Vygotsky, Lev S. (1929): Fundamentals of defectology

Translators Preface

Vygotsky therefore criticized those developmental psychologists and educators who are chiefly concerned with counting and tabulating a child's weaknesses, particularly when they used those measurements (of weaknesses) as the sole basis for placing the child in an educational program (Binet and Simon, for example). In fact, he argued, one must test for a child's strengths and talents, and these are different for every child. Vygotsky strongly rejected an arithmetic approach in favor of a more qualitative evaluation which assesses the whole personality. As L. Brown and Roberta A. Ferrara pointed out, for Vygotsky "static IQ measures do not provide direct information concerning the optimal level of performance of which the testee is capable, an optimal level that is of considerable interest for those who wish to design instruction."

Modern defectology must liberate the special school from "any trace of philanthropic, invalid-oriented, or religious atmosphere based on an interaction of pity and charity" ("The Psychology and Pedagogy of Children's Handicaps"). Instead, it must develop special pedagogical techniques aimed at the positive uniqueness of these children in order to create in them the necessary sociocultural superstructure which will shore up development at its point of physical or mental weakness.

While affirming the necessity of speech instruction, Vygotsky at the same time recognized the cruelty and inhumanity of many of the existing methods for teaching speech. He considered the classical German phonetic methods for teaching speech to be antithetical to a deaf person's nature because they were based on a dead, meaningless repetition of sounds. Such an approach emphasized classes in drilling rules or articulation, not on functional ("live"), meaningful speech. Speech was not introduced as a psychological tool to be used in interaction with others or to shape one's personal experience. Speech for all children, however, depends on communication, not on the repetition of phonetic exercises.

While promoting the special programs, Vygotsky recognized the dilemma which the Special school has posed in the past and will continue to pose: It breaks off contact with the normal world and isolates the handicapped children, putting them in a narrow, closed-off world "where everything is calculated and adapted to the defect, where everything reminds the child of the defect" ("The Psychology and Pedagogy of Children's Handicaps"). Vygotsky wrote that, in the past and particularly in Germany, special schools had created an artificial milieu which was psychologically unhealthy for children because such children, already cut off to a certain degree by their handicaps, needs "closer contact, and deeper roots" in life. Such is the task of the modern special school which must merge more closely with public education.

One of the most curious passages of Fundamentals of Defectology is the section entitled "Moral Insanity" (Part II), a manuscript from Vygotsky's personal archive and published here for the first time. This expression for mental illness or insanity was borrowed from English terminology and originally represented the extreme view of this condition as an "organic illness." Vygotsky, however, reexamined mental illness as a type of "moral deficiency" or amoral behavior, caused primarily not by an innate organic defect, but by deficient, amoral, or impoverished "socioeconomic, cultural, and pedagogical conditions in which the child grew up and developed" (ibid.). Vygotsky wrote, "The problem of 'moral insanity' is posed and solved in our country as a problem of environment, the solution offered here is to normalize the environment and to provide different conditions, more auspicious for child development. Here again, education must play a large role.

Obstacles stimulate compensatory development. Vygotsky here gave the example of a child with a drawing task which demands a red pencil. The pencil has been removed, and the child began to talk about what he must do to improvise in this situation. Vygotsky argued that if all were made easy for the child, he would then have no need to reason out loud. Such experiments are important for very young children, language-delayed children and mentally retarded children because, for all three groups, speech turns out to be a tool for reasoning. In all three cases, speech, like the fingers in an arithmetic task, can become the organizing tool to help the child plan his or her way around the difficulty.

If we subtract visual perception and all that relates to it from our psychology, the result of this subtraction will not be the psychology of a blind child. In the same way, the deaf child is not a normal child minus his hearing and speech. Pedology has long ago mastered the idea that if viewed from a qualitative perspective, the process of child development is, in the words of W. Stern, "a chain of metamorphoses" (1922). Defectology is currently developing a similar idea. A child in each stage of his development, in each of his phases, represents a qualitative uniqueness, i.e., a specific organic and psychological structure; in precisely the same way, a handicapped child represents a qualitatively different, unique type of development. Just as oxygen and hydrogen produce not a mixture of gases, but water, so too, says Guertler, the personality of a retarded child is something qualitatively different than simply the sum of underdeveloped functions and properties.

Defectology acquires, with this idea, a whole system of positive tasks, both theoretical and practical. The field of defectology becomes viable as a science because it has assumed a particular method and defined its object for research and understanding. As B. Schmidt [no ref] put it, only "pedological anarchy" can follow from a purely quantitative conception of juvenile handicaps, and programs of treatment and remediation can be based only on uncoordinated compendia of empirical data and techniques and not upon systematic scientific knowledge.

The position of modem defectology is the following: Any defect creates stimuli for compensatory process. Therefore, defectologists cannot limit their dynamic study of a handicapped child to determining the degree and severity of the deficiency. Without fail, they must take into account the compensatory processes in a child's development and behavior, which substitute for, supersede, and overarch the defect. Just as the patient—and not the disease—is important for modem medicine, so the child burdened with the defect—not the defect in and of itself—becomes the focus of concern for defectology.

The study of compensation reveals the creative character of development directed along this course. It is not in vain that such psychologists as Stern and Adler partly based the origins of giftedness on this understanding. Stem formulates the idea as follows: "What does not destroy me, makes me stronger; thanks to adaptation, strength arises from weakness, ability from deficiencies" (W. Stern, 1923, p. 145).

It would be a mistake to assume that the process of compensation always, without fail, ends in success, that it always leads from the defect to the formation of a new capabiHty. As with every process of overcoming and struggle, compensation may also have two extreme outcomes—victory and failure— and between these two are all possible transitional points.

First, the effect of the defect itself invariably turns out to be secondary, rather than direct, As we have already said, the child is not directiy aware of his handicap. Instead, he is aware of the difficulties deriving from the defect. The immediate consequence of the defect is to diminish the child's social standing; the defect manifests itself as a social aberration. All contact with people, all situations which define a person's place in the social sphere, his role and fate as a participant in life, all the social functions of daily life are reordered. As emphasized in Adler's school of thought, the organic, inherent (congenital) causes of this reordering operate neither independentiy nor directly, but indirectly, via their negative effect on a child's social position. All hereditary and organic factors must also be interpreted psychologically, so that their true role in a child's development can be taken into consideration. According to Adler, a physical disability which leads to adaptation creates a special psychological position for a child. It is through that special position, and only through it, that a defect affects a child's development. Adler calls the psychological complex, which develops as a result of the child's diminished social position due to his handicap, an "inferiority complex" (Minderwertigkeitsgefuehl).

In the final analysis, what decides the fate of a personality is not the defect itself, but its social consequences, its socio-psychological realization. The adaptive processes, also, are not aimed directiy at making up the leficiency, which is for the most part impossible, but at overcoming the difficulties which the defect creates. The development and education of a blind child have to do not so much with blindness itself as with the social consequences of blindness.
A. Adler views the psychological development of the personality as an attempt to attain social status with respect to the "inherent logic of human society," and with respect to the demands of daily life in society. Development unwinds like a chain of predetermined, even if unconscious, actions. And, in the end, it is the need for social adaptation which, by objective necessity, determines these actions. Adler (1928), with good reason, therefore, calls his psychology positional psychology, in contrast to dispositional psychology. The first derives psychological development from the personality's social position, the second from its physical disposition.

The entire process, as a whole, is revealed as a unified one, as a result of objective necessity striving forward toward a final goal, which was established in advance by the social demands of daily life. The concept of unity and wholeness in a child's developing personality is connected to this. Personality develops as a united whole, with its own particular laws; it does not develop as the sum or as a bundle of individual functions, each developing on the basis of its particular tendency.

A child with a defect is not necessarily a defective child. The degree of his disability or normality depends on the outcome of his social adaptation that is, on the final formation of his personality as a whole. In and of themselves, blindness, deafness, and other individual handicaps do not make their bearer handicapped. Substitution and compensation do not just occur randomly, sometimes assimling gigantic proportions and creating talents from defects. Rather, as a rule, they necessarily arise in the form of drives and idiosyncrasies at the point where the defect prevails. Stern's position supports the fundamental possibility of social compensation where direct compensation is impossible, i. e., it is the possibility in principle that the handicapped child can, in principle, wholly approximate a normal type that might enable winning full social self-esteem.

A normal child's socialization is usually fused with the processes of his maturation. Both lines of development—natural and cultural—coincide and merge one into the other. Both series of changes converge, mutually penetrating each other to form, in essence, a single series of formative socio-biological influences on the personality. Insofar as physical development takes place in a social setting, it becomes a historically conditioned biological process. The development of speech in a child serves as a good example of the fusion of these two lines of development—the natural and the cultural. This fusion is not observed in a handicapped child. Here the two lines of development usually diverge more or less sharply. The physical handicap causes this divergence.

A primitive child is a child who has not completed cultural development. The primitive mind is a healthy one. In certain conditions the primitive child completes normal cultural development, and achieves the intellectual level of a cultured person. In this respect, primitivism is distinct from mental retardation. The latter is a result of a physical handicap; the mentally retarded are limited in their natural intellectual development and as a result of this do not usually attain full cultural development. With respect to natural development, on the other hand, a "primitive child" does not deviate from the norm. His practical intellect may reach a very high level, but he still remains outside cultural development. A "primitive is an example of pure, isolated natural development. For a long time, primitivism in a child was considered to be a patiiological form of childhood development and was confused with mental retardation. In fact, the outward appearances of these two phenomena are often extremely similar. Limited psychological activity, stunted intellectual development, deductive inaccuracy, conceptual absurdity, impressionability, and so forth, can be symptoms of either. Because of the research methods currentiy available (Binet and others), the primitive child may be portrayed in a way that is similar to the portrayal of the mentally retarded.

But primitivism may occur without a defect. It may even coexist with a highly gifted mind. Similarly, a defect does not necessarily lead to primitivism but may also coexist with a highly cultured type of mind. A defect and psychological primitivism are two different things, and when they are found together, they must be separated and distinguished from one another.

There are three fundamental points which defme the problem of cultural development for an abnormal child: the degree of primitivism in the childhood mind; the nature of his adoption of cultural and psychological tools; and the means by which he makes use of his own psychological functions. The primitive child is differentiated not by a lesser degree of accumulated experience, but by the different (natural) way in which it was accumulated. It is possible to combat primitivism by creating new cultural tools, whose use makes culture accessible to the child. Braille's script and finger spelling (dactylology) are most powerful methods of overcoming primitivism. We know how often mentally retarded children are found to have not only a normal, but a highly developed, memory. Its use, however, almost always remains at the lowest level. Evidently, the degree of development of memory is one thing, and the degree of its use quite another.

Studies of primitive children reveal literally the same thing. "How do a tree and a log differ?" Petrova asks one such child. "I haven't seen a tree, I swear I haven't seen one" (There is a linden tree growing in front of the window). In response to the question (while pointing to the linden tree) "And what is this?" comes the answer: "It's a linden." This is a primitive answer, in the spirit of those primitive people whose language has no word for "tree;" it is too abstract for the concrete nature of the boy's mind. The boy was correct: none of us has seen a tree. We've seen birches, willows, pines and so forth, that is, specific species of trees (A.E. Petrova, in Gurevich (Ed.), 1925, p. 64)

The entire psychological life of an individual consists of a succession of combative objectives, directed at the resolution of a single task: to secure a definite position with respect to the immanent logic of human society, or to the demands of the social environment. In the last analysis, the fate of personality is decided not by the existence of a defect in itself but by its social consequences, by its socio-psychological realization. In connection with this, it becomes necessary for the psychologist to understand each psychological act not only with respect to the past but also in conjunction with the future direction of personality.

The goal of any mental process can be attained only thanks to some difficulty, delay, or obstacle. The point of interruption of any automatic function becomes a goal for other functions; now directed at this point, they are transformed into purposeful (goal-oriented) activity. For this reason, a defect and the resultant disruption of the normal functioning of personality become the ultimate developmental goal for all individual mental powers. This is why Adler called a defect the basic motivating force in development and the final goal in life's plan. The formula "defect overcompensation" is the main line of development for a child with some functional or organic defect. Thus, the "goal" is defined beforehand, yet it only seems to be the goal, when in fact it is the primary cause of development. The education and rearing of handicapped children should be based on the fact that along with a defect come combative psychological tendencies and the potential for overcoming the defect. Education of these children should take into account that precisely these tendencies emerge in the foreground of a child's development and must be included in the educational process as his motivating strength. Constructing the entire educational process on the basis of natural compensatory drives does not mean alleviating all difficulties that arise as a result of the defect. It means instead concentrating all strengths on the compensation of the defect, selecting, in the appropriate sequential order, those tasks which will bring about the gradual formation of the entire personality from a new standpoint.

It is most important that education depend not only on the development of natural strengths but also on the ultimate goal toward which they must be oriented. Full social esteem is the ultimate aim of education inasmuch as all the processes of overcompensation are directed at achieving social status.

If every defect gives reign to some compensatory strength, then it can be seen as a blessing. Is this really true? Overcompensation, in fact, is only one extreme of two opposite outcomes, one of two possible poles of development affected by a defect. The other extreme is the total failure to compensate, retreat into illness, neurosis, complete asociality from a psychological standpoint. Unsuccessful compensation transforms the child's energies into a defensive battle with illness, directed toward a false goal, heading life's entire course along a false path. Between these two extremes we find every possible degree of compensation from minimal to maximal.

There is not a grain of stoicism in the traditional education of children with mental defects. This education has been weakened by a tendency toward pity and philanthropy; it has been poisoned by morbidness and sickliness. Our education is insipid; it nips the pupil in the bud; there is no salt to this education. We need tempered and courageous ideas. Our ideal is not to cover over a sore place with cotton wadding and protect it by various methods from further bruises but to clear a wide path for overcoming the defect, for overcompensation. For this we need to assimilate these socially oriented processes. However, in our psychological grounding for education, we are beginning to lose the distinction between the upbringing of animal offspring and the upbringing of children, between training and the education.

Given all of its merits, our special school is noted for one basic shortcoming: be they blind, deaf-mute, or mentally retarded children, the special school locks its pupils into the narrow circle of the school collective; it creates a small, separated, and secluded world; everything is adjusted and adapted to the child's defect. Everything focuses attention on the physical handicap of the child and does not introduce the child to real life. Instead of helping children escape from their isolated worlds, our special school usually develops in them tendencies which direct them toward greater and greater isolation and which enhance their separatism. Because of these shortcomings, not only does the overall upbringing of the child become paralyzed but even special education sometimes amounts to almost naught.

All such institutions serve the same goal: social charity. In this way, a certain type of fortress is created, solidly conquering for itself a corner of the outside world, and nevertheless bequeathing a certain position on the defective child, even after leaving school.

That this is actually so will become absolutely clear, it seems, if we fully explain this point of view. It is self-explanatory that blindness and deafness are biological factors, and in no way social. The fact of the matter is that education must cope not so much with these biological factors as with their social consequences. When we have before us a blind child as a subject for education, then we have to deal not so much with blindness by itself as with those conflicts which face the blind child on his entrance into the world. At that time, all the systems which determine the child's social behavior are disrupted. And therefore, it seems to me from a pedagogical point of view, the education of such a child amounts to rectifying completely these social ruptures.

It is an error to see only illness in abnormality. In an abnormal child, we perceive only the defect, and therefore, our teachings about these children and our approaches to them are limited to ascertaining the percentages of their blindness, deafness or distortion of taste. We dwell on the "nuggets" of illness and not on the "mountains" of health. We notice only defects which are minuscule in comparison with the colossal areas of wealth which handicapped children possess. These absurd truisms, which, it would seem, are difficult to dispute, radically conflict with what we have to say in theory and practice about special education.

In our schools for the deaf-mute, everything conflicts with the children's real interests. All their instincts and drives become not our allies in the cause of education, but our enemies. We have produced a special method, which in advance is at odds with the child; before beginning, we want to break tiie child in order to engraft speech onto his muteness. And in practice this forced method turns out to be unacceptable, by its very nature it dooms speech to atrophy.

If enculturation of the senses and psychological support are of primary importance, and social habits and orientation to the surrounding world are third and fourth, we have not traveled a single step from the "classical" system of therapeutic pedagogy with its nursing home atmosphere, with its zealous attention to microscopic illnesses, with its naive confidence that the psychological makeup may be developed, cured, "brought into harmony" and so forth, by therapeutic measures without regard for the general development of "habits of social behavior."

Moreover all the exercises in psychological support and the cultivation of the senses constitute similar nonsense: one must leam to fmish as quickly as possible the tasks of carrying a dish full of water, threading beads, throwing rings, unstringing beads, tracing letters, comparing tables, striking an expressive pose, studying smells, comparing the strength of smells. Who can be reared from all of this? Does this not sooner transform a normal child into a mentally retarded child rather than develop in the retarded child those mechanisms of behavior, psychology, and personality which have not yet meshed with the sharp teeth of life's intricate gears?

This is not the place for a full development of all the positive possibilities for exercises in psychological support and sensorimotor control at play, at work activity, and in a child's social conduct. However, one cannot help but mention that these same lessons in silence, if conducted without commands and with meaning, regulated by real need, and by the mechanism of play, would suddenly lose the character of Egyptian torture and would serve as an excellent educational means. The argument is not whether or not to teach a child to observe silence, but which means to employ to this end. Do we need lessons in obedience upon command or lessons in purposeful, meaningful silence? This frequently cited example illustrates the overall description of the difference between the two different systems: the old, therapeutic system and the new social pedagogy.

What constitutes our radical divergence from the West with respect to this question? Only the fact that there it is a question of social welfare, whereas for us it is a question of social education. There it is a question of charity for invalids and social insurance against crime and begging. It is extremely difficult to get rid of the philanthropic, invalid-oriented point of view.

Any physical handicap, be it deafness, blindness or inherent mental retardation, not only changes a person's attitude toward the world, but first and foremost affects his relationship with people. Any physical defect, or flaw, is conceived as a behavioral abnormality. Even within his or her family, a deaf or blind child is first of all a special child, toward whom one develops an exclusive, unusual attitude, which is different from that toward other children. To begin with, the child's misfortune changes his social position within the family. And this occurs not only in those families where such a child is seen as a heavy burden and an infliction, but also in those families where the blind child is surrounded by redoubled love, by care and tendemess increased tenfold. Precisely in these families the increased dosage of attention and pity is a heavy burden on the child and serves as a fence separating him from the rest of the children. V.G. Korolenko in a short novel about a blind musician, faithfully illustrates how a blind child became the center of the family and its unconscious despot, and how the entire house conformed to his slightest whim.

More simply speaking, from both the psychological and the pedagogical points of view the question has commonly been posed in crude physical and medical terms. A physical handicap has been analyzed and compensated for as just that, a handicap. Blindness has been defined as simply the absence of sight, deafness the absence of hearing, as if we were dealing wiith a blind dog or a deaf jackal. In addition to that, we have lost sight of the fact that, in contrast with the case of animals, a physical handicap in a human being can never affect the personality directiy because the eye and ear of a human being are not only physical organs but also social organs, because between the world and a human being stands his social environment, which refracts and guides everything proceeding from man to the world and from the world to man. Human beings do not have simple, asocial, direct communication with the world. A loss of vision or hearing means, therefore, first and foremost the failure of serious social functions, the degeneration of societal ties, and the disruption of all behavioral systems. In psychology and pedagogy, the problem of a child's handicap must be posed and comprehended as a social problem, because the social aspect, which formerly went unnoticed and was usually considered secondary, in fact, turns out to be paramount and central. This must be placed at the head of our list. We must boldly look at this social problem as such, straight on. If, psychologically speaking, a physical handicap means a social dislocation, then the pedagogical training of such a child means putting him back on life's course just as one resets a sprained or aching organ.

The greatest mistake—the view of a child's abnormality as only an illness—has made our theory and practice subject to a most dangerous delusion. No matter what the affliction may be, whether it be blindness, deafness, catarrhs of the Eustachian tube, or perversion of taste, we meticulously analyze every corpuscle of the defect, every little speck of disease found in abnormal children, while we never notice the gold mines of health inherent in each child's organism, no matter what the affliction may be.
It is beyond understanding why this last, simple notion has not become a scientific, practical truism, and why until now special education has been spent 90 percent of its time on the children's illness and not on their health. "First, a human being and only then, second, an exceptional human being, that is, a blind person." Here is the slogan for a scientific psychology of the blind, which first and foremost incorporates the general psychology of a normal person and only "on a secondary level," considers the special psychology of the blind (F. Gerhardt, 1924, J. Buerklen, 1924).

How, then, does a blind person experience blindness? In various ways, depending on the conditions in which his defect is realized. In any case, that stone in his heart, that intense sadness, that inexpressible grief which forces us to pity a blind person and think with horror about his life—all this originates as a result of secondary social factors, not biological ones.

The unfortunate lot of the blind is not brought about by the physical condition of blindness, which by itself is not a tragedy. Blindness serves only as the ground for the onset of a series of tragedies. "Lamentations and sighs," Shcheihina asserts, "accompany a blind person throughout his entire life; thus, slowly, but surely an enormously destructive process sets in" (1916, p. 39). He describes an incident in a school for the blind when "the attendant had to feed an eight-year old boy with a spoon simply because his family never permitted him the opportunity of learning to eat by himself.

A blind person must know that he is not seen from the street if he is standing behind a window curtain; that when a light is burning in his room and the windows have no curtains, everyone will see him, and so forth. He must possess the most essential knowledge accessible to the average person through the eyes. Humanity conceives of the world mainly as a visual phenomenon, and we must prepare the blind child for a life in this world. Subsequently, he must know what light is. With respect to the most critical question of educating the blind, the only correct, realistic point of view suggests this solution.

Based on methods for socially compensating the natural defect, the social education of handicapped children is the only scientifically sound and ideologically correct path. Special education must be subordinated to and coordinated with social education. Moreover, special education must organically merge with social education and become its major component.

Liberate the special school from its slavery— that is, from the physical handicap to which it has become enslaved,—which only nurtures but does not cure. Liberate the special school from any trace of philanthropic and religious orientation. Rebuild it on healthy pedagogical ground. Free the child from the unbearable and senseless burden of special schooling. These are the tasks which have been set for our schools both by a scientific understanding of the problem and by the demands of reality.

Physically, blindness and deafness will still exist on earth a long time. A blind person will remain blind and a deaf person deaf, but they will cease to be handicapped because a handicapped condition is only a social concept; a defective condition is an abnormal extension of blindness, deafness, or muteness. Blindness by itself does not make a child handicapped; it is not a defective condition, an inadequacy, abnormality, or illness. Blindness becomes these things only under certain social conditions of a blind person's existence. This is a sign of the difference between his behavior and the behavior of others.

However, the special school systematically breaks off contact with the normal world; It isolates the blind child and puts him in a narrow, closed off, small world, where everything is calculated for and adapted to the defect, where everything reminds him of it. This artificial milieu has nothing in common with that normal world where the blind adult will ultimately have to live. In the special school, a close, hospital-like atmosphere and regime are soon created. The blind child moves in the narrow circle of the blind. This environment nurtures the defect and fixes the child's attention on his blindness, "traumatizing" him. Blindness is not overcome in such a school but is intensified. In such a school, not only is there no development of those strengths which could help the blind child enter the normal world; instead these strengths become systematically atrophied. Mental health and the normal formation of the psyche become disorganized and disintegrate; blindness turns into psychic trauma. But what is most important, according to Shcherbina, is that the special school reinforces the "psychology of separatism," which, even without the special school, is already strongly felt by a blind person.

Thus, the task is not so much the education of blind children as it is the reeducation of the sighted. The latter must change their attitude toward blindness and toward the blind. The reeducation of the sighted poses a social pedagogical task of enormous importance.

We must organize the child's life so that speech will be necessary and interesting to him, and sign language uninteresting and unnecessary. Instruction must follow the child's line of interests and not counteract it. A child's instincts must be made his allies and not his enemies. A need for the language common to all mankind must be created and then speech will appear.

Speech springs up from the need for communication and thought. Thinking and communication come as a result of adaptation to complicated living conditions. A. Gutsman is justified in saying that the majority of deaf Students graduating from school do not have sufficient skills for coping with the phenomena and demands of social life (1910, p. 6) [no ref]. This occiur, of course, because the school itself isolates children from the world.

The myth of an inferior social instinct or about "a certain reduction of social impulses" in a retarded child (A. N. Graborov, 1925) must be discarded. It is a fact that the social personality of a retarded child is impaired and underdeveloped. Nowhere is the social nature of a handicapped condition so apparent as in this case. A retarded child is self-ostracized from peer ranks. Once branded a fool or handicapped, the child is placed in absolutely new social circumstances and his or her entire development proceeds in a completely new direction.
A defect is strengthened, nourished, and reinforced by its social consequences. With respect to this problem, there is not a single instance where the biological can be separated from the social. Nowhere is this more obviously clear than in the question of sex education. ... Any abnormality which occurs in their sexual behavior is of a secondary nature.

A positive outcome is not the only, nor even the most frequent, result of this struggle to overcome a defect. It would be naive to think that every illness always ends favorably, that each defect turns happily into ability. Each confrontation has two possible outcomes. The second outcome means a hasty retreat into illness and neurosis. It may consist of a failure to compensate, complete submission to the feeling of weakness, asocial behaviour, the creation of a defensive position out of weakness, the transformation of weakness into a weapon, a fictitious goal for existence, in essence madness and the impossibility of a normal psychological life for the personality. Between these two poles, there appears a huge, inexhaustible variety of different degrees of success and failure, competence and neurosis, minimum and maximum success. The existence of extremes marks the boundaries of this phenomenon and offers a radical expression of its essence and nature.

The work of P. P. Blonskii, A. B. Zalkind, and others has shown that a morally defective child is not a child with an innate organic defect, but rather a child who has been derailed socially. The reasons for moral deficiency should be sought not in the child, but externally, in the socioeconomic, cultural, and pedagogical conditions in which the child grew up and developed. In different conditions that are more auspicious for child development, in a different environment, a difficult child very quickly loses the traits of moral deficiency and starts down a new path. The problem of "moral insanity" is posed and solved in our country as a problem of environment. Normalizing the environment has become the basic educative practice in this area.