
What is now called intellectual disability has a history intimately tied to the study of intelligence. Both Galton and James McKeen Cattell wanted to measure intelligence as basic cognitive abilities using things like reaction time. But Binet and Simon (1905) solved the practical problem of identifying children who would have school difficulties by using more complex test items. The first classification manual in the US was published in 1919 by the American Association for the Study of the Feebleminded whose definition was based on IQ. The Binet–Simon approach was popularized in the US by H. H. Goddard who had been advocating a system of classification since at least 1910 and coined the scientific term “moron” to identify children who had low intellectual ability (Goddard, 1927). Moron soon entered the common vernacular as a pejorative term. What is the solution to a scientific term becoming objectionable?

Historically it has been to change the name of the disorder and the organization. Since the first classification manual published in 1919 the association, now called the American Association of Intellectual and Developmental Disabilities, has published classification revisions adopting and then rejecting the terms feebleminded, mentally deficient, and mentally retarded simultaneously changing its own name to include the newer term. Despite name changes IQ was always the primary diagnostic criterion with some later consideration of adaptive behavior.

The 9th revision of the classification manual published in 1992 did something new. Just changing names didn’t seem to be working because each new name quickly became objectionable. The definition of what was now to be called intellectual disability de-emphasized the importance of IQ instead stressing how the individual adapted to his life circumstances. Based on what appears to be a largely unsubstantiated ecological model, five spheres were defined: intellectual abilities, adaptive behavior, health, participation, and context. The problem was that these spheres of functioning, excepting intellectual ability, did not have rigorous psychometric definitions. When they were reason-ably defined, as in the case of adaptive behavior, they were substantially correlated with IQ. For the poorly psychometrically defined dimensions, clinical judgment became determinative. That meant that a child living in a backwater community might not be intellectually disabled while a person in a city with the same IQ might be. It all depended on if the clinician decided the first got along in his environment but the second did not.

The 1992 manual was followed by a very similar 2002 manual. Both revisions were roundly criticized and few US states adopted the definition as law (Switsky and Greenspan, 2005). The newest 2010 definition being reviewed here is similar to the last two revisions preserving the five dimensions from the ecological model but seems to faintly give more emphasis to IQ in diagnosis and more clearly differentiates reasons for diagnosis. There is also a chapter devoted to clinical judgments. Separate chapters provide implications for public policy, education, and support provider organizations. The manual is longer and better organized than the last two.

The laudable goal of the definition of intellectual disability from 1992 onward was to increase supports for those with intellectual disability. But if the constructs used are not psychometrically or empirically established and the definition is fuzzy then problems follow. Clinicians are forced to use their judgment. Clinical judgment is often portrayed as common sense which, sadly, is not very common. Is there any doubt that serious errors will result? Psychometrically sound diagnosis is even more critical today when the US Supreme Court has ruled that anyone with an intellectual disability cannot be executed. It can literally be a life or death issue at least partly based on clinical judgment if the new definition is used.

There are a number of things that should change in future definitions. First, anything included in the definition must be rigorously measured. Measurement is essential to any good scientific definition. Second, when and if these components are measured it will be important to know the extent of their correlation with IQ and if they add incremental validity to the definition of the construct. Finally, if we really want to help the intellectually disabled, the best thing we can do is complete the task begun by Galtron, Cattell, Binet, and Goddard and countless others of understanding exactly what general intelligence is. Until that understanding is achieved, I fear a long succession of new terms like moron, idiot, imbecile, feebleminded, and retarded. An ambiguous
definition, no matter how fuzzy, will not keep a name from being misused. Only scientific understanding will do that. How long will it be before intellectual disability or ID enters the scrap heap of tainted terms and there is a new name and a renamed organization? A bad definition will not stop that day from coming.

References


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24 May 2010