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Terminology and Accessibility

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This issue concentrates on an aspect of accessibility that begins with terminology. Terminology has been the bane of many professionals' life. Misunderstandings, exclusions, unexpected inclusions, and hurt feelings can also stem from using the wrong term, or even the correct term at the wrong time.

Aspects of incorrect terminology can be benign- it really doesn't matter whether we say "intensity" or "sound level." More often than not, "sound level" is correct, but unless we are involved in the small area of our field referred to as noise control, the difference is not significant. I saw an "intensity meter" once at a conference. It was about 5 feet high and there were crowds around the Bruel and Kjaer booth just to see what it was. The intensity meter was thousands of dollars (and would probably require a piano mover to transport it) and I am sure that B and K only sold a few of them. Intensity is a vector quantity whereas sound level is a scalar one. And it's only the scalar value that we really care about.

Other aspects of incorrect terminology can be more significant. Is a "hearing impaired" person, truly impaired? Or perhaps they are simply "hearing aid users"? I have hearing thresholds that are within the normal range, but should we be saying that I have "normal hearing" or "typical hearing"? To be fair, very few terms that do not have a technical basis have widespread approval. Some people with a sensori-neural hearing loss may refer to themselves as "hard of hearing," "hearing impaired," a "hearing aid user," a "cochlear implant user", or use none of these terms.

This issue of *Canadian Audiologist* touches on all of these topics; some articles are written by hearing health care professionals, and some by hard of hearing people... I mean hearing aid users...

The first group of articles are about terms used by people to refer to themselves or other people. The final three articles are about technology and the misuse of these terms- intensity vs. sound level, resistance vs. impedance, and the various terms used in EEGs.

While an analysis of the use of terminology on the surface can sound boring and reductionist, it does bring to light certain assumptions that may be implicit in our field. This would be equally true when dealing with our clients (or is it patients?) as much as for researchers who assume that a phenomenon may be frequency-dependent (e.g., impedance) or frequency independent (e.g., resistance), but use the two terms interchangeably.

I have taken the liberty of contacting representatives from each of the Canadian Universities that offer programs in communication disorders- actually its communicative disorders, but what's in a term? I had suggested that whoever teaches the first audiology course at that institution, this issue of *Canadian Audiologist* be required reading.

Terms inherently come with them a realm of assumptions and past experiences- some good and some bad. This is an ever-changing landscape and hopefully, this issue of *Canadian Audiologist*

will provide our readers with the proper footing to move forward.

Hope you all have a pleasant holiday season.