

BORDERLINE INTELLIGENCE

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BORDERLINE INTELLIGENCE

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1. Core Definition and Nomenclature

The concept of **Borderline Intelligence** refers to a category of cognitive functioning that falls statistically below the average range but remains above the threshold typically used to define intellectual disability (formerly mental retardation). It represents a critical transitional zone on the continuum of intellectual ability, generally situated between the lowest decile of the average population and the point at which severe cognitive deficits begin to manifest. Individuals categorized as having borderline intelligence often possess the capacity to live independently and function within society, though they frequently encounter specific challenges in complex learning environments, abstract reasoning, and adaptive social skills.

This classification is sometimes referred to by the more clinically precise term, **Borderline Intellectual Functioning (BIF)**. While the term 'intelligence' suggests a static trait, BIF emphasizes the functional performance associated with this cognitive level. Recognizing this category is crucial for educational and clinical practitioners, as these individuals require targeted support that differs significantly from both the typical curriculum designed for the average population and the intensive services mandated for those with diagnosed intellectual disability. The defining feature is the intermediate nature of performance, necessitating tailored assessments to capture both limitations and relative strengths.

Historically, this designation served to acknowledge a noticeable deficiency in measured intellectual capacity without applying the stigma or definitive diagnosis of mental retardation. It highlights a group that often operates effectively in concrete situations but struggles acutely when faced with novel problems, significant academic demands, or rapid processing requirements. This intellectual positioning is therefore more an indicator of potential vulnerability in demanding environments rather than a profound impairment across all life domains.

2. Psychometric Parameters: The IQ Range

The identification of borderline intelligence relies almost entirely on standardized psychometric testing, specifically the calculation of the **Intelligence Quotient (IQ)**. IQ scores are typically distributed based on a Gaussian (bell) curve, where the mean score is 100 and the standard deviation (SD) is 15 points. Average intelligence is generally defined as the range between 85 and 115, encompassing approximately 68% of the population. Borderline intelligence occupies the range immediately below the lower bound of average function.

The most widely accepted and preferred range for borderline intellectual functioning is 70 to 75.

This range is statistically positioned just outside one standard deviation below the mean, placing these individuals in the lowest 2.3% to 9% of the cognitive distribution, depending on the specific cutoff chosen. While some earlier research results and specific institutional guidelines have occasionally identified a broader range, such as 66 to 79, the narrower band of 70-75 is often favored by clinicians because the score of 70 is the traditional, established cutoff point for diagnosing **Intellectual Disability** (ID). Scores falling just above this critical boundary are therefore categorized as borderline.

It is important to understand the inherent variability in IQ measurement. A single score is subject to measurement error, which is often accounted for by calculating a confidence interval. Thus, an individual testing at 72 might have a "true" score range encompassing both the borderline category and the lower end of the average range (e.g., up to 78), or potentially dipping into the ID range (e.g., down to 68). Clinicians must always integrate the numerical score with functional adaptive behavior assessments, ensuring that the IQ range serves as a guide rather than a rigid diagnostic label. Furthermore, the selection of the precise threshold (e.g., 70 vs. 75) often depends on the specific assessment tool used and the jurisdiction's legal or educational criteria for support eligibility.

3. Historical Classification and Terminology Shifts

The terminology used to describe lower cognitive abilities has undergone significant revisions throughout the 20th and 21st centuries, reflecting evolving clinical understanding and societal sensitivity. The concept underlying borderline intelligence predates modern IQ testing but gained formal recognition alongside the development of standardized scales. Early classifications often used the term **borderline mental retardation**, a phrase now largely obsolete due to the shift away from 'mental retardation' (MR) in favor of 'intellectual disability' (ID) in major diagnostic manuals like the DSM and ICD. This historical association underscores the long-standing need to categorize individuals performing at the immediate boundary of clinically defined impairment.

The purpose of creating the borderline category was historically pragmatic: to separate individuals who, while struggling academically, possessed sufficient adaptive skills to avoid institutionalization or qualification for specialized disability benefits. As diagnostic criteria became refined, particularly with the emphasis on deficits in both intellectual functioning and adaptive behavior for an ID diagnosis, the need for a separate classification for those failing only the former became clear. This led to the formalization of Borderline Intellectual Functioning (BIF) as a distinct condition, usually listed under "Other Conditions That May Be a Focus of Clinical Attention" rather than as a formal mental disorder in the DSM-5. The classification ensures recognition without necessarily imposing a psychopathological label.

This terminological evolution signifies an increased recognition that intellectual performance is not

simply binary (impaired or normal). By moving the focus from 'retardation' to 'functioning,' professionals acknowledge that the challenges faced by this group are related to intellectual capacity limitations (IQ below 85) but are distinct from the pervasive developmental limitations required for a diagnosis of Intellectual Disability (IQ typically below 70, coupled with adaptive deficits). This shift aids in reducing stigma and ensuring that interventions are tailored specifically to intellectual remediation and functional skill building, rather than lifelong disability management.

4. Distinguishing Borderline Intelligence from Intellectual Disability

A crucial definitional aspect of borderline intelligence is its clear separation from **Intellectual Disability (ID)**. The primary distinction lies in two major criteria: the IQ score threshold and the level of impairment in **adaptive functioning**. For a diagnosis of ID, the DSM-5 requires an IQ score of approximately 70 or below, coupled with significant deficits in adaptive behaviors across conceptual, social, and practical domains that manifest during the developmental period. Borderline intelligence, typically residing in the IQ range of 70 to 75, generally fails to meet the psychometric cutoff for ID.

Crucially, individuals with borderline intellectual functioning often possess adaptive skills that are sufficient to navigate basic societal expectations, although they may still perform significantly below their peers. For instance, they might successfully manage personal care, routine domestic tasks, and simple job responsibilities. Their deficits tend to be less pervasive and primarily centered on cognitive complexity, such as financial management, abstract problem-solving, and navigating bureaucratic systems. In contrast, those with ID show marked limitations in self-care, communication, or independent living skills, requiring pervasive support across multiple environments. As the original source noted, borderline intelligence indicates a deficiency but "does not in any way suffice as mental retardation."

The difference is particularly evident in the educational setting. Students with BIF may struggle with curriculum pacing, abstract subjects like algebra or complex literature, and test-taking. They may qualify for specialized educational assistance (such as a 504 Plan in the US or similar accommodation frameworks internationally) focusing on modifications and accommodations, but they generally do not require the intensive, life-skills-based curricula designed for students with ID. This subtle but profound functional gap dictates resource allocation, legal rights, and long-term prognosis, emphasizing the need for highly nuanced individualized education plans (IEPs) that address specific learning modalities.

5. Associated Cognitive and Adaptive Challenges

While individuals with borderline intelligence do not meet the criteria for a formal disability, their cognitive limitations result in specific, measurable functional challenges. These often cluster

around areas requiring executive functions and higher-order processing speed. One common area of difficulty is **working memory**, making it challenging to hold and manipulate multiple pieces of information simultaneously, which impacts tasks such as following multi-step instructions, mental arithmetic, and synthesizing information presented in a lecture. This deficit often necessitates the use of external cognitive supports like planners, checklists, and visual aids.

Furthermore, difficulties in **abstract reasoning** are highly characteristic. Where average individuals can easily apply concepts learned in one context to an entirely new situation, those with BIF often require concepts to be taught concretely and directly applied, struggling with metaphors, theoretical principles, and inference-based problem-solving. This lack of cognitive flexibility and generalization capacity significantly impacts academic progress in higher education and manifests in professional life where adaptability to changing tasks or ambiguous instructions may prove difficult, necessitating roles that are highly structured and routine.

Adaptive challenges also extend to social and emotional domains. Individuals in this range may struggle with interpreting complex social cues, understanding subtle emotional dynamics, or anticipating the long-term consequences of social actions. They may take language literally, missing sarcasm or irony, which can lead to interpersonal misunderstandings. This vulnerability can sometimes lead to difficulties in forming stable relationships or increased susceptibility to exploitation or manipulation due to a reduced capacity for social judgment. Early recognition and targeted social skills training are necessary to develop compensatory strategies, such as reliance on external social scripts and explicit instruction in social pragmatics.

6. Educational and Vocational Implications

The educational journey for students with borderline intelligence is frequently marked by struggle and delayed achievement. They often score below grade level, particularly after elementary school when curriculum demands transition from concrete skills (reading basics, arithmetic) to abstract synthesis (critical analysis, advanced mathematics). Without appropriate educational accommodations--which often include reduced workload, extended time for assignments, simplified language in instructions, and modified testing procedures--these students face a high risk of academic failure and dropping out, contributing to long-term socioeconomic vulnerability.

Vocational outcomes for adults with BIF are generally positive in terms of employment rates, but they tend to be concentrated in specific sectors. They thrive in occupations that are routine, hands-on, and involve concrete tasks rather than complex administrative or managerial responsibilities. Examples include service industry roles, skilled trades apprenticeships, maintenance positions, and assembly work. Success hinges heavily on the structure of the workplace and the availability of supportive supervisors who provide clear, direct instructions and opportunities for task mastery through repetition. Career counseling for this group focuses less on abstract career planning and

more on matching specific skills to available highly structured entry-level roles.

Long-term prognosis is heavily influenced by early intervention and socio-economic support. Individuals from supportive, stable home environments who receive appropriate educational scaffolding have significantly better outcomes regarding independence, mental health, and occupational stability. Conversely, those lacking early support face compounding challenges, including higher rates of secondary mental health issues (such as anxiety or depression stemming from persistent feelings of failure) and increased difficulty maintaining stable employment or managing personal finances. Transition services, focusing on practical skills like budgeting and public transportation use, are critically important for maximizing independence for this population.

7. Clinical Debates and Diagnostic Ambiguity

Despite the official categorization, borderline intelligence remains a point of clinical ambiguity and debate. One persistent challenge is the potential for **diagnostic overshadowing**, where clinicians might attribute emotional or behavioral problems entirely to the low IQ score, neglecting potential co-occurring conditions like specific learning disorders (e.g., *dyslexia*), ADHD, or mood disorders. Since BIF is not classified as a formal mental disorder in itself (as per DSM-5), its presence must be assessed carefully alongside other psychiatric or developmental concerns to ensure that treatable conditions are not missed solely due to the focus on cognitive limitations.

A further debate centers on the utility of the label itself. Critics argue that defining a group based solely on the lower edge of normal functioning risks pathologizing a natural variation in human intellect, especially given the socio-cultural biases inherent in standardized IQ testing. They suggest that the focus should shift entirely away from the IQ score and toward identifying specific cognitive deficits (e.g., poor processing speed or weak executive function) that are amenable to targeted therapeutic intervention, regardless of the overarching BIF label. This person-centered approach aims to provide support based on need rather than categorization.

The lack of a unified international standard for designating BIF (as it is treated differently across various editions of the DSM, ICD, and national educational guidelines) adds to the ambiguity. Regardless of the specific numerical cutoff or formal label, there is consensus among psychologists and educators that individuals functioning in the 70-85 IQ range represent a vulnerable population requiring explicit, individualized teaching strategies to maximize their potential and ensure their full participation in society. Their status often puts them in a "gray area" where they are too cognitively able to qualify for severe disability support but too challenged to succeed without substantial accommodation.

Further Reading

[Borderline Intellectual Functioning \(BIF\) - Wikipedia](#)

[Intellectual Disability - Wikipedia](#)

[Mental Retardation \(Historical Terminology\) - Wikipedia](#)

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