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On the Logopedic Terminology

1. The *Dictionary of Logopedic Terms* published in 1992 primarily contains entries related to diagnostic terminology (diagnosing) and facilitates a swift retrieval of suitable diagnostic terms. These entries were treated as descriptors in view of both phoniatic (Latin) and linguistic (Polish) terminologies being universally used for diagnosing in Poland. The quick retrieval of terms remains the objective of this dictionary. Preference, therefore, was given to entries related to interference or communication disturbances and entries related to, for example, the process of language formation, its correction and the retention of acquired skills (so important in the case of the hearing-impaired, for example) were not taken into account. Furthermore, the adopted criterion limited the inclusion of entries from associated disciplines such as: defectology, the sub-disciplines of pedagogy (special pedagogy: education of the deaf and dumb, typhlopedagogy, and oligophrenic pedagogy as well as their corresponding teaching methodologies of native language), developmental psychology and special psychology (psychopathology), linguistics (metalinguistics, sociolinguistics, psycholinguistics), paediatrics, laryngology (otolaryngology, otorhynolaryngology), phoniatrics, orthodontics, neuropathology, psychiatry (child psychiatry), cybernetics (biocybernetics), and information science.
2. This raises the question of what kind of lexicon should be at the disposal of a speech therapist and what kind of information it should include. The answer lies in the *Pocket Logopedic Dictionary* which is based on the idea of the minimal information necessary for logopedic practice, information that stems from a broad interdisciplinary and multidisciplinary knowledge. Thus, contrary to the concept of the *Dictionary of Logopedic Terms*, it also contains terms outside the realm of diagnostics. These will first and foremost include linguistic and then medical terms belonging to orthodontic, laryngological, phoniatic, anatomic areas, where the final category relates to the structure of speech organs, respiratory organs, voice and the articulatory organs. Furthermore, a certain minimum of entries related to logopedic procedures have been included. These entries refer to both corrective and preventive procedures and retention.

3. The collective lexicon of the dictionary stems from wide and diverse literature. A literature index can be found at the back of the dictionary. Take note of the following items:
- a) Specialist encyclopaedias (for example, *Encyklopedia języka polskiego* [Eng. Encyclopaedia of the Polish Language], *Encyklopedia zdrowia dziecka* [Encyclopaedia of Child Health], *Mała encyklopedia medycyny* [A Small Encyclopaedia of Medicine]);
 - b) Terminological dictionaries (for instance, *Dictionary of Logopedic Terms*, *Dictionary of Linguistic Terms*, *Pentalingual Dictionary of Pedagogic Terms*);
 - c) Encyclopaedic dictionaries (Ex. *Encyclopaedic Dictionary of Rehabilitation*, *Dictionary of Psychology*);
 - d) Dictionaries of key words (of linguistics, pedagogy, psychology and sociology);
 - e) Language dictionaries (of Polish, English-Polish, French-Polish, German-Polish, Russian-Polish and Latin-Polish);
 - f) Scholarly monographs (for instance, on aphasia, on the formation of children's speech, on hypoplasia of speech);
 - g) The most recent studies and specialist theses (for example, *Special Pedagogy*, *Rehabilitation Pedagogy*, *Logopedic Care Model in Poland*, *Clinical Phoniatrics*);
 - h) University logopedic textbooks;
 - i) The World Health Organization manual (*International Classification of Diseases* [ICD]...).
4. All of them apply to issues presented in the *Dictionary*. In the case of entries (both single or multi-word) I tried to compile—similarly to the *Dictionary of Logopedic Terms*—the following data:
- a) Code number of entry;
 - b) Bolded descriptors (preferred entry, entry recommended or treated as conventional);
 - c) Descriptor counterparts as they appear in English, French, German, Russian, Latin and Greek texts;
 - d) Non-descriptors or synonyms, which include terms inconsistent with linguistic norms, obsolete terms, expressions which have not yet become terminology, and terms not recommended for use, most often due to their pejorative meaning;
 - e) A definition or succinct description;
 - f) A cross-reference system connecting non-descriptors with descriptors, singling out both the preferred terms (references to another entry form that is synonymous: 'syn.', 'see', 'also see'; an arrow '→' or abbreviation 'por.' [short for compare] appear along references to related, primary or subordinate terms);
 - g) The ICD code, if it is a diagnostic term;
 - h) Bibliographic information (consistent with the literature index found at the back of the dictionary) which simultaneously indicates where supplementary information can be found.

5. In the case of some entries, I was unable to compile the aforementioned information. In the case of others, I intentionally omitted some of the data referring to it as preferred terms, i.e. recommended by me (in order to avoid repetitiveness). The preferential status of some entries was decided by, for example, the frequency of their occurrence in multilingual literature. For these reasons, I preferred, for instance, the term 'asymilacja' [Eng. assimilation] as opposed to 'upodobnienie' [Eng. assimilation], 'sygmatyzm' (Eng. sigmatism) and not 'seplenienie' [Eng. lisp], 'rotacyzm' (Eng. rhotacism) and not 'reranie' [Eng. rhotacism], etc. In addition to the above-mentioned frequency, another driving factor in choosing more correct terms was their relevance. Thus, I preferred terms which carried a newer content, for example the entry: 'aphemia → aphasia' denotes the formerly used term of 'aphemia' and the arrow indicates the currently used term of 'aphasia'. Other examples include: 'gęganie' [Eng. cackle] → 'rynolalia' [Eng. rhinolalia]; 'bełkot' [Eng. mumble] → 'dyslalia' [Eng. dyslalia], etc.

In many cases I ventured to propose my own terms, for instance, 'larynx-less pronunciation post laryngectomy' instead of 'voice and pronunciation of laryngectomees'; or 'głucho-niewidomość' [Eng. deaf-blindness] instead of 'głuchociemnota' and 'głuchoślepotą' [Eng. deaf-dumbness]. I also proposed my own definitions for some of the terms. Let's take the term 'adaktylofazja' [Eng. non-dactylophasia], for instance, defined by me as the impossibility or loss of the ability to communicate by the deaf-mutes and the deaf-blind with the aid of dactylophasia. With reference to key words in speech therapy, I tried to compile a comprehensive range of entry information presented in the above-mentioned paradigm.

In some cases, I limited myself to recording an entry or providing its narrow definition. This mainly refers to secondary entries, for instance, associated symptoms or anatomical terms. Only in very few instances did I limit myself to merely recording a term when I lacked any sort of information on it.

6. Searching for the counterparts of terms in foreign language texts I entered an area of multilingual terminology which brought about specific consequences. By compiling descriptor counterparts occurring in foreign language texts I encountered some difficulties in, for example, the classification of some entries. In this respect Latin terms proved to be the most difficult in this respect, as well as terms of Latin origin occurring simultaneously in many languages. In Polish, for example, Latin and Polish terms are used interchangeably (afonia – bezgłos [Eng. aphonia], sygmatyzm [Eng. sigmatism] – seplenienie [Eng. lisp], rotacyzm – reranie [Eng. rhotacism], etc.) and what is more, Latinate terms are often preferred. A similar phenomenon occurs in other languages. For this reason I decided against the classification of a given entry and designating it as English, French, German, Russian, Latin or Greek but adopted the sole criterion of the terms' appearance in English French, German, Russian, Latin or Greek texts (without penetrating its etymology and investigating the rules which govern it in those languages). I assume that by using foreign language texts, it is a matter of professional and not linguistic (or etymological) knowledge. Furthermore, it was not anticipated in the conception of the *Dictionary* to gather

information on the origins of the terms. Consequently, the entry of 'afazja' – Eng. aphasia, French *aphasie*, Germ. *Aphasie*, Rus. *афазия*, Lat. *aphasia*, Gk. *aphasia*' offers the counterparts of the descriptor 'afazja' which appear in the foreign language texts mentioned without investigating the rules within which they function in the given languages.

7. English and French texts pose another problem. Very often they are ridden with acronyms such as: TSA 'transcortical sensory aphasia', TMA 'transcortical motor aphasia', TLC 'total lung capacity', MBC 'maximum breathing capacity', etc. I could not ignore nor omit them, but on the other hand, by choosing not to record acronyms as descriptors, I was forced to identify them in brackets next to their complete entries. Having said that, there is one deviation from this rule, namely the international English acronym 'DNA', universally used in specialist literature.

This is the second *Dictionary* compiled in such a way as to be classified as a compendium, i.e. a document which gathers, integrates, organizes, ranks and standardizes logopedic terminology. The dictionary contains 2987 entries as well as an index of 1118 English counterparts, 780 French, 745 German, 842 Russian and 832 Latin.

Like both its predecessors: *A Dictionary of Logopedic Terms* as well as its successor, *A Pocket Logopedic Dictionary*, this *Dictionary* is ready to be transferred to a magnetic carrier and constitutes an integral component of a diagnostic-therapeutic computer system, named LOGOPED, which is being set up.

8. The second edition of the *Logopedic Dictionary of Diagnostic Terminology* focuses on the needs of teacher-speech therapists. Both the first and second editions of the dictionary were compiled to be used in speech therapy—the independent pedagogical study of speech impediments, ways of their prevention and methods of corrective measures. The *Logopedic Dictionary of Diagnostic Terminology* published in 1996 in book format (written by me) and digital format (co-written by Krzysztof Banaś and me) necessitated substantial supplementation. The second edition of the content-enriched dictionary reflects another stage towards putting logopedic terminology in order. The lexicon has been supplemented substantially, i.e. it has been enriched with additional disciplinary information. The new terms cross-indexed with their foreign counterparts should facilitate a more efficient recognition of speech disturbances.

As a result of the continuous research of logopedic terminology, theoretical foundations for logopedic terminology had been compiled which were then published in a monograph entitled *Logopedijos terminijos teoriniai pagrindai*.

9. As discussed in the introduction of the first edition, terminographic activity was also influenced by other events: most importantly the fact that the speech therapist's profession was officially recognized (Journal of Laws of Poland, No. 48, dated 1995) and also the gratification of long-standing efforts by the Polish Logopedic Association to legally sanction the rank of speech therapist's profession. Logopedic collaboration within an integrated Europe is becoming a reality. The flow of disciplinary information is obstacle-free and opportunities for integrating Polish and European logopedic ideas arise. Relations between the Polish Logopedic Association with IALP (International Association of Logopedics and

Phoniatrics) have been revived as well as those with associations and logopedic societies of European countries, and particularly with: the Czech Logopedic Association (Logopedická Společnost Milose Sovaka), The Association of Clinical Speech Therapists of the Czech Republic (Asociace Klinických Logopedů ČR), German Association of Speech Therapists (Deutsche Beziehung Logopädischen), Portuguese Association of Speech Therapists – APTF (A Associação Portuguesa de Terapeutas da Fala), Slovak Logopedic Society (Slovenska Logopedická Spoločnosť), Swedish Association of Logopedics, UPFL (Professionnelle des Logopedes Francophones), and VVL (Vlaamse Vereniging voor Logopedisten).

10. Relations with neighbouring countries are becoming stronger, and in particular those with Lithuania, Belarus and Slovakia. In turn, integration which is taking place in Europe and in the world leads to internationalization of scientific and technical terminology. This, in turn, illuminates the problem of language barriers which may be difficult to overcome. For this reason, indexation included the counterparts of the key terms in speech therapy that appear in English, Czech, French, Greek, Lithuanian, Latin, German, Russian, Romanian, Slovak and Ukrainian texts (based on their availability to the author). Thus, I would like to inform the users of this dictionary of a certain difficulty which has emerged. This difficulty refers to the convergent graphic image of some entries, for instance the following English terms *aphasia*, *aphonia*, *agraphia*, *acalcula*, *alalia*, and their Latin counterparts of *aphasia*, *aphonia*, *agraphia*, *acalculia*, and *alalia*. When registering foreign language terms I was implementing the criterion of their appearance in texts without concerning myself with how a term functions in a given language and the rules that govern it.

Many universities in the country now offer logopedic programmes of study. In speech therapy classes are more frequently supplemented with materials obtained online. All aspects of the introduction of information technology in speech therapy need also be noted. The aforementioned phenomena, as well as those which will be discussed further, lead to an almost avalanche-like accumulation of new concepts and terms. Foreign language literature is continually expanding, as is that which is found on the Internet within the framework of the “European Educational Programmes in Logopedics” (<http://www ldc.lu.se/logopedi/europe>). Terminological discrepancies impede free flow of discipline-related information.

11. It is not insignificant that logopedic care in Poland in the broad sense of the word is provided not only by people from the immediate surroundings of a child (chiefly grandparents) who are instructed by a speech therapist, but also by linguists, psychologists, phoniatrists, and various rehabilitators and therapists. In such a multidisciplinary team of specialists controversies over terminology arise both when it comes to diagnosing as well as with therapeutic measures in the cases of persons with speech impediments. For this reason, therefore, the dictionary accounts for a certain minimum of terminology from the interdisciplinary areas and particularly from sciences auxiliary to logopedics, such as:
 - a) language study (linguistics, applied linguistics, paedolinguistics, neurolinguistics, psycholinguistics, sociolinguistics, computational linguistics, cognitive

- linguistics, educational linguistics, phonetics, articulatory phonetics, acoustic phonetics, auditory phonetics, dynamic phonetics, motor phonetics, perceptual phonetics, paedophonetics, comparative paedophonetics, acoustics, phonology, phonematics, phonemics, orthophony, orthoepy, and others),
- b) behavioural sciences (cognitive psychology, social psychology, developmental psychology, psycholinguistics, neuropsychology, clinical neuropsychology, paedology, child psychology), and
- c) language and speech-based biomedical sciences (anatomy, general physiology, neuroanatomy, neurophysiology, laryngology, phoniatics, otolaryngology, paediatrics, geriatrics, psychiatry, developmental psychiatry, audiology, paedo-audiology, orthodontics, and others).

In order to obtain information outside the scope of the adopted minimum from these sciences, I refer the users of this dictionary to discipline-specific dictionaries of the above-mentioned fields.

It follows from the aforementioned that terminological organization is becoming an imperative necessity. Both the first and second editions of the dictionary make reference to the international nomenclature of diseases and health problems (ICD-10) compiled by the World Health Organization. Subsequent revision is expected in 10 years.

However, it is not just the World Health Organization that systematizes its terminology. World-wide terminological activities undertaken by national and international organizations (terminology centres) have given rise to the tendency of internationalizing scientific and technical terminology. Thus, the International Information Centre for Terminology (Infoterm) was founded in 1971 in Vienna with the objective of coordinating the activities of the organization and disseminating uniformity in terminology. The Centre is undertaking efforts to become part of the TermNet network.

12. The expanded compilation of terms (4510 entries) included in the second edition of the dictionary was profiled with the idea of logopedic practice and encompasses mainly entries related to diagnostics. The dictionary has an optimal amount of diagnostic terminology which will facilitate a free international exchange of disciplinary information for its users. Similarly to the first edition, it was impossible to avoid certain information gaps in the second edition. Some entries are not supplemented with complete information. They will undoubtedly provide rudimentary information which will be supplemented in subsequent editions. Code markings of entries were omitted in the dictionary's second edition as they had no practical application.

This compilation of the lexicon of logopedic terminology serves computer-aided (LOGOPED) diagnoses and therapy and constitutes a contribution towards its normalization and unification on a European scale.

I would like to thank all the participants of the already long-lived discussion of logopedic terminology for their contributions and valuable comments.

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Z terminologii logopedycznej**Streszczenie**

W wydany przez Wydawnictwo Naukowe Wyższej Szkoły Pedagogicznej w Krakowie w 1992 roku *Słowniku terminologii logopedycznej* zamieszczone zostały hasła związane z terminologią diagnostyczną (stawianiem diagnozy), a więc z operatywnym wyszukiwaniem odpowiedniego terminu diagnostycznego. Ze względu na to, że w diagnozowaniu powszechnie stosuje się u nas terminologię foniatryczną (łacińską) oraz językoznawczą (polską), hasła te zostały potraktowane jako deskryptory – słowa lub jednostki składniowe (jednoznaczne i niebędące synonimami) użyte jako podstawowy element języka indeksowania w systemie automatycznej analizy treści dokumentów. Przyjęte w wymienionym słowniku kryterium możliwie sprawnego wyszukiwania terminu jako nadrzędnego preferowania hasła związanego z zakłóceniami i zaburzeniami komunikacji językowej nie sprzyjało uwzględnieniu haseł z dziedzin pogranicznych: z defektologii, subdyscyplin pedagogiki specjalnej (surdepedagogiki, tyflopädagogiki, oligofrenopedagogiki oraz odpowiadających im metodyk logopedii specjalnej) oraz psychologii rozwojowej, psychologii klinicznej (psychopatologii), lingwistyki (metalingwistyki, socio-, psycho-, neurolingwistyki, pediatrii, laryngologii (otolaryngologii), foniatryi, ortodoncji, neuropatologii, psychiatrii dziecięcej a nawet cybernetyki (biocybernetyki) i informatyki. Odpowiedzią na pytanie, jaki leksykon powinien się znajdować w ręku logopedy, jest koncepcja *podręcznego słownika logopedycznego* oparta na idei gromadzenia minimum niezbędnych dla praktyki logopedycznej informacji pochodzących z obszernego obszaru wiedzy interdyscyplinarnej (terminów diagnostycznych i pozadiagnostycznych).