity and cognitive processes; the “social” part refers to communication, cooperation, norms, roles, independence and participation in society. Separating these two layers reduces the life value of the educational result. Therefore, in the primary grades, each educational task should be linked to a communicative or practical situation as much as possible, and each social skill should be strengthened through understandable educational activities. The historical development of ideas for educating children with intellectual developmental disorders in special pedagogy was directly related to society’s attitude to human dignity, disability and the right to education. The transition from exclusion and care to special education, from clinical description to psychological diagnostics, from correctional education to socio-legal approaches gradually expanded the goals of special education. As a result, the modern pedagogical task began to be understood not as a record of a child's defect, but as the creation of conditions that ensure his active participation in education and social life.

Retrospective analysis shows the need to consider educational and social activity as one of the central results of the education of students with intellectual developmental disorders. This activity represents the unity of academic knowledge, everyday practical actions, communicative experience, self-management, independence and mastery of social norms. Therefore, the content of the curriculum, methods, corrective assistance and assessment criteria in special education should be linked to the real-life activities of the student. Based on the analysis, the following pedagogical directions are considered priority: planning education based on the student's stored capabilities and development resources; using diagnostic information as a means of clarification, not a means of categorization, but as a means of pedagogical support; combining educational and social tasks into a single system of activities; reducing physical, communicative and attitudinal barriers in the educational environment; gradually reducing support and expanding student independence; assessing the result not only through knowledge, but also through the criteria of life competence and social participation. The historical development of special pedagogy provides an important methodological conclusion for modern education: the capabilities of a student with intellectual developmental disorders are determined not only by his individual characteristics, but also by the content of the education offered to him, the quality of pedagogical support, and the openness of the social environment. The purposeful formation of educational and social activity is a strategic pedagogical direction that serves the child's subsequent independent life and participation in society from the primary school.

REFERENCES

1. Баринова Г.В. Инвалидность как социальный феномен современного российского общества (социально-философский анализ): автореф. дис. ... д-ра филос. наук. – Москва, 2015. – 51 с.
2. Муравьёва М.Г. Калеки, инвалиды или люди с ограниченными возможностями? Обзор истории инвалидности // Журнал исследований социальной политики. – 2012. – Т. 10. – № 2. – С. 151–166.
3. Кулагина Е.В. Образование детей-инвалидов и детей с ограниченными возможностями здоровья: социально-экономический аспект. – М.: ЛексПраксис, 2014.
4. Ярская-Смирнова Е.Р. Социокультурный анализ нетипичности. – Саратов, 1997. – 272 с.
5. Конвенция о правах инвалидов: принята резолюцией 61/106 Генеральной Ассамблеи

ООН от 13 декабря 2006 г.

6. Исаев Д.Н. Умственная отсталость у детей и подростков. – Санкт-Петербург: Речь, 2003.
7. Ратнер Ф.Л., Сигал Н.Г. История становления и развития идей инклюзивного образования: международный опыт // Вопросы теории и практики. – 2012. – № 12. – Ч. 2. – С. 162–163.
8. Малофеев Н.Н. История становления и развития национальных систем специального образования // Специальная педагогика / под ред. Н.М. Назаровой. – М.: Академия, 2002. – С. 87–121.
9. Замский Х.С. История олигофренопедагогики. – 2-е изд. – М.: Просвещение, 1980.
10. Dufour J.-F. Essai sur les opérations de l'entendement humain et sur les maladies qui les dérangent. – Amsterdam; Paris: Merlin, 1770.
11. Яковлева И.М. Развитие целей коррекционно-педагогической помощи умственно отсталым детям // Вестник МГПУ. Серия: Педагогика и психология. – 2009. – № 2 (8). – С. 95–108.
12. Кадневский В., Могиль О., Ширшова Т. Вклад французских учёных в развитие теории и практики педагогических измерений // Педагогические измерения. – 2014. – № 1. – С. 265–272.
13. Владимирова С.Г. Шкала Давида Векслера: настоящее и будущее в решении проблемы измерения интеллекта // Ярославский педагогический вестник. – 2016. – № 2. – С. 122–123.
14. Выготский Л.С. Проблема умственной отсталости // Собрание сочинений: в 6 т. Т. 5. Основы дефектологии. – М.: Педагогика, 1983. – С. 231–256.
15. Забрамная С.Д. Психолого-педагогическая диагностика умственного развития детей. – М.: Просвещение: Владос, 1995.
16. Лебединский В.В. Нарушения психического развития у детей. – М.: Издательство Московского университета, 1985.
17. Маллер А.Р. Ребенок с ограниченными возможностями: книга для родителей. – М.: Педагогика-Пресс, 1996.
18. Шипицына Л.М. «Необучаемый» ребенок в семье и обществе. Социализация детей с нарушением интеллекта. – СПб.: Дидактика Плюс, 2002.
19. Oliver M. A New Model of the Social Work Role in Relation to Disability // The Handicapped Person: A New Perspective for Social Workers. – London: RADAR, 1981. – P. 19–32.
20. Union of the Physically Impaired Against Segregation (UPIAS). Fundamental Principles of Disability. – London: UPIAS/Disability Alliance, 1976.