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The imperfect child in early twentieth-century Russia

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ABSTRACT
The article discusses the role that conceptualisations of child ‘imperfection’ played in the rise and fall of Russian ‘child study’ between the 1900s and the 1930s. Drawing on Georges Canguilhem’s ideas on ‘the normal’ and ‘the pathological’, the article analyses practices centred on diagnosing subnormality and pathology in the Russian child population in the late tsarist and early Soviet eras. It first examines mutually competing normative regimes that framed categorisations of ‘imperfection’ among Russia’s children in the context of the empire’s accelerated, yet ambivalent modernisation during the 1900s–1910s. It then charts the expansion of this diagnostics in the first decade or so of the Soviet regime, following its shift in focus from the early-1920s’ ‘delinquent child’ to the late-1920s’ ‘mass child’. The article concludes with a discussion of the emergence, over this same period, of the Russian field of medicalised special education known as ‘defectology’. It argues that defectology’s disciplinary specificity crystallised in 1936 around a purposely restrictive concept of ‘imperfection’, understood as individualised and clinically established pathological ‘impairment’. The latter conceptualisation became fixed at the height of Stalinism as a strategic counter to the expansive flux in which the diagnostics and conceptualisation of child ‘imperfection’ had otherwise been over the first three decades of the twentieth century in the context of the remarkable rise of child study during this period.

Introduction: child study and the imperfect child
By the early twentieth century, the child population had become a major focus of public, professional and scientific interest across the modern world. Scientific and professional work that claimed the child as a subject of study was spread across a heterogeneous, and largely emergent, disciplinary and occupational network, associated principally with psychology, education and medicine. Essential to the rise of this field was the identification...
and conceptualisation of various forms of ‘imperfection’ in the child population, which became, as such, a dominant focus of inquiry and intervention.\(^2\)

This article examines the role that two distinct modes of constructing child ‘imperfection’ – the ‘pathological’ and the ‘sub-normal’ – played in the rise and fall of child study in Russia between the 1900s and the 1930s, an era of unprecedented transformations in that country’s history, marked by the emergence of the modern welfare/warfare state, including the expansion of mass schooling and population-wide health measures, against the backdrop of enormous social upheaval – war and revolution, economic cataclysm, mass population movement, and political repression.

What follows is not a presentation of specific cases of ‘imperfect children’ in Russia and the Soviet Union or an analysis of how different categories of ‘imperfection’ (the blind, the deaf, the physically disabled, or those with learning difficulties, for instance) were studied and treated there.\(^3\) Nor is it an exhaustive account of how this field institutionalised in disciplinary or occupational terms.\(^4\) Rather, what follows is the history of how ‘imperfection’, as such, was being identified and framed through different modes of normative judgement or ‘diagnosis’ broadly understood; how this framing kept changing in response to major social and political transformations in Russo-Soviet history; and how these shifts impacted on the organisation of the scientific study of the child and on interventions focused on the child population between the late-tsarist and early-Soviet periods.

By way of a preamble, I will present the key ambiguities of scientific conceptualisations of human imperfection that crystallised towards the end of the nineteenth century, drawing, in particular, on Georges Canguilhem’s work on ‘the normal’ and ‘the pathological’. This section will discuss the distinction between, and the interplay of, on the one hand, clinical diagnostics, ie the identification of ‘pathologies’, and, on the other, positivist, experimental-statistical diagnostics, based on norms defined as objective averages, resulting in diagnoses of ‘subnormality’. I will then follow how the diagnostics of ‘pathology’ and/or ‘subnormality’ in the child population evolved in Russia and the USSR across the first few decades of the twentieth century. I will first explore the mélange of mutually competing normative regimes that were harnessed in the identification of ‘imperfection’ among Russia’s children in the context of the empire’s hasty and turbulent modernisation during the 1900s–1910s. I will then chart the expansion of the diagnostics of ‘imperfection’ across the Soviet 1920s–1930s, as its core interest gradually shifted from the pathologised ‘delinquent child’, construed as an outcome of the cataclysm of revolutionary upheaval, to the normatively framed statistical ‘mass child’, created as a function of Bolshevik ‘socialism building’.

I will conclude with a discussion of the place that the discipline and occupation devoted to the study and treatment of child ‘imperfections’, known in Russia since the early Soviet era as ‘defectology’ (defektologiia), occupied in this history. The focus of this section is the

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\(^3\)For a comparative discussion of the treatment of the key categories of ‘imperfection’ see D. Karoli [Dorena Caroli], ‘Deti invalidy v dorevoluzionnoi i sovetskoi Rossi’, in *Maloletnie poddannye bol’shoi imperii*, eds. Vitalii G. Bezrogov, Ol’ga E. Kosheleva and Mariia V. Tendriakova (Moscow: RGGU, 2012), 138–96. This is a translation from Italian of Dorena Caroli, ‘Bambini anormali nella Russia pre-rivoluzionaria e sovietica’, *I bambini di una volta. Saggi per Egle Becci*, ed. M. Ferrari (Milano: Franco Agnelli, 2006), 198–234. In the present article, the focus is principally on cognitive and behavioural ‘imperfections’, with the understanding that these were regularly co-diagnosed with other kinds of handicaps and health problems.

evolution of the notion of ‘defect’ or ‘defectiveness’ as the prevailing frame for conceptualising child ‘imperfection’ in the Soviet Union. I will argue that ‘defectiveness’, as a way of framing ‘imperfection’ in the Soviet child population, initially – across the 1920s and early 1930s – underwent significant extension and blurring. In the mid-1930s, however, the notion was suddenly radically narrowed and strategically contained. More specifically, ‘defectiveness’ became emphatically disassociated from a positivist, statistically established ‘subnormality’, which referred to norms supposedly distributable across, and defining of, the Soviet child population as a whole. Instead, it was, from then on, made to refer strictly to a clinically established individualised ‘pathology’ – a (usually congenital) ‘impairment’ diagnosed in a specific child.

The normal and the pathological

In his seminal study The Normal and the Pathological (1943, 1950, 1966, 1970) Georges Canguilhem argued that the life sciences – broadly conceived to include the human and medical sciences – were inherently normativist. By this he meant that despite the fact that the life sciences had undergone a positivist reworking in the latter half of the nineteenth century, in order to be turned into sciences whose epistemology was based on truthful pronouncements about ‘the laws of life’, they remained rooted in questions of a fundamentally different order. In contrast to the physical sciences, the key distinction in the life sciences, according to Canguilhem, is not between ‘truth’ and ‘falsehood’, but between ‘right’ and ‘wrong’. Whereas the epistemology of the physical sciences is rooted in physical laws, the epistemology of the life sciences is based on norms of life. Positivist ‘law’ is modelled not on juridical law (which codifies norms of social life), but on mathematical law. Whereas physical laws are conceived as rules that cannot be ‘disobeyed’ (rules delimiting the possible from the impossible), norms of life are rules that are, by definition, constantly ‘disobeyed’. As Canguilhem’s most famous student, Michel Foucault, put it in the preface to his former supervisor’s book: ‘In the extreme, life is what is capable of error.’

In the late nineteenth century, as part of the drive to reframe norms of life in a positivist way, efforts were made to mathematise life itself, just as had been done with the physical world. This was to be accomplished by similar means and technologies – by determining life’s norms experimentally and statistically. However, as Canguilhem argues, this move came about only after the prior establishment of a very different, clinical, epistemology. The latter, while still empirical, did not depend on a neutrally objective, experimental and mathematical, definition of the norm, but on an inherently value-laden and fundamentally subjective recognition of a pathology – the identification (and then classification) of some concrete manifestation of life as normatively ‘wrong’. Indeed, in their origin, ‘pathologies’ were not quantitative deviations from a norm understood as an experimentally and statistically established average; they were not, in this sense, an ab-normality.

Statistical deviations, on the one hand, and pathologies, on the other, can be seen as two distinct modes of rationalising the normativism of life. In the late nineteenth century,
these two modes, while remaining fundamentally different (and in a sense rival), became intertwined in the reworking of the human and medical sciences through the advancement of experimental and quantitative methods. It was only in this context that pathology and statistical anomaly fused into quasi synonyms. From this point on, the human and the medical sciences developed as both positivist and normativist. As a result, norms of life came to be understood, confusingly, both as the prevalent, or the predominant, and as the optimal, or the ideal; they expressed, ambiguously, both ‘a mere average’ and ‘the golden mean’.

The positivist revision of the life sciences was in large part motivated by the understanding that value, inherent in normativism, was a problem to be overcome. And yet, the positivist enterprise proved unable to extricate itself from the normativism that is, following Canguilhem, inherent in the very concept of ‘life’. Value resurfaces, for instance, in the evolutionist framework which came to shape biology at this same juncture. The core question of evolutionism, as an explanation of life, has been which ‘varieties’ are favoured by particular environmental conditions and the struggle for survival, and which are not. Value thus re-emerges in the teleology of life, expressed, in particular, through such concepts as ‘development’ (whether phylogenetic or ontogenetic, or indeed civilisational).8

Furthermore, despite the huge influence of positivism on the human and the medical sciences from this point on, the older, subjectivist, clinical rationalisation of the norm was never entirely superseded by the objectivist, experimental-statistical one. This is in large part evident in the continuing vital importance of diagnosis, which can be understood as a way of discriminating the wrong from the right (as opposed to distinguishing the true from the false). The ability to form a diagnosis has, of course, been crucial to ‘professionalism’ as a key mode of existence of major occupations.9 The normativism of life is therefore vital to understanding forms of power generated in the diagnostic relationship between professionals and clients. Medicine is exemplary of ‘professionalism’ in this sense, given its rootedness in the diagnostic (power-)relationship established between doctors and patients around particular, normative, forms of knowledge about patients’ bodies and minds.

However, at the turn of the twentieth century, occupations other than the medical rose on this same normativist epistemology, building their professionalism around it. Indeed, in the concept of ‘human life’, biological and social norms (say, norms of ‘development’, on the one hand, and norms of ‘socialisation’, on the other) have been notoriously difficult to disaggregate. Psychologists, teachers and criminologists also sought diagnostic powers – the ability to identify and classify aberrations of psychological development, failures of educational progress, and forms of social deviance, respectively. Such diagnoses were formed with a similar sense of ‘rightness’ to that associated with ‘health’ in medical discourse.10

As a result of this ambiguity, these different kinds of diagnoses intermingled quite comfortably in the discourse of ‘degeneration’ that was so influential at the turn of the twentieth century.11

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10Turmel, in his A Historical Sociology of Childhood, develops three understandings of the ‘normal’ in turn-of-the-twentieth-century child science: the normal as the (statistically) ‘average’, as the ‘healthy’ (the opposite of the ‘pathological’), and as the (socially) ‘acceptable’ (ie not ‘delinquent’). I would argue, however, that both the ‘healthy’ and the (socially) ‘acceptable’ are variations on the same principle of the ‘right’ (biological in one case, social in the other), which should, as such, be distinguished from the notion of the ‘average’.
In this discourse, ‘health’, when applied to ‘society’, was more than a (mere) metaphor. When psychologists or teachers or criminologists called themselves ‘diagnosticians’ in such contexts, they did not refer to ‘diagnosis’ in a figurative way; nor did they just emulate medicine as a more powerful and authoritative profession. They used this term to assert a more general power to distinguish ‘the wrong’ in relation to particular ‘norms of life’, which for humans are social as well as biological. What is more, psychologists, teachers and criminologists, just like medical professionals, were interested both in clinical diagnosis (the identification of ‘pathologies’, on the model of traditional medical practice) and in the experimental-statistical establishment of norms as averages (resulting in diagnoses of ‘sub-normality’ based on new positivist technologies, such as, for instance, mental tests).

These ambiguities were crucial to the shaping of the turn-of-the-twentieth-century movement devoted to the study of ‘the child’ – a new area in the expanding human sciences that identified child development as a distinct territory of specialist research and professional expertise and intervention. Vital to the rise of child study – in Russia, as elsewhere – was the constitution of the power to diagnose forms of developmental pathology and/or sub-normality in the child population. One could even say that the establishment of norms of development by the new ‘sciences of the child’ depended less fundamentally on the search for developmental averages – the elusive statistical ‘normality’ – and more on a continuous identification and categorisation of ‘imperfection’ in the child population. It was through the establishment of anomalies, deviations and errors that norms of development were being enshrined. ‘Imperfections’ of one kind or another thus became a focus around which the various disciplines and occupations interested in child development would coalesce. However, the conditions and character of the diagnostics of ‘imperfection’ in this context kept changing in significant ways between the 1900s and the 1930s, not least as a consequence of rapidly shifting socio-political circumstances. In the next two subsections I will chart the most important shifts that took place in this context, specifically in Russia and the Soviet Union, during the first few decades of the twentieth century.

**Diagnosing child imperfection in late tsarist Russia: a mélange of normative regimes**

The internationalisation of science characteristic of the end of the nineteenth and the beginning of the twentieth century was crucial to turning the disparate strands of scientific interest in child development and socialisation into a veritable worldwide ‘movement’.

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14On internationalism in science in this era see especially Elisabeth Crawford, *Nationalism and Internationalism in Science, 1880–1939: Four Studies of the Nobel Population* (Cambridge: Cambridge University Press, 1992) and Aleksandr N. Dmitriev and André Filler, ‘La mobilisation intellectuelle: La communauté académique internationale et la Première Guerre mondiale’, *Cahiers du Monde russe* 43, no. 4 (2002): 617–44. *Fin-de-siècle internationalism* did not, of course, elide the importance of national infrastructures or the promotion of distinctive national approaches and achievements – quite the contrary: since the international arena was expected to be one of competition, as well as exchange, internationalism reinforced nationalism in science, and vice versa.
Transnational interactions, from the 1890s in particular, transformed the growing interest in the child from relatively narrow sets of occupational and disciplinary initiatives into an ambitious programme of innovation in the human sciences that claimed a position at the cutting edge of modernity.15

Russia’s own child science movement crystallised during this same time at the intersection of several interrelated domains: the growing interest among parents from the empire’s educated strata in the rational upbringing of their progeny; the expansion of social hygiene, public healthcare and welfare measures through both state and civic initiatives; the efforts of Russia’s teachers to enhance their status in relation to other, more prestigious professions; and the struggles between rival groups of scholars, coming from different disciplinary backgrounds, medicine and philosophy in particular, over how to transform psychology into a modern science.16 All these areas together provided fertile ground for the development of a vibrant network of circles, labs, training courses, institutes, journals and conferences devoted to child study.

Russian activists in this field were from the outset fully engaged in and directly connected to developments taking place in the rest of Europe and North America. The Russian professional and scientific intelligentsia closely followed and many actively contributed to international advances in the biological, human and social sciences.17 This included innovations of relevance to the study of the child, which were reported on regularly in the growing pedagogical and medical periodical press. Russians reviewed major international contributions and translated key publications, usually very soon after their original appearance. They also participated in international conferences, while inviting recognised figures to attend events that they organised. They worked hard to build an analogous scientific and professional infrastructure, seeing themselves as fellow participants and equal partners in the same, collaborative as well as competitive, project of European modernity.

In this context, the last couple of decades of tsarism also saw a radical increase in the diagnosis of various forms of ‘pathology’ and ‘sub-normality’ among the empire’s children.18 This was often, explicitly or implicitly, articulated within the discourse of ‘degeneration’ (in Russian vyrozhdenie), fashionable at the time among certain sections of the Russian professional intelligentsia, who linked it to problems associated with the empire’s accelerated

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and, from a social point of view, poorly managed industrialisation and urbanisation.\textsuperscript{19} Critiquing the lack of appropriate response from the tsarist state, which seemed all too slow to modernise, Russia's professional intelligentsia sought to develop independently (if on an unavoidably unsatisfactory scale) what it envisaged as modern forms of welfare in key domains of social life, including, prominently, rational, scientifically grounded forms of care, upbringing and education of the empire's future generations.\textsuperscript{20} In doing so, however, they understood themselves to be targeting a largely 'unknown' population; getting to know it (in scientific and professional terms, as objects of both knowledge and welfare intervention) involved fitting this population into a particular normative framework – a framework that was being created through this very process.

It was at this time, in the 1900s–1910s, that key positivist technologies (namely, various kinds of psychological experiments and mental tests), which claimed to be establishing norms of development in an objective way, appeared in Russia, and by no means only in imported form. They were vigorously debated at major conferences and in key professional journals associated with Russia's growing child study movement.\textsuperscript{21} While mental testing met with enthusiasm among certain groups of teachers, psychologists and psychiatrists, this was matched by considerable scepticism in other quarters. Indeed, there was no consensus on how universal, accurate or pertinent the norms established in this way were. The purpose of much of the testing carried out by Russian pioneers of this methodology was to develop, trial and enhance the testing technology, or rather, to legitimise and promote this particular means of establishing norms of development in rivalry with other normative regimes.\textsuperscript{22}

Indeed, other means of diagnosing apparent infringements of the norm among Russia's children were being practised at the same time. Those developing new experimental-psychological methods for evaluating child development positioned them largely against traditional educational measurements, which expressed educational norms, enforced, as a matter of course, by the teaching profession through regular school assessments and exams.\textsuperscript{23} Education in tsarist Russia had been defined quite narrowly and conservatively for the empire's tiny educated elite (initially the nobility, and then, during the latter half of the nineteenth century, a rising professional middle). Throughout the nineteenth century, the tsarist government had used the school system as a tool for preserving the traditional integrity of social estates (\textit{sosloviia}).\textsuperscript{24} Schooling had, moreover, been not only socially conservative, but also notoriously regimented and bureaucratic.
Debates on reforming the education system began in earnest at the turn of the twentieth century, but established educational norms, even at primary level, could not be easily adjusted in response to an influx of school entrants, whether from the illiterate labouring classes migrating from the villages into the cities for work, or those from the expanding lower-middle strata, or indeed anyone else who failed to cope with the rigid educational frameworks and standards. Thus, an educational sub-norm was proliferating at this same time as a reflection of the rising number of children failing school assessments and ending up either automatically excluded or repeating classes until they were either expelled or sent to Russia’s handful of emerging special schools. The latter started appearing in larger cities in the late 1900s–early 1910s, on the model of the German Hilfsschule, but their numbers were always deemed to be woefully insufficient.25

At the same time, practically all schoolchildren assessed as falling below the norm (in the sense of requiring referral to a special school), whether this judgement was reached by means of traditional pedagogical evaluations or by the new mental tests, or both at the same time, were believed to ultimately require a doctor’s clinical verdict – a verdict based on medical norms associated with conceptions of physical and mental ‘health’, which invariably framed the various imperfections identified in a schoolchild in terms of some ‘pathology’.

Certain Russian medical authorities in the field argued, in fact, that understanding the pathology of child development took epistemological priority: the analysis of pathological forms was the best means to understand normal development (rather than the other way round, as would be implicit in the principle of first experimentally establishing the norm as a neutral optimum and only then specifying ‘pathology’ as deviation from it). The work of Grigorii Ia. Troshin, The Anthropological Foundations of Upbringing: A Comparative Psychology of Normal and Abnormal Children (1915), was especially influential in this respect.26 At the same time, there were psychiatrists and neurologists prominent in Russian child study circles, such as Aleksandr N. Bernshteyn and Grigorii Ia. Rossolimo, who were at the forefront of developing new positivist diagnostics in their medical subfield, promoting mental testing as, in their view, the only truly ‘objective’ instrument of assessment, which ought therefore to become part of every psychopathologist’s clinical toolbox.27 Rossolimo’s ‘psychological profile’ method of assessing children’s mental capacities became particularly widely used in the 1910s–1920s.28

Thus, the last decades of tsarism were characterised by a plurality, indeterminacy and intermixing of coexistent normative and diagnostic regimes, leading to a remarkable vagueness in what constituted infringements of the norm. Physical, mental and moral deficiencies

formed part of the same amorphous field of diagnostic categorisation and were understood as co-constitutive. Diagnostic labels came from a range of discourses: the medical, the educational, the experimental-psychological, and the moral-juridical. Categories such as ‘low-achieving’, ‘troublesome’ or ‘nervous’ could be found alongside ‘the epileptic’; faults of ‘character’ (deceitfulness, laziness, fidgetiness) were being diagnosed with the same seriousness as levels of congenital ‘retardation’ (idiocy, imbecility, debility).

One of the new terms to come into diagnostic use within this discursive and methodological mélange was the attribute ‘defective’. Initially, labels such as ‘mentally defective’ and ‘morally defective’ represented relatively narrow classifications, which were used by psychiatrists to describe only some, quite specific, categories of children that they examined as clinicians or researchers when visiting charitable shelters and colonies for the poor, orphaned, abandoned, disabled and delinquent.29 However, the notion ‘defective’ was sufficiently loosely determined for some to start using this term much more broadly. In particular, Vsevolod Petrovich Kashchenko (1870–1943), one of the pioneers of special education in Russia, placed the term ‘defective child’ prominently in the name that he gave to his schoolsanatorium, which opened in 1908, catering for children with a wide range of cognitive impairments and behavioural problems, though mostly milder ones. His publications, such as the volume Defective Children and the School (1912), promoted the concept ‘defective’ to the Russian educated public, although the term was not used widely at this stage.30

Thus, while normativism was rife in the field of child study more generally, and while there were concerted efforts to identify ‘the wrong’ in the child population in scientific ways, there was very little order and precision to it. This ambiguity also resulted in considerable variations in statistical estimates of sub-normality or pathology in larger contingents, including those hazarded for the empire’s schoolchild population as a whole. These estimates ranged from 2% to as high as 10% – something that evidently depended on how far the notion of ‘sub-normality’ was being stretched, especially along the fuzzy boundary between diagnoses of ‘mild retardation’ (usually understood to be due to ‘heredity’) and ‘low achievement’ (generally ascribed to ‘pedagogical neglect’).31 Certain sub-populations, such as inmates of facilities for young offenders, were seen as likely to exceed these statistics by a considerable margin.32

Prior to 1917, however, such estimates were produced only as the outcome of relatively small-scale studies carried out by researchers in a handful of schools, shelters or colonies, using methodologies that were deemed to be still in the making, poorly tested, and often controversial.33 Many of the new mental tests used in the process were not even properly

29For example see Dorena Caroli, L’Enfance abandonnée et délinquante dans la Russie soviétique (1917–1937) (Paris: L’Harmattan, 2004), 35–8, citing the work of the psychiatrists Pavel Kovalevskii and Pavel Bel’skii on ‘moral defectiveness’ in particular.


31Troshin, Antropolohicheskie osnovy vospitania, vol. 1, ix–xvi.

32Some Russian psychiatrists working in this area argued, however, that the number of young offenders who were mentally ill properly speaking was not huge (around 5%), even if the majority of inmates of juvenile correctional facilities displayed pathological behavioural tendencies. See Pavel Bel’skii, ‘Prestupnost’ i deti’, Psikhologiya i deti no. 1 (1917): 41–51; no. 2 (1917): 48–56.

33Sokolov, ‘Kritika metoda testov’.
grounded in a statistical understanding of the norm. Consequently, the statistics bandied about served a mostly rhetorical purpose and could not refer to the Russian empire’s child population as such in an authoritative way.

Given the relative lack of interest and input in this domain from the tsarist state, the professionals involved in child study could rely only on their own initiative and rather limited, predominantly philanthropic, material support. They could, therefore, develop the relevant norms, form diagnoses, and present statistics only locally and piecemeal. In other words, even though an idea of a ‘child population’ might have been invoked, this population remained outside the professional intelligentsia’s epistemological and normative purview.

It was only at the height of the First World War that the tsarist Ministry of Public Education (under the leadership of a new minister, Count Pavel N. Ignatiev) announced the setting up of the so-called School Hygiene Laboratory, the task of which was to develop the systematic monitoring of the health and abilities of an expanding school population for the empire as a whole, specifically by using cutting-edge technologies of mass measurement in the human and medical sciences, namely psycho- and anthropometrics. This development was part of a more general shift taking place in the pre-revolutionary Russian state towards a modern welfare/warfare mode, which occurred in the context of the world war, in response to and emulation of contemporaneous international developments. The Lab’s core function was to establish the norms of physical and psychological development of Russia’s schoolchildren by age, gender, class, geographical region and ethnicity. Its experts were expected to devise standardised surveys and tests, to be implemented by local school doctors, teachers, parents and the Lab’s branches across the empire.

Diagnostic expansion in the early Soviet Union: from the ‘delinquent’ to the ‘mass child’

The 1917 revolutions and the ensuing civil war put a stop to these plans. The leaders of the new socialist state that arose out of these upheavals were certainly interested in expanding and diversifying this kind of mass monitoring as part of their ambitious programme of social transformation through radically reformed and scientifically informed universal

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34 This is the case, for example, with Grigorii Ia. Rossolimo’s aforementioned ‘psychological profile method’ (metod psikhologicheskogo profilia). Like most mental tests Rossolimo’s was made up of questions and tasks measuring different cognitive abilities. Rossolimo organised the tasks in such a way that each discrete mental function was measured using 10 questions. The scores for each type of mental ability could then be projected onto a graph, allowing for quick comparison of their (supposedly relative) levels of strength or weakness. Thus, a subject could be assessed as having, for example, middling attention span, excellent memory, and poor capacity for observation. The term ‘profile’ (profil), featured in the method’s name, referred to the shape of the curve that connected the peaks for the different mental functions as displayed on the graph. This curve (or more commonly a zigzag) was not a statistical entity – it did not, in principle, refer to variations across a population. Instead, it was conceived of as a snapshot of the totality of an individual’s mental abilities. It was, of course, possible to produce a similar curve for a larger population (e.g. a class or an entire school) as a simple mean of the curves of the individuals that made up the group. Cf. Byford, ‘The Mental Test as a Boundary Object’, 40–1.

35 For example see Grigorii Ia. Rossolimo, Obshchaia kharakteristika psikhologicheskikh profiilei: 1) psikhicheski nedostatochnykh detei i 2) bol’nykh nervnymi i dushevnymi bolezniами (Moscow: I. N. Kushnerev, 1910). Troshin, Antropologicheskie osnovy vospitania, vol. 1, ix–xvi.

36 Nauchnyi Arkhiv Rossiiskoi Akademii Obrazovailia (hereafter NA RAO) f. 85 op. 1 d. 63 and Rukopisnyi otdel Rossiiskoi Gosudarstvennoi Biblioteki f. 326, p. 30, d. 37.

welfare, healthcare and education. But first, the young state had to fire-fight a crisis. In the early years of Soviet power, the expansion of the diagnosis of both sub-normality and pathology, now across a much larger child population, was prompted not by the efforts to tackle the pernicious side effects of uncontrolled modernisation, as had been the case in the 1900s–1910s, but by the need to deal with the social cataclysm brought about by years of violence, destruction and mass displacement.

The initial rapid expansion of the Soviet network of child study institutions in the midst and immediate aftermath of the post-revolutionary Civil War was largely the result of the Bolsheviks’ campaign of all-out ‘struggle’ (bor’ba) with mass ‘delinquency’ and ‘defectiveness’, the appearance of which was framed as the effect of the historically inevitable collapse of the ancien régime. Wartime displacement, together with periods of severe famine, had created huge numbers of homeless, neglected and orphaned children – waifs known as besprizorniki (‘the unsupervised’). A host of new government Commissariats, and those of Education and Health in particular, were engaged in managing this problem under the common framework of state-managed child protection (okhrana detstva). Between 1918 and 1923, it was these masses of ‘unsupervised’ (read ‘delinquent’) children, whose numbers reached several million at the height of the civil war, that became associated with the label ‘defective’ in the context of the state’s efforts to tackle the problem.

A vital element in the Bolsheviks’ efforts to manage this crisis was the enlistment of scientific knowledge and professional expertise – specifically that which had already emerged as part of Russia’s child study movement before the revolution. This resulted, in the early 1920s, in a significant expansion of child-focused research institutes, training courses and expert-led institutions of care. Establishments devoted to the ‘pathological’ and the ‘anomalous’ saw the greatest proliferation at this juncture. Among the elite institutions of this kind were the Medico-Pedagogical Station of the Commissariat of Education and the State Medico-Pedagogical Institute of the Commissariat of Health in Moscow. In Petrograd, the network of institutes under the umbrella structure of the Psycho-Neurological Academy (PNA) was prominent. They included the Child Diagnostic Institute (Detskii Obsledovatel’skii Institut; DOBI), the Institute of Moral Education, which focused on deviant behaviour, the Educational-Clinical Institute for Children with Nervous Illnesses, and the Central Institute for Deaf-mutes.

The besprizorniki were considered social deviants first and foremost, but it was the label ‘moral defective’, originally created by psychiatrists, which became routinely applied to

38The need for this was discussed, for example, at the first congress in psycho-neurology in Moscow (January 10–15, 1923). See Polina O. Efrussi, Uspekhii psikhologii v Rossii: Hto S’ezda po psikhonevrologii v Moskve 10–15 ianvaria 1923 g (Petrograd: Nachatki znani, 1923), 10.
41Of course, this was not the only context. For a discussion of early uses of the concept of ‘defectiveness’ in the context of ‘school hygiene’ see A. D. Dobrova, ‘Dokumenty istorii sovetskoi spetsial’noi shkoly (1917–1920), Defektologiia no. 2 (1970): 85–8. See also Khananii S. Zamskii, Umstvenno otsaltye deti: Istorii ikh izuchenia, vospitaniiia i obucheniia s drevnikh vremen do serediny XX veka (Moscow: NPO Obrazovanie, 1995), 286–8.
42Ibid., 291–2. See also Evgeni M. Balashov, Pedologiia v Rossii v pervoi tret’i XX veka (St Petersburg: Nestor-Istoriia, 2012), 79–80.
43Balashov, Pedologiia, 75–8.
them.\(^{45}\) In the period of post-revolutionary crisis, the treatment of the \textit{besprizorniki} was built mostly on the ideas of pre-revolutionary criminal anthropologists – the most influential of which was Dmitrii Dril', author of \textit{Juvenile Offenders} (1884–1888). These had campaigned during the 1900s–1910s for the introduction of so-called ‘medico-pedagogical supervision’ (\textit{mediko-pedagogicheskii nadzor}) for young offenders as a substitute for juvenile forms of penal treatment.\(^{46}\) The ‘moral defectives’ were invariably co-diagnosed with inferior physical and mental health, venereal disease and alcoholism, poor ‘heredity’, symptoms of ‘retardation’, and the stigmata of ‘degeneration’.\(^{47}\) In other words, the pathologisation of the ‘delinquent child’ in the early Soviet Union was again rooted in a broad and eclectic, plural and hybrid, conceptualisation of ‘imperfection’ that stretched across different disciplinary models and normative regimes.

By 1924, however, as the problem of the \textit{besprizorniki} became less urgent, and as the child population started to be transformed by the Bolsheviks into a new kind of political subject – the bearer of a future, emancipated and conscious, socialist citizenry – the routine ascription of ‘moral defectiveness’ was condemned as ideologically problematic and was officially phased out (even if the relative openness of what had been entailed by this term allowed for its survival in practice into the late 1920s, especially among psychiatrists).\(^{48}\) More generally, 1924 marked a major turnaround in approaches to the social care of the orphaned or abandoned children, the bulk of whom were now being referred to resocialisation through labour.\(^{49}\) New approaches to those labelled ‘defective’ started to be introduced by figures such as Lev Vygotsky, who critiqued the dominant medicalisation of ‘defects’ and argued in favour of integrating the socialisation of those with sensory or cognitive impairments into ‘normal’ modes of schooling and upbringing.\(^{50}\) His edited collection \textit{Questions of the Upbringing of Blind, Deaf-mute and Mentally Backward Children} (1924) marked this turning point.\(^{51}\)

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\(^{47}\) Kh. S. Zamskii, \textit{Umstvenno ostalaye deti}, 283–91. Adrian S. Griboedov and S. M. Birger, eds., \textit{Sprovocnik po voprosam sotsial’no-pravovoi okhrany nesovershennoletnikh i detskoi defektivnosti} (Moscow: Gos. izd., 1924). This also led to fairly high (and of course quite arbitrary) estimates of the numbers of ‘defectives’ in the overall population (namely, as being over 5%). See Adrian S. Griboedov, A. K. Borsuk and V. V. Belousov, eds., \textit{Voprosy vospitaniia normal’noi i defektivnogo rebena} (Moscow: Gos. izd., 1924).


\(^{49}\) See Caroli, ‘Socialisme et protection sociale’, 1306–10, who identifies a veritable ‘psycho-pedagogical revolution’ in the approach taken to the \textit{besprizorniki} in 1924. On how this evolved into the 1930s, see pp. 1310–16.

\(^{50}\) Caroli, ‘Deti-invalidy’, 154–72.

This mid-1920s’ turn in the treatment of the abandoned, the delinquent and the defective coincided with the expanding Soviet child science network shifting its focus from diagnosing and reforming the traumatised and the pathologised to the task of radically overhauling the state education system so that it could cater for a now truly mass Soviet schoolchild population – a population, however, which, in its majority, was still being born into and nurtured by families with very low pre-existing levels of literacy and education.\(^\text{52}\) One of the most important outcomes of this mid-1920s’ shift was that the boundary between educational norms developed for children in the expanding regular school system and those applied to the ‘defective’ in special schools or children’s homes suddenly became remarkably porous. Indeed, many of the educational techniques that had been practised as elements of special pedagogy in institutions such as, for example, Kashchenko’s school-sanatorium now became standard practice in regular Soviet schools.\(^\text{53}\) They overlapped and intertwined with new educational methods introduced by leading progressively minded educational reformists, such as Pavel Blonskii and Stanislav Shatskii, who were recruited by the Commissariat of Education to develop new educational methods, in part by adapting experimental models from the West, especially the USA.\(^\text{54}\) This included the abolition of fixed curricula and set textbooks, learning conceptualised as a real-life exploration of the surrounding world that progressed from the most to the least familiar or from the concrete to the abstract; elements of learning through experimental play; and an emphasis on practical, especially labour-related, activities. At the same time, even though the coeducation of the ‘defective’ and the ‘normal’ was, in the end, not permitted by the Bolshevik educational administration, the reformists’ ambition was, nonetheless, to ensure that the system of special classes, children’s homes and boarding schools for the ‘defective’ should remain an integral part of the overarching, universal system of Soviet schooling and the Communist pioneer movement, so that those schooled in these special institutions would ultimately transition to a life of productive adult labour alongside other citizens.\(^\text{55}\)

The end of the decade, however, brought on new radical changes – Stalin’s ‘Great Break’ (1928–1929) and the introduction of the First Five-Year Plan (1928–1932), a period of state-enforced mass industrialisation and agricultural collectivisation under the banner of ‘socialism building’. It was in this context that the Soviet Union finally decreed universal primary education (всеобуч) across its territory in 1930. Universal primary schooling had been talked about since the late tsarist era,\(^\text{56}\) and was then legislated for after the October Revolution, but it remained in the planning stages throughout the 1920s due to the lack of material and human resources. Preparation for it was stepped up from 1925 to 1926.

\(^{52}\)In 1923, a mere 32% of the Soviet population was literate, while 52% of children were still out of school. See Alexandre Etkind, ‘L’essor et l’échec du mouvement “paidologique”: De la psychanalyse au “nouvel homme de masse”, Cahiers du Monde russe et soviétique 33, no. 4 (1992): 387–418 (398).

\(^{53}\)Vsevolod P. Kashchenko, ed., Problemy izucheniia i vospitaniia rebenka (Moscow: Med. ped. stantsiia Narkomprosa, 1926), 6, 172. See also Vsevolod P. Kashchenko and Georgii V. Murashev, Pedologiiia v pedagogicheskoi praktike: Pedagogicheskaia klinika (Moscow: Med. ped. stantsiia Narkomprosa, 1926). Particularly influential was John Dewey; this extended to Soviet adoptions of certain US pedagogical experiments inspired by his ideas (eg the so-called Dalton Plan).


\(^{56}\)For example cf. Kashchenko, Defektivnye deti shkol’nogo vozrasta.
while its full introduction was bolstered by increased investments in school-building and staff-hiring from 1928. Stalinist school reforms also entailed, however, a return, in 1931, to traditional educational methods: fixed curricula, set textbooks, and more old-fashioned, disciplined, forms of teaching and learning. A disciplinarist approach was strengthened also in the treatment of children identified as criminal, delinquent or socially deviant; these were segregated from the regular educational system with the expansion of police-managed labour colonies.\(^57\)

It was in this context of a push towards accelerated expansion and universalisation of Soviet education in the late 1920s that the notion of the ‘mass child’ (massovyi rebenok) emerged as a way of articulating, in the singular, a normativised Soviet child population entering universal schooling.\(^58\) At this point, the normative ‘mass child’ became the core object of the Soviet ‘science of the child’. The umbrella term used during the early Soviet period for the panoply of scientific research into child development and upbringing was ‘paedology’ (pedologiiia; from the Greek παῖς, παιδός, meaning ‘child’).\(^59\) This term had been popular internationally (in different spellings), between the 1890s and the First World War.\(^60\) It designated a new, multidisciplinary, science devoted to child development and socialisation in all its various contexts and manifestations. In the West, the use of the term ‘paedology’ declined rapidly during the 1920s, with very few researchers campaigning during the interwar years for a single, all-encompassing science devoted to ‘the child’ as such. By contrast, the idea that one can and should develop such a science – as, in fact, a radical innovation in the study of the human, to be harnessed in effecting revolutionary social transformations by scientifically guiding the bio-psycho-social development of new generations of citizens – found a highly receptive ear among the Bolshevik elite, who ended up actively supporting the expansion of institutions associated with such a science throughout the first decade of their rule.\(^61\)

During the 1920s a growing army of Soviet researchers in the human sciences came to identify with this synthetic science, including figures such as the already mentioned Blonskii and Vygotsky, but also others, such as the psychologist Mikhail Basov, the psychoanalyst Aron Zalkind, and the educationalist Stepan Molozhavyi. They all sought to develop and define the methods, objects and objectives of such a science in a coherent way.\(^62\) However, it was only in 1927–1928, at the time of the First All-Union Paedology Congress in Moscow, a critical juncture in the Bolshevik administration’s push towards the ‘massification’ of education, that ‘paedology’ became officially inaugurated by the Commissariats of Education and Health as the discipline responsible for scientifically guiding, on behalf of the state, all


\(^{61}\)Alek’sandr Etkind, Eros nevozmozhnogo: Istoriia psikoanaliza v Rossii (St Petersburg: Meduza, 1993), 311–41.

aspects of child welfare, principally in areas of education and healthcare, and specifically in the context of the new push for accelerated ‘socialism building’.

For this purpose, the Commissariats of Education and Health introduced the so-called ‘paedology service’ across Soviet schools, deploying it primarily as a tool for managing rapid educational expansion. This involved the appointment of ‘school paedologists’ whose task was to assess and stream the school population, referring those ‘below the norm’ to special schools.

The selection of children for special schools was to be performed in large part by using mental tests, which were expressly designed for diagnostic speed and efficiency. Many of the same types of tests that had appeared in Russia in the late 1900s–1910s (both foreign and native) were still being used in the early Soviet era. The number and variety of tests had, however, expanded considerably by the early 1930s, with new tests being continuously imported, especially from the United States, and the whole arsenal refined and adapted for Soviet schoolchildren, both Russian-speaking and those from the non-Russian minorities.

As before, testing was attracting enthusiastic supporters and critical sceptics alike, but the scale of the practice had increased vastly.

Significantly, though, paedological assessment still included other forms of evaluation as well. Widely used were mass educational (as opposed to psychological) tests, especially in arithmetic, given that these were easy to process statistically for larger groups. Such tests were often developed by the same researchers who were developing mental tests at the various institutes devoted to educational and paedological research as part of the education system’s administrative network. Particularly important in the school paedology service was also the medical exam, which included both anthropometric and clinical assessment. Indeed, many (and initially most) of the school paedologists were former school doctors and felt particularly comfortable with clinical forms of diagnostics. There was also a widespread tendency among them to connect physical abnormalities and forms of sickness to slower mental development and poor educational achievement. The following excerpt from the memoirs of the dissident philosopher Grigorii Pomerants, who describes how he was, as a schoolchild in the early 1930s, subjected to a humiliating public examination by a group of paedologists, is telling:

… and so the paedologist arrived at our school, a docent or professor, bursting with confidence, and started to check us over, explaining what she saw to the students she had brought along with her – a whole pack of them, 15 or 20 even. For some reason science demanded that we should be examined unclothed. I remember it as if it were yesterday: I, a twelve-year-old boy, am standing stark-naked in a circle of white coats and that harpy is expounding on the fact that there before them stands a eunuchoid type, that this part of me is underdeveloped and that part of me is developed abnormally. And that this is why I, of course, am mentally retarded and get bad marks. At that point I breathed a sigh of relief and thought to myself: you’re the

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63Etkind, ‘L’essor et l’échec du mouvement paidologique’.
64Vladimir F. Baranov, ‘Pedologicheskaja sluzhba v sovetskoi shkole 20–30-kh gg’, Voprosy psikhologii no. 4 (1991): 100–12. On related work carried about by the Detskii Osdlevatel’skii Institut (DOBI), which was run by one of the key defectologists in Leningrad, Adrian S. Griboedov, see Griboedov, Novoe v defektologii.
65Kadnevskii, Istorii testov, 295–379. While some, like Bonski, were keen on testing, others, like Vygotsky, were critical of it.
one who's a retard! But on the main score there was nothing I could say. Aged twelve I had no way of knowing what would become of me.\textsuperscript{68}

Normally, however, the referral of a specific child to the school paedologist still depended on the teachers' perception of that child's class performance and behaviour as problematic. Many teachers were keen to see the back of disruptive and poorly performing students who slowed things down in class. This was not unimportant in the context of the pressures put on teachers at the time to deliver on rather different kinds of 'norms' – the 'shock-worker' ones, which the Stalinist Five-Year Plan imposed on schools as much as on factories.\textsuperscript{69}

As a result, in this period, the population of children diagnosed as unfit for 'normal' schooling and requiring referral to special schools grew quickly, as did the number of special schools themselves.\textsuperscript{70} However, many of these children could have been assessed as slower, or badly behaved, or sickly. Moreover, there was little special pedagogy developed for them – they followed the same universal curriculum as those in regular schools, only with a reduced workload, lower expectations and longer study. In other words, education in these schools was designed for those with lower abilities, rather than those with special needs.\textsuperscript{71} The latter remained in the minority, often mixed in with the rest. Nonetheless, paedological verdicts and referrals to special schools still branded all children in them as, by default, 'below the norm'.

Yet what was crucial here was not the practice of diagnosis itself, nor the 'sub-normal' branding per se, but the fact that 'sub-normality' was being diagnosed in its relation to the normative Soviet 'mass child', ie in such a way that it was, in principle, statistically ascribable to the Soviet child population as such. Moreover, mass assessments and referrals did not serve just as the means of rationally streaming schoolchildren; they were also bureaucratic instruments for auditing the achievements of the revolutionary state on its speedy progress to socialism; they functioned as a measure of the 'production' successes and failures of particular schools or whole educational districts.\textsuperscript{72} The mass triage of children by ability or level of 'disruptiveness' became a key form of display of managerial efficiency (or indeed inefficiency), especially in the context of the educational administration's accountability to the Party.\textsuperscript{73}

However, in 1936 – the year of the so-called 'Stalin constitution', which declared that the USSR had successfully 'achieved socialism', the year, also, when the propaganda motto 'Thank You Comrade Stalin for Our Happy Childhood' was launched – the Soviet political elite decided that the paedologists were, in fact, declaring too many Soviet children

\textsuperscript{68}Grigorii Pomerants, Zapiski gadkogo utenka (St Petersburg: Tsentr gumanitarnykh initiativ, 2012), 15 (translation mine).
\textsuperscript{70}Baranov, 'Pedologicheskaia sluzhba', 108.
\textsuperscript{71}Zamskii, \textit{Istoriia oligofrenopedagogiki}, 349–56.
\textsuperscript{73}On the importance that the Central Committee of the Communist Party attributed to the sorting of children as a means of managing education, especially in disciplinary terms, and on the accountability of the educational administration to the Party in this context see Ewing, 'Restoring Teachers to their Rights'; 477–8, 481.
as situated ‘below the norm’. The work of the paedology service was perceived as having resulted in a catastrophic – and in the atmosphere of Stalinist conspiratorialism, malicious – over-diagnosis of sub-normality in the Soviet child population, particularly among those who belonged to the ideologically valorised labouring classes and ethnic minorities.

The outcome of this verdict was that on 4 July 1936 the Party’s Central Committee issued the decree titled ‘On the Paedological Distortions in the System of the Commissariats of Education’. This decree officially abolished paedology as a recognised discipline, condemning it as a bourgeois and even fascist ‘pseudoscience’. Most prominently, it imposed a blanket ban on all forms of mass research in the field, and, above all, population-wide testing. What was radical about the 1936 anti-paedology decree was that the Party had cut the Gordian knot of ‘over-diagnosis’ by abolishing the very possibility of carrying out the diagnosis of sub-normality as, in principle at least, statistically distributable across the Union’s entire child population. Put another way, with the liquidation of paedology came the death of the ‘mass child’ – that emblem of the Soviet child population norm which paedology had claimed as its core scientific object, and this especially by virtue of its trademark positivist methodologies.

And yet, the liquidation of paedology and the ban on mental testing did not mean that the diagnosis and ascription of ‘imperfections’ were themselves abolished. What changed was simply that ‘imperfection’ was no longer to be defined in terms of deviations from some experimentally and statistically established norm for the child population at large. Instead, diagnosis was, from then on, to be: (a) arrived at strictly clinically; (b) defined as a very specific pathology; and (c) ascribed only to individuals. From 1936 onwards, diagnostic assessments that identified ‘imperfections’ in Soviet children were expected to combine, first, a medical exam, designed to establish organic impairment (usually some early damage to the central nervous system), and second, ‘pedagogical observation’, designed to identify the resulting learning difficulties and behavioural problems. While both these diagnostic practices were expected to assess cognitive and other ability, they had to avoid any idea of measurement against some explicit statistical norm or average.

Indeed, what the 1936 Party decree did by banning mass testing was to abolish the positivist norm, and replace it with the older, clinical norm – a norm that was a function of the individual clinical exam, limited to the interaction between the diagnostician and a specific child, and resulting in the identification of a relatively small group of very particular ‘impairments’. This kind of diagnosis was not the remit of a general ‘science of the child’ (or indeed a science of ‘development’) – namely, paedology. Instead, it became the jurisdiction of a more specialised discipline that was expected to focus strictly on ‘the pathological’ in child development. This discipline was ‘defectology’.

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75KPSS v rezoliutsiakh i resheniiakh s”ezdov, konferentsi i plenumov TsK, vol. 6 (Moscow: Politizdat, 1985), 364–7.

76The critique of paedology that was unleashed in 1936 did not, however, target only special schools for those classified as falling below the norm. It targeted the education system, or rather the Commissariat of Education’s management of it, across the board, including so-called ‘model schools’ that exemplified high achievement. See Larry E. Holmes, Stalin’s School: Moscow’s Model School No. 25, 1931–1937 (Pittsburgh, PA: University of Pittsburgh Press, 1999), 137–42.
Russian/Soviet defectology

Over the past century, the Soviet Union, and now the Russian Federation, have been quite blunt in their use of the language of imperfection when delimiting the area of scientific research and occupational practice devoted to ‘imperfect children’. Since the early twentieth century and right up to the present day, what in the United Kingdom or the United States would now be called ‘special needs education’, in Russia has been dubbed ‘defectology’ (defektologija). In contemporary Russia there are still journals, institutes and university courses bearing this name, and there are professionals with the occupational title ‘defectologist’ (defektolog). Russian defectology is divided into sub-specialisms, each of which focuses on a specific impairment – speech impediments, deafness, blindness, congenital physical disabilities, and, finally, what in the West would be referred to as ‘learning difficulties’. In Russia, the latter sub-specialism bears a rather old-fashioned name – oligofrenopedagogika – from the word ‘oligophrenia’, meaning ‘feeblemindedness’. The history of the latter sub-specialism was in many ways key to the history of defectology more generally.77

The term ‘defective’ was, of course, by no means a Russian invention. The concepts of ‘mental defective’, ‘mental deficiency’ and ‘moral defective’ were used in Britain in discourse surrounding the Mental Deficiency Act of 1913.78 However, in the West, this terminology did not generate the name for a discipline or occupation as it had done in the Soviet Union during the 1920s–1930s. The Russian word defekt, being Latin in origin and a recent linguistic import, has a different ring to the Russian ear, bearing primarily medico-scientific connotations. It translates concrete imperfections in an individual child into something more abstract, while at the same time pointing to a quite specific, broadly organic, ‘malfunction’. While the closest Slavonic equivalent of ‘defect’ is nedostatok, meaning ‘deficiency’ or ‘insufficiency’, the term most commonly used in defectological discourse to express a given ‘impairment’ or ‘disorder’ (of hearing or sight or speech or mental capacity) is narushenie – a word that can be translated in different ways depending on the context, but that suggests precisely a ‘violation’ or ‘infringement’ of some rule or norm or proper function.

Historically, Russian defectology has been strongly informed by certain areas of medicine, especially hygiene and psychiatry, and it retains from these the understanding that it deals with ‘pathological’ forms and engages in forms of ‘therapy’. At the beginning of the twentieth century, when medical professionals were among its leading figures, the term lechebnaia pedagogika, meaning ‘curative’ or ‘therapeutic pedagogy’, was the more widely used disciplinary label.79 In practice, from this medical perspective, ‘therapy’ here amounted mainly to sanatorium-like regimes of physical and mental hygiene.

However, the broader occupational territory on which defectology, as specialist expertise and occupational practice, expanded was less medicine than education. Defectology

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77This history has been documented above all in Zamskii, Istoriiia oligofrenopedagogiki and Zamskii, Umstvenno ostal'ye deti. See also A.P. Dubovetskii, ‘Obshchestvennoe vospitanie umstvenno ostal'kh detei na Ukrain'e v derevolutsionnoe vremia,’ Defektologija no. 1 (1971): 78–83. For examples of historical accounts of the defectology of other kinds of impairment (the blind and the deaf-mute, respectively), see: Basova and Egorov, Istoriiia surdopedagogiki; T. A. Groza, ‘Istoriiia obuchenia detei narusheniami zreniia v Ukraїinskoi SSR,’ Defektologija no. 2 (1985): 69–75; T. A. Basil'ova, ‘Kak nachinalos' obuchenie slepoglukhikh detei v Rossi,' Defektologija no. 2 (1999): 61–3.


79See, for example, NA RAO, f. 139 op. 1 d. 20. See also: Vsevolod P. Kashchenko, Nervnost' i defektivnost' v doroskol'nom i shkol'nom vozraste, 15; Aleksei N. Graborov, Vspomogatel'naja shkola: Shkola dlia umstvenno-ostal'kh detei (Moscow: Gos. izd. tip. im. N. Bukharina, 1923). The term vrachebnaia pedagogika, translatable as ‘medical pedagogy’, was also used.
historically claimed for itself the area of education faced with children considered ‘difficult to teach.’ In early twentieth-century Russia the term trudnovospitumye, meaning precisely that, was developed as a politically correct euphemism. A perhaps more precise way of understanding how this group was perceived would be to see them as children un-teachable within a given (dominant) normative educational framework, and hence in need of being provided with a different context of schooling (the special school) where a different set of developmental norms would apply.

Thus, the zone that defectology occupied were the margins of and borders between, on the one hand, education, populated by those ‘difficult to teach,’ and, on the other, medicine, populated by those ‘difficult to cure’. This ‘cross-border’ character of defectology was quite explicit in its discourse: it was common, for example, to refer to ‘medico-pedagogical’ (vrachebno-pedagogicheskiesie) measures as typical of defectological practice. In the early Soviet era, the Commissariats of Education and Health were both expected to share the burden of administering defectological institutions. Training in the field was originally organised through courses in ‘pedagogical pathology’ (the roots of which are to be found in Germany).\(^80\) The latter was understood as a branch of the educational sciences, but one where the expertise belonged to doctors, especially psychiatrists.\(^81\)

On this medico-educational boundary, Russian defectology developed its own distinctive mode of ‘therapy’, dubbed ‘corrective pedagogics’ (korrektivnaia pedagogika), a term still in use today. The term implies that the aim of defectology (its own form of therapeutic ‘cure’), is the supposed ‘correction’ of a particular ‘defect’. This notion originally arose in V. P. Kashchenko’s promotion of his school-sanatorium which, as already mentioned, dealt largely with milder cases of learning difficulties and non-standard behaviour that appeared treatable through physical and mental hygiene combined with innovative educational measures. The concept was further developed in the mid-1920s by Aleksei N. Graborov, who was especially influential in shaping pedagogical approaches used in Soviet special schools for the mentally ‘backward’, and who promoted systems of exercises referred to as ‘psychic orthopaedics’ (psikhicheskaia ortopediia).\(^82\)

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\(^82\)Graborov trained at Vladimir M. Bekhterev’s Psycho-Neurological Institute before the revolution and from the early 1920s headed the Petrograd Pedagogical Institute for the Social Education of the Normal and Defective Child, which was one of a number of defectological units within the Psycho-Neurological Academy network. He was a key defender of special schools for the ‘defective’. See N. P. Dolgoborodova, ‘Aleksei Nikolaevich Graborov – sovetski!i uchenyi-oligofreno-pedagog’, Defektologiya no. 5 (1972): 82–5. See also Zamskii, Umstvenno ostal!ye deti, 299–300. Psikhicheskaia ortopediia shared the ‘orthopaedic’ metaphor with Alfred Binet’s ‘mental orthopaedics’. However, Binet’s ‘mental orthopaedics’ was closely related to his own psychometrics and the exercises he recommended were expected to develop (therapeutically) the same functions that the tests measured (diagnostically). ‘Mental orthopaedics’ was vital to Binet’s conviction that the level of mental functioning which his tests measured was not fixed but could be improved. See Stephen J. Gould, The Mismeasure of Man (New York: W. W. Norton, 1996), 176–88. Psikhicheskaia ortopediia prioritised sensory-motor development and was thus arguably closer to Maria Montessori’s sensorial exercises.
By the mid-1920s, ‘defectiveness’ (defektivnost’) came, however, to be understood as the reigning umbrella term for what was, in fact, an amorphous web of conditions in which a person’s expected development of physical, sensory and mental functions had been (unevenly) affected by a range of different causes, from heredity and trauma to infections and malnutrition, to neglect and abuse.\(^83\) What is more, ‘defectiveness’ incorporated both the idea of pathological deficiency (nedostatochnost’) and the idea of deviation from the norm (uklon ot normy); defectological discourse regularly placed these side-by-side, as de facto synonyms.\(^84\) While this breadth of meaning of the notion of ‘defectiveness’ led practitioners in the field to call for more accurate aetiological classifications of particular conditions, the ‘defect’ itself came to be viewed less as a concrete ‘pathology’ and more as a ‘symptom’ of a much more loosely defined idea of ‘pathological development’. Indeed, ‘defectiveness’ was understood ambiguously as both more and less than ‘illness’ (bolez’); it was also a phenomenon that crossed the boundaries between the strictly medical and the broadly social.\(^85\)

The consequence of this was that the ‘defect’ itself (understood merely as an outer manifestation of a deeper, but also vaguer, problem) was no longer viewed as meaningfully ‘correctible’ in and of itself. However, ‘the defectives’ themselves were perceived as eminently ‘corrigible’,\(^86\) primarily through the reinforcement of existing ‘healthy’ bodily, mental and, not least, social functions, which needed to be boosted to compensate for the defective, pathological, ‘un-correctable’ ones. The latter tradition in Russian defectology, which emphasises ‘compensation’ (kompensatsiia) over ‘correction’, is associated primarily with the work of Lev Vygotsky and his insistence on the social nature of ‘defectiveness’.\(^87\) In Vygotsky’s framing, the essence of ‘defectiveness’ lay not in some organic or mental malfunction per se (to be supposedly ‘corrected’ by physical, sensory or mental ‘orthopaedics’), or indeed in some inherent sociopathy (such as that expressed by the term ‘moral defective’); rather, ‘defectiveness’ was seen as emerging out of the character of relations that connected the ‘defective’ to his or her social environment.\(^88\)

In the course of the 1920s, ‘defectology’ developed in close connection with the broader field of child study research, specifically as its branch responsible for identifying, framing, and dealing with ‘the wrong’ in both ‘development’ and ‘socialisation’. Initially, ‘defectology’ arose mostly in parallel with ‘paedology’, whose focus was on the general regularities of development. However, with paedology’s official rise in prominence in the late 1920s, and its embracing by the Bolshevik government as the overarching scientific framework entrusted with helping shape educational and child healthcare policy, defectologists became increasingly keen to be embedded in this wider ‘child science’ enterprise. They presented their work as not just of relevance to the diagnosis and treatment of those considered ‘defective’, but as also contributing to the proper understanding of ‘normal’ child development and, thus,

\(^{83}\) Graborov, Vspomogatel’naia shkola.
\(^{84}\) For example Vsevolod P. Kashchenko, Nervnost’ i defektivnost’ v doshkol’nom i shkol’nom vozrastakh, 4.
\(^{85}\) Griboedov, Novoe v defektologii.
\(^{86}\) Compare with the figure of ‘the incorrigible’ (defined as ‘the individual to be corrected’), as described in the essay ‘The Abnormals’ in Michel Foucault, *Ethics: Subjectivity and Truth* (London: Penguin, 2000), 51–7 (52–3).
\(^{87}\) See Lev S. Vygotskii, *Sobranie sochinenii*, vol. 5 (Moscow: Pedagogika, 1983), which is devoted to Vygotsky’s contributions to defectology. See also Lev S. Vygotskii, ed., *Voprosy vospitaniia slyepkh, glukhonomyhkh i umstvenno-otstalykh detei* (Moscow: Otdel sosial’no-pravavoi okhrany nesovershennoletnikh Glavsovtsoa Narkomprosa RSFSR, 1924). For a discussion of Vygotsky’s role in reforming the treatment of the ‘defective’ in the 1920s, see also Caroli, ‘Deti invalidy’, 161–9.
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to the appropriate nurture of the Soviet child population as a whole.89 In this context, the ‘defective child’ was frequently referred to, more euphemistically, as the ‘exceptional child’ (iskliuchitel’nyi rebenok). In other words, it was imagined as a ‘deviation’ from a statistical norm, represented by the ‘mass child’ attending the (regular) ‘mass school’ (massovaia shkola).90

What is more, those involved in defectology as a strand that focused on ‘the wrong’ (or ‘exceptional’) in the child population were not overly specific about how this ‘wrongness’ (or ‘exceptionality’) should be conceptualised or dealt with. On the side of therapeutics, for instance, the rival principles of ‘correction’ and ‘compensation’ were not perceived as necessarily contradictory, but were promoted as mutually complementary aspects of a necessarily multipronged strategy of dealing with ‘defectiveness’ as a complex and ambiguous phenomenon. More significantly still, those working in the domain of the sub-normal and the pathological in child development, especially at the height of the expansion of mental testing in the Soviet Union at this same time, were far from clear about what exactly they were diagnosing: concrete clinical pathologies or abstract statistical deviations. Similarly, they were not specific about whether their diagnoses amounted merely to descriptions of ‘symptoms’ or to more general normative articulations of ‘child development’ as such. Vygotsky expressed these dilemmas particularly vocally in his 1931 article ‘The Diagnostics of Development and the Paedological Clinic of Difficult Childhood’91

These dilemmas were not resolved by some internal negotiation or disciplinary agreement, but by outside force – namely, the 1936 intervention by the Communist Party in the form of its anti-paedology decree. It was in explicit opposition to the model associated with the vilified ‘pseudoscience’ of paedology – the model which constituted ‘imperfection’ against norms established (however chaotically and imprecisely) for the country’s child population at large – that defectology’s own conception of ‘imperfection’ ended up being strategically restricted to a radically narrowed conceptualisation of the ‘defect’ as individualised congenital impairment.

**Conclusion: the containment of ‘imperfection’ and defectology’s disciplinary specificity**

When the Russian Federation signed the United Nations convention on the rights of the physically and mentally disabled in 1991, the problematic nature of the term defekt, as applied in the field of defectology, was raised.92 Strong arguments were put forward for this terminology to be revised to prevent those with chronic disabilities, impairments or special needs being labelled so pejoratively. However, a seemingly straightforward revision of ‘sheer’ language proved rather difficult to carry out. Indeed, what was required could not amount simply to finding a ‘politically correct’ substitute for the term defekt. What was implicit in this call for reform was a much more radical reworking of the discipline’s entire conceptual structure, including the established rationalisations of its methodologies, rooted not just in a distinctive disciplinary language, but also in a very particular disciplinary

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89See Kashchenko and Murashev, *Pedologiia v pedagogicheskoi praktike*. See also NA RAO, f. 139 op. 1 d. 61.
90Kashchenko and Murashev, *Pedologiia v pedagogicheskoi praktike*.
history. In consequence, while the old-fashioned and politically incorrect nature of some of defectology’s language, including its very name, is today acknowledged and often avoided or critiqued, this terminology remains in use and is far from discredited.

This field’s continued reliance on a particular language of imperfection should not be seen simply as the result of long-standing occupational vested interests, forms of institutional inertia or some kind of cultural insensitivity. Nor should it be viewed as strictly the legacy of political life in the Soviet Union, with its lack of new left social and political movements, including those devoted to disability rights, which in the West, in the post-Second World War era, had created very different political conceptions and social standards of difference, diversity and political correctness in this and other domains. Russian special needs research and occupational practice is still strongly embedded in, respectful, and even defensive, of Russia’s own traditions in this field, dating back to the early twentieth century. To comprehend the form that this field has today, it is essential to take its history seriously.

The account presented in this article was not, however, envisaged as a history of defectology per se. The history of Russian defectological institutions, theories, practices and discourses has been amply documented (in Russian), especially in the work of Khananii Zamskii. This disciplinary historiography is, however, by its very nature, beholden to a very particular understanding of the ‘specificity’ of defectology as discipline. In Zamskii’s narrative, this disciplinary specificity unfolds teleologically and realises itself as defectology comes into its own as a discipline by the mid-1930s.

The story that I have told here has deliberately taken a different narrative path. Rather than follow the institutional formation of a particular discipline and occupation (essentially that of Soviet special needs diagnostics, care and education), I have structured my narrative around the history of the interplay between ‘the sub-normal’ and ‘the pathological’ in the diagnostics of ‘imperfection’ in the child population. The practice of such diagnostics, which, as I have argued, saw a number of reversals across the late tsarist and early Soviet periods, was crucial to the development of modern forms of care, socialisation and scientific study of children in Russia.

What emerges as a conclusion of this analysis is that Russian defectology, as a discipline and an occupation, was itself a function of the broader history of ‘child imperfection’ in early twentieth-century Russia. Thus, instead of seeing ‘child imperfection’ as a ‘construct’ of Russian/Soviet defectology, I have presented the situation the other way round: what is today recognised as ‘defectology’ crystallised at a particular moment in history into a particular disciplinary form around a particular, historically contingent, conception of ‘child imperfection’. Moreover, what to earlier historians of this field, such as Zamskii, might have appeared as the inherent disciplinary specificity of defectology realising itself over time, in this alternative narrative becomes the outcome of a very different process. The diagnostics of ‘imperfection’, which had been in flux for the whole of the first three decades of the twentieth century, suddenly became fixed in 1936 around a ‘clinical’ definition of individual congenital impairment.

The establishment of Soviet defectology’s identity was one, by no means minor, part of the ‘fallout’ of Stalin’s infamous 1936 eradication of paedology, and it was, as a consequence, strongly determined by it. Defectology’s disciplinary ‘specificity’ crystallised around

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a consciously restricted and restrictive understanding of ‘imperfection’ in the Soviet child population. As a discipline, and also an occupational field, defectology can be seen as the institutional manifestation of a particular, distinctly Soviet, or rather Stalinist, form of containment of ‘imperfection’ in the child population – a containment that directly countered previous drives for a (diagnostic as well as therapeutic) extension of both ‘the sub-normal’ and ‘the pathological’ within this population, which took place in the context of the extraordinary rise of child study in Russia and the USSR between 1900 and the early 1930s.

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