

Summary

Social (Pragmatic) Communication Disorder: Symptoms, Differential Diagnosis, And Current Debates

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Introduction

Social communication involves a more complex process than simply understanding and speaking a language. It is primarily defined as the appropriate use of language in interpersonal communication and the interpretation of situations/events (Olswang, Coggins, & Timmler, 2001). The healthy development and functionality of this skill in social life depend on various other abilities. Social communication consists of four key components: social cognition, social interaction, language processing, and pragmatics (Adams, 2005). Each of these components plays a crucial role in social communication, making it essential to examine them in detail. Social cognition refers to the perception and processing of stimuli and cues in the social environment (Beauchamp & Anderson, 2010). It explores how social and cognitive characteristics of communication partners influence interactions and how individuals relate to each other (Higgins, 2000). Social cognition enables people to reflect on themselves and others, considering both how they are perceived and how they perceive others (Fiske & Taylor, 2014). Given its complexity, social cognition plays a significant role in sustaining interpersonal communication. Social interaction occurs between multiple individuals through verbal and nonverbal communication (DeVito, 2012). While verbal communication involves linguistic elements such as words and sentences, nonverbal communication includes eye contact, gestures, facial expressions, posture, and physical distance. Social interaction allows individuals to influence each other's behaviors and attitudes, facilitating social cohesion within a given context. Language processing is a complex linguistic-cognitive function that involves processing both linguistic and non-linguistic information during communication (Poirier & Shapiro, 2012). It requires receptive and expressive language skills and cognitive abilities such as attention and memory. In addition to linguistic elements,

individuals must also process nonverbal cues like gestures, facial expressions, and posture during interactions. Pragmatics refers to the appropriate use of language based on context, including adjusting language according to the listener, setting, topic, and purpose (Austin, 2020). It enables individuals to interpret and modify communication based on verbal and nonverbal social cues. While often used interchangeably, pragmatics is only one of the four core components of social communication (Adams, 2005). Social communication is a complex skill essential for daily life. Disorders that affect this ability, whether congenital or acquired, can lead to significant communication difficulties. Social pragmatic communication disorder (SPCD) is one such condition, though research on it remains limited. This study aims to review the literature on SPCD, exploring its nature, symptoms, distinguishing features, assessment methods, interventions, and current debates.

What is Social Pragmatic Communication Disorder?

Social Pragmatic Communication Disorder was first introduced in 2013 in the DSM-5 by the American Psychiatric Association (APA). It is classified as a neurodevelopmental disorder under communication disorders. The exact cause of SPCD remains unknown, and its prevalence is unclear due to inconsistencies in its definition. Estimates suggest a prevalence rate of 7-11%, with boys being more affected than girls (Ellis Weismer, Tomblin, et al. 2021). Additionally, children with a history of developmental language disorder are three times more likely to have SPCD (Ellis Weismer, Tomblin et al., 2021). Genetic and physiological risk factors, such as a family history of autism or learning disabilities, may contribute to its development. SPCD is primarily characterized by difficulties in using verbal and nonverbal language for social purposes (ASHA, n.d.). Affected children struggle with adapting language to different social contexts and partners. They face challenges in language proces-

sing, making it hard to understand and produce verbal communication effectively. Pragmatic deficits, such as difficulty with turn-taking, using language for different functions, and interpreting social cues, further impact social interactions. These challenges can lead to long-term issues in academic success, social relationships, and career development. (Rescorla, Russ and McClure, 2007; Snowling et al., 2010).

Symptoms and Diagnosis of SPCD

Social communication difficulties can occur as an independent disorder or alongside conditions such as autism spectrum disorder (ASD), Down syndrome, and developmental language disorder (DLD) (Adams, 2005; Bishop et al., 2000). SPCD is diagnosed based on persistent difficulties in using verbal and nonverbal communication for social purposes, including greeting, requesting, and adapting language to context (APA, 2013). Challenges also appear in following conversation rules, interpreting indirect language (e.g., metaphors, irony), and understanding social cues. These difficulties impact social relationships, academic success, and career performance. Diagnosis typically occurs after age 4 (Yuan & Dollaghan, 2018), ensuring symptoms are not better explained by other medical, cognitive, or linguistic conditions (APA, 2013).

SPCD Assessment and Differential Diagnosis

Assessing pragmatic language is more complex than evaluating other language components like semantics or syntax. Since social communication difficulties can appear in various disorders, ruling out other conditions is only part of the diagnostic process. Identifying the severity and extent of deviation from the norm is crucial, requiring standardized assessment tools. However, tools for pragmatic evaluation remain insufficient. According to Yuan & Dollaghan (2018) SPCD assessment should cover four key areas:

- Difficulties in using communication for social purposes
- Challenges in adjusting language based on context and listener needs
- Struggles with conversation and storytelling rules
- Problems understanding indirect expressions and figurative language

Cultural and social norms influence pragmatic skills, complicating universal evaluation (Curenton & Justice, 2004). SPCD can resemble or co-occur with ASD, DLD, and ADHD, making differential diagnosis essential (Redmond, 2020). More refined diagnostic tools and criteria are needed to distinguish SPCD from these overlapping conditions.

SPCD and Autism Spectrum Disorder

According to the World Health Organization's latest *International Classification of Diseases- [ICD-11]*, ASD is characterized by persistent difficulties in initiating and maintaining social communication (WHO, 2024). Additionally, individuals with ASD exhibit restrictive, repetitive, and rigid behavioral patterns that are atypical for their age and sociocultural background (APA, 2013). The DSM-5 categorizes ASD under neurodevelopmental disorders, with social communication difficulties classified under criterion A and restrictive-repetitive behaviors under criterion B. ASD significantly affects individuals' functioning in educational, professional, familial, personal, and social domains. The prevalence of ASD is approximately 1 in 143 children (Campbell et al., 2011). Children with ASD struggle with pragmatic-communicative skills such as joint attention, eye contact, social smiling, imitation, and gestural communication. They may experience delays in language development, limited vocabulary, and difficulties in receptive and expressive language (Bryson, 2003; Clifford & Dissanayake, 2008). Social interest is often restricted, and problems with imitation and symbolic play are common. Early detection of language and communication difficulties in ASD is challenging. Red flags include lack of response to name, absence of pointing, atypical prosody, and repetitive body or object movements (Landa, 2007). Although language delays, limited vocabulary, and verbal communication difficulties are observed in ASD, these alone are not sufficient for diagnosis. A key distinction is seen in children who experience regression in language skills after initially typical development (Gernsbacher et al., 2015). Compared to SPCD, ASD is characterized by genetic, neurological, and cognitive factors (Brukner-Wertman, Laor and Golan, 2016), as well as repetitive behaviors, which are critical for differential diagnosis.

SPCD and Developmental Language Disorder

DLD is a condition affecting phonology, semantics, syntax, morphology, or pragmatics without any known cause (Bishop et al., 2017). It affects 3-7% of children and is more common in boys (Norbury et al., 2016). DLD is highly heterogeneous, with varying severity and affected language areas. Children with DLD often struggle with vocabulary, complex sentence formation, and figurative language (Roseberry-McKibbin & Hidge, 2016). These difficulties can impact social interactions and emotional regulation (St. Clair et al., 2019). While DLD and ASD share language difficulties, pragmatic and social interest differences distinguish them (Simms & Jin, 2015). DLD children usually maintain social interest, imitation, and symbolic play, whereas ASD children exhibit repetitive behaviors. SPIB, on the other hand,

overlaps with ASD in linguistic difficulties but differs in social-pragmatic deficits, which are not characteristic of DLD. If a child's communication problems cannot be explained solely by language deficits and include pragmatic difficulties without ASD-like behaviors, SPCD is a more likely diagnosis. Simms & Jin (2015) compared ASD, SPCD, and DLD based on social communication, symbolic play, routines, and behavior patterns. The findings suggest that these disorders can be distinguished through observed and unobserved symptoms.

Intervention for SPCD

Social-pragmatic communication difficulties can appear as symptoms in various disorders, such as ASD and DLD. While there is limited research specifically addressing SPCD, intervention methods used for ASD and DLD may also be beneficial. Adams (2005) highlights that children with social communication difficulties are among the fastest-growing pediatric populations but remain the least understood in terms of speech-language interventions. Effective treatment focuses on increasing participation in natural communication settings through structured social interaction games, role-playing, and social storytelling. Pragmatic is a key component of SPCD intervention, addressing challenges like initiating, maintaining, and ending conversations. Programs developed for ASD, such as symbolic and functional play therapy, have shown positive effects on social communication. Additionally, interventions should support both receptive and expressive language skills, as these are closely linked to pragmatic development (Lockton et al., 2016). Gaile and Adams (2018) emphasize the role of metacognition in therapy, fostering awareness of social interactions. The American Speech-Language-Hearing Association (ASHA) recommends a multidisciplinary approach involving psychologists, special educators, teachers, and speech-language therapists. Intervention plans should be individualized, culturally sensitive, and functional across different communication settings.

Conclusion

Social (Pragmatic) Communication Disorder (SPCD) is a relatively recent diagnostic category and remains a subject of ongoing debate in many aspects. There is still no consensus in the literature regarding its symptoms, differential diagnosis criteria, assessment methods and tools, or intervention effectiveness (Flax et al., 2019; Gabbatore et al., 2023). One of the main points of contention is whether SPCD should be treated as a distinct disorder. Although revisions in the DSM classification of neurodevelopmental disorders seem reasonable, research has revealed significant challenges in defining SPCD

as an independent category (Amoretti et al., 2022). For instance, some children demonstrate restricted and repetitive behaviors without meeting the criteria for ASD, making differentiation difficult (Ellis-Weismer et al., 2021). Researchers suggest that such children might still belong within the autism spectrum. Others acknowledge the presence of children with social communication difficulties not explained by ASD, but emphasize the need for further research (Gibson et al., 2013). Historically, diagnoses like Asperger's Syndrome and Rett Syndrome were considered separate but are now grouped under ASD with a spectrum-based approach. This acknowledges the heterogeneity in symptom profiles—some children show pronounced social deficits, while others exhibit stronger repetitive behaviors. Evaluations of SPCD face similar challenges. Overlaps in language and cognitive skills between children diagnosed with ASD, DLD, and SPCD complicate differentiation (Félix et al., 2024). Reliable and valid tools specifically for SPCD are lacking (Topal et al., 2018), and interventions often mirror those used in ASD (Tierney et al., 2014). With pure SPCD cases estimated to be under 1% (Saul et al., 2023), current approaches mostly aim to rule out other conditions. Thus, more research is essential to understand the nature of SPCD and develop targeted assessment tools and evidence-based interventions.