

Article

Formation of a Healthy Personality in Children with Intellectual Disabilities in the Context of Inclusive Education

¹Toksanbayeva Feride Rustemovna

1. Second-year undergraduate student, Programme in Oligophrenopedagogy, Herzen State Pedagogical University of Russia, Tashkent Branch.

Correspondance: plueboom@gmail.com

Citation: Toksanbayeva, F. R., Formation of a Healthy Personality in Children with Intellectual Disabilities in the Context of Inclusive Education. Web of Synergy: International Interdisciplinary Research Journal 2026, 5(1), 227-131

Received: 10th Jan 2026

Revised: 11th Feb 2026

Accepted: 19th Mar 2026

Published: 31th May 2026



Copyright: © 2026 by the authors. Submitted for open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>)

Abstarct: This article examines the specific features of healthy personality formation in children with intellectual disabilities within an inclusive educational setting. The pedagogical conditions conducive to the development of social, communicative, and adaptive competencies among learners are analysed. Particular attention is devoted to the role of an inclusive educational environment in fostering emotional well-being, autonomy, and positive self-esteem in children. The significance of comprehensive psychological and pedagogical support, as well as of an individualised approach in the socialisation process of children with intellectual disabilities, is emphasised.

Keywords: *inclusive education, intellectual disabilities, healthy personality, socialisation, psychological and pedagogical support, adaptation, personality development, correctional pedagogy, educational environment, children with special educational needs.*

Introduction

There Contemporary education is characterised by profound humanistic transformations, the most pivotal of which is the widespread implementation of inclusive practices. In accordance with the Law of the Republic of Uzbekistan “On Education” (as amended in 2020) and Presidential Decree No. UP-6108 of 13 October 2020 “On Measures to Further Improve the System of Education and Upbringing of Children with Special Educational Needs,” which endorsed the Concept for the Development of Inclusive Education for the period 2020–2025, the overriding priority of the school is no longer the mere transmission of academic knowledge, but rather the formation of life competencies and the successful socialisation of the child within society [1].

It should be noted that the task of forming a healthy personality in the younger generation acquires a fundamentally new meaning — particularly with regard to children with intellectual disabilities (ID), for whom the concept of a “healthy personality” extends far beyond the strictly medical notion of well-being. As Lev S. Vygotsky, the founder of Russian defectology, observed, the principal vector of assistance to a child with developmental disorders must be directed towards compensating for the social deficit and creating conditions for the child’s personal growth and integration into culture. A healthy personality in a learner with ID is a psychologically adapted, emotionally stable individual who possesses an accessible level of self-regulation, a positive self-attitude, and well-established healthy lifestyle habits [2].

The transition from segregated (special) to inclusive education, described in detail in the works of N. N. Malofeev, opens broad opportunities for children with mental disorders to model themselves on neurotypical peers and to acquire social roles [3]. In practice, however, the inclusive environment of a mainstream school often imposes excessively high demands on such a child, which may provoke academic stress, maladaptation, and an increase in psychosomatic conditions. As research by S. V. Alekhina demonstrates, in the absence of specialised psychological support and the cultivation of an inclusive culture within the educational institution, the classroom environment may be perceived by a child with ID as hostile and destructive [4].

Method.

This situation necessitates recourse to concepts of psychological safety: in order for an inclusive setting to promote the formation of a healthy personality, it must be transformed into a “secure base,” in the tradition of the attachment theory advanced by John Bowlby and Mary Ainsworth [5]. Only under conditions of somatic comfort and psychological security can anxiety be minimised in a child with ID, compensatory mechanisms be activated, and the foundations of health-preserving behaviour be established. The projection of this psychological model onto the inclusive educational process is reflected in contemporary scholarship — notably in the work of I. A. Baeva — and makes it possible to conceptualise the inclusive space as a system of psychological “anchors” and supportive structures [6].

Drawing on the integration of classical and contemporary theoretical frameworks, the concept of a healthy personality in a learner with ID should therefore be understood as a dynamic quality characterised by: psycho-emotional stability, positive identity, social adaptation, and health literacy [7].

When the environment remains frustrating, all the child’s psychic energy is consumed by the activation of primitive defence mechanisms, manifested as aggression, negativism, or a complete withdrawal from activity — conditions under which the formation of a healthy personality is impossible [8].

A sense of security enables the child with ID to redirect inner resources towards development, as contemporary researchers of inclusive culture attest: when a classroom, under the teacher’s guidance, becomes an accepting community, the child with special educational needs gains experience of successful social interaction. By modelling the positive behavioural patterns of neurotypical peers, the child is liberated from various phobias and fears, and develops a positive self-attitude — a core component of mental health [9].

Results and Discussion.

The process of healthy personality formation in inclusive education cannot be confined to the passive adaptation of the child to the school environment; purposeful pedagogical work aimed at cultivating a culture of health among learners with ID is therefore indispensable. As G. K. Zaitsev, the founder of pedagogical valeology, observed, genuine health promotion in school is built upon instilling in the child a conscious and value-based relationship with his or her own body and personhood [10].

The physical health of children with ID is frequently compromised by concurrent somatic and neurological conditions, as well as by rapid fatigue and depletion of the nervous system. The protection of their physical well-being in the inclusive school is therefore realised through adherence to a protective pedagogical regime: prevention of overwork is achieved through strict monitoring of lesson duration, frequent alternation of activities (every 7–10 minutes), and careful calibration of the academic workload; mandatory incorporation of dynamic activity breaks into the structure of the inclusive lesson. A particularly important role is played by adapted physical education (APE), directed at correcting motor functions, movement coordination, and spatial orientation [11]. Given the difficulties children with ID experience in processing verbal instructions, hygienic skills (hand-washing, dental care, posture) are developed through the use of visual step-by-step instruction cards and visual markers displayed throughout the school environment [12].

Preservation of the mental health of a child with ID in an inclusive group requires the minimisation of school-related anxiety and the instruction of basic emotional self-regulation skills. The practical toolkit in this domain includes: the development of emotional intelligence through the use of specialised visual scales (“Mood Diary,” “Emotional Thermometer”), which assist a child with cognitive deficits in identifying his or her current affective state (e.g., distinguishing tiredness from anger) and signalling it to the teacher; and psychological decompression techniques, including elements of art therapy, narrative (fairy-tale) therapy, sand therapy, and musical relaxation, employed at lesson transitions or during moments of heightened psycho-emotional tension. These methods are universal in character and are effectively applied in the inclusive classroom for both children with ID and their neurotypical peers [13].

The social health of the personality is characterised by successful integration into the peer collective and the absence of behavioural deviations. For the child with ID, the key mechanism here is the modelling of positive behavioural patterns demonstrated by peers. Areas of intervention include: event-based and play-based activity (organisation of collaborative games, project-based learning, and collective creative endeavours in which a situation of success is deliberately engineered for the child with ID through the performance of a task that is within the child’s capabilities yet socially meaningful for the class); and the cultivation of an inclusive micro-social culture (conducting “lessons of kindness” and themed class meetings for neurotypical students with the aim of preventing stigmatisation and bullying). The healthy personality of a child with special educational needs can develop only within a collective that promotes the values of mutual support and respect for human diversity [14].

Within the framework of special pedagogy and psychology, the phenomenon of a healthy personality in a learner with ID cannot be reduced to purely medical indicators. Drawing on the classical laws of dysontogenesis, it has been established that a healthy personality in the presence of mental disorders is a dynamic quality reflecting the level of psycho-emotional stability, positive identity, social resilience, and primary health literacy in the child. The principal criterion of such health is the capacity for successful adaptation and integration into society within accessible limits [15].

The integration of a child with ID into the mainstream school must not proceed spontaneously, as high sensory and cognitive demands are capable of causing profound maladaptation and a deterioration in psychosomatic health. The application of attachment theory to the inclusive process has made it possible to demonstrate that the school can become a factor of personal development only when it functions as a “secure base.” The sense of psychological security conveyed by teachers and teaching assistants (tutors)

reduces anxiety and releases the child's internal resources for the compensation of the deficit.

Conclusion.

In conclusion, the implementation of the proposed conditions makes it possible to transform the inclusive space from a potentially frustrating environment into an adaptive ecosystem. The scholarly novelty and practical significance of this work lie in the transcendence of an exclusively cognitive approach to teaching children with special educational needs, and in the reorientation of focus towards the preservation of their physical health, psychological well-being, and the development of resilience.

REFERENCES

- [1]. Alekhina, S. V. Inclusive education: from policy to practice. *Psychological Science and Education*, 2016, vol. 21, no. 1, pp. 136–145.
- [2]. Baeva, I. A. Psychological safety of the educational environment: theoretical foundations and assurance technologies. *Proceedings of the Herzen State Pedagogical University of Russia*, 2002, no. 2 (3), pp. 113–126.
- [3]. Bowlby, J. *The Making and Breaking of Affectional Bonds*. Trans. by V. V. Starovoitov. Moscow: Akademicheskii Proyekt, 2004. 232 p.
- [4]. Vygotsky, L. S. *Fundamentals of defectology*. Collected Works in 6 vols., vol. 5. Moscow: Pedagogika, 1983. 368 p.
- [5]. Zaitsev, G. K. and Zaitsev, A. G. *Valeological Pedagogy: Education and Health*. St Petersburg: Detstvo-Press, 2005. 312 p.
- [6]. Lebedinsky, V. V. *Disorders of Mental Development in Childhood: A Textbook for Students of Psychological Faculties of Higher Educational Institutions*. Moscow: Akademiya, 2003. 144 p.
- [7]. Malofeev, N. N. Western European experience in the formation of the special education system: stages of evolution. *Defektologiya*, 2003, no. 4, pp. 3–14.
- [8]. Rubinstein, S. Ya. *Psychology of the Intellectually Disabled Pupil: A Textbook for Students of Pedagogical Institutes*. 3rd ed., revised and expanded. Moscow: Prosveshcheniye, 1986. 192 p.
- [9]. Ainsworth, M. Attachment beyond infancy. In: *Childhood: Ideal and Real. A Collection of Works by Contemporary Western Scholars*. Novosibirsk: Sibirskiy Khronograf, 1994, pp. 112–129.
- [10]. UNESCO, *Guidelines for Inclusion: Ensuring Access to Education for All*. Paris, France: UNESCO Publishing, 2005.
- [11]. United Nations, *Convention on the Rights of Persons with Disabilities*. New York, NY, USA: United Nations, 2006.
- [12]. D. Mitchell, *What Really Works in Special and Inclusive Education: Using Evidence-Based Teaching Strategies*, 3rd ed. London, U.K.: Routledge, 2020.
- [13]. T. Loreman, J. Deppeler, and D. Harvey, *Inclusive Education: Supporting Diversity in the Classroom*, 3rd ed. London, U.K.: Routledge, 2014.
- [14]. A. Florian and K. Black-Hawkins, "Exploring inclusive pedagogy," *British Educational Research Journal*, vol. 37, no. 5, pp. 813–828, 2011.
- [15]. M. Ainsworth, *Patterns of Attachment: A Psychological Study of the Strange Situation*. Hillsdale, NJ, USA: Lawrence Erlbaum Associates, 1978.