

A framework for terminology use

Regina Walsh

Speech Pathology Australia

This paper will be presented by Regina Walsh as chair of The International Group on Terminology Frameworks – Communication Sciences and Disorders (IGOTF-CSD). It addresses the second of the aims for the symposium:

- To present a framework for terminology use.

This paper is not a research paper; its aim is to foster discussion and innovative thinking about an old issue. It draws on a review of the literature, work being conducted by Speech Pathology Australia to develop terminology frameworks, and the ongoing work of the IGOTF-CSD aimed at improving the terminology of the field. For this paper the following terms will be used:

- *Terminology* refers to the whole broad area of clinical terminologies, definitions, classification, nomenclatures, ontology, and to the critical study of terms themselves;
- *Term* refers to words with specific meaning in a specific context;
- A *definition* is a statement which manifests what a thing is or what its name signifies.

This symposium presents to the profession for the first time, the *Framework of Terminology Use* (the *Framework*) which aims to improve the consistency of terminology in the broad professional area of communication sciences and disorders. It applies to all terminology related to the field, in both the public and profession-specific domains. It provides a shared reference point for debate and decisions about terminology. The *Framework* project differs from past terminology projects in that it is *about* terminology, rather than including any terms *per se*.

Madden and Hogan (*The definition of disability in Australia; moving towards national consistency*, 1997, AIHW Cat. No DIS 5), writing about terms used in the disability field, highlighted that different functions in defining may lead to different definitions. They mention the different requirements of terms within and between clinical, service provision, legislative and administrative systems, which dictate how words are defined. They suggest that to improve consistency, we should not search for 'uniform' definitions, as it is accepted that definitions must vary according to different functions. Instead, they consider a productive tool would be a framework which includes common standards for terminology and common language about terms, and which allows common reference points. Thus terms themselves vary, but are consistently comparable and contrastable according to their parameters and functions that they serve. Debate about which term to use remains essentially a local concern, but terminology systems should include the organisation of concepts to which a term might be attached to allow comparability and consistency.

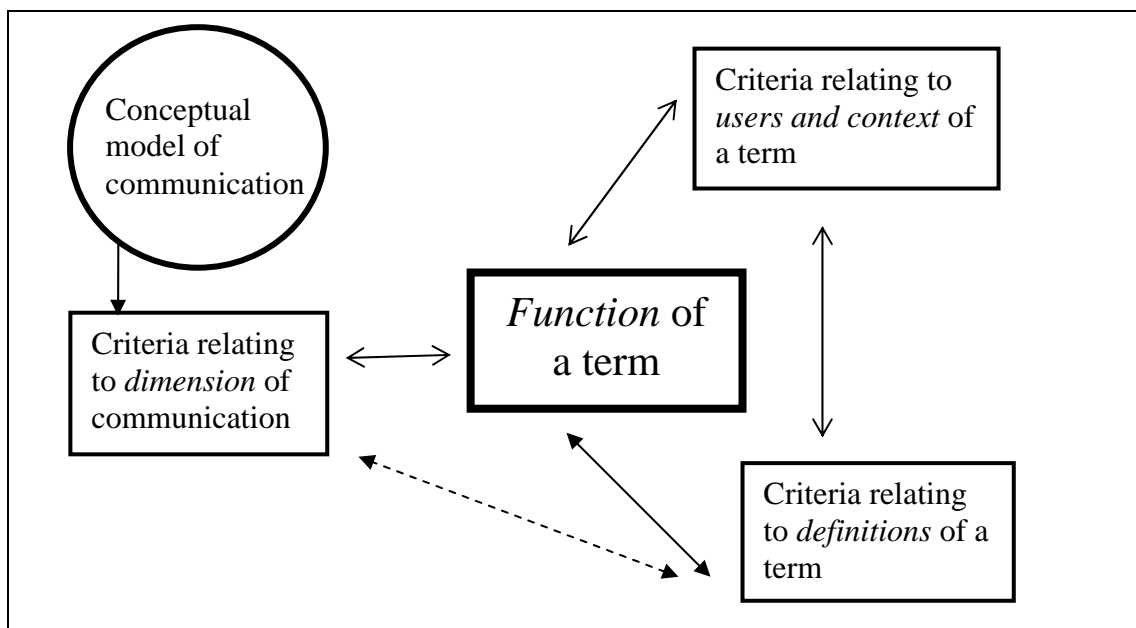
The *Framework* is based on the premise that improved consistency in terminology will be an *outcome* of positively influencing the knowledge and behaviour of professionals regarding how they use terms. A major aspect is providing professionals with information at the meta-terminology level: explaining those features of terms that make them useful for those who need to use them for varying functions. The *Framework* articulates the critical features of a term and supports a systematic investigation of the application and function of terms, needs of users and context, and the criteria for good definitions.

This is not the first time that professionals in communication sciences and disorders have identified shared and specific criteria for terms as important in professional debate. Hewitt (1961, in Johnson, *Asha*, 1968, 10, pp43-56) suggested that criteria should be established for the consideration of terms, in order to avoid the tendency to divide into ‘camps’ of opinion on specific terms. The alternative, Hewitt suggested was ‘unreflected chance’ becoming the arbiter of decisions on terms. Perkins (1962, in, Johnson, *Asha*, 1968, 10, pp43-56) also raised the need for criteria by which to make a selection from the possible terms. However, after suggesting suitable criteria for a particular term, Hewitt and Perkins neglected the critical need for consensus regarding these criteria before they can be usefully applied. To date, however, the effort to identify and agree on these most important criteria for our wide range of terms has not been exerted.

The *Framework of Terminology Use* attempts to articulate the important criteria for the terminology in communication sciences and disorders. It is composed of five main parts:

- Conceptual model of communication
- Dimensions of communication
- Applications & functions
- Users & contexts
- Definitions

The relationship between these aspects is illustrated in the model below.



Conceptual model of communication

A mandatory initial requirement for consistent terminology is a shared *conceptual* model of communication function. Terms can only be consistent across the field when we ensure we are referring to the same phenomenon within a shared model of communication. Such a model must have all important dimensions clearly articulated and delineated. A second requirement for consistent terminology is that the conceptual model of communication *dysfunction* is derived directly from a model of communication function, with terms consistently used to relate to clearly delineated

dimensions of disorder. In the absence of a widely shared conceptual model about communication function and dysfunction, it has been difficult to mount a challenge to communication 'disorders' being sidelined or inadequately represented by others (Walsh, *Advances in Speech-Language Pathology*, 2005, 7 (2), pp 56-76.).

Each professional in the field has a personal conceptual framework for communication, but this may not be explicit. Such a model enables individual to conceptualise what they do from a range of perspectives. It underlies clinical practice and research decision-making, and also forms the basis of decisions about scope and role of a profession. (It should be noted that a *conceptual* model of human communication is not the same as a language/communication *processing* model. There are numerous *processing* models within the field but these do not serve the same purpose.) A shared conceptual model of communication function and dysfunction will allow an enhanced clarity in discussions about terms and terminology.

Professional terms refer to a range of different types of phenomena: some terms label etiological factors or states, some terms label biological entities, some terms label simple or complex behaviours, some terms label complex concepts. Therefore our professional terms refer to a range of different but connected dimensions of communication. The model of communication for the *Framework of Terminology Use* is based on the conceptual model of the ICF®, with some adaptations. The ICF model identifies the dimensions of communication across physiology and psychology (level of the body), activity or behaviour (level of the person) and participation (level of society), as well as the personal and environmental dimensions. These will be discussed during this symposium.

A terminology problem can occur when a term which actually labels 'x' dimension within the communication model, is used it as though it were labelling 'y' dimension. This can happen as a result of a number of factors, including some otherwise normal and inherent characteristics of language use, such as reification, nominalisation and false dichotomy. The symposium will describe some of these terminology 'traps', how we fall into them, and the confounding impact they can have on our use of terms. A critical aspect of an analysis of terminology use is that a specific term is not always a label for a single entity (or thing). Assuming so can lead to a number of problems, including that most insidious trap for professionals: circular reasoning. We can also run into difficulties using terms that refer to complex concepts within methodologies that require reference to singular entities, such as taxonomy or prevalence studies. Some of our terms label extremely complex concepts. Such concepts emerge largely from repeated experience with the real world; while the concepts mirror reality to some extent they are merely a mental construct created for the purpose of organising our experiences (Ross, *Theoretical Medicine and Bioethics*, 2005, 26 (2) pp115-140.). Terms for complex concepts, such as *disability*, do not always translate directly from one language to another; geographical and cultural differences have led to conceptual and, thus, terminology differences. These complex concepts have featured in the work of many disciplines outside our own, and are referred to in various ways: prototypes (linguistics), boundary objects (information management), constructs (psychology), Roschian concepts (philosophy). Such concepts seem stable enough to give the impression of reasonable discussion and debate initially, but are not stable at all under close scrutiny. Concepts of this nature can confound our clinical and research reasoning. Exploring the basis and assumptions underlying complex concepts is necessary before the terms themselves and our overall terminology can be explored.

Application & function

The heart of the debate about terms goes far beyond the meaning or the definition. What is at issue is *usage*. For what *functions* do we use a term? Functions identified within the *Framework* include advocacy, diagnosis, description of linguistic behaviours, taxonomy, and many others. To what dimension of communication does a specific term *apply*, and is this appropriate for the functions for which we use it? Such usage has a normative element: is the usage adequate? Usage requires evaluation rather than an assumption that the current employment is appropriate. We need to justify the way in which we use the concept. The greatest hurdle lies in the contention that current usage cannot be relied upon as the basis for ascertaining *appropriate* usage. Considerable self-reflection upon shared, specific and valid criteria is required.

With this perspective, terms are not so much right/wrong or accurate/inaccurate. Instead, terms do/do not meet the criteria for the functions for which we use them. To develop more consistent, appropriate and accessible terms we need widely accepted and objective criteria for terms for each specific function. This is presented in the *Framework of Use of Terminology*.

Users and context

Since terminology has previously been viewed as a profession-specific scientific issue relating to definitions, we have focused on this issue within the field. However, the *Framework of Terminology Use* promotes clear identification of contextual factors and all users (and their needs) to assist in terminology analysis. Specific factors are identified in the *Framework*.

It is imperative that we recognise that people other than professionals in communication sciences and disorders need to be able to use relevant terms, and that there is an urgent need for appropriate and accessible terms for a range of users. This view of *users* of terms sits in opposition to the view that professionals *own* terms and other people are merely the passive *audience*. In fact, the term *audience* is avoided in the *Framework*. This approach also challenges professionals to involve people from outside the field in developmental activities related to terminology.

Definitions

A hunger for definitions is very often a manifestation of a deep-seated belief ... that all words have an inner meaning that patient reflection and research will make clear. ... There is no true meaning; there is a usage that serves the purpose of the users well enough (Medawar & Medawar, 1983, Aristotle to zoos: A philosophical dictionary of biology. Cambridge: Harvard University Press.)

Defining phenomena within each dimension of communication requires particular kinds of definitions; which criteria are most important depend upon the usefulness for the function of the term. The definition is shaped by the function (and perspective), rather than being an essence of the 'thing' being defined (Ross, 2005). A number of criteria for useful definitions is included in the *Framework of Terminology Use*. Sonninen and Hurme (*Journal of Voice*, 1992, 6 (2) pp188-193) pointed out that we define a concept, such as 'disability', in terms of what the professional community agrees it will mean, which is distinct from defining a physical entity, such as 'tongue' which has material properties that can be observed and measured. Terms for 'things'

are defined by universal criteria, but not so those terms for concepts. For example, *vocal nodules* are a ‘thing’ identified according to objective criteria; while *voice disorder* is a ‘concept’ and the concept will have different applications in different cultures. As such, definitions of concepts are a matter of consensus of theory and research about complex phenomenon, more than about the ‘true essence’ of the phenomenon being defined. Defining a term for a concept is considerably more difficult than defining a term for a thing.

How the *Framework* will work

The Framework presents information on the important criteria and parameters of an appropriate term for a particular function. It does not provide terms to use, rather, it provides the appropriate and necessary questions for professionals to ask in order to find the answers as a whole professional field.

We are quite familiar with the critical need for a single and stable meaning; this has been the focus of previous terminology projects. As well as have a single and stable meaning, a term must also:

- Be applicable to the dimension of communication to which it refers;
- Be suitable for the function for which it is used;
- Be used in line with its definition;
- Have a definition that increases understanding about the phenomenon that is being defined;
- Have a definition and perspective with the features that are necessary for the function of the term;
- Be acceptable and appropriate to all users;
- Be accessible/meaningful to all who need to use it;
- Be relevant to the context within which it occurs.

The Framework is intended to be used to critically analyse an existing term and to find the characteristics and criteria for a new term for a particular function. The process of investigating whether terms achieve the above criteria will be discussed during the symposium. Terms themselves are not included in this *Framework* – it is a meta-terminology (or meta-data) framework. The categories of the *Framework* are to support clarity in reasoning and debate, not to suggest that aspects of terminology are unrelated – there may be overlap or relationships across functions and important attributes. To have validity the *Framework* will need to be tested with real terms; this testing will be part of the further development of the *Framework*. This first version of the *Framework* represents an initial step in learning how to approach terminology as a dynamic expression of our professional schema; there will no doubt be many revisions and iterations before a standardised format is established.

In some cases, it may be possible to make universally-applicable recommendations about appropriate terms, but in other cases, individual sectors will need to choose terms that are appropriate and relevant to their context, and they can choose terms that have all the necessary attributes to achieve the desired function. In this way the *Framework* will provide a shared basis for debate and decision-making, and a shared reference for comparing terminology, but it also allows flexibility in the actual terms that are adopted. *The Framework of Terminology Use* will assist professionals working in communication sciences and disorders to increase their understanding of terms and terminology, and to improve the use of terms across professional, workplace, cross-discipline and public arenas.