The Label Mental Retardation Involves More Than an IQ Score: A Commentary on Kanaya and Ceci (2007)

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ABSTRACT—***Labeling a child as mentally retarded (MR) has been shown to be a complex process. A particular score on an IQ test is a necessary but not sufficient criterion. The Flynn effect, as described by Kanaya and Ceci (2007), does affect the labeling process. Other considerations in this process include the metrics of IQ tests and the child's sex, race, socioeconomic status, and geographic residence. The usefulness of IQ test scores continues to be debated by scholars and practitioners, yet current practice regularly utilizes the tests as well as other factors in MR labeling.***

KEYWORDS—*IQ tests; mental retardation; labeling individuals*

KANAYA AND CECI. ARE ALL IQ SCORES CREATED EQUAL?

IQ tests as a measure of general intelligence have been around for more than a century, and these tests are sometimes considered psychology's greatest contribution to society. The scores obtained on the Wechsler intelligence tests are used regularly in schools to make critical decisions about children's ability to function and their placement in particular classes.

In their article, Kanaya and Ceci (2007) argue that the Flynn effect is causing many children with scores in the lower ranges of IQ to be losing services they sorely need in terms of special education or placement in appropriate programs. Flynn (1984) provides documentation that IQ scores have shown slow, steady rises over time with the result that the cutoff score for being labeled mentally retarded (MR) identifies smaller proportions of the population over time until an adjustment in the norms is made. The authors also correctly point out that there are a variety of pressures to use cutoff scores rather than score ranges so as to have fewer children labeled MR.

Several issues need to be addressed in weighing the arguments in this thoughtful review of the potential implications of the Flynn effect. The first is that the metric for IQ scores does not have a true "zero" point. Even though the tests purport to measure intelligence as a biologic characteristic of humans, the items that make up the test are in fact drawn from real-world experiences and gain a good part of their construct validity from positive correlations with school performance.

There is also the issue of the MR label itself. When a child is diagnosed with Type 1 diabetes, there is clearly a biological marker that provides evidence of a qualitative difference in health status for the child. No such marker exists for the label mental retardation. The cutoff score is typically made at 2 *SD* below the mean or an IQ of 70. A child with a score of 71 would not be labeled MR. Kanaya and Ceci correctly point out that an interval definition, such as a range of 70–75 points, is now usually considered appropriate for conferring the label MR. This modification only attests to the arbitrary nature of the use of cutoff scores to infer qualitative diagnostic categories.

"Mental retardation," then, can be considered an "administrative term . . . a metaphor more than anything else," according to Blatt (1981). In addition, the cutoff score used for labeling

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does not seem to be the only factor in play in the labeling process. For example, the state in which children reside can affect their chances of being labeled MR (Rice, 2003), and boys in public schools are more often labeled either MR or learning disabled (LD) than are girls. Perhaps the most disturbing concern about the use of the MR label is its overuse with children who come from poor families and/or from minority races. Decades ago, the sociologist Mercer (1972) pointed out that the label MR carried with it cultural and racial baggage. Currently, that baggage is reflected in the fact that "African American children are twice as likely as their white peers to be categorized as mentally retarded, while white children are more likely than their African American peers to be classified as learning disabled" (Rice, 2003). The disproportionate representation of minority students in special education has recently been reacknowledged as a major problem, as evidenced by the August/September 2006 special issue of the *Educational Researcher*. The goal of the guest editors (Artiles, Klingner, and Tate) is that "this theme issue will inform future research and practice efforts that aim to enhance learning opportunities for historically marginalized students" (p. 4).

Many school psychologists recognize these problems and express cautions in their written evaluations when recommending application of a diagnostic label and placement in special education. Once a child is labeled MR or LD and certified for placement in special education, there is reason to question whether such placement will be advantageous for the student. Mercer (1972) found that children so placed failed to make educational gains over subsequent years of schooling. Others argue that many performance deficits in children in special education are more often the result of inadequate teaching than of cognitive limitations per se. They contend that identification of learning problems can be beneficial to children if they receive early and appropriate direct instruction (Morrison, Bachman, & Connor, 2005; Morrison, Connor, & Bachman, 2006).

Reviewing the 100-year history of the study and measurement of intelligence, it is obvious that the meaning and usefulness of IQ continue to be hotly debated. In recent decades, this debate has been greatly enriched by two amendments to the notion of a general intelligence offered by Robert Sternberg and by Howard Gardner. Sternberg (1985, 1996) introduced the triarchic theory of human intelligence, in which he argues that intelligence comprises three components: analytic, creative, and practical. The three function together to allow the achievement of success within a particular sociocultural context. Gardner and Hatch (l989) argue that there are at least seven components of IQ and that each individual has a profile of relative strengths across these components. Sternberg and Gardner both believe that there is a biologic basis for intelligence but one's environment and determination to do well can affect functioning significantly. One implication of these views of intelligence is that individuals who test relatively low on standardized IQ tests are very likely being judged unfairly. Aptitudes, motivation to succeed, and quality of educational intervention must be included in assessments that provide one-track labeling.

Researchers and practitioners recognize that there are children who are intellectually deficient and that special educational intervention is needed for these children in order to allow them to function academically. Kanaya and Ceci's (2007) argument is that, in practice, the IQ score remains the standard by which diagnoses and referrals to special education are made. Their analyses demonstrate that the number of students receiving special education services varies due to the Flynn effect, that is, stochastic fluctuations that are independent of actual cognitive ability. However, their confidence in the underlying worth of IQ as measured by the Wechsler tests is not shared by many professionals because of the concerns reflected in this commentary.

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