

Debate and Argument: The Utility of the Term Pervasive Developmental Disorder

The term Pervasive Developmental Disorder (PDD) was coined in DSM-III (APA, 1980) as a name for the *class* of disorder within which autism was included; this term was retained in DSM-III-R and will also be used in ICD-10. We feel that the term has value and support its continued use.

The term was originally chosen for two reasons. First, this term was meant to encompass both autism (the best defined and paradigmatic disorder within the class), as well as the heterogeneous group of conditions which share some general similarities with autism, i.e. in terms of general domains of difficulty, without meeting full criteria for the latter condition. Secondly, the term PDD was meant to emphasize that in autism, and the neighboring conditions, development was disturbed over a range of different domains, i.e. "pervasive" was meant to imply the scope of disturbance, in contrast to the relatively more delineated difficulties of the specific developmental disorders and the centrality of cognitive problems in "primary" mental retardation.

The term "PDD" has several distinctive advantages. It is unencumbered by previous usage, is descriptive, and does not convey a specific theoretical orientation about pathogenesis or treatment. The term has now achieved widespread usage and acceptance by health professions as well as by parents, teachers, and others.

There is little reason to question the *developmental* nature of the PDDs. Phenomenologically, the concept "developmental disorder" seems quite suitable for autism and conditions within the autism "ball park". The term implies that individuals with these conditions suffer from disturbances in the normative unfolding of multiple developmental competencies, including social relations and communication. In the vast majority of cases these disorders have their onset in the first years of life and developmental correlates, e.g. cognitive and communicative levels, have important implications throughout the life span.

The modifying term *pervasive* has aroused more controversy, especially since there are some autistic individuals who, in one or another domain or on one or another formal test, score within the normal range. We would agree that some areas of functioning are often, relatively, more preserved. It could also be argued that mental handicap is, in some sense, pervasive and that some individuals with specific developmental disorders also exhibit marked difficulties in other areas. On the other hand the disturbances within autism and associated conditions are felt throughout the individual's life and these difficulties pervade and affect virtually every area of activity and development. In ordinary use "pervasive" has something of this sense, as when we speak of a leader's influence pervasively affecting a nation; this does not mean that every single citizen is equally affected. The "pervasive" of PDD similarly need not necessarily imply that there is no measure on which an autistic child is within

the normal range. Clearly, even for the higher functioning autistic person, it is not the isolated areas of strength but the multiple areas of difficulty that require intervention. It appears to us that the term does correctly convey the notion that multiple areas of development (including social, communicative, cognitive, and other skills) are affected, i.e. that the disorder *pervades* development. This term also has the practical advantage of suggesting the need for multiple areas of intervention and service provision.

Perhaps a better term could have been chosen in DSM-III (APA, 1980). Yet it does not appear to us that any alternative term so far proposed would be satisfactory. The use of terms like “autism spectrum disorders” or “autism and autistic-like conditions” entails some disadvantages. While it is tempting to assume some continuity among these conditions, which, by definition, share some general similarities, the surface similarities may not imply underlying continuities. Although our knowledge of the “non-autistic” PDDs is more limited, some data do suggest important features, such as course, that differentiate these conditions from more strictly defined autism. In the absence of definitive data, much less any understanding of underlying pathophysiology, we would argue that the assumption that all these conditions represent some variant of autism remains a hypothesis and not an established fact. The term “disorder of social interaction, communication, and imagination” has some of the same problems and does not adequately convey that other areas of development, e.g. cognition, are also typically severely affected. It is impressive that over the nearly five decades of research on autism, various aspects of development—cognitive, communicative, social, perceptual, etc.—have been thought to be “primary” in some sense; we would suggest that it is just this range of difficulties that make Pervasive Developmental Disorder so suitable a term.

In retrospect it appears to us that the term Pervasive Developmental Disorder was a reasonable choice. No new term has emerged which is clearly superior and which would warrant the considerable costs of change, i.e. in terms of educating parents, service agencies, and other professionals. In general we believe that reasonable conservatism should apply to changes in nomenclature. Without compelling and substantive data, or a more persuasive theoretical understanding, there is no reason for abandoning the term.

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