

CHAPTER 5

Cognitive Processes, Neuroscience, and Learning Disabilities

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The National Center for Learning Disabilities (NCLD) estimates that approximately 20% of children in the United States have learning and attention difficulties that could be classified as learning disabilities (Horowitz et al., 2017). Put another way, according to the Learning Disabilities Association of America and the National Center for Education Statistics, approximately 2.3 million students have learning disabilities and receive services in school (Learning Disabilities Association of America, n.d.-a). While these numbers may seem high at first glance, they are actually more likely to be underestimates rather than overestimates; children of racial or ethnic minorities are consistently less likely than White children to be identified as having learning disabilities (Morgan et al., 2015). The Individuals with Disabilities Education Act (IDEA) defines a learning disability as “a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations” (IDEA, 2004). These disorders are typically caused by genetic and/or neurobiological factors that alter brain function (Learning Disabilities Association of America, n.d.-b). Included in IDEA’s definition of learning disabilities are conditions such as brain injury and dyslexia; excluded from this definition are conditions such as intellectual disabilities or mental health conditions (IDEA, 2004). To be classified as having a learning disability, students must have at least average intelligence (Learning Disabilities Association of America, n.d.-b).

Reading

The most common learning disability is a reading disability; approximately 80% of children who have at least one learning disability also exhibit difficulties with

reading (Shaywitz, 2003). Put another way, while they may not all receive a diagnosis, it has been estimated that approximately 16% of students struggle to at least learn to read (Shaywitz et al., 1992). “Reading disability” is synonymous with other similar terms such as “reading difficulty,” “reading impairment,” and “reading disorder.” “Reading disability” is also an umbrella term that encompasses several different types of reading difficulties, including difficulties with sounding out and recognizing words and difficulties with reading comprehension (McArthur & Castles, 2017).

The effects of reading disabilities on personal and public health make the importance of the study of typical and impaired reading development strikingly apparent. Students who struggle to learn to read, failing to achieve their first major milestone in school, are at risk for severe long-term consequences, including school dropout (Daniel et al., 2006), attempted suicide (Daniel et al., 2006), incarceration (Christle & Yell, 2008), anxiety and depression (Carroll et al., 2005), and/or low self-concept (McArthur et al., 2016) compared to their peers reading at grade level (McArthur & Castles, 2017). On a larger scale, these adverse outcomes cost society money; in our present society, special education, public healthcare, incarceration, and underemployment necessitate the use of resources such as extra special education teachers and equipment and systems such as the Supplemental Nutrition Assistance Program and Medicaid, both of which use taxpayer dollars (Center on Budget and Priority Policies, 2022).

Earlier identification of students with reading disabilities and earlier remediation of such disabilities would help lessen the need for these resources and, therefore, lower their costs. Indeed, it is important to study reading and, moreover, reading disabilities in hopes of eventually remediating these disabilities, ultimately alleviating these adverse consequences.

Reading Cognition

After decades of research, reading and reading disabilities are relatively well understood (Fletcher et al., 2007). A framework through which reading is commonly studied and explained (Duke & Cartwright, 2021) is the Simple View of Reading (SVR; Gough & Tunmer, 1986; Hoover & Gough, 1990). The original version of SVR posits that Reading (R), or the comprehension of written text, is the product of two independent, sequential processes: Decoding (D) and Listening Comprehension (LC) (Gough & Tunmer, 1986; Hoover & Gough, 1990). Decoding (D) is defined as the ability to “read isolated words quickly, accurately, and silently” using “letter-sound correspondence rules” (Gough & Tunmer, 1986). Listening comprehension (LC) is the ability to understand the meanings of words (Gough & Tunmer, 1986; Hoover & Gough, 1990). The original version of the SVR can be simplified and reduced to one small but extremely meaningful equation: $D \times LC = R$ (Decoding $\times$ Listening Comprehension = Reading). As the product of anything times zero equals zero, this equation involving a product implies that if a student does not have Decoding and/or Listening Comprehension, making at least one of those processes 0, that student is unable to Read.

The original version of the SVR (Gough & Tunmer, 1986) has undergone several revisions and updates in the decades since it was first published. The most recently updated version of the SVR, published in 2020, retains the basic equation but renames the two processes to more appropriately represent their functions (Hoover & Tunmer, 2020). This new version of the SVR broadens “decoding” to “word recognition” and “listening comprehension” to “language comprehension” (Hoover & Tunmer, 2020).

Extensive cognitive research of reading supports and validates the SVR (e.g., Aaron et al., 2008; Carver, 1997, 2003; Catts et al., 2006; Curtis, 1980; Cutting & Scarborough, 2006; Francis et al., 2005; Goff et al., 2005; Joshi et al., 1998; Lervåg et al., 2018; Protopapas et al., 2012; Sabatini et al., 2010; Shankweiler et al., 1999; Vellutino et al., 2007).¹ Neurobiological research also supports the SVR (e.g., Cutting et al., 2013; Hudson et al., 2016; Landi et al., 2013). In the next few sections, we briefly review literature on the cognition and neurobiological correlates of word recognition and reading comprehension and these processes’ associated deficits.

Word Recognition Deficits (Dyslexia)

Impairments in word-level processes, such as word recognition and decoding, comprise a common subtype of reading disability: dyslexia. According to Lyon, Shaywitz, Shaywitz, and other members of the International Dyslexia Association, “dyslexia is a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities” (Lyon et al., 2003, p. 2), despite at least average intelligence and at least adequate reading instruction (Norton et al., 2015). The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) defines dyslexia as a “specific learning disorder” “with impairment in reading,” specifically impairments in word reading accuracy, reading rate, and/or reading fluency (American Psychiatric Association, 2013). It has been estimated that approximately 5–17% of all children and adults in the United States fit these diagnostic criteria (Shaywitz, 2003). Individuals who struggle with word-level processing/dyslexia tend to struggle with those words because they actually have underlying impairments in phonological awareness, or “the conscious ability to detect and manipulate sounds of language” (Marinac, 2008, p. 8; Liberman & Shankweiler, 1985; Wagner & Torgesen, 1987). Phonological deficits contribute to word-level struggles (Snowling & Melby-Lervåg, 2016) because if individuals struggle to segment phonemes in a word, they will also experience difficulty mapping these phonemes onto letters/letter combinations. Then, if individuals struggle

¹Of note, there are many other reading frameworks and theoretical models of discourse processing that are richly developed in the cognitive literature (e.g., Cromley & Azevedo, 2007; Gernsbacher & Faust, 1991; Kintsch, 1988; McKenna & Stahl, 2015; Perfetti, 1999; van den Broek et al., 1999). However, given these other models’ relatively limited translation to the neurobiological literature to date, in this chapter, we confine our discussion of reading to the SVR.

to sound out words, they will struggle to read words and eventually commit them to memory as sight words (Harrison & Stewart, 2019).

Word-level impairments can understandably significantly prohibit children's reading development, therefore causing these children to fall behind their peers in terms of their reading abilities. Then, by virtue of being unable to read at grade level, these children also fall behind their peers in terms of their academic content knowledge. Fortunately, there are evidence-based interventions targeting word-level impairments that are beneficial for most children who have dyslexia (see the U.S. Institute of Education Sciences' What Works Clearinghouse for evaluation of evidence-based programs).

Comprehension Deficits (Specific Reading Comprehension Disorder)

Some individuals struggle to understand the meaning of texts they have read, including making inferences and creating mental models of text. This lack of understanding can be independent of or in addition to lower word-level deficits. Individuals who possess at least average word-level skills and at least average intelligence and have been provided with at least adequate reading instruction, but still struggle to comprehend the texts they read, are likely to fit the diagnostic criteria for Specific Reading Comprehension Disorder, or S-RCD (Nation & Snowling, 1997, 1998; Oakhill et al., 1986; Spencer et al., 2014; Stothard & Hulme, 1995; Yuill & Oakhill, 1991).

The DSM-5 defines S-RCD as a "specific learning disorder" "with impairment in reading," specifically in reading comprehension (without word reading accuracy noted as impaired) (American Psychiatric Association, 2013). It has been estimated that up to 10% of children and adults have S-RCD (Catts et al., 2003; Landi, 2010; Nation & Snowling, 1998; Stothard & Hulme, 1995; Yuill & Oakhill, 1991). While S-RCD is relatively prominent in the population, it is relatively understudied, especially when compared to word-level deficits.

However, behavioral studies have revealed that individuals with S-RCD exhibit deficits in oral and written language comprehension, which contribute to their deficits in reading comprehension (Catts et al., 2006; Hulme & Snowling, 2011). More specifically, individuals with S-RCD tend to exhibit deficits in vocabulary (Cain & Oakhill, 2006; Henderson et al., 2013), semantic processing but not phonological processing (Nation et al., 2001), grammar (Goff et al., 2005; Tong et al., 2014), and higher-level language skills such as knowledge of text structure (Cain et al., 2004), inference making (Cain & Oakhill, 1999; Oakhill & Cain, 2000, 2012), and comprehension monitoring (Ehrlich et al., 1999; Oakhill et al., 2005).

That being said, the level of reading comprehension that individuals with S-RCD exhibit is lower than the level of reading comprehension they should be at, as predicted by their oral language skills. This discrepancy in reading comprehension abilities suggests that S-RCD is linked to weaknesses in other areas beyond oral language (Spencer & Wagner, 2018). Additional deficits beyond oral language have been identified in individuals with S-RCD. For example, children with S-RCD tend to also exhibit deficits in executive function (Locascio et al., 2010), suggesting

that S-RCD may result from a combination of deficits in both oral language and executive function processes (and possibly other processes, too).

Discourse-level impairments can understandably significantly prohibit children's reading development, therefore causing these children to fall behind their peers in terms of their reading abilities. Then, by virtue of being unable to read and understand at grade level, these children also fall behind their peers in terms of their academic content knowledge. Fortunately, there are evidence-based interventions targeting comprehension impairments that benefit children with S-RCD (Clarke et al., 2010; Hulme & Snowling, 2011).

Regardless of their specific diagnosis, any student with a reading disability requires a timely and appropriate intervention. The longer students with reading disabilities struggle without diagnosis and intervention, the more they fall behind their peers, and the more they must learn and master in order to catch up to grade-level reading ability and grade-level academic content knowledge (Foorman et al., 1997; Fuchs et al., 2014).

Neurobiological Correlates of Reading and Reading Disabilities

Word Recognition

Complementing the large body of research on the cognition of reading, much work has been done to try to understand the neurobiological correlates of reading. The basic neurobiological model of skilled reading proposes the involvement of three major brain areas: (1) the left ventral occipito-temporal region, (2) the left dorsal temporo-parietal region, and (3) the left inferior frontal region (Black et al., 2017; Dehaene et al., 2010; Pugh et al., 2001; Richlan, 2012). The left ventral occipito-temporal region contains the putative "visual word form area" (VWFA). This region is involved in the automatic visual processing of words (McCandliss et al., 2003) and displays a striking preference for processing words and legal pseudowords as compared to illegal pseudowords or other stimuli (Ben-Shachar et al., 2007; Cohen et al., 2002; Cutting et al., 2013; Pammer et al., 2004; Price et al., 1996; Vinckier et al., 2007). The left temporo-parietal region is thought to be involved in the integration of written words and auditory speech sounds (Gabrieli, 2009). The left inferior frontal region has been linked to many aspects of reading, including verbal working memory, phonological and semantic processing, silent reading, and speech planning (Fiez & Petersen, 1998; Poldrack et al., 1999; Price, 2012). While this broad tripartite model has some utility, reading is a complex process that requires the recruitment and coordination of more than just these three broad regions. Using neuroimaging techniques, especially functional MRI, researchers have investigated specific functions of subregions within these three broad regions, resulting in more refined models of word reading (see Kearns et al., 2019). For example, Kearns and colleagues propose that within the left temporo-parietal region, the supramarginal gyrus (SMG) is involved in the translation of decoded written words to auditory speech sounds, or phonemes, while the angular gyrus (AG) is involved in semantic processing, or processing meaning of single words (Kearns et al., 2019).

Word Recognition Deficits (Dyslexia)

With some exceptions, individuals with word recognition deficits generally exhibit reduced functional activation in many regions within the reading network (D'Mello & Gabrieli, 2018). Evidence also suggests that individuals with dyslexia demonstrate greater functional activation in right hemisphere brain regions, possibly indicating use of compensatory strategies for reading (e.g., Grigorenko, 2001; Joseph et al., 2001; Pugh et al., 2008; Waldie, 2002; Waldie et al., 2013). Individuals with dyslexia also tend to exhibit structural brain differences, but those differences will not be discussed in this chapter.

More specifically, compared to that of typical readers, the left occipito-temporal region is underactivated in individuals with dyslexia when processing words (Pugh et al., 2001; Richlan et al., 2009) and other nonreading stimuli such as strings of letters, digits, pseudoletters, or symbols (Lobier & Valdois, 2015). Similarly, individuals with dyslexia tend to show underactivation in the left temporo-parietal cortex during tasks involving phonological processing (Temple et al., 2001), thus supporting the supposition that the temporo-parietal cortex is important for multimodal grapheme-phoneme integration. Compared to the robust findings in the left occipito-temporal cortex and the left temporo-parietal cortex, findings in the left inferior frontal region are rather mixed. As expected, some studies have found decreased activation in the left inferior frontal region in individuals with dyslexia (Landi, 2010; Wimmer et al., 2010). However, other studies have unexpectedly found increased activation in the left inferior frontal region (Hoeft et al., 2007; Shaywitz et al., 1998). This increased activation is hypothesized to reflect the use of compensatory mechanisms and/or an overall increased effort exerted while reading or engaging in reading-related tasks (Hoeft et al., 2007; Price, 2012).

Comprehension

Fewer studies have been conducted beyond word-level reading in developing and/or impaired readers. However, the relatively comprehensive adult literature (e.g., Horowitz-Kraus et al., 2014; Johns et al., 2008; Robertson et al., 2000; Ryherd et al., 2018; Schmithorst et al., 2006; Walenski et al., 2019), along with some studies in developing and/or impaired readers (e.g., Aboud et al., 2016, 2019; Rimrodt et al., 2010; Wang et al., 2020), reveals that comprehension of more complex written material, such as sentences and passages, involves the recruitment and coordination of more widespread and bilateral brain regions. These regions include bilateral superior temporal gyrus (STG), bilateral middle temporal gyrus (MTG), bilateral anterior temporal pole, left AG, and medial structures, such as the ventral medial prefrontal cortex (Horowitz-Kraus et al., 2014; Johns et al., 2008; Robertson et al., 2000; Ryherd et al., 2018; Schmithorst et al., 2006; Wang et al., 2020; Yang et al., 2019). While a comprehensive overview of all the processes involved in comprehension is too complex for the current chapter, understanding neurobiological

processes associated with S-RCD sheds light on the neurobiological processes involved in comprehension.

Comprehension Deficits (Specific Reading Comprehension Disorder)

Studies investigating the neurobiological processes associated with reading comprehension in children are relatively sparse. Contributing to this paucity is the use of single-word tasks, instead of sentences or lengthier passages, in most neuroimaging studies investigating reading comprehension (Roe et al., 2018). Furthermore, neuroimaging studies that specifically focus on the S-RCD diagnosis are even fewer (Landi & Ryherd, 2017). However, the studies that do exist support the hypothesis that S-RCD involves intact decoding but weaknesses in comprehension (Cutting et al., 2013; Landi & Perfetti, 2007; Landi & Ryherd, 2017). Here, we elaborate on functional neuroimaging findings linked to S-RCD.

Findings from a functional neuroimaging study conducted by Cutting and colleagues (2013) demonstrate that when reading single words, adolescents with S-RCD exhibit similar patterns of activation to typically reading peers, distinct from peers with dyslexia, in occipital–temporal regions (Cutting et al., 2013). The similarities and differences in activation patterns observed support the behavioral observations that individuals with S-RCD have intact decoding and grapheme–phoneme integration abilities. Additionally, in this study, the presence of S-RCD was linked to context-dependent functional coupling-by-reading group interaction anomaly in the left inferior frontal gyrus. In other words, activity in the left inferior frontal gyrus covaried to a greater extent with activity in the hippocampal, parahippocampal, and prefrontal areas in adolescents with S-RCD than typical readers when reading low-frequency words. This pattern suggests that individuals with S-RCD may have anomalies in systems supporting language and memory processes. Those anomalies may, in turn, contribute to weaknesses in semantic memory and, consequently, reading comprehension.

Ryherd and colleagues (2018) took a different approach to a similar concept, using functional neuroimaging to investigate the functional neural activation to spoken and printed single words and passages in adolescents with a range of reading comprehension abilities. They found that adolescents' reading comprehension abilities were negatively related to functional neural activation in regions associated with executive function and memory, such as the anterior cingulate cortex, insula, and hippocampus. This finding, which supports the finding of Cutting and colleagues (2013), implies that retrieval and, thus, comprehension are more effortful for poor comprehenders, such as those with S-RCD, than good comprehenders. The consistency of these results across spoken and written word modalities supports the idea that S-RCD involves, in part, a language comprehension deficit that also manifests in difficulty with comprehending written text (Ryherd et al., 2018). More research, especially using stimuli that involve lengthier passages, is needed to fully understand the origins of distinct brain patterns observed in individuals with S-RCD.

Neurobiology of Reading: Current and Future Directions

The aforementioned findings briefly reviewed in this chapter offer a window into word recognition and reading comprehension processes in terms of understanding the neurobiological correlates of learning disorders in these areas. Nonetheless, it is notable that most neurobiological models relevant to reading development and disorders have not broken down brain regions linked to word-, sentence-, and discourse-level processes. Admittedly, this is a highly complex task, made even more complex when trying to apply any summarized literature to understanding learning disorders because there are far more studies of word-level versus comprehension-level processes in developing readers/reading impairment. However, it is of value to consider a model that does include word-, sentence-, and comprehension-level processes, especially including more recent studies, which have sought to examine how executive brain regions are involved in the reading process in developing readers. To that end, here in Figure 5.1 (pp. 110–111), we include a model of reading (left hemisphere only) that attempts to incorporate not only those areas commonly noted in word recognition models (e.g., Kearns et al., 2019), but also extends to incorporate comprehension-level processes, as well as begin to think about how executive function regions may be involved in reading. Of note, this model should be viewed as *exploratory* and *underdeveloped*, as it is based largely on meta-analyses with adults along with some specific studies in adolescents; nonetheless, it provides a beginning point for thinking about reading processes that span from word to comprehension-levels and, thus, in turn, begins to set the stage for a reference point for considering neurobiological processes involved with reading development and reading difficulties that include not only word-level but also comprehension-level processes. A fully developed model will need to consider what cognitive processes each core region is engaging in (e.g., lexical processing, phonological processing, semantic integration, etc.) and which regions are anomalous in poor readers, as well as consider how these key regions map onto known brain networks (e.g., fronto–parietal network, default mode network, etc.) (cf., Bailey et al., 2018).

Math

It has been estimated that between 5% and 8% of all students have a math disability (Badian & Ghablikian, 1983; Gross-Tsur et al., 1996; Ostad, 1997; Shalev et al., 2000), with 2.5 million students receiving special education services in United States public schools for math disabilities (Cortiella & Horowitz, 2014). These figures make math disabilities the second-most common learning disability after reading disabilities. However, the literature investigating math disabilities is not nearly as expansive nor as robust in comparison to the literature investigating reading disabilities (Mazzocco, 2005). Math cognition and math disabilities are currently very understudied.

Similar to reading and reading disabilities, the effects of poor math skills on personal and public health make the importance of understanding math development and math disabilities strikingly apparent. Poor math skills have been associated with academic underachievement (Duncan et al., 2007), school dropout (Bynner & Parsons, 1997, 2000), underemployment (Bynner & Parsons, 1997, 2000; Ritchie & Bates, 2013), mental and/or physical illness (Parsons & Bynner, 2005), and/or incarceration (Parsons & Bynner, 2005). Math skills are especially important now more than ever because knowledge of numbers is increasingly required in our increasingly technological, “data-drenched” society (MacKinnon McQuarrie et al., 2014; Steen, 1999). Similar to reading disabilities, all of these aforementioned adverse outcomes cost taxpayer dollars, thus making math disabilities a public health concern; it has even been estimated that math disabilities cost society more money than reading disabilities (Gross et al., 2009; Sheuermann & Pedró, 2010).

Earlier identification of students with math disabilities and earlier intervention for such disabilities would help lessen the need for these resources and therefore lower their costs. Indeed, it is important to study math and, moreover, math disabilities in hopes of eventually remediating these disabilities, ultimately alleviating these adverse consequences. In the following section, we briefly review literature on the cognition and neurobiological correlates of math and math disabilities.

Math Cognition

Math is conceptualized as a domain-specific area of knowledge with distinct cortical correlates (Amalric & Dehaene, 2019). Studies conducted with typically developing/developed populations have established that math relies on both domain-general skills, including spatial skills, visuospatial working memory, and cognitive control, in addition to domain-specific skills, including number sense, quantity manipulation, arithmetic fact retrieval, and problem solving (Menon & Chang, 2021; Soares et al., 2018; Tam et al., 2019). Math can be studied using symbolic stimuli (Arabic numbers), nonsymbolic stimuli (dots), and auditory and visual number words. It is thought that the cognitive mechanisms underlying math, which are both domain-general and domain-specific (to math), account for the link between the processing of nonsymbolic and symbolic magnitudes and their relations to math (Price & Wilkey, 2017).

A foundational concept underlying math is numeracy, or “the universal ability to represent and manipulate numerical magnitudes nonverbally on a spatially oriented mental number line” (von Aster & Shalev, 2007). Put simply, numeracy is one’s familiarity and comfort with quantities and numbers. Numeracy extends beyond basic arithmetic, involving the application of math beyond the classroom and in the real world. Somewhat encompassed in numeracy but somewhat unique, two other foundational concepts of math are ordinality and cardinality. Ordinality refers to the ability to place numbers in a sequence (Lyons et al., 2016). Cardinality is the quantity represented by the number symbol (Geary et al., 2018).

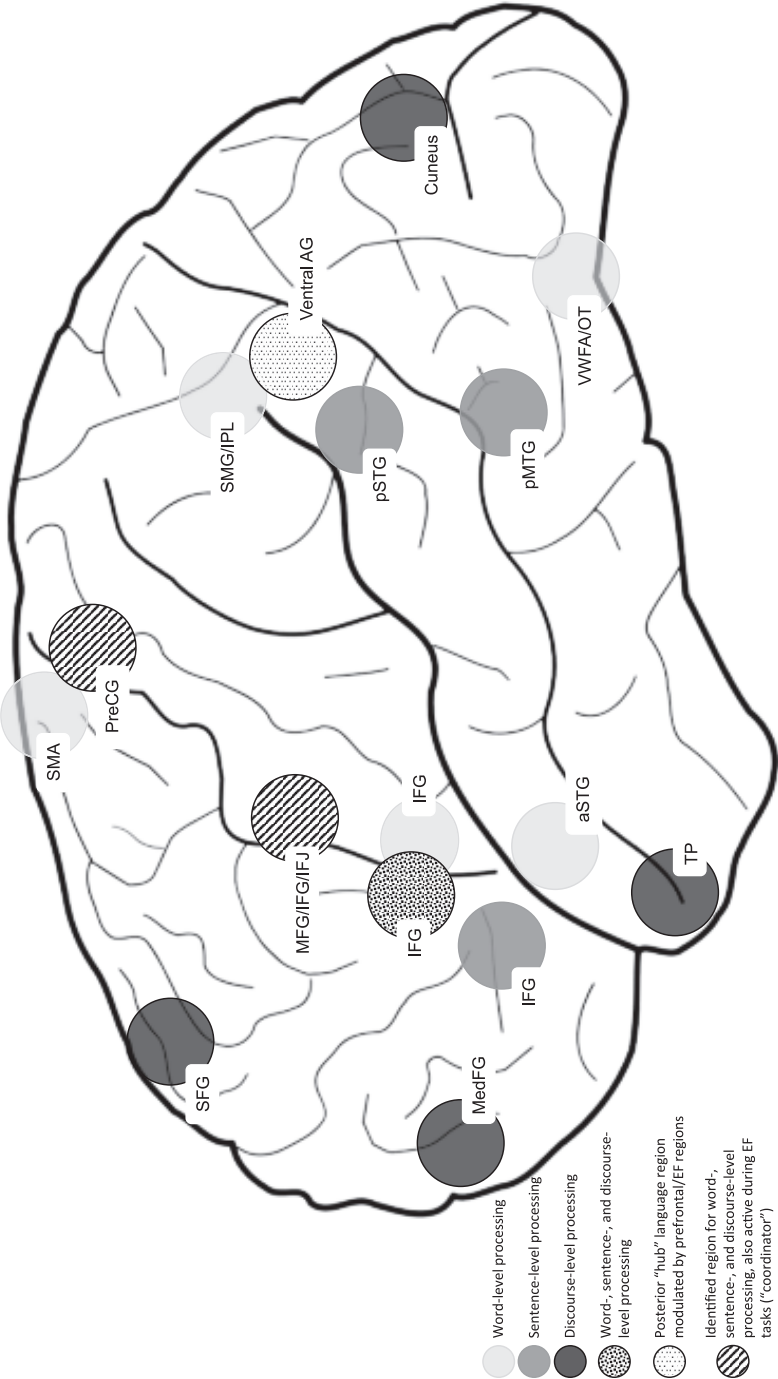


FIGURE 5.1. Visual depiction of the proposed neurobiological model of reading and executive function. SFG = superior frontal gyrus; MedFG = medial frontal gyrus; MFG = middle frontal gyrus; IFG = inferior frontal gyrus; IFJ = inferior frontal junction; SMA = supplementary motor area; PreCG = precentral gyrus; SMG/IPJ = supramarginal gyrus/inferior parietal lobule; AG = angular gyrus; pSTG = posterior superior temporal gyrus; pMTG = posterior middle temporal gyrus; VWFA/OT = visual word form area/occipital-temporal region; aSTG = anterior superior temporal gyrus; TP = temporal pole. Note that the cuneus and MedFG are medial, but for visualization purposes have been placed in more lateral positions.

Note. The proposed neurobiological model of reading and executive function is a synthesis of an activation map derived from Neurosynth (Yarkoni, Poldrack, Nichols, Van Essen, & Wager, 2011), meta-analyses (Martin, Schurz, Kronbichler, & Richlan, 2015; Walenski, Europa, Caplan, & Thompson, 2019; Yang et al., 2019), individual fMRI studies that have tried to understand how executive function may be related to reading processes (Aboud, Bailey, Petrill, & Cutting, 2016; Kim et al., 2022; Wang et al., 2020) and review papers (Banich et al., 2023; Church, Cirino, Miciak, Juranek, Vaughn, & Fletcher, 2019; Kearns, Hancock, Hoefft, Pugh, & Frost, 2019). Using Neurosynth (neurosynth.org), which is a database of fMRI studies across broad topic areas, we searched “reading” using the “term search” function to obtain a synthesized brain activation map from 521 studies of reading and the brain to broadly capture the brain regions proposed to be involved in reading. While this activation map provided a starting point, the 521 studies that comprise it were too diverse (different ages, diagnoses, different levels of reading, etc.) resulting in many brain regions. To narrow down the brain regions involved in word-, sentence- and comprehension-level processes, we used existing meta-analyses for word- (Martin et al., 2015), sentence- (Walenski et al., 2019) and discourse-level processing (Yang et al., 2019). Finally, we identified executive brain regions involved in reading using individual fMRI studies (Aboud et al., 2016; Wang et al., 2020; Kim et al., 2022). For each left lateralized peak coordinate identified in each of the aforementioned meta-analyses and individual studies, we created a region of interest (5mm or 10mm spheres). We then analyzed the overlaps of neurosynth and the masks from each paper for each brain region. From these overlaps, we propose the process(es) that each brain region supports during reading tasks. The proposed ventral AG posterior “hub” language region modulated by prefrontal/EF is largely derived from the results of Kim et al. (2022).

People are thought to mentally represent numbers along a horizontal, imaginary number line, situated from left to right (Galton, 1880). Called the “mental number line representation,” this concept is supported by a diverse group of studies, including those of clinical populations with spatial neglect (Vuilleumier et al., 2004), those involving response time (Dehaene et al., 1993), and those involving number comparisons (Moyer & Landauer, 1967). Given the spatial characteristics and setup of the mental number line representation, the mental number line supports the theory that spatial skills underlie math skills (Tam et al., 2019).

Math Disabilities

Math disability is a specific learning disability characterized by difficulties in processing numerical and mathematical information despite at least average intelligence and at least adequate math instruction (Berch & Mazzocco, 2007; Butterworth et al., 2011; Kaufmann et al., 2013; Price & Ansari, 2013). The DSM-5 defines math disability as a “specific learning disorder” “with impairment in mathematics,” with noted impairment(s) in number sense, memorization of arithmetic facts, accurate and/or fluent calculation, and/or accurate math reasoning (American Psychiatric Association, 2013). Math disabilities are sometimes referred to as “developmental dyscalculia” (Price & Ansari, 2013).

Researchers have proposed several different models of typical and atypical math learning in attempts to explain the cognitive components of math and math disabilities. These models have not been published long enough for the field to fully test and empirically conclude which singular model or combination of models is likely the most accurate. That being said, the arguably most influential model is currently the triple code model (Skagenholt et al., 2018). The triple code model posits that there are three independent domains of math: (1) numerical quantity representation, (2) visuospatial numerical representation, and (3) auditory verbal representation (Dehaene & Cohen, 1995; Wilson & Dehaene, 2007). This model was based on findings from samples of educated adults, so it has yet to be studied through a developmental or disordered perspective; for this reason and other reasons, further model testing is necessary (Siemann & Petermann, 2018). However, early neuroimaging evidence linking these three domains to three distinct brain regions (intraparietal sulcus, posterior superior parietal lobule, and angular gyrus) provides support for this model (Soares et al., 2018).

While the triple code model is currently arguably the most influential model of math cognition (Skagenholt et al., 2018), there are several other models of typical and atypical math cognition. The “core deficit hypothesis,” which can broadly be applied to several disorders, including math disabilities, posits that math disabilities stem from one foundational deficit (Astle & Fletcher-Watson, 2020; Soares et al., 2018). That foundational deficit could be perception and processing of number magnitude (Landerl et al., 2004), general numeracy (Robinson et al., 2002), or something else, but ultimately, it is one foundational deficit that causes all other mathematical difficulties. Another model suggests that math disabilities derive from deficits in domain-general skills that underlie the impaired math skills. In this

model, deficits in basic skills, such as verbal working memory, long-term memory, and visuospatial processing, are thought to cause math disabilities (Geary, 2004). Working memory, in particular, plays an integral role in mathematical learning; visuospatial working memory deficits also contribute to dyscalculia (Menon, 2016). Another model, the “procedural deficit hypothesis” of math disability, suggests that abnormalities of brain structures underlying the procedural memory system can lead to difficulties with math skills and other functions associated with these structures (Ullman, 2004). Clinicians have also posited their own models. One of the main clinical models decomposes math disabilities into four main skills/deficits: core number skills, memory, reasoning, and visuospatial skills (Karagiannakis et al., 2014).

Again, all of these models must be viewed with caution as they do not yet have substantial empirical support. For example, emerging evidence indicates that the deficits in numerical magnitude processing and perception previously posited to cause math disabilities may actually be more reflective of deficits in executive function, specifically inhibitory control demands from incongruent visual cues in a nonsymbolic number comparison task (Wilkey et al., 2020). Additionally, a significant portion of math disabilities cannot be explained by the procedural deficit model (Soares et al., 2018). More research into typical and atypical math learning, to ultimately achieve consensus on a theoretical model of math cognition (like the SVR in reading), is needed.

Neurobiological Correlates of Math and Math Disabilities

Canonical research investigating the neurobiological correlates of math indicates that both hemispheres of the brain are involved. However, emerging evidence suggests that during math cognition, the right hemisphere might be more involved than the left (Ashkenazi et al., 2013). Three key brain regions involved in math cognition include: (1) the bilateral intraparietal cortices, (2) the bilateral prefrontal cortices (Dastjerdi et al., 2013; Eger, 2016), and (3) the bilateral inferior temporal cortices (Daitch et al., 2016; Park et al., 2014; Shum et al., 2013). The bilateral intraparietal cortex is involved in the processing of symbolic numerical information and visuospatial working memory (Matejko & Ansari, 2017). The bilateral prefrontal cortex has been linked to cognitive control, attention, inhibition, prospective memory, and cognitive flexibility (Armbruster et al., 2012). The inferior temporal cortex is associated with visual processing and object recognition (Bar et al., 2001; Miyashita, 1993). Recent research suggests that similar to the robust VWFA seen in tasks related to language and reading, math might have its own devoted region. Termed the “number form area” (NFA), this region is located in the right posterior inferior temporal gyrus of the inferior temporal cortex (Abboud et al., 2015; Daitch et al., 2016; Yeo et al., 2017).

The bilateral intraparietal sulci (IPS), located in the bilateral intraparietal cortices, in particular, appear to be the most important brain regions involved in math cognition (Amalric & Dehaene, 2019; Cohen Kadosh et al., 2008; Dehaene et al., 2003; Monti et al., 2012; Pinel et al., 2001; Price et al., 2007). The IPS

is thought to support the processing of numerical magnitude (Ansari & Dhital, 2006; Cantlon & Brannon, 2006; Cantlon et al., 2006). However, other brain regions beyond the IPS are also involved in math cognition. There is increasing support for the involvement of the left angular gyrus in math tasks, particularly those involving the processing of numerical symbols (Price & Ansari, 2011) and arithmetic facts (Butterworth et al., 2011; Delazer et al., 2005). The right inferior frontal gyrus is broadly associated with numeracy and, more specifically, with attention to numbers, rendering it important for math cognition (Wilkey & Price, 2019). Other brain regions involved in math-related tasks include (but are not limited to) the bilateral hippocampus, parahippocampal gyrus, perisylvian areas, and fusiform gyrus (Butterworth et al., 2011; Cho et al., 2012; Menon & Chang, 2021; Soares et al., 2018; Wilkey et al., 2017).

The lack of consensus surrounding the brain regions involved in math cognition seems to result from several factors. One such factor is the overall paucity of math studies that use neuroimaging. Another factor is the diversity in the functional neuroimaging tasks used to study brain activation during math-related tasks (examples of tasks include symbolic vs. nonsymbolic tasks, tasks involving magnitude comparisons, tasks involving arithmetic, tasks involving more or less language/reading, etc.) hindering consensus. An additional factor is the widespread use of region-of-interest (ROI) analyses, which involve a priori selection of one specific brain region for intense study. The bilateral intraparietal sulci are understandably commonly used as ROIs in math studies. However, whole-brain analyses that could potentially identify more brain regions involved in math are consequently lacking. More and perhaps more cooperative studies need to be conducted to reach consensus surrounding the brain regions involved in math cognition.

Math Disabilities

The few math-related neuroimaging studies that have been published have generally concluded that individuals with math disabilities exhibit functional differences in both brain hemispheres (Soares et al., 2018), especially the right hemisphere (Ashkenazi et al., 2013), as compared to individuals without math disabilities. These functional differences generally include both underactivation and overactivation in various brain regions (Ashkenazi et al., 2013; Soares et al., 2018). Individuals with math disabilities also tend to exhibit structural brain differences, but those differences will not be discussed in this chapter.

Studies have shown that children with math disabilities have anomalous activation patterns in the bilateral intraparietal sulci compared to their typically developing peers (Mussolin et al., 2010; Price et al., 2007). Some studies demonstrate that children with math disabilities exhibit overactivation of the intraparietal sulci (Kaufmann et al., 2009). Kaufmann and colleagues suggest that overactivation of the intraparietal sulci somehow compensates for the deficits in math subskills (Kaufmann et al., 2009). However, other studies demonstrate that children with math disabilities actually show underactivation in the intraparietal sulci as compared to typically developing children in numeric magnitude differentiation tasks (Mussolin et al., 2010) and performing arithmetic (Kucian et al., 2006). While

Mussolin and colleagues (2010) had initially predicted overactivation in the intraparietal sulci, due to the extra effort exerted by children with math disabilities while completing math tasks as compared to typically developing peers, they actually observed decreased activation in those regions (Mussolin et al., 2010). Mussolin and colleagues therefore broadly conclude that the “lack of IPS sensitivity” in children with math disabilities as compared to typically developing children “concerns domain-specific and domain-general magnitudes” (Mussolin et al., 2010). Similarly, Kucian and colleagues conclude that the weaker activation they observed in the intraparietal sulci in children with math disabilities as compared to typically developing peers was due to a broad lack of recruitment across relevant brain regions (Kucian et al., 2006).

While the findings regarding intraparietal sulci activation are the most commonly reported in those with math disabilities, other brain regions have also been reported to show anomalous activation in children with math disabilities as compared to those without. While findings are relatively inconsistent, children with math disabilities typically exhibit decreased activation in several regions outside the math network (the math network being the intraparietal sulci, angular gyrus, and posterior superior parietal lobule), such as the right middle frontal gyrus and premotor cortex within the prefrontal cortex, the right insula, the right parahippocampal gyrus, and the left cingulate gyrus (Ashkenazi et al., 2012; Kucian et al., 2006; Mussolin et al., 2010) as compared to typically developing peers. Additionally, children with math disabilities exhibit overactivations in the right postcentral gyrus and the right supramarginal gyrus as compared to typically developing peers. Overactivation of the right postcentral gyrus is thought to relate to the increased sensorimotor demands on children with math disabilities when doing math (Mussolin et al., 2010; Pinel et al., 1999). While there are several potential explanations, overactivation of the right supramarginal gyrus is thought to relate to the increased visuospatial working memory required for children with math disabilities to do math (Mussolin et al., 2010). More research is needed to fully understand the origins of distinct brain patterns observed in individuals with math disabilities.

Comorbidity of Reading and Math

Reading and math disabilities are typically studied separately, but they are highly comorbid. A “comorbidity” occurs when another condition or conditions accompanies the primary condition of study (Feinstein, 1970). Reading and math disabilities commonly co-occur and are actually more likely to co-occur than present in isolation (Joyner & Wagner, 2020). Estimates vary based on diagnostic criteria, but approximately 56% of students with reading disabilities also have math disabilities, and approximately 70% of students with math disabilities also have reading disabilities (Barbarese et al., 2005; Dirks et al., 2008). Indeed, a meta-analysis by Joyner and Wagner (2020) found that there are varying degrees of comorbidity between reading and math disabilities (e.g., Badian, 1999; Barbarese et al., 2005; Branum-Martin et al., 2013; Dirks et al., 2008; Lewis et al., 1994; Light & DeFries, 1995).

The underlying cognitive skills required for reading and math may provide insight into this comorbidity. Both reading and math are linked to phonological processing (De Smedt & Boets, 2010; Hecht et al., 2001), memory (Hecht et al., 2001; Swanson & Jerman, 2006; Swanson et al., 2009), and executive function (Yeniad et al., 2013). Additionally, there are similarities between letters in alphabetic writing and digits in math (Joyner & Wagner, 2020). Finally, especially as one first learns math through stories and word problems, much of the instruction and computation of math requires language and reading (Joyner & Wagner, 2020). It has actually been suggested that reading disability be included as a diagnostic criterion of math disability (Joyner & Wagner, 2020). Unsurprisingly, comorbidities across both reading and math disabilities include deficits in executive function (Lonergan et al., 2019; Morgan et al., 2017; Yeniad et al., 2013), ADHD (Mayes & Calhoun, 2006; Willcutt & Pennington, 2000), and mental health conditions including anxiety and/or depression (Krinzinger et al., 2009; Mammarella et al., 2016). Discussion of comorbidity is beyond the scope of this chapter (see Willcutt, this volume, for an in-depth review of comorbidity across learning disabilities and psychiatric disorders). However, many of the cognitive studies and most of the neurobiological studies, to date, have not considered the effects of comorbidities. This raises an important caveat of the majority of the neurobiological findings to date; whether the neuroimaging findings reviewed in this chapter vary based on comorbidity status is currently an unanswered question.

Conclusions

Reading and math disabilities are thought to be the most common learning disabilities. Reading has been studied rather extensively, but research in math disabilities lags in comparison. More basic and translational research must be done to understand the core deficits of these types of disabilities, and especially whether comorbid reading and math disabilities have different developmental sequelae and neurobiological origins. Indeed, a better understanding of these disabilities is essential for the improvement of diagnostic criteria and interventions. If individuals with these disabilities can be diagnosed earlier, tailored interventions can be implemented earlier and thus result in better outcomes. Greater specificity and clarity can also refine the nebulous systems of names and diagnostic criteria that muddy the research and clinical practice of these disabilities, which will ultimately help researchers, practitioners, educators, parents, and individuals with the disabilities themselves.

AUTHORS' NOTE

The studies cited throughout this book chapter are quite heterogeneous in their samples, diagnostic criteria, and neuroimaging equipment used (if applicable). Samples of participants include wide age ranges, different age ranges, various comorbidities, and different

English language capabilities. Diagnostic criteria vary widely in percentile (5th to 35th percentile), in criteria (one-third assessments below a certain percentile, all of the assessments below a certain percentile), and in assessment (Woodcock–Johnson, CTOPP, etc.). Neuroimaging studies use different types of equipment and techniques (EEG, structural and functional MRI, PET, etc.); scanners can be a confound when comparing studies. It is therefore of the utmost importance to synthesize information and generalize findings across studies with caution.

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