DIFFERENTIAL DIAGNOSIS OF MENTAL SUBNORMALITY AND ABNORMALITY: THE CONTRIBUTION OF PSYCHOMETRICS

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ABSTRACT: In a psychiatric population, cognitive abnormality impacts on intellectual functioning and is often misconstrued as subnormality, i.e., mental retardation. Standard IQ and neuropsychological tests contribute little to the differential diagnosis, which hinges on the question of developmental failure. A developmentally rooted psychometric battery, one that assesses conceptual, perceptual-motor, and social maturity, is proposed as an objective diagnostic method. Research confirms the validity of this approach for distinguishing between psychosis with severe functional vs. developmental impairment, even when matched for IQ. Diagnostic and treatment implications are discussed.

A distractible, hyperactive child is considered a “slow learner” and tracked in classes for those with retarded development. A young schizophrenic with debilitating thought disorder is assigned a secondary diagnosis of mental retardation and transferred to a “training school.” A severely retarded patient, because of social and communicational deficits, is suspected of being psychotic and is treated with neuroleptic drugs. An autistic youth who is grossly preoccupied and verbally withdrawn is described as “mentally retarded” upon scoring in the defective range of intelligence.

These are but a few prototypic cases that highlight the vague boundary line between mental subnormality—the intellectual deficit characteristic of mental retardation—and cognitive abnormality—the disrupted or regressed intellectual functioning commonly

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seen in psychosis. All these examples illustrate incorrect assessment of the cognitive disorder, leading to misdiagnosis and improper treatment. The faulty labeling of a patient, be it formal or implicit, and the consequent withholding of needed treatment may perpetuate or even aggravate the initial problem. The hyperactive child, for instance, is apt to suffer loss of self-esteem by being placed with peers who are intellectually less competent. Moreover, the opportunity for cognitive growth is diminished by lack of exposure to an educational curriculum at the youngster's level, perhaps setting into motion a self-fulfilling prophecy of intellectual impairment. The schizophrenic sent to a training school, similarly, is deprived of the special therapeutic programs and expertise in a psychiatric hospital. Meanwhile the retarded patient, misdiagnosed as psychotic, may be needlessly taking medications with potentially irreversible side effects, while not availed programs which promote developmental growth. And the autistic child who is assumed to be retarded is less likely to receive the systematic attention and encouragement that is usually accorded when expectations are higher and the prognosis seems brighter.

Differential diagnosis between subnormal mental ability and abnormal mental processes, therefore, is both a common and important clinical decision. Beyond treatment implications, it carries obvious etiological and prognostic significance, and yet it remains an area that has attracted little research interest. Consequently there are few accepted guidelines for making this distinction and even fewer objective psychometric measures for this purpose. Not surprisingly, then, the issue is rarely if at all addressed by the educational systems that train our mental health professionals.

The reason for the frequent confounding of these two kinds of cognitive impairment seems to be the confluence of their many shared characteristics, which blurs the fundamental differences, and the lack of reliable, standardized methods for their objective delineation.

By textbook definition the distinction between mental and functional retardation, also generically termed "mental deficiency," is clear-cut. The former is regarded as a developmental disability characterized by mental subnormality (i.e., IQ of 70 or below) originating during the developmental course (prior to age 18) and associated with failures in adaptive functioning (American Psychiatric Association, 1980; Grossman, 1977); the latter refers to defective intelligence (also IQ of 70 or below) of nondevelopmental origin, typically the consequence of the disorganized state or more