



AAC terminology policy and issues update

Lyle Lloyd & Doreen Blischak

To cite this article: Lyle Lloyd & Doreen Blischak (1992) AAC terminology policy and issues update, Augmentative and Alternative Communication, 8:2, 104-109, DOI: [10.1080/07434619212331276153](https://doi.org/10.1080/07434619212331276153)

To link to this article: <https://doi.org/10.1080/07434619212331276153>



Published online: 12 Jul 2009.



Submit your article to this journal [↗](#)



Article views: 68



View related articles [↗](#)



Citing articles: 1 View citing articles [↗](#)

AAC Terminology Policy and Issues Update

Lyle L. Lloyd

Editor, Augmentative and Alternative Communication

and

Doreen M. Blischak

Editorial Assistant, Augmentative and Alternative Communication

It has been 2 years since we published our last terminology policy for *Augmentative and Alternative Communication (AAC)* and proposed other issues needing discussion (Lloyd & Kangas, 1990). The 13 terms in the original policy statement (Lloyd & Kangas, 1988) and the 16 terms in the first update (Lloyd & Kangas, 1990) have stood the test of time in that no letters to the editor, forum papers, or other articles have been received that suggest modifications of our published policy. However, during the past 2 years we have seen both in published literature and in the review of submitted manuscripts and abstracts for the biennial conference of the International Society for Augmentative and Alternative Communication (ISAAC) the need to add six additional terms to our policy statement. It also seems appropriate to continue the practice of publishing the journal's terminology policy approximately every 2 years since some individuals may not have easy access to the earlier publication. Therefore, we are publishing this update of the June 1990 "AAC Terminology Policy and Issues" statement.

As background, it was noted that the first three volumes of *AAC* included three articles (Lloyd, 1985; Lloyd & Fuller, 1986; Waksvik, 1985) and two letters to the editor (Blau, 1987; Musselwhite, 1987) on terminology and related taxonomic issues. It was of particular interest to see that in the first annual Phonic Ear *AAC* Distinguished Lecture delivered in November 1989, and subsequently published (McNaughton, 1990) one of the topics was the issue of terminology and its importance to clinicians/educators as well as researchers/academicians in our emerging field. In our 1990 terminology update (Lloyd & Kangas, 1990), we responded to a letter (Johnson, 1989) and a major paper (McNaughton, 1990) that commented on terminology. Since that time, we have published a letter (Mirenda, 1991) and two papers (Fuller & Lloyd, 1991; Fuller & Stratton, 1991) dealing specifically with terminology issues. These papers further indicate the need to develop a more consistent terminology within the field of augmentative and alternative communication (AAC).

The importance of terminology relative to our communication with other professionals and the general public, as well as the very special needs of international and transdisciplinary communication and development, has become increasingly apparent. In addition to improved consistency in our use of terms, we need to carefully examine what meanings the jargon we develop may have to other individu-

als who rely primarily on a dictionary and their own common sense. Although many people in the field may know what is meant by a given term, the same meaning may not be shared by others. Some terms used by many people in one country (e.g., augmentative) are not easily translated into other languages.

Because of the transdisciplinary nature of AAC, we are also experiencing problems of various disciplines using other jargon to describe essentially the same phenomenon, act, characteristic, etc. Several of the above referenced papers have attempted to address this problem. In future issues we hope to see more papers evaluate the jargon we use and suggest improved terminology. There also is a need to develop a glossary of terms to assist in comparing the different terms used by various authors and/or disciplines.

These problems reflect the need for an emerging field like AAC to develop an internally consistent and logical terminology that will facilitate the international and transdisciplinary development of the field. In 1985, ISAAC established an ad hoc terminology committee to examine the issue. The March 1988 statement suggested that at some future point, the ISAAC terminology committee may be in a position to ask the board of directors to consider the possibility of an official terminology statement for ISAAC. It was also suggested that prior to asking the board of directors to consider a terminology policy, the committee may need to take several steps, which may include the following: establish a list of terms to be considered, solicit input from the ISAAC membership, modify the list of terms, develop a draft set of definitions for the glossary, provide the opportunity for input by all ISAAC members, revise the glossary based upon member input and committee consensus, publish the draft glossary in *The ISAAC Bulletin* for membership discussion, and then present such a glossary to the board of directors for discussion at one of its biennial meetings. However, some feel that it may be inappropriate to develop an "official ISAAC terminology policy." It may be more appropriate for ISAAC to provide information, but not attempt to establish terminology policy. Although some ISAAC activities, such as its journal, may require an internally consistent terminology policy, it seems premature to attempt to establish an ISAAC terminology policy. Therefore, the ISAAC committee is currently assuming the informational approach with no immediate plans to develop a policy proposal for consideration by the board

of directors at either the 1992 or 1994 biennial conference.

In 1988, the editorial office took several steps in order to improve the continuity of style used in *AAC* and to facilitate the work of the ISAAC terminology committee. The specific steps included (a) the use of key words, (b) the establishment of journal policy for the use of some specific terms, and (c) the identification of other terminology issues. In addition, we have taken the initial steps to develop an extensive glossary of terms either as journal policy or as suggestions for use (Lloyd & Blischak, 1989). The editorial office glossary is being coordinated with the ISAAC Terminology Committee. **The current report provides an update on key words and journal policy with the hope of receiving input from the field for further revision.**

KEY WORDS

In the March 1987 issue, we initiated a policy of providing key words for all refereed articles published with the exception of letters to the editor. In addition to facilitating terminology development, we use the key words for indexing purposes. The "Information for Authors" asks for five to ten key words to be provided when a manuscript is submitted. Initially, key words were provided by the authors with few additions or modifications suggested by the editorial office. We are now attempting to improve the consistency of the selected key words by using a checklist to assist authors in choosing the appropriate terms. This will greatly facilitate indexing. The list of key words we are currently providing to authors is in Table 1. The original 1988 list was a combination of the terms generated in 1988 to profile areas of expertise of our consulting editors and ad hoc reviewers, and the key words generated by authors of papers published in 1986. We have added several key words and modified a few others. Prospective authors are encouraged to consult this list when selecting their key words, but are not limited to the list provided. These key words are in continual process of development; we would appreciate input from *AAC* readers to add terms or to otherwise modify the list. **Individuals who have developed key words or indexing terms for *AAC* are encouraged to share them with the *AAC* editorial office and the ISAAC terminology committee.**

TABLE 1: Key Words: Working Draft for Suggested Key Words*

Abbreviation expansion	other, specify _____	Prediction
Acceleration	Errorless learning	Presymbolic communication
Adolescents	Eye-pointing	Professional preparation
Adults	Facilitators	Progressive neurological disease
Aided	Family	Qualitative research
approaches	participation	Questionnaire
communication	perspective/attitudes	Rate
symbols	support	Reading
*American Sign Language (ASL)	other, specify _____	Reduced keyboard size
Aphasia	Funding	Scanning
Apraxia	Generalization	Semantic elements
Assessment	Geriatric adults	Service elements
cognitive	*Gestures	Service delivery
interaction	Gestural sets/systems	*Sign languages other than ASL, BSL, &
language	Amer-Ind	SSL, specify _____
physical ability	other, specify _____	Signing key words
other, specify _____	Graphic	Sigsymbols
*Assistive communication devices	complexity	*Simultaneous communication
light-tech, e.g., communication boards	representation of manual signs	Single subject design
high-tech, e.g., computers	symbols	Social validation
speech output	Group experimental design	Software
text composition	*Handicap	Specific learning disabilities
other, specify _____	Head injury	Speech impairment
Attitudes	Hearing impairment	Speech synthesis
*Augmentative and alternative	*Iconicity	Spelling
communication (AAC)	Illustrative case	Statistics
Autism	*Impairment	nonparametric
Blissymbolics/Blissymbols	Inservice training	parametric
Brain injury	Instructional design	Strokes
*British Sign Language (BSL)	Instructional techniques	Survey
Case study	Intelligibility	*Swedish Sign Language (SSL)
Cerebral palsy	Interdisciplinary approach	*Symbol
Children	Interaction, communicative	sets
Cognitive processes	Intervention	systems
Communication	Language acquisition & development	Tangible symbols
aid	Learning theory	Taxonomy
board	Legal issues	Technology
competence	Letter arrays	Terminology
device	Lexicon	Theory
efficacy	Linguistic prediction	Time delay
partners	Literacy	*Total communication (TC)
Complexity	*Manual signs/signing	Traditional orthography (TO)
Computer	Manually Coded English (MCE)	Transdisciplinary approach
Concreteness	Manually coded spoken languages other	Transition
Consumer	than English, specify _____	*Translucency
Counseling	Manufacturer	*Transparency
Database	Match-to-sample	Unaided
Demographic	Mental retardation	approaches
Design strategy	Model	communication
Developmental delay	Motor development	symbols
Direct selection	Multidisciplinary approach	User perspective
*Disability	Multimodal approach	Visual impairment
Disambiguation	Multiple disabilities	Visual perception
Discourse analysis	Nonelectronic	Vocabulary
Dual sensory impairment	*Nonverbal communication	manipulation
Dynamic displays	*Opacity	selection
Dysarthria	Parents and significant others	Voice output communication aid (VOCA)
Ecological	Pedagogical sign systems	Word
Efficacy	Perceived complexity	frequency
Efficiency	Physical impairment	lists
Encoding	Picsyms	sets
abbreviation and expansion	Pictographs	Writing aids
color	Picture Communication Symbols (PCS)	Writing skills
icons	Policy	Other, specify _____
salient letter	Pragmatic intervention	

*AAC has an established policy on the use of the terms marked with a star.

TERMINOLOGY POLICY

We have found it necessary to establish policy for the use of certain critical terms for the AAC journal. Some consistency of usage is necessary in order to facilitate transdisciplinary and international communication, which has been one of the central goals of AAC since its beginning. Furthermore, as AAC develops a reputation as the primary source of professional literature in our field, it may be expected that professionals who are less involved in the development of the field of AAC will look to the journal for models of appropriate means to discuss issues of interest to AAC. The list below reflects the current status of journal policy related to the terms listed. In general, we have requested that authors revise their papers to conform to these policies unless they can provide a specific justification for some variation.

- **Alternative Communication:** This is used only in special cases. It may be used to refer to an approach that is clearly a substitute for (or alternative to) natural speech and/or handwriting. See: Augmentative and alternative communication.
- **American Sign Language (ASL):** This should be used only when referring to the natural sign language used by the deaf community in the United States. See: Manual signs; Sign language.
- **Assistive Communication Device:** This should be used to refer to any electronic or nonelectronic aid or device that provides external assistance for communication. Assistive communication device is used rather than augmentative communication device or alternative communication device to avoid the issue of whether the device is used to augment and/or as an alternative to natural speech or writing. Assistive communication device is also more consistent with the use of the terms "assistive device" and "assistive technology" in other areas of rehabilitation. Use of an assistive communication device is considered aided communication.
- **Augmentative Communication:** This is used only in special cases. It may be used to refer to an approach that is clearly an addition to natural speech and/or handwriting. It should not be used if there is no natural speech and/or writing involved. See: Augmentative and alternative communication.
- **Augmentative and Alternative Communication:** As a general practice, the term "augmentative and alternative communication" (or "AAC" after it is spelled out the first time) should be used rather than using the more restrictive terms "alternative communication" or "augmentative communication" (which would both be abbreviated "AC"). There may be some cases in which the author is specifically talking about only one aspect of AAC, either alternative communication or augmentative communication. In these instances the more specific term would be appropriate. We have adopted the policy of using "AAC" when one of the other two forms is not justified, for several reasons. One of the most obvious is the consistency with the journal's title *Augmentative and Alternative Communication*, and the sponsoring organization, International Society of Augmentative and Alternative Communication. As an international journal, there is another very important reason relative to translation into different languages. Individuals in many non-English speaking countries can translate "alternative communication" relatively easily and have essentially the same meaning as we would have in North America. However, in some of the countries there is a difficulty translating "augmentative communication" and conveying the same meaning as many people intend when they use it in North America.
- **British Sign Language (BSL):** This should be used only when referring to the natural sign language used by the deaf community in the United Kingdom. See: Manual signs, Sign language.
- **Disability:** This should be used to refer to the activities affected by an impairment. For example, a motor impairment might cause a disability of mobility or a communication disability. See: Handicap; Impairment.
- **Gesture:** This should be used to refer to the use of the body to represent an object, idea, action, or relationship without the linguistic constraints of manual signs. There may be a few natural gestures such as pointing, but most gestures are culturally determined. Although some cultures refer to "gesture" rather than "sign" in describing the natural manual language of its deaf community, other cultures find the term "gesture" offensive when used to refer to the sign language of deaf individuals. Both conventionalized and arbitrary gestures form the linguistic units for sign languages. For consistency, "gesture" should be used to describe manual symbols, both natural and conventional, that do not have linguistic constraints as in sign language. See: Manual sign; Sign language.
- **Handicap:** This should be used when referring to the role of the individual in society and the impact of a disability or impairment on the individual's roles. Thus an individual with a severe physical impairment might experience a handicap in work or social environments. However, it is important to distinguish impairment from handicap, as a handicap may be the result of an impairment, but it is not an inevitable result. The term "handicap" should be avoided unless the author intends to convey that there is a negative impact on the individual's role in society. See: Disability; Impairment.
- **Iconicity:** This should be used to refer to the visual relationship of a symbol to its referent. It is the general term under which transparency and translucency, which describe degrees or types of iconicity, fall. See: Translucency, Transparency.
- **Impairment:** This should be used to refer to a specific structure or function that is absent or deficient. In most usages, the specific nature of the impairment should be identified. For example, rather than report that an individual is "severely impaired," one should state that the individual "has a severe motor impairment." See: Disability; Handicap.
- **Manual signs:** Manual signs is a general term that may be applied to either a natural sign language (e.g., ASL, BSL, SSL) or to the use of manual signs as a code for a spoken language. This would include the simultaneous use of manual signs and speech, either when each word is signed or when only key words are signed. See: Sign language.
- **Nonverbal:** The use of the words "nonverbal" and "verbal" should be limited in order to avoid ambiguity. For example, a statement such as, "The child was nonverbal," may be interpreted as "The child has no use of any linguistic symbols," or alternatively as "The child has no speech but has some linguistic skills such as comprehension of speech or use of graphic symbols or manual signs." Although the term "nonverbal communication" may be used when referring to non-linguistic communication or communication that does not involve the use of words in either the acoustic or visual form, in most cases "without speech" will be less ambiguous than "nonverbal." See: Verbal.
- **Opaqueness:** This should be used when there is no perceived relationship between a visual symbol and its referent.
- **Sign Language:** This should only be used when referring to a natural sign language (e.g., ASL, BSL, SSL) and not when referring to the use of manual signs as a code for a spoken language. Signing Exact English and Signed English are examples of manual signs used to code spoken English. It is not accurate to use the term sign language if one is referring to selecting a vocabulary of manual signs from a sign language, but using the manual signs as a code for a spoken language. See: Manual signs.
- **Simultaneous Communication:** Simultaneous communication is the use of two modes of communication at the same time. For example, the simultaneous use of speech and manual signing. When simultaneous communication is used, the modes of communication must be specified early in the article.

- **Swedish Sign Language (SSL):** This should be used only when referring to the natural sign language used by the deaf community in Sweden. See: Manual signs, sign language.
- **Symbol:** Symbol refers to a representation of a referent. The type of symbol should always be specified to avoid confusion, for example, spoken symbols, graphic symbols, or manual symbols.
- **Total Communication:** This is a term borrowed from the literature related to the education of individuals with hearing impairments. As such, it is a philosophy rather than a method of communication. However, when it is used, it should refer to the use of whatever means of communication are appropriate for the particular individual and may include, but is not limited to speech, written words or other graphic symbols, manual signing, fingerspelling, and/or gestures. It should refer to the use of a combination of symbols. It is similar to multimodal communication. In many ways, total communication is the same as augmentative and alternative communication (AAC). Therefore, AAC is quite frequently an appropriate substitute. Total communication should not be used as a synonym for signing and speaking or for simultaneous communication. See: Simultaneous Communication.
- **Translucency:** When one wants to be more specific than the general term, iconicity, this should be used to refer to the degree to which individuals perceive a relationship between a symbol and its referent when the referent is known. Translucency has been operationally defined by numerical ratings of the amount of relationship of a referent perceived to be present in the symbol. It is a term borrowed from linguists and others in the sign language research area. However, the term representativeness has been used by some psychologists to describe essentially the same phenomenon – the visual relationship of a symbol to its referent. Authors should use the term translucency unless a specific justification can be provided. For instance, representativeness may be used when referring to the Dual Coding Theory. See: Iconicity.
- **Transparency:** When one wants to be more specific than the general term, iconicity, this should be used to refer to the degree to which the meaning of a symbol can be readily guessed in the absence of the referent. Generally, transparent symbols depict shape, motion, or function of the referent. Transparent symbols are frequently rated as highly translucent. See: Iconicity.
- **Verbal:** The use of the words “verbal” and “nonverbal” should be limited in order to avoid ambiguity. While verbal frequently means speech, it can also refer to a broader meaning of the use of words or other lan-

guage symbols. For example, it is more clear to say, “The test was administered with spoken instruction,” rather than to say, “The test was administered verbally.” In most cases, “spoken” will be less ambiguous than “verbal.” See: Nonverbal.

COMMENT ON NEW TERMS

We have included several new terms in the current policy. These terms may not stand the tests of time and international and/or transdisciplinary usage. We are responding, in part, to two recent publications in AAC, calling for consistency in iconicity terminology. Fuller and Stratton (1991) pointed out that although “representative-ness” and “translucency” appear to represent the same phenomenon, they have both been used to describe the degree to which a symbol can be perceived as related to a referent. Fuller and Lloyd (1991) later called for adoption of a consistent terminology for iconicity and its related aspects, transparency, translucency, and opaqueness. It seems appropriate, given our current state of knowledge in the field of AAC, to include these in our official AAC policy. **We strongly encourage reader comments** regarding these terms.

GENERAL CONSIDERATIONS

Although AAC is adopting the World Health Organization (WHO) usage of the terms “disability,” “handicap,” and “impairment” (as suggested by Waksvik, 1985), there is still some variation in the more specific terminology one may use when referring to specific physical and cognitive impairments, and the related disabilities. In keeping with the transdisciplinary role of AAC and ISAAC we will use the terminology advocated by the major professional journals related to the respective disabilities and impairments for guidance. For example, the “information for authors” for the *American Journal on Mental Retardation* or *AJMR* (previously the *American Journal on Mental Deficiency* or *AJMD*) provides a balanced discussion on such usage. Therefore, the *AJMR* terminology statement is quoted to provide interim guidance.

Conventions about terminology for referring to people with mental retardation have changed many times over the years. Authorities now agree that the word retarded should not be used as a noun, as in “the mentally retarded.” Many authorities believe that retarded may be used as an adjective, as in “mentally retarded adults.” but others reject this practice in favor of prepositional constructions, such as “people with mental retardation.” Both the adjectival and prepositional constructions are acceptable in *AJMR*; however, when the context makes it clear whether one is referring to mentally

retarded persons or when it is otherwise unnecessary to refer to intellectual level or diagnostic classifications, authors should use the most descriptive generic term, such as “students,” “children,” or “residents,” without either adjectival or prepositional use of *retarded*. Whenever an author needs to describe level of intellectual functioning or diagnostic classification, terms should be drawn from the latest edition of AAMR’s *Classification in Mental Retardation*. Because *normal* has multiple meanings and implies abnormal where it is not applied, it should not be used. Instead, use more operationally descriptive terms, such as “intellectually average pupils” or “nonretarded employees.”

TERMINOLOGY POLICY UNDER DISCUSSION

There are several concepts for which we do not have adequate terminology and believe there is a need to select appropriate terms and establish a policy relative to their use. **We would especially appreciate** reader input about terms for the following concepts, as well as others which may warrant discussion.

People

There has been some variability in the way in which we speak about the persons who are of interest to us in the development of AAC (i.e., AAC users and potential AAC users). These individuals have variously been called “AAC users,” “augmentative communicators,” “augmented communicators,” “consumers,” “nonspeakers,” “nonspeaking individuals,” “paravocal communicators,” etc.

Mirenda (1991), in our only published reader response on this issue, has expressed a preference for the terms “AAC user” or “augmented communicator.” AAC user appears to represent AAC in the broadest sense, by not excluding those individuals who truly use an alternative to natural speech or writing. Nor does the term imply use of aided communication only, as we frequently write that an individual “uses,” for example, manual sign or gesture to communicate. A concern that the term AAC user excludes potential users of AAC also appears, in most cases, to be unwarranted. In describing an individual as a potential AAC user, the implication is that without specific AAC intervention, the person does not communicate. Again, this implies that an individual has no communication, be it aided or unaided, which is rarely the case. Even individuals with the most profound impairments frequently communicate via eye gaze, body movement, vocalization. Thus, AAC user appears to be a term that encompasses both

aided and unaided communication without regard to the extent to which an individual has received AAC intervention.

The term augmented communicator, on the other hand, implies that an individual's communication and not just natural speech or handwriting is augmented. If in the broadest sense, "communication" includes use of eye gaze, graphic symbols, gesture, speech, body posture, and a host of other linguistic and nonlinguistic modes, then it does not logically follow that communication can be added to or replaced. We need to keep in mind that we operationally define AAC in terms of augmenting or replacing natural *speech and/or handwriting*, not communication (see p. 106). The term augmented talker maintains consistency with the overall term AAC, but excludes both alternatives to speech as well as written language.

We continue to discourage use of the terms "nonspeaking" and "nonspeaker," applauding Mirenda's (1991) point that "...the term 'nonspeaker' is not only inaccurate but suggests that whatever speech exists is so inconsequential that it can be discounted." (p. 59). Further, we wish to strictly avoid use of a noun form when describing a disability or impairment, in accordance with policy followed by other journals in other fields (e.g., *AJMR*). When describing an individual or group of individuals, then, it seems that the phrase "individual(s) with little or no functional speech" is most descriptive. For example, "Subjects included six individuals with little or no functional speech," which, once established, can be referred to thereafter as "subjects" or "students."

We also have difficulty describing the professionals who are engaged in selecting, developing, and training AAC techniques. For example, we have attempted to avoid implications that any specific profession is responsible for any particular aspect of AAC, but this sometimes leads to long and awkward phrases such as "AAC interventionists," "clinicians/educators," "facilitators," "trainers," and "specialists in AAC."

Mirenda (1991) expressed preference for the term "AAC specialist" to reflect a professional team member in the generic sense, without regard to discipline or role on an evaluation/intervention team. We agree that this term is appropriate when used in such a context. However, whenever possible and relevant, profession or role should be specified (e.g., speech-language pathologist, educator, etc.).

When referring to those individuals engaging in a communicative exchange with AAC users, Mirenda (1991) preferred "communication partner" over terms such as "natural speaker," "speaking partner," or "listener." Communication partner does not imply the mode of communication of the partner, thus could include other AAC users. However,

when describing specific communication situations, as in research, it is appropriate to specify the characteristics of those individuals involved in the communicative exchange. Thus "natural speaking partner" may be appropriate in these circumstances.

A final point, which we hope will stimulate further discussion, is the use of the terms "speech impairment" and "communication impairment," both of which have been widely used and accepted. In keeping with the WHO's use of "impairment" and "disability," the term "speech impairment" is consistent with the stated definition of impairment: "This should be used to refer to a specific structure or function that is absent or deficient." (see p. 106). On the other hand, "communication disability" appears to be a more appropriate term than "communication impairment," as disability "...should be used to refer to the activities which are affected by an impairment. For example, a motor impairment might cause a disability of mobility or a communication disability." For internal consistency within our field and to better communicate to those outside of AAC it seems that we should adopt communication disability and avoid use of the term communication impairment.

Thus, we suggest that the terms AAC user, little or no functional speech, speech impairment, and communication disability be adopted to best describe our present view toward the persons we serve in the field of AAC. **We continue to welcome reader input here.**

Taxonomy

There is a need to establish a consistent means of classifying and describing the variety of AAC techniques. When referring to symbols it seems appropriate to use "aided" or "unaided" in referring to the superordinate level of classification. All the responses and comments received to date relative to the Lloyd and Fuller (1986) taxonomy paper have supported this classification over others such as static/dynamic, gestural/ symbolic, sign/symbolic, etc. (Blau, 1987; Musselwhite, 1987). It would seem that "aided" and "unaided" would also be appropriate for the superordinate level of a transmission taxonomy. Lloyd, Quist, and Wind- sor (1990) have proposed an AAC model which includes means of representation, selection, and transmission, each of which may be aided or unaided. Fuller, Lloyd, and Schlosser (1992) have proposed a further development of AAC symbol taxonomy, beginning with the superordinate levels "aided" and "unaided." Further taxonomic and model development and discussion is encouraged.

Literacy

In recent years, literacy has become an international issue as well as an emerging

area of research in AAC (e.g., Bruno & Goehl, 1991; Koppenhaver, Evans, & Yoder, 1991; Light, Lindsay, Siegel, & Parnes, 1990). In an effort to provide working definitions for authors and to encourage reader input, we suggest these terms:

- **Emergent literacy:** "reading and writing behaviors that precede and develop into conventional literacy" (Sulzby, 1990, p. 85); more explicitly, "the early, often non-conventional, reading and writing behaviors of developing learners prior to the introduction of formal instruction" (Koppenhaver, personal communication, 1992).
- **Literacy:** "the abilities to read and write in order to fulfill one's personal purposes in all life domains" (Koppenhaver, 1992).

Semiotics

Recently, the field of semiotics and its relevance to AAC has become an issue in several submitted papers. Although overall similarities exist in describing symbol use in semiotics and conventional terminology advocated by our journal, a few critical differences require further discussion and clarification. In semiotics, the term "sign" is typically used to describe that which signifies or represents another, whereas journal policy has established a very similar definition for "symbol" (i.e., "...a representation of a referent" p. 107). In semiotics, the term "sign" includes "icon, symbol, and index." Therefore, we may need to reconsider our use of "sign" and "symbol." We encourage readers to discuss these issues in articles and letters.

Iconicity

It is important to emphasize that symbol use is highly culturally bound, and caution is needed about assumptions that can be made regarding iconicity across cultural and linguistic communities. Further, many perceived relationships may be the result of convention within a culture. For instance, the Blissymbol for "love" had a translucency rating of 6.50 on a 7-point Likert type scale (Lloyd, Karlan, & Nail, 1990), presumably because of presence of the element (heartshape), which by convention in North American culture is related to emotions. Indeed, the Blissymbol itself is described as "the traditional symbol for love found on valentines" (Hehner, 1980, p. 108). Therefore, the Blissymbol "love" is perceived as having a relationship (that is, not opaque) to its referent by nature of its visual relationship to another conventional symbol, the valentine heart. In other cultures, Blissymbols or others which rely to any degree on conventionalized symbols, may have entirely different translucency ratings. Further research is called for here, to allow for cross-cultural comparisons of iconicity.

COMMENT

We hope this report on the current status of journal policies regarding terminology will assist the development of our field in several ways: (1) by providing guidance to authors in preparing manuscripts for publication; (2) by providing the readership with a reference; (3) by facilitating the work of the ISAAC Terminology Committee; and (4) by stimulating the transdisciplinary and international communication, which has been one of the most important strengths of ISAAC and of AAC. To that end, we look forward to reader responses and hope to be able to publish several letters to the editor regarding these terminology issues. We welcome responses, which will support, **expand**, or challenge the policies we have **presented** here.

ACKNOWLEDGMENTS

The authors thank all the individuals who have commented on terminology since the printing of the 1990 report. We are also grateful to the Associate Editors and ISAAC Executive Committee members who assisted in the preparation of the original report. We thank the Purdue AAC Research Group, and especially Gloria Soto, for their helpful comments.

Address reprint requests to: Lyle L. Lloyd, Editor, AAC, Purdue University, Special Education, SCC-E, W. Lafayette, IN 47907 USA.

REFERENCES

- Blau, A. F. (1987). A response to Fuller and Lloyd: Toward an augmentative and alternative communication symbol taxonomy: A proposed superordinate classification.
- Augmentative and Alternative Communication, 3, 97-99.
- Bruno, J., & Goehl, H. (1991). Comparison of picture and word association performance in adults and preliterate children. *Augmentative and Alternative Communication*, 7, 70-79.
- Fuller, D. R., & Lloyd, L. L. (1991). Toward a common usage of iconicity terminology. *Augmentative and Alternative Communication*, 7, 215-220.
- Fuller, D. R., Lloyd, L. L., & Schlosser, R. W. (1992). Further development of an augmentative and alternative communication symbol taxonomy. *Augmentative and Alternative Communication*, 8, 67-76.
- Fuller, D. R., & Stratton, M. M. (1991). Representativeness versus translucency: Different theoretical backgrounds, but are they really different concepts? A position paper. *Augmentative and Alternative Communication*, 7, 51-55.
- Hehner, B. (Ed.). (1980). *Blissymbols for use*. Toronto, Ontario: T.H. Best.
- Johnson, J. (1989). Comment on terminology. *Augmentative and Alternative Communication*, 5, 74.
- Koppenhaver, D. A. (1992, March). Personal communication. Carolina Literacy Center, Chapel Hill, NC.
- Koppenhaver, D. A., Evans, D. A., & Yoder, D. E. (1991). Childhood reading and writing experiences of literate adults with severe speech and motor impairments. *Augmentative and Alternative Communication*, 7, 20-33.
- Light, J., Lindsay, P., Siegel, L., & Parnes, P. (1990). The effects of message encoding techniques on recall by literate adults using AAC systems. *Augmentative and Alternative Communication*, 6, 184-201.
- Lloyd, L. L. (1985). Comments on terminology. *Augmentative and Alternative Communication* 1985, 1, 95-97. Reprinted from *Communicating Together*, February 2, 1984, 19-21.
- Lloyd, L. L., & Blischak, D. M. (1989). AAC from A to Z. Unpublished manuscript. AAC Editorial Office, Purdue University, West Lafayette, IN.
- Lloyd, L. L., & Fuller, D. R. (1986). Toward an augmentative and alternative communication symbol taxonomy: A proposed superordinate classification. *Augmentative and Alternative Communication*, 2, 165-171.
- Lloyd, L. L., & Kangas, K. A. (1988). AAC terminology policy and issues. *Augmentative and Alternative Communication*, 4, 54-57.
- Lloyd, L. L., & Kangas, K. A. (1990). AAC terminology policy and issues update. *Augmentative and Alternative Communication*, 6, 167-170.
- Lloyd, L. L., Karlan, G. R., & Nail, B. (1990). Translucency values for 910 Blissymbols. (Manuscript submitted for publication). *Augmentative and Alternative Communication*.
- Lloyd, L. L., Quist, R. W., & Windsor, J. (1990). A proposed augmentative and alternative communication model. *Augmentative and Alternative Communication*, 6, 172-183.
- McNaughton, S. (1990). Gaining the most from AAC's growing years. *Augmentative and Alternative Communication*, 6, 2-14.
- Mirenda, P. (1991). Terminology about people. *Augmentative and Alternative Communication*, 67, 59-60.
- Musselwhite, C. R. (1987). Further comments on terminology. *Augmentative and Alternative Communication*, 3, 164-165.
- Sulzby, E. (1990). Assessment of writing and of children's language while writing. In L. Morrow & J. Smith (Eds.), *Assessment for instruction in early literacy* (pp. 83-109). Englewood Cliffs, NJ: Prentice-Hall.
- Waksvik, K. (1985). Readers Forum. *Augmentative and Alternative Communication*, 1, 52-54.

**PRENTKE ROMICH AAC AWARDS SCHEDULED FOR PHILADELPHIA
August 10, 1992**

The **Prentke Romich AAC Awards** for outstanding articles published in Volume 7, (i.e., 1991) of *Augmentative and Alternative Communication* will be presented at the Awards Banquet at the 1992 Biennial Conference of the International Society of Augmentative and Alternative Communication. The Banquet is scheduled for Monday, August 10, 1992 at 7:00 P.M.

AAC Master's and Doctoral Theses Information

To facilitate international and transdisciplinary research, a resource listing containing abstracts of all master's and doctoral theses which have been completed worldwide in the area of augmentative and alternative communication (AAC) is currently being compiled by the editors of *AAC* and *The ISAAC Bulletin* for publication in one of ISAAC's publications. Anyone having completed a master's or doctoral thesis in this area please send a copy of the thesis to: **Rajinder Koul, Associate Editor, The ISAAC Bulletin, Special Education, Purdue University, South Campus Courts-Building E, West Lafayette, Indiana 47907, USA.**

PRENTKE ROMICH AAC FELLOWSHIP

The **Prentke Romich AAC Fellowship** provides support for MS-thesis option, Ph.D., or postdoctoral research studies at Purdue University. The fellowship is open to individuals of any nationality. Although the fellow would be pursuing studies in either audiology and speech sciences or in special education, individuals from any discipline applicable to the area of augmentative and alternative communication are eligible. In addition to coursework and research activities, the fellow will work closely with the editor of *AAC* to gain a practical knowledge of manuscript review and processing. For application materials and further information write: **Lyle L. Lloyd, Ph.D., Editor, Augmentative and Alternative Communication, Purdue University, South Campus Courts-Building E, West Lafayette, Indiana 47907, USA.**