



# Comprehensive Understanding of Slow Learners (Borderline Intellectual Functioning)

Keun-Ah Cheon

Department of Child and Adolescent Psychiatry, Severance Hospital & Institute of Behavioral Science in Medicine, Yonsei University College of Medicine, Seoul, Korea

Slow learners, often characterized by borderline intellectual functioning (BIF), require more time and effort in the learning process than their peers do. Despite constituting a significant 13%–15% of the total population, they often do not seek medical attention until complications arise in the clinical field. BIF face a heightened risk of developing secondary depression and interpersonal problems due to ongoing struggles. Recognizing the potential long-term consequences, it is crucial to facilitate early intervention and support before these issues escalate. Despite the high prevalence of BIF and its associated social costs, limited research has been conducted on this critical topic.

BIF is a classification used to describe individuals with cognitive abilities that are significantly lower than average but do not meet the criteria for intellectual disability (ID). Typically, BIF is characterized by intelligence quotient (IQ) scores ranging from 71 to 84, which situates these individuals between the lowest range of average intelligence and those diagnosed with ID. Understanding BIF is crucial for tailoring educational, social, and employment interventions to support this often-overlooked group effectively.

The American Psychiatric Association does not categorize BIF as a formal disorder in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) [1]. However, it acknowledges the challenges faced by individuals within this IQ range. These individuals often struggle with conceptual, social, and practical skills, albeit to a lesser extent than individuals with ID. The World Health Organization's International Classification of Diseases (ICD) also recognizes this condition and provides a framework for understanding and support. Individuals with BIF often exhibit delayed cognitive development that can manifest in various domains. Their memories, problem-solving skills, and verbal comprehension may be weaker than those of peers with average intelligence. However, their cognitive abilities allow them to perform daily tasks and meet basic social and per-

sonal care demands independently, distinguishing them from individuals with significant intellectual disabilities.

Education systems often find it challenging to place students with BIF because they fall into a gray area between special and mainstream education. These students typically struggle with traditional academic demands, and may require tailored instructional strategies. For example, they benefit significantly from hands-on learning and visual aids, rather than purely abstract concepts. Furthermore, they often require more time to process information, and may struggle with complex problem-solving tasks [2].

Socially and emotionally, individuals with BIF may find it challenging to interpret social cues and to respond appropriately to social situations. This can lead to difficulties forming and maintaining relationships. Children and adults with BIF are at higher risk of experiencing bullying and social isolation. Emotionally, they may have limited ability to cope with stress and frustration, often requiring additional emotional support from caregivers and educators [2].

Effective interventions for individuals with BIF are typically multifaceted, and involve educational, psychological, and community support. Educational interventions may include individualized education programs and the integration of practical life skills training. Psychological support is crucial for managing stress, frustration, and social challenges. Community support, including inclusive activities and social groups, can enhance social integration and emotional wellbeing [2].

Research on BIF is still relatively limited, especially compared to studies focusing on more severe IDs. Future research should explore the longitudinal outcomes of individuals with BIF, effective educational practices, and the impact of social support systems. Such studies are crucial for the development of evidence-based interventions that can significantly improve the quality of patients with BIF.

In this respect, the special issue of the BIF is meaningful. This special issue includes “Epidemiology and Diagnosis of Slow Learners (Borderline Intellectual Functioning) [3],” “Exploring the Clinical Characteristics and Comorbid Dis-

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<https://creativecommons.org/licenses/by-nc/4.0>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

orders of Borderline Intellectual Functioning [4],” “Etiology of Borderline Intellectual Functioning [5],” and “Treatment, Education, and Prognosis of Slow Learners (Borderline Intelligence) [6].” This comprehensive understanding of BIF is essential for developing inclusive policies and practices that recognize the unique challenges and needs of this population. By fostering an environment that promotes social, educational, and employment inclusion, I hope to help individuals with BIF achieve their full potential and lead richer and more satisfying lives.

## REFERENCES

- 1) **Association Psychiatric Association.** Diagnostic and statistical manual of mental disorders (DSM-5). 5th ed. Arlington: American Psychiatric Association Publishing;2013.
- 2) **Peltopuro M, Ahonen T, Kaartinen J, Seppälä H, Närhi V.** Borderline intellectual functioning: a systematic literature review. *Intellect Dev Disabil* 2014;52:419-443.
- 3) **Lee SY, Cheon KA.** Epidemiology and diagnosis of slow learners (borderline intellectual functioning). *J Korean Acad Child Adolesc Psychiatry* 2024;35:175-180.
- 4) **Kim M, Cheon KA.** Exploring the clinical characteristics and comorbid disorders of borderline intellectual functioning. *J Korean Acad Child Adolesc Psychiatry* 2024;35:181-187.
- 5) **Kim HW.** Etiology of borderline intellectual functioning. *J Korean Acad Child Adolesc Psychiatry* 2024;35:188-191.
- 6) **Lee SH.** Treatment, education, and prognosis of slow learners (borderline intelligence). *J Korean Acad Child Adolesc Psychiatry* 2024; 35:192-196.