

# Is Autism a Pervasive Developmental Disorder?

## Debate and Argument: How useful is the “PDD” label?

We would like to suggest that “Pervasive Developmental Disorders” (PDD) is an inappropriate and uninformative term. It is used in both DSM-III-R and ICD-10 (draft) to refer to disorders “characterized by qualitative impairments in the development of reciprocal social interaction, in the development of nonverbal and verbal communication skills and in imaginative activity” (DSM-III-R). As such, PDD covers children with Wing’s triad of impairments (Wing & Gould, 1979)—children on the autism continuum.

The term “pervasive” seems to us misleading in that it may be understood at a number of different levels: brain, cognition, behaviour and social consequences. The implied contrast with “*Specific* Developmental Disorders” further confuses the issue. Specific reading disability, for example, may be “specific” at the level of behaviour and possibly in terms of its underlying cognitive deficit, but may have widespread “knock-on” effects in terms of social difficulties (academic delay, delinquency and low self-esteem) (Snowling, 1987). Disorders on the autism continuum do not affect all functions at any of these levels. At the biological level, it has proved difficult to find any consistent peculiarities in the brains of autistic people, let alone signs of pervasive abnormalities (Schopler & Mesibov, 1987). At the cognitive level, autistic people can have astonishingly good rote memory, among other skills (Hermelin & O’Connor, 1970). At the behavioural level, daily living skills are often unimpaired (Volkmar *et al.*, 1987). At the level of social adaptation, autism is a pervasively handicapping disorder only to the extent that our world is a pervasively social one.

“PDD” is uninformative in that it does not describe the *nature* of the impairments in the disorders it covers. Yet it is the nature of the disorder—the triad of communication, socialization and imagination impairments—that is most homogeneous in this group (Wing, 1988). What is least consistent across the patients covered by the “PDD” label is the *severity* of the impairment—yet this is all that the term “PDD” specifies.

In addition, “PDD” is an unhelpful label since it does not take advantage of the hard-won public awareness of autism. The media, those in politics and the general public are just beginning to understand the needs of the autistic person. We should foster and use this knowledge, not present these people with a new and wholly uninformative term.

We would suggest, therefore, that the group of disorders currently labelled "PDD" be given a more appropriate label, such as "Autism Spectrum Disorders" (ASD).

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