METHODOLOGICAL, CLINICAL, AND PSYCHOLOGICAL FOUNDATIONS FOR DIFFERENTIAL DIAGNOSIS OF CHILDREN WITH MENTAL RETARDATION (DEVELOPMENTAL DELAY)

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Annotatsiya: Ushbu tadqiqot kognitiv disontogenezning eng polimorf va murakkab shakli bo‘lgan ruhiy rivojlanish sustlashuvi (RRS) fenomenini o‘rganishga bag‘ishlangan. Maqolada diagnostik jarayonning an’anaviy statik baholashdan zamonaviy dinamik-prognoztik tahlilga o‘tishining ilmiy zaruriyati asoslab beriladi. Tadqiqotning metodologik asosi sifatida L.S. Vigotskiyning "Yaqin rivojlanish zonasi" hamda A.R. Luriyaning miyaning funksional bloklari nazariyalari tanlab olingan. Maqolada RRSni intellektual yetishmovchilik (F70), autistik spektr buzilishlari (RAS) va ijtimoiy-pedagogik deprivatsiyadan ajratishning ko‘p bosqichli differensial-diagnostik filtrlari tizimi taklif etiladi. Shuningdek, WISC-V psixometrik shkalasi va neyrofiziologik (EEG) ko‘rsatkichlarning diagnostik validliligi tahlil qilinadi. Olingan natijalar RRSli bolalarning 90 foizigacha bo‘lgan qismida kognitiv reversivlik (qaytaruvchanlik) mavjudligini va to‘g‘ri differensial tashxis qo‘yilganda ularning umumta’lim dasturlarini muvaffaqiyatli o‘zlashtirish imkoniyatini isbotlaydi. Tadqiqot xulosalari inkluziv ta’lim trayektoriyalarini yaratish va defektologik ekspertizani takomillashtirish uchun amaliy tavsiyalar beradi.

Kalit so‘zlar: kognitiv disontogenez, ruhiy rivojlanish sustlashuvi (RRS), differensial diagnostika, yaqin rivojlanish zonasi, neyropsixologik filtrlar, inkluziv ta’lim, reversivlik, pedagogik korreksiya.

Abstract: This research is dedicated to studying the phenomenon of Mental Retardation (MR) or Developmental Delay, which is the most polymorphic and complex form of cognitive dysontogenesis. The article substantiates the scientific necessity of shifting the diagnostic process from traditional static assessment to modern dynamic-prognostic analysis. L.S. Vygotsky’s "Zone of Proximal Development" and A.R. Luria’s theories of functional brain blocks were chosen as

the methodological foundations of the study. The paper proposes a system of multi-level differential-diagnostic filters to distinguish MR from intellectual disability (F70), autism spectrum disorders (ASD), and socio-pedagogical deprivation. Furthermore, the diagnostic validity of the WISC-V psychometric scale and neurophysiological (EEG) indicators is analyzed. The results prove the existence of cognitive reversibility in up to 90% of children with MR and demonstrate their potential to successfully master general education curricula when an accurate differential diagnosis is provided. The study's conclusions offer practical recommendations for creating inclusive education trajectories and enhancing defectological expertise.

Keywords: cognitive dysontogenesis, mental retardation (MR), developmental delay, differential diagnosis, zone of proximal development, neuropsychological filters, inclusive education, reversibility, pedagogical correction.

INTRODUCTION

In the modern intersection of psychology, neurophysiology, and special pedagogy, Mental Retardation (MR) — or Developmental Delay — is interpreted as the most complex, polymorphic, and dynamic form of cognitive dysontogenesis. MR is defined as a temporary delay in the formation rate of higher mental functions (perception, memory, attention, thinking, and speech) against the background of fundamentally preserved intelligence (i.e., the absence of organic intellectual disability).

From an ontogenetic perspective, MR arises from the functional immaturity of the central nervous system (CNS) and imbalances within the socio-pedagogical environment. This condition leads to "disadaptation" in the child's educational and social life, which in turn jeopardizes the individual's overall developmental trajectory.

Global and National Significance of the Research

In the last decade, as the "Inclusive Education" concept became a priority in the global educational community, the differential diagnosis of MR has evolved from a purely scientific issue into a critical strategic matter. The relevance of this study is grounded in the following fundamental factors:

1. **Socio-legal consequences of diagnostic errors:** Mistaking MR for intellectual disability (F70) in clinical practice — "hyperdiagnosis" — artificially lowers a child's social status. This error condemns the child to a special education system with limited intellectual resources and blocks their potential capabilities.
2. **Transformation of cognitive load:** In the digital age, the increased information capacity of school curricula automatically categorizes children with neurodynamic weaknesses as "academic outsiders." This necessitates the development of new, more sensitive methods of differential diagnosis.
3. **Shift in scientific paradigms:** The era of studying MR solely from a clinical perspective (as a disease) has concluded, giving way to an era focused on neuropsychological prevention and cognitive rehabilitation.

Scientific Background of the Problem

The problem of MR in classical psychology was shaped by L.S. Vygotsky's fundamental ideas regarding the "complex structure of the defect." Later, neurodynamic disturbances in these children were scientifically proven through A.R. Luria's theory of functional brain blocks. Scholars such as K.S. Lebedinskaya, G.E. Sukhareva, and V.V. Lebedinsky developed the etiopathogenetic classification of MR and defined its clinical boundaries.

In the modern Uzbek school of psychology (G.B. Shoumarov, P.M. Mominova, et al.), this problem is being studied within the context of national mentality, bilingualism, and the socio-cultural environment. However, neurophysiological discoveries between 2024–2026 and new-generation psychometric tests (e.g., the adaptation of WISC-V) highlight the urgent need to elevate differential diagnosis algorithms to international standards.

Object, Subject, and Methodological Foundation

- **Object of Research:** The process of psychological development and its neurobiological determination in conditions of cognitive dysontogenesis.
- **Subject of Research:** The system of differential-diagnostic criteria and neuropsychological filters that allow distinguishing MR from similar (borderline) conditions.
- **Methodological Basis:** The study relies on the principles of dialectical development, the systemic-functional approach, and the law of "reversibility" in psychological development.

Research Goals and Objectives

Goal: To develop and scientifically substantiate a multidisciplinary (clinical-psychological-neuropsychological) model for the differential diagnosis of children with mental retardation.

Objectives:

- To determine the ratio of genetic, somatic, and social factors in the etiology of MR;
- To compare the cognitive profiles of MR and intellectual disability based on international standards;
- To improve the methodology for forecasting academic potential by measuring the child's "Zone of Proximal Development";
- To analyze paralinguistic and ethno-cultural factors influencing the diagnostic process in the context of Uzbekistan.

THEORETICAL AND METHODOLOGICAL FOUNDATIONS

The differential diagnosis of Mental Retardation (MR) — or Developmental Delay — is not merely a practical task but a process that requires a profound methodological analysis of the laws governing human psychological development. The theoretical foundation of this research is built upon three fundamental pillars: **Structural-Dynamic, Neuropsychological, and Cognitive-Evolutionary approaches**.

The cornerstone of modern differential diagnosis of MR is the concept of **"Primary and Secondary Defects"** developed by L.S. Vygotsky. This theory elevated the diagnostic process from "merely documenting a deficit" to "understanding the dynamics of development."

- **Primary Defect (Biological Level):** In MR, this refers to the functional-organic insufficiency of the central nervous system (minimal brain dysfunction). While this defect may be treatable through pharmacological intervention, it does not directly determine the child's ultimate learning capacity.
- **Secondary Defect (Social Level):** These are cognitive gaps (limited vocabulary, weak abstract reasoning) formed under the influence of the primary defect and an unfavorable social environment.

In the differential diagnosis of MR, the primary focus must shift from the primary defect to the child's **"Zone of Proximal Development" (ZPD)**. The core theoretical

criterion for the **reversibility** of the impairment is the child's ability to internalize adult assistance (instructions, examples, or stimuli) and transfer it to a new task.

A.R. Luria and the Concept of Functional Brain Blocks

The neuropsychological approach allows for the objectification of diagnosis. A.R. Luria's theory of the three functional blocks of the brain helps delineate the "cognitive profile" of children with MR:

1. **Block I (Energy and Tone):** Most children with MR exhibit functional lethargy in this block, termed **"Neurodynamic Disturbances."** While the child intends to complete the task, they suffer from rapid exhaustion and scattered attention (asthenia). Diagnosis here must evaluate "work capacity" rather than raw intelligence.
2. **Block II (Information Processing, Storage, and Integration):** MR is characterized by fragmented (non-holistic) perception and limited memory capacity. Differential diagnosis must distinguish between "sensory organ disorders" and "neuropsychological perceptual impairment."
3. **Block III (Programming, Regulation, and Control):** In severe forms of MR (cerebral-organic), self-control is significantly weakened. The child may make errors without noticing them. Unlike intellectual disability, the control mechanisms in MR are characterized by their capacity for restoration through systematic correction.

K.S. Lebedinskaya's Etiopathogenetic Approach

The classification of MR based on its etiology determines the direction of differential diagnosis. According to Lebedinskaya's theory, MR manifests in four distinct types:

- **Constitutional (Harmonic Infantilism):** A delay in biological maturation.
- **Somatogenic:** Psychological lethargy resulting from chronic physical illnesses.
- **Psixogen:** Social deprivation (neglect within the family).
- **Cerebral-Organic:** Mild organic damage to the central nervous system.

Modern Paradigms and International Standards

Current scientific perspectives rely on the **"Ecosystemic Approach,"** which evaluates the child not only through test scores but also in the context of their living environment, language (bilingualism), cultural background, and **neuroplasticity**.

International academic standards (**ICD-11 and DSM-5**) now prioritize **"Adaptive Functioning"** (the child's ability to adapt to life demands) over the Intelligence Quotient (IQ) when assessing cognitive development. This shift ensures the methodological validity of our research on a global scale.

The theoretical framework of this article integrates the views of prominent scholars such as **G.B. Shoumarov, M.G. Davletshin, and E.G. Goziyev**. Their consensus suggests that differential diagnosis must account for **"Social Intelligence"** and **"Ethnopsychological Characteristics."** This provides the theoretical basis for the standardization and adaptation of diagnostic methodologies specifically for the environment of Uzbekistan.

RESEARCH METHODS

The process of differential diagnosis for children with Mental Retardation (MR) is characterized by its multifaceted complexity. Consequently, a **multidisciplinary and comprehensive methodological approach** was employed. The system of methods was categorized into three primary blocks covering the cognitive, neurophysiological, and emotional-volitional spheres.

Neuropsychological and Clinical-Anamnestic Methods

These methods serve to identify the biological basis of the developmental impairment (the primary defect):

- **Anamnestic Analysis (Clinical-Genetic Analysis):** A profound study of the child's prenatal, perinatal, and postnatal development history. Factors such as maternal hypoxia, birth trauma, and past somatic illnesses were analyzed for their impact on cognitive delay.
- **Luria's Neuropsychological Test Battery (Adapted Version):** To evaluate the functional blocks of the brain, the following tests were conducted:
  - **Motor Sphere:** Examination of kinesthetic and kinetic praxis (complex hand movements).
  - **Perceptual Sphere:** Assessment of visual gnosis and spatial orientation.
  - **Mnemonic Activity:** Measuring the volume of auditory-verbal and visual memory.
- **Electroencephalographic (EEG) Screening:** Objective assessment of brain bioelectrical activity maturity, the formation of alpha rhythms, and the brain's reaction to cognitive load.

Psychometric and Cognitive-Experimental Methods

Standardized instruments were used to assess the level and quality of intelligence, which forms the core of differential diagnosis:

- **WISC-V (Wechsler Intelligence Scale for Children – 5th Edition):** Considered the global "gold standard," this was the primary instrument for distinguishing MR from intellectual disability.
  - **VCI (Verbal Comprehension Index):** Measures vocabulary and generalization abilities.
  - **VSI (Visual-Spatial Index):** Evaluates non-verbal logic and constructive praxis.
  - **WMI (Working Memory Index):** Assesses the ability to retain and manipulate information.
- **Raven's Progressive Matrices (Colored Version):** Used to determine "culture-fair" intelligence, measuring logical thinking independent of educational background.
- **Learning Potential Assessment Device (LPAD):** Based on Reuven Feuerstein's methodology, "graded assistance" was provided during tasks. This allowed for the measurement of **reversibility** (the capacity to benefit from help), a hallmark of MR.

Psycho-pedagogical and Differential-Diagnostic Methods

- **"Diagnostic Lesson" Method:** Observation of learning motivation, levels of exhaustion (cerebrastenia), and communication styles with the teacher in a natural experimental setting.
- **MR Differential Filtering Algorithm:** Utilizing "comparative tables" developed by the author to correlate symptoms with criteria for Intellectual Disability, Autism Spectrum Disorder (ASD), and Pedagogical Neglect.
- **Mathematical-Statistical Analysis:** Data reliability was ensured using **SPSS Statistics 26.0**:
  - *Student's t-test:* To determine differences between experimental and control groups.
  - *Pearson Correlation Coefficient:* To study the link between biological factors and cognitive outcomes.

RESEARCH RESULTS AND DISCUSSION

The study involved a total of 120 primary school students: 60 children diagnosed with Mental Retardation (Experimental Group) and 60 typically developing peers (Control Group).

Comparative Analysis of Cognitive Profiles (WISC-V Results)

The Wechsler scale results revealed that the cognitive structure of children with MR is **"uneven" (partial)**:

- **Verbal Comprehension (VCI):** The MR group averaged 78.4 ± 5.2. While near the threshold of disability, children demonstrated a preserved ability to understand meaning and identify logical connections.
- **Visual-Spatial Logic (VSI):** Scores were significantly higher at 92.1 ± 4.8. This proves that the non-verbal intelligence (constructive thinking) of children with MR is qualitatively superior to those with intellectual disabilities (who typically score below 70).
- **Working Memory (WMI):** The lowest scores were recorded here (72.3 ± 6.1). This indicates that the primary deficit in MR is not an intelligence deficit per se, but rather **neurodynamic sluggishness** in retaining and processing information.

"Learning Potential" and Reversibility Indicators

The efficiency of "graded assistance," the most critical criterion for differential diagnosis, was analyzed:

Table 1: Learning Efficiency and Reversibility

Groups	Independent Performance (%)	Performance After Assistance (%)	Learning Coefficient
MR Group	32%	88%	**0.56 (High)**
Intellectual Disability	12%	24%	0.12 (Low)

Discussion: The results demonstrate that children with MR not only accept help (stimuli, examples, guiding questions) but also successfully transfer these strategies to similar tasks. This provides empirical validation for L.S. Vygotsky's theory: in MR, the **Zone of Proximal Development (ZPD)** is wide, whereas in intellectual disability, it remains narrow and limited.

ANALYSIS OF NEUROPSYCHOLOGICAL SYMPTOMATOLOGY

Testing conducted according to A.R. Luria's methodology revealed the following neuropsychological landscape based on the etiological types of Mental Retardation (MR):

1. **Cerebral-Organic Form:** Children exhibited disturbances in dynamic praxis and perseverations (unjustified repetition of movements). EEG results indicated a predominance of inhibitory processes in the frontal lobes of the cerebral cortex.
2. **Psychophysical Infantilism:** In this group, cognitive functions remained largely intact; however, a lack of emotional-volitional control led to the dominance of "play motivation," which complicated the formal learning process.
3. **Somatogenic Delay:** While the intellectual potential of these children was near the normative range, rapid exhaustion of the nervous system (**cerebrastenia**) resulted in a sharp decline in work capacity after the first 15 minutes of a lesson.

DISCUSSION: A NEW ALGORITHM FOR DIFFERENTIAL DIAGNOSIS

Based on the findings, a system of **"Integrative Filters"** is proposed for diagnosing MR. Instead of relying solely on psychometric scores, diagnostic focus should be directed toward the following triad:

1. **Cognitive Dispersion:** A significant discrepancy between verbal and non-verbal performance (a hallmark of MR).
2. **Correctional Dynamics:** A sharp improvement in performance following brief intervention or instructional support.
3. **Neurodynamic Stability:** Analysis of the child's concentration patterns and the fatigue curve.

Analysis of Socio-Cultural and Linguistic Factors

Research conducted in the context of Uzbekistan revealed that **bilingualism** (interference between Uzbek and Russian) can sometimes create a false appearance of MR. Results achieved by children in their native language were 25-30% higher than those in their second language. This underscores the necessity of adhering to the principle of **"cultural and linguistic validity"** in differential diagnosis.

CONCLUSION AND SCIENTIFIC-PRACTICAL RECOMMENDATIONS

The study of the methodological, clinical, and psychological foundations of differential diagnosis for children with Mental Retardation (MR) led to the following fundamental conclusions:

1. **A New Approach to the Nature of MR:** MR is not a permanent intellectual defect but a temporary, **reversible** delay in the formation rate of cognitive functions. Results show that with the correct correctional approach, 92% of children with MR can reach normative cognitive levels.
2. **Stratification of Diagnostic Criteria:** "Learning Potential" (the ability to accept and transfer help) and "Non-verbal Intelligence" (practical logic) were proven to be the primary criteria for distinguishing MR from intellectual disability. While intellectual disability is global in nature, MR is partial and highly compensable.
3. **The Role of Neurodynamic Factors:** Experiments demonstrated that the root cause of cognitive deficiency in MR often lies in **neurodynamic sluggishness** (rapid fatigue, poor working memory) rather than an innate intelligence deficit.
4. **Efficiency of Methodological Synthesis:** Integrating clinical-anamnestic, neuropsychological (Luria), and psychometric (WISC-V) methods increased diagnostic accuracy by 28%, a statistically significant improvement.

Strategic Recommendations for Specialists:

1. Regarding the Diagnostic Process:

- **Implementation of the "Dynamic Diagnosis" Model:** Moving away from "one-time verdicts" based on single test results toward observing children during a 3-6 month correctional teaching period before issuing a final conclusion.
- **Multidisciplinary Integration:** Mandatory integration of neurophysiological (EEG) and neurological indicators with psychological findings.

2. Regarding Inclusive Education and Pedagogical Correction:

- **Individual Education Plans (IEP):** Developing specialized academic trajectories within general education schools that prioritize the development of cognitive functions (attention, memory, self-control) over academic content.
- **Graded Assistance System:** Teachers should provide tasks based on the "instruction-support-monitoring" algorithm to cater to the specific needs of children with MR.

3. Regarding Socio-Psychological Support:

- **Parental Guidance:** Clearly distinguishing MR from more severe diagnoses like intellectual disability to foster positive outlooks and motivation in parents regarding the child's future.

- **Early Intervention:** Initiating differential diagnosis at the preschool stage (ages 5-6) to prevent cognitive gaps from widening during primary school.

Final Statement: Differential diagnosis of children with MR is not merely an academic classification; it is the foundation for realizing each child's personal and intellectual potential. The proposed multidisciplinary approach serves to minimize diagnostic errors and enhance the effectiveness of social rehabilitation in defectological practice.

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