

Defectology, Disability, and Scientific Change: A Historical-thematic Overview of Special Education and Rehabilitation in Serbia (1918–2000)


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This article examines the historical evolution of defectology, now recognised as special education and rehabilitation, over the past century. Through conventional content analysis of historical documents, academic literature, and research publications, the study identifies key milestones and contextual shifts in the development of this scientific and professional field. Particular attention is given to the transition from a deficit-oriented medical model to a biopsychosocial framework, which is represented by the adoption of the International Classification of Functioning, Disability and Health (ICF) in 2001. The analysis also considers changes in terminology and research focus. The findings suggest that, although the field has made significant progress, it continues to face numerous challenges. These include conceptual ambiguities, fragmentation between educational and rehabilitation approaches, and the need for stronger integration into contemporary scientific and policy frameworks. The study concludes by emphasising the importance of understanding the historical trajectory of special education and rehabilitation in order to promote more inclusive and responsive practices today.

KEYWORDS: special education / rehabilitation / history of disability / defectology / World War I / disability

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Introduction

The scientific discipline known today as *special education and rehabilitation*, historically referred to as *defectology*,² emerged from diverse roots within the human and social sciences. Its development has followed a non-linear path, shaped by shifting theoretical paradigms and evolving practical applications. Echoing Hermann Ebbinghaus's well-known description of psychology³, Stošljević (1998, p. 9) similarly characterised defectology as a "...science that has a short history and a long past".

Historically, the care for individuals with disabilities can be traced back to the Middle Ages. Individuals and philanthropic organisations led early efforts, which gradually evolved into institutional and, later, state-led responsibilities, particularly after World War I. In general, the 20th century marked a critical turning point in the evolution of social care for those requiring additional support (Jugović & Gavrilović, 2020; Rapaić, 2016; Savić, 1966). Between the two world wars, support for people with disabilities became increasingly structured and organised. In the post-World War II era, social care and protection systems became more formalised and embedded within state governance (Slavnić & Veselinović, 2015).

Global data underscore disability as both a public health and social justice issue. According to the World Health Organisation (WHO, 2022, p. 23), approximately 1.3 billion people, or about 16% of the global population, live with a disability. This number has increased by over 270 million in the last decade due to population growth, ageing, and noncommunicable diseases. Prevalence rises significantly with age, and women have a higher rate (18%) than men (14.2%), reflecting broader patterns of health inequities and differing life expectancies.

Most people with disabilities (80%) live in low- and middle-income countries. However, high-income countries report the highest prevalence (21.2%), possibly due to better diagnostic capacity. The European and American regions have the highest rates, while the African region reports

² It should be noted that the terms *defectology*, *special education*, *special education and rehabilitation*, and *occupational therapy* are used interchangeably in this paper, following the predominant usage in each period or region.

³ "Psychology has a long past, but only a short history." (Ebbinghaus, 1908)

the lowest, likely due to underreporting, limited diagnostic infrastructure, or differences in demographic structures (WHO, 2022).

Despite these numbers, people with disabilities face significant institutional, architectural, professional, and attitudinal barriers that limit their full participation in society (Goering, 2015; Imms, 2020). Therefore, protecting, supporting, and including people with disabilities represents a critical, highly sensitive, and distinctive dimension of contemporary social, economic, and developmental policy (WHO, 2022).

In this context, exploring the historical evolution of defectology, now known as special education and rehabilitation,⁴ in the period following World War I, is particularly essential. In general, a historical perspective helps illuminate the origins and milestones of how societies have approached and responded to disability (Barnes, 2020). Understanding this trajectory offers valuable insights into the cultural, political, and health-related transformations that have shaped the field over the past century (WHO, 2022). By situating current barriers within their historical context, we can more effectively advocate for inclusive, equitable, and forward-looking policies that address the evolving needs of people with disabilities worldwide.

However, despite its significance, the historical development of this field remains underexamined in many national contexts, particularly within Southeastern Europe. There is a lack of systematic synthesis of key research directions and contextual influences that have contributed to shaping special education and rehabilitation as both a scientific and professional domain. Investigating these historical trajectories is important not only for understanding how present frameworks and practices evolved but also for identifying the underlying assumptions and transitions that continue to influence the field today.

Research Aim

This exploratory study examines the historical and conceptual development of defectology, later reframed as special education and rehabilitation, as both a scientific and professional field. Focusing on the period following World War I to the early 21st century, the research aims

⁴ The moment of the name change is related to the year 2005, when the Faculty of Defectology changed its name to the Faculty of Special Education and Rehabilitation.

to identify the major scholarly trends and contextual shifts that have shaped the field during this formative period. Special emphasis is placed on analysing historical developments within a global context, alongside the evolution of research and publishing practices within the Yugoslav and Serbian contexts.

Method

The study employs a historical-conceptual and qualitative approach, along with conventional content analysis, to examine a wide range of primary and secondary sources. As a widely utilised method in social science research, conventional content analysis approach is suitable for exploratory research or when existing theory or literature on the topic is limited or fragmented. In general, it systematically and flexibly uncovers new themes when prior information is scarce. Conventional content analysis is an inductive method, where key concepts, patterns, categories, and themes are developed directly from the textual data itself, rather than from prior theories or research. This bottom-up process typically involves collecting and organising textual data, identifying high-frequency words and phrases that capture main ideas, grouping them, revising and consolidating them into categories, and eventually forming themes that accurately represent the data (Faggiano, 2023; Hsieh & Shannon, 2005; Mustapha & Ebomoyi, 2019).

Data sources include historical documents, academic journals, books, monographs, and thematic collections. Primary sources included complete archives (both print and online) of two national journals⁵, which have continuously documented the development of the field in Serbia and the broader Yugoslav region: the journal “Belgrade School of Special Education and Rehabilitation” (analyzed across the first 51 publication years, from 1952 to 2008), and the journal “Special Education and Rehabilitation” (covering the 2002–2008 period). All available issues were systematically collected and analysed based on their content, editorials, titles, and abstracts.⁶ Although this analysis extends beyond the primary

⁵ “Belgrade School of Special Education and Rehabilitation” (ISSN 0354-8759, published by the Special Educators and Rehabilitators Association of Serbia & University of Belgrade – Faculty of Special Education and Rehabilitation), and “Special Education and Rehabilitation” (ISSN 1452-7367, published by the University of Belgrade – Faculty of Special Education and Rehabilitation).

⁶ The first abstracts in the form of a summary of the text content appeared in 1993.

temporal focus of the paper, namely, the development of defectology up to the end of the 20th century, later issues were included in order to extend our understanding of the historical trajectory of scientific publishing in the field of disability and developmental disorders in the Yugoslav and Serbian contexts.

Additional publications were identified through keyword-based searches using terms such as “defectology”, “disability”, “special education”, “rehabilitation”, “invaliditet”, “posebne potrebe”, and “development” or “history” in both Serbian and English. The search included Google Scholar and the National Library of Serbia’s printed and electronic resources, with emphasis on Serbian-language publications and those originating from the broader Yugoslav region.

The inclusion criteria focused on materials addressing conceptual frameworks, historical developments, educational and institutional reforms, and the evolution of disciplinary terminology. Publications focused only on inclusive practices or contemporary intervention outcomes were excluded. The final sample included approximately 120 relevant sources, predominantly from Serbia, out of which around 40 were directly cited in the text as the primary sources, while others were used for contextual triangulation and validation of historical interpretations.

From War Rehabilitation to Defectology

Rehabilitation gained increasing importance following each world war, driven by the growing number of individuals unable to work and support themselves or their families due to injury or disability. The vast number of soldiers with physical and psychological impairments underscored the need for development of physical and occupational therapy, vocational rehabilitation programs, and specialised centres for spinal cord injuries (Lanska, 2016). Societies commonly spend more on supporting individuals with disabilities than on professionally rehabilitating them for independent living (Elsej, 1997; Linker, 2011; Martz, 2010).

At the end of World War I, the re-education of injured veterans became a major concern. A key conference convened by the Supreme Command of Allied Powers concluded that it was in the public interest to quickly re-educate all wounded soldiers, helping them to regain skills essential for daily life and employment (Savić, 1966). Simultaneously, the U.S. military recognised “reconstruction aides”, or early occupational therapists, who

provided therapeutic services to those with mental health and physical functioning challenges (Gutman, 1995).

Modern defectology, as the precursor to today's special education and rehabilitation, originated from practices developed for war veterans (Lanska, 2016; Yakobina et al., 2008). However, the progress of rehabilitation cannot be evaluated solely by the number of individuals rehabilitated; emphasis must be placed on the quality and accessibility of services (Elsej, 1997; Gutman, 1995; Linker, 2011; Martz, 2010). These factors are more significant indicators of system success than rehabilitation counts, as they influence patient satisfaction, continuity of care, and long-term outcomes (Camden et al., 2010; Slabkiy et al., 2024; Wolpat et al., 2024).

To fully understand the evolution of special education and rehabilitation, it is necessary to revisit its historical foundations⁷, recognise that it is part of a wider social and institutional development (Ivković & Maksimović, 2023; Jugović & Gavrilović, 2020; Rapać, 2016; Slavnić & Veselinović, 2015; Stošljević, 1998). The formation of the modern Serbian state in the 18th and 19th centuries was closely associated with the purposeful advancement of education and science. Reformers such as Dositej Obradović and political leaders like Karađorđe and Miloš Obrenović recognised that intellectual development and national institutions were essential for a sovereign society (Ivković & Maksimović, 2023; Savić, 1966). This foundational period created the intellectual and institutional conditions for the later emergence of defectology (Rapać, 2016; Slavnić & Veselinović, 2015).

In Serbia, from the period immediately preceding 1918 to 1929, special education maintained a primarily private and humanitarian character. Various private initiatives, humanitarian organisations, and religious orders organised and funded kindergartens, schools, and "special institutions" for educating children with developmental disabilities (Rapać, 2016; Savić, 1966; Slavnić & Veselinović, 2015). This decentralised model continued until 1933, when the state abolished private

⁷ Some possible historical sources are: *Invalidsko Pitanje - Opštenarodno Pitanje*. Sv. 3 / *The Disability Issue - a National Issue*. Vol. 3, 1937; *Kako Da Zbrinemo Naše Ratne Žrtve: Nacrt Novog Invalidskog Zakona*. Sv. 1 / *How to Care for Our War Victims: A Draft of a New Disability Law*. Vol. 1, 1937; *Ratni Invalidi Jugoslavije / War Invalids of Yugoslavia*, 1961; *Više Svetlosti Na Naš Invalidski Problem*. Sv. 2 / *More Light on Our Disability Problem*. Vol. 2, 1937.

initiatives in this domain and incorporated these institutions into the state system (Savić, 1966).

State intervention in child protection began in 1917 with the establishment of the Child Protection Society. In 1929, a significant shift occurred when the Ministry of Education assumed responsibility for educating children and youth with disabilities. This event marked a major institutional realignment, placing special schools under the umbrella of the national educational system. Previously, such institutions for the blind, deaf, and physically disabled were under the jurisdiction of the Ministry of Social Policy.⁸ Following this shift, increasing attention was directed toward children with intellectual disabilities, then referred to as “mentally underdeveloped”, resulting in the expansion of classrooms based on the principles of *Heilpädagogik*, a pedagogical theory aimed at addressing mental deficiencies that hinder children’s ability to succeed in mainstream education (Rapaić, 2016; Savić, 1966; Slavnić & Veselinović, 2015). Having only two specialised schools in Zemun and Novi Sad, “support schools” were established to address these deficiencies.

Following World War I, special education in Serbia experienced significant growth due to the introduction of new educational and health regulations. Official curricula and school programmes were developed, but often remained declarative, with limited practical implementation. As Savić (1966) critically observed, “much less was accomplished in practice”.

This period also saw a growing awareness of the need to provide education within institutions for the treatment and social care of people with disabilities (Rapaić, 2016; Slavnić & Veselinović, 2015). Early efforts, such as a 1914 draft law on children affected by war and a 1916 proposal for a child protection department, failed as no action was taken. It was only after the 1919 liberation and advocacy by the Society for the Protection of Children that the Decree for the Establishment of the State Department for the Protection of Children was passed. The decree explicitly stated that “crippled children have to be admitted to take equipment and to be taught and trained in the institutions for war invalids” (Savić, 1966).

⁸ The selected and translated terms are intended to reflect the terminology and conceptual frameworks of their historical period.

Modern schools for children with physical disabilities originated from institutions for the re-education of disabled war veterans. However, the Ministry of Education showed limited interest in developing these schools between the two world wars. Although orthopaedic therapy began to gain prominence in the 1930s, broader approaches addressing social and psychological adaptation had yet to be adopted. As a result, comprehensive rehabilitation, covering medical, educational, psychological, and social aspects, remained an aspiration rather than a reality (Rapačić, 2016; Savić, 1966; Slavnić & Veselinović, 2015). Although this period was important for the formation of institutional and professional structures, systematic research and publishing practices in the field were still largely limited. Publications included professional bulletins, humanitarian reports, and educational booklets. The first individual papers and translations appeared in the interwar period, with organised scientific publishing effectively beginning after World War II.

From Professional Practice to Academic Institutionalisation

The development of special education and rehabilitation in Serbia evolved from early practical initiatives into structured academic training and scientific inquiry. Following World War I, the first “support schools” and special classes for children with intellectual disabilities were established, introducing individualised teaching approaches that emphasised autonomy and sensory-based learning. Just before World War II, correctional and methodical procedures were introduced in the practical works, marking a significant shift in pedagogical strategies (Savić, 1966; Slavnić & Veselinović, 2015).

Initially, the field was dominated by practical knowledge rather than formal, empirical, or original research. Between the two world wars, original studies were rare, with most published work consisting of translations or compilations of existing works. The field of speech pathology, however, saw some early, pioneering independent work. For example, Miodrag Matić explored the causes and treatment of stuttering and babbling (Matić, 1962; Ramadanović & Matić, 1928). While these works were often more synthetic than empirical, they laid the groundwork for post-war empirical research.

During this period, professionals also focused more on children with physical disabilities, publishing articles in journals such as “The Voice of the Innocent”, “National Health”, and “Teacher”. These articles included “Hunchback in School Children” and “The Treatment and Education of Maimed Children” by Božidar Spišić, as well as “Public Care for Crippled Children” by Đura Jovanović (Savić, 1966).

The importance of adequately trained professionals became evident, as most special education took place in schools and required skilled staff. Professional development in education began in leading European institutions in 1882. In 1922, teachers were trained through state-funded visits to foreign schools and institutions, which focused on the care, education, treatment, and rehabilitation of children who were deaf, blind, or “mentally underdeveloped” (Rapaić, 2016; Savić, 1966). However, these training courses often did not meet practical needs. This foreign influence diversified special education, a trend that continued after World War II.

After 1930, training moved from various institutes to the Teacher Training School in Belgrade and, in 1935, to the Male Teachers’ School. A commission was formed for professional examinations, but many lecturers lacked practical experience, and early literature was scarce (Savić, 1966; Slavnić & Veselinović, 2015).

A significant milestone was the founding of the Department of Defectology in 1947 at the Higher Pedagogical School in Belgrade, marking the start of higher education for specialists. This department underwent several name changes, including becoming the Faculty of Defectology in 1975, until it was renamed as the Faculty of Special Education and Rehabilitation in 2005 (Defektološki fakultet, 2005). The University of Novi Sad and social work programmes later followed this trend.

From Medical to Social and Biopsychosocial Models: The Evolution of Disability Paradigms

Post-WWII Rise of the Medical Model

Following World War II, as one social system transitioned into another, many social and humanitarian associations either closed or were renamed. The state assumed full responsibility for the care of children and other citizens unable to work. During this time, the medical model of disability gained increasing prominence (Rembis, 2019; Silvers, 2009). The aftermath of war and the widespread occurrence of physical injuries placed a strong emphasis on medical and social care, leading to a rise in the number of individuals with disabilities.

Rehabilitation programs, primarily grounded in the medical model and focused on restoring function, were developed for those with physical impairments (Goering, 2015; Rembis, 2019). Concepts such as integration and normalisation began to emerge, signalling a growing recognition of the potential and capabilities of people with disabilities (Rembis, 2019).

Nevertheless, even in the post-war period, the dominance of medical perspectives began to face challenges (Rembis, 2019). Critics argued that disability could not be adequately explained by medical causes alone, highlighting a complex interplay of social, economic, and biological factors instead. Principles and methods were increasingly drawn from multiple disciplines, including physical therapy, nursing, psychiatry, rehabilitation, self-help, orthopaedics, and social work (Yakobina et al., 2008).

In 1965, Nagi introduced a rehabilitation model as an adaptation of the medical model, which was the first one to offer a broader conceptualisation of disability. He defined disability as “...the expression of a physical or a mental limitation in a social context” (Nagi, 1965). A decade later, the WHO published the International Classification of Impairments, Disabilities, and Handicaps (ICIDH). Although still rooted in the medical paradigm, ICIDH acknowledged the role of environmental factors in shaping the disability experience (WHO, 1980).

The Rise of the Social Model and Disability Rights

The social model of disability emerged from the 1960s–1970s civil rights movements, driven by people with disabilities and activists challenging the prevailing medical model that viewed disability as an individual deficit (a personal tragedy or a medical problem to be “fixed” or “cured” (Thornicroft, 2024). Groups like the UPIAS⁹ in the UK in the 1970s were crucial in distinguishing between impairment (a physical or mental difference) and disability (the societal barriers and exclusion experienced) (Oliver, 2004).

In 1983, Mike Oliver formally proposed the term “social model”, arguing that people are disabled by societal barriers (physical, attitudinal, systemic), not by their impairments (Hemingway, 2011). This model empowered disabled individuals, becoming fundamental to disability rights activism, anti-discrimination legislation, and international instruments like the UN CRPD¹⁰ by reframing disability as a social injustice (Oliver, 1990).

While the medical model views disability as an individual issue arising directly from illness, injury, or other health conditions, the social model reframes it as a consequence of the interaction between individuals and an environment that is not accommodating (Goering, 2015; Silvers, 2009). This perspective includes not only physical barriers but also social attitudes and discriminatory practices. By the late 20th century, the social model had become the dominant paradigm in disability studies (Silvers, 2009; Thornicroft, 2024).

The growing advocacy by people with disabilities, influenced by the Civil Rights Movement and new sociological theories, has transformed the understanding of disability (Hemingway, 2011; Silvers, 2009; Thornicroft, 2024). This advocacy emphasises the recognition of all individuals as rights-bearing citizens, calling attention to discriminatory structures and practices and demanding legal and policy developments from the Universal Declaration of Human Rights (United Nations, 1948) to the European Commission’s Disability Rights Strategy (European Commission, Directorate-General for Employment, Social Affairs and Inclusion, 2021).

⁹ Union of the Physically Impaired Against Segregation.

¹⁰ United Nations Convention on the Rights of Persons with Disabilities.

In the late 20th century, the medicalisation of disability became a prominent theme. Mike Oliver, a key proponent of the social model of disability (Goering, 2015), argued that medicine misinterpreted disability, framing it as an individual problem rather than a consequence of societal barriers (Oliver, 1996). He maintained that physicians lacked the necessary training to address broader social dimensions and called for interdisciplinary collaboration (Oliver, 1990; Rembis, 2019). Overall, the social model of disability fundamentally challenged traditional medical understandings of impairment (Goering, 2015; Oliver, 2013; Thorneycroft, 2024). The following section explores how these international trends were reflected, if at all, in the development of defectology and related professional debates in Serbia.

From Global Shifts to Local Tensions: Resisting Medicalisation of Disability

Considering the transformative nature of these international developments, it would be reasonable to expect that these moments were noted in Yugoslav and Serbian professional discussions. The social model of disability, for instance, reframes disability as social oppression, providing a critical framework for challenging societal barriers (physical, economic, cultural) that disable individuals worldwide (Hemingway, 2011; Oliver, 1996; Thorneycroft, 2024). This increased understanding and politicisation of disability rights, which took place in parallel, did not go unnoticed (Barnes, 2020). For instance, the news about declaring 1981 as the International Year of Disabled Persons first appeared in the pages of the then-journal “Defectology Theory and Practice” in late 1979, with a theme of “full participation and equality” (Bubanj, 1979). The professional community was, in that sense, engaged with these wider developments.

However, reviewing the literature from the 1980s and 1990s reveals similar concerns about the medicalisation of disability in national academic discussions. These debates followed the earlier conceptual separation of educational defectology from medicine, psychology, and pedagogy (Stošljević, 1999). More precisely, prior to this period, special education gained recognition as the central domain of defectology. Critiques focused on terminological ambiguities, methodological inconsistencies, and the inappropriate adaptation of clinical procedures to educational settings.

Although the importance of environmental and social support was acknowledged, the focus remained on expert-driven interventions aimed at normalising individuals rather than transforming social structures. These concerns extended to the daily clinical practices of defectologists, highlighting the tension between educational and medical paradigms (Stošljević, 1999).

The ICF and the Transition to a New Century

At the turn of the 21st century, the global disability field underwent a major paradigm shift with the introduction of the International Classification of Functioning, Disability and Health (ICF) by the WHO in 2001. By integrating medical and social approaches, the ICF offered a biopsychosocial framework that positions disability as the result of interactions between health conditions and contextual factors (WHO, 2002). It also emphasised functioning, participation, and environmental facilitators or barriers rather than focusing solely on diagnosis or impairment.

While these global changes were still being interpreted and adopted in Serbia, a symbolic transition occurred in 2005 when the Faculty of Defectology was renamed the Faculty of Special Education and Rehabilitation. In contrast, its journal adopted a new title reflecting a broader scientific identity.¹¹

For instance, the editorial of the first issue of the newly launched journal “Research in Defectology” in 2002 highlighted the need for an interdisciplinary approach, the importance of overcoming strong sub-disciplinary divisions within the field of defectology, and the consideration of both macro- and micro-level social contexts of child development (Matejić-Đuričić, 2002). In the local context, these changes and initiatives marked the beginning of a new disciplinary era and signalled the gradual alignment with international conceptualisations of disability, thereby closing the formative chapter of defectology in Serbia.

¹¹ The journal’s title changed from “Research in Defectology” (*SCIndeks – Časopis Istraživanja u Defektologiji – Portrait*, 2002) to “Special Education and Rehabilitation” (*SCIndeks – Journal Specijalna Edukacija i Rehabilitacija – Portrait*, 2006).

From “Special School” to “Belgrade School”: Evidence of Research-oriented Perspectives

Early Editorial Missions and Terminological Shifts

Tracing the developmental trajectory of the first national scientific journal in the field of special education reveals how evolving paradigms of disability were mirrored in its changing titles and editorial orientations. Launched in 1952 by the Association of Teachers of Special Schools of Yugoslavia, the Journal “Special School” initially addressed the “pedagogical and social issues of defective and educationally neglected children”, reflecting the broader defectological framework of the time (Redaction of “Special School”, 1952).

The inaugural editorial emphasised the Journal’s ambition to cover both theoretical and practical concerns in special pedagogy, as the “scientific treatment of theoretical problems and the processing of practical methodological issues from special pedagogy” were planned (Redaction of “Special School”, 1952). This opening marked the beginning of a multidisciplinary approach that would expand in the years to come.

In 1961, the Journal’s scope was extended to include medical dimensions, prompting its rebranding as “Special School – A Journal for Pedagogical, Social, and Medical Issues of Children and Youth with Developmental Disabilities” (Matić, 1962). This shift aligned with the growing influence of the medical model in the conceptualisation of disability. Further expansion followed in 1972, when rehabilitation was added to the title, resulting in “Special School – A Journal for Pedagogical, Social, Medical, and Rehabilitation Issues of Children and Youth with Developmental Disabilities” (Ivanović & Savić, 1995).

Despite these changes, the Journal continued to focus primarily on the educational dimension of rehabilitation. This perspective is unsurprising, as special education was widely regarded as the most central component of defectology until the 1990s, when the so-called medicalisation of defectology became dominant.

Defectology, Reform, and the Rise of Original Research

The establishment of the Faculty of Defectology in 1975 marked the beginning of a new phase. By 1977, the Journal's subtitle became "Journal of Defectological Theory and Practice", and in 1978, it was renamed "Defectology Theory and Practice". Following a hiatus in a publication from 1986 to 1993, a new chapter began with the launch of a successor Journal, "Belgrade School of Special Education and Rehabilitation", in collaboration with the Faculty of Defectology. This new title signalled a commitment to chronicling both the unique historical development and future directions of defectology in the region.

A close examination of the Journal's content over the decades reveals the maturation of defectological science in the country. Initially reliant on translated works and compilations, the field gradually evolved to produce original research contributions that reflected both domestic expertise and international influences (Ivanović & Savić, 1995). For example, the development of Yugoslavia's special education system in the period between the two world wars was notably influenced by Czechoslovak models (Savić, 1966).

Foreign Influences and International Alignment

The historical evolution of the Journal's content cannot be fully understood without recognising the extensive foreign influences that shaped Yugoslav defectology. The varied foreign influence originated from the practice of sending teachers abroad for training at foreign schools and institutions. Early on, Czech influence was predominant in the education of blind individuals, while the education of deaf individuals drew upon influences from both Czechoslovakia and France. Conversely, Germany had a significant influence on the education of children with intellectual disabilities and developmental difficulties. A notable shift occurred during the 1940s, when Soviet influence became prominent, especially in deaf education, facilitated by the translation of Soviet pedagogical manuals. However, many of the adopted ideas from this period reflected uncritical adaptations of external concepts (Savić, 1966).

Throughout the decades, the Journal maintained an active engagement with international scholarship. Its "Foreign Review" section, which remained a fixture into the 1980s, featured curated bibliographies of recent foreign literature relevant to defectologists. These reviews primarily

included works from the Soviet Union, Czechoslovakia, the United Kingdom, France, and Germany, supporting the professional community's continued alignment with international developments.

Evolving Research Orientations

The content published in this journal between 1952 and 1995 can be divided into three broad categories (Ivanović & Savić, 1995). The first consists of descriptive articles based on the authors' personal experiences, mainly focusing on methodological and didactic practices, often reflecting the concerns and insights of educators and clinicians working directly in the field, with limited use of empirical data. The emphasis was on enhancing pedagogical techniques and classroom-based interventions. The second category includes empirical works that, while still mainly descriptive, show a growing awareness of research methodology and academic rigour. Lastly, the third group comprises mature, original scientific studies grounded in rigorous research, often addressing specialised areas within defectology.

Strengths, Limitations, and Future Directions

Our review extends previous knowledge by providing a historical analysis that traces the development of defectology in the 20th century, a period marked by several major socio-political, institutional, and theoretical transformations. It contextualises the shift from deficit-based models to biopsychosocial perspectives, attempting to explain the connection between national academic traditions and international standards.

Several limitations should be considered. As a historical narrative, this research does not follow a formal literature selection methodology, and limited source availability could affect replicability and introduce bias. We primarily used two national journal bibliographies and other scholarly materials. Next, the study's primary scope is national and centred on Serbia as a former Yugoslav region. Consequently, its findings may not fully reflect trends in other global or regional contexts. This paper synthesises historical trends and conceptual shifts, but it does not include original empirical data or systematic content analysis. Finally, while acknowledging the importance of inclusive education reforms and contemporary practice changes, this paper focuses on the period from 1918

to 2000, therefore excluding post-2000 policy transformations and practical inclusion models, which remain important areas for future research.

Future studies could use systematic content analysis to strengthen the evidence and generalizability of conclusions. Cross-national comparisons could examine whether the transition from defectology (or equivalent disciplines) to the biopsychosocial model has followed similar or divergent paths across post-socialist, Western, and global contexts.

Longitudinal analyses of journal articles, conference proceedings, and university curricula could track the terminological and theoretical evolution. Authors are advised to investigate how the professional identity of defectologists has evolved in response to these conceptual and systemic transformations, with a focus on values, training models, and perceived roles. Concrete changes in educational practice, policies, and legislation should also be analysed. Finally, collecting oral histories and using ethnographic methods could help document institutional memory and transitional periods.

Practice and policy implications

This study offers several practical insights for special education and rehabilitation. Understanding the historical evolution of disability concepts could help professionals to reflect critically on present-day practices. The dual nature of the field, which balances scientific inquiry, professional application, and pedagogical and rehabilitative approaches, demonstrates the importance of interdisciplinary collaboration. The findings are relevant to professionals in medicine, psychology, social work, pedagogy, and other fields, and may contribute to a better understanding of professional identity and the legacy of defectology today.

Conclusion

This study examined the historical evolution of defectology, focusing on its transformation into contemporary special education and rehabilitation from World War I to the 21st century. In general, the historical journey of defectology, from an early emphasis on individual deficits to the adoption of comprehensive models of disability, reflects a growing recognition of disability as the result of complex interactions

among biological, individual, and social factors, particularly since the introduction of the ICF in 2001. However, several points should be addressed.

Firstly, the field has evolved in response to changing societal values and advancements in scientific knowledge. Secondly, it is important to recognise not only the long history of disability care and support but also the challenges and milestones that have led to current practices. Finally, the discipline's diversification, especially after World War II, represents a move away from strict medical explanations toward interdisciplinary approaches that consider the full complexity of human functioning.

The transformation of defectology into contemporary special education and rehabilitation reflects its dynamic progression. To conclude, the shift from a deficit-based to a holistic approach highlights the critical role of environments, societal attitudes, and participation. Therefore, this paper reaffirms the field's conceptual development and underscores the relevance of the biopsychosocial model in understanding the complexities of living with disability.

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Conflict of interest

The authors declare no conflict of interest.

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Defektologija, ometenost i promene u nauci: Istorijsko-tematski pregled specijalne edukacije i rehabilitacije u Srbiji (1918–2000)*

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Ovaj članak istražuje istorijski razvoj defektologije, danas poznate kao specijalna edukacija i rehabilitacija, tokom proteklog veka. Kroz konvencionalnu analizu sadržaja istorijskih dokumenata, naučne literature i naučnih publikacija, identifikuju se ključne prekretnice i kontekstualne promene u razvoju ove naučne i stručne oblasti. Posebna pažnja posvećena je prelasku sa medicinskog modela usmerenog na deficite ka biopsihosocijalnom modelu, koji je predstavljen usvajanjem Međunarodne klasifikacije funkcionisanja, ometenosti i zdravlja (MKF) 2001. godine. Analiza obuhvata i promene u terminologiji i istraživačkom fokusu. Nalazi pokazuju da je oblast ostvarila značajan napredak, ali da se i dalje suočava sa brojnim izazovima, kao što su konceptualne nejasnoće, razdvajanje obrazovnih i rehabilitacionih pristupa i potreba za snažnijom integracijom u savremene naučne i političke okvire. Zaključuje se da je razumevanje istorijske putanje specijalne edukacije i rehabilitacije od suštinskog značaja za razvoj inkluzivnije i odgovornije prakse danas.

KLJUČNE REČI: specijalna edukacija / rehabilitacija / istorija ometenosti / defektologija / Prvi svetski rat / invaliditet

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