



Confronting Pathology by Revealing a Critical Landscape in Communication Sciences and Disorders: A Scoping Review

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Abstract

Systemic oppression impacts equitable access to resources and life opportunities. This paper presents the findings of a scoping review of how the Communication Sciences and Disorders (CSD) field is identifying and challenging systemic oppression. This study aims to map a critical landscape in CSD by identifying literature that applies a critical analysis. A scoping review of peer-reviewed texts was conducted. Thirty-nine (n = 39) peer-reviewed articles met inclusion criteria. The findings indicate the presence of a critical landscape in CSD. This presents opportunities to better understand the impact of systemic oppression and has implications to counter systemic oppression through training, practice, and future research.

Keywords

Communication sciences and disorders; critical analysis; disability justice; power imbalances; social justice.

Positionality Statement

Drawing on Grenier et al. (2020)'s scoping review, we assert the importance of reflexively stating our positionalities. We recognize that doing so briefly is a challenge given the

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complexity of our worldviews and experiences (Weitzel et al., 2020). We nevertheless aim to situate ourselves in our research as it shapes this scoping review. We are trained in three different disciplines: CSD, Drama Therapy, and Teaching and Learning. At the time of this writing, we were either studying (first two authors) or working as professors (latter two authors) at New York University (NYU), a private research institution. We identify with and experience overlapping and differing marginalized and privileged realities. Some of us are first generation immigrants, while others are second generation immigrants of South Asian or Latinx backgrounds. Some of us are Queer, while others are straight. We draw on Black feminist scholarship's focus on intersectionality as a lens that informs our critical analysis of explicit and/or insidious power imbalances as these inform marginalized realities, and also allow us a gateway to imagine a transformed and just world (e.g., hooks, 2000). Our goal is to work towards countering inequity in our disciplines, so that people can have access to quality health care, high quality of life, access to life opportunities, and meaningful connection with each other.

Support

No financial support was provided to conduct this review and present its findings. This scoping review served as the first author's doctoral candidacy paper. Two external reviewers in the first author's program (Rehabilitation Sciences, New York University) provided feedback to the scoping review before the first author finalized the scoping review in consultation with the other three authors.



This scoping review adheres to a registered (osf.io/a3smf) protocol published in this issue of JCSCD (Hussain et al., 2023a). A scoping review was selected as the appropriate method to answer the research question, what CSD literature applies a critical analysis? As outlined by Arksey & O'Malley (2005), scoping reviews aim to map key concepts that underpin a selected research area, and answer questions about the nature of the evidence that is available, especially when examining emerging evidence in a research area (Peters et al., 2020).

The scoping review protocol (Hussain et al., 2023a) outlined that our scoping review would apply a critical analysis as a means to examine how peer-reviewed literature in the field of Communication Sciences and Disorders (CSD) is identifying systems of oppression as a means to counter systemic oppression.

Systemic oppression leads to inequitable access to health and societal resources (Ellis & Jacobs, 2021; Grzanka & Cole, 2021) and meaningful connections with each other. As such, we believe it is crucial to understand the ways in which CSD has been, and continues to be, informed systemic oppression (Cogburn, 2019; Jacquez, et al., 2021; Singh et al., 2020). In fact, critical research in CSD discusses the importance of engaging with critical analyses to better understand how biomedical deficit-oriented frameworks and societal power imbalances constrain the profession (e.g., Pillay and Kathard, 2018). Hussain et al. (2023a) defined a critical analysis as peer-reviewed literature that:

- a. identifies and challenges systems of oppression, hierarchy, power relations (Collins, 2017; Sajjani, 2013) and "domains of power" (Collins & Bilge,

- 2016, p. 27) which re/produce inequity, exclusion, and dominant discourses within the field (Bianchi, 2009; Dominelli, 2002);
- b. aims to understand marginalization as a function of social constructs (Pesco, 2014) rooted in systems of oppression like capitalism, colonialism and cis-heteropatriarchy that perpetuate inequity, such as material inequity (Bianchi, 2009). Examples of social constructs that lead to marginalization may be those based on age, class/socioeconomic status, dis/ability, gender, race/ethnicity/religion, size, sexuality/sexual orientation(s), and/or intersecting marginalization within oppressive systems (Collins & Bilge, 2016; Crenshaw, 1989, 1990). Furthermore, authors may analyze marginalization as a function of social constructs through a lens of “intersecting systems of power” (Collins & Bilge, 2016, p.27). Authors may analyze intersecting systems of power as the existence of a culture that disables people (i.e., by focusing on pathologizing people’s communication and implementing deficit-based approaches) and unjust institutions that erect systemic barriers and inequitable access to services, research opportunities, and professional training for those who are marginalized as a function of age, dis/ability, class, gender, race, size, sexuality, etc.
- c. provides recommendations to counter oppressive relationships and systems towards transformative change and social justice within the field (Asakura et al., 2020; Corneau & Stergiopoulos, 2012; Pesco, 2014; Rudman, 2018). (p. 56)

To our knowledge, this is the first scoping review aimed to uncover the nature of the critical landscape in the CSD field to contribute towards subverting power imbalances, dismantling systemic oppression, and working towards equitable human connection (Azul & Zimman, 2022). Broadly, we aim to examine the evidence of a critical landscape in the field by: a) mapping out CSD research that implements a critical analysis of systemic oppression, power imbalances, and inequity within the field, b) suggesting recommendations for socially just and equitable approaches in the field of CSD, c) identifying gaps in the literature, and d) providing recommendations for future research.

The content of this review focusing on methods and recommendations was also part of a long paper for the 2023 International Society of the Learning Sciences conference proceedings (Hussain et al., 2023b).

Methods

This scoping review has been informed by the methodological procedures for scoping reviews as proposed by the Joanna Briggs Institute (JBI) (Aromataris & Muzz, 2020), and the PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation (Tricco, et al., 2018).

Eligibility Criteria

To respond to our research question and to account for the capacity of the research team, article eligibility criteria were set to include publications that: a) were in peer-reviewed journals and quasi-peer-reviewed literature (i.e. book chapters from edited collections); b) had an available abstract (all formats) in Covidence; c) were written in either English or French; d) explicitly discussed the professions

in CSD (i.e. audiology, communication health assistant [CHA], and/or speech-language pathology [SLP]); e) were conducted by audiologists, CHAs and/or speech-language pathologists. In the case of a multidisciplinary research team, at least one audiologist, CHA, or SLP had to be involved. If specific credentials were not mentioned, then authors who work(ed) at a speech/ language/ hearing university school, department or center qualified. In uncertain cases, the first author directly contacted the author of the article under consideration; and f) met the definition of a critical analysis. No time limits were placed on the articles. We recognize that limiting the search to the two dominant languages of English and French, limits the scope of this review. Specifically, this review did not capture the application of critical analyses that may be applied in other languages within the CSD field. English and French were selected given all the authors' proficiency in the former and the first author's proficiency in both.

Information Sources

Six computerized bibliographic databases were used given this scoping review's topic: (a) CINAHL, (b) Medline via PubMed, (c) PsycNet via PsycInfo, (d) Web of Science Core Collection, (e) Cochrane Library, and (f) ProQuest Central.

Search Strategy

Key concepts related to the definition of a critical analysis were used for database searches. Additional terms were extracted from the literature during pilot-test searching. The first author obtained knowledge of database specific terms (e.g., subject headings) from training with NYU's Allied Health Sciences' librarian. Table 1 showcases a search strategy that was used for the

Cumulated Index to Nursing and Allied Health Literature (CINAHL) database.

Pilot-testing

Pilot-testing began in October 2020 on the CINAHL. Final searches on all databases were conducted between February 2021 and April 2021.

Table 1*CINAHL Search Strategy*

diversity OR decolon* OR settler OR colonial* OR capitalis* OR hegemon* OR patriarch* OR “critical turn” OR “critical lens” OR anti-oppressi* OR oppression OR “power relations” OR “relations of power” OR domination OR “power imbalance” OR “power imbalances” OR intersection* OR crip OR “crip theory” OR “disability justice” OR “Disability theory” OR “critical disability theory” OR “queer theory” OR “critical race theory” OR “critical race feminist” OR “critical race feminism” OR “Black feminist scholarship” OR “Indigenous feminisms” OR “anti-racist feminist” OR “anti-racist feminism” OR “anti-racism” OR “racial justice” OR feminis* OR “white privilege” OR “white supremacy” OR “white nationalism” OR “systems of power” OR racism OR heterosexism OR heteronormativity OR nonbinary OR sexism OR misogyny OR transmisogyny OR “LGBTQ+” OR Queer OR Trans OR Gay OR Lesbian OR classism OR homophobia OR transphobia OR poverty OR postcolonial OR indigenous OR “power relations” OR “citizenship” OR “civic responsibility” OR equity OR “sexual orientation” OR ageism OR religion OR prison* OR “poststructuralist theories” OR “poststructural theory” OR postcolonial OR “critically reflexive” OR “critical reflexive” OR “insider-outsider positionality” OR “cultural competence” OR “cultural awareness” OR “culturally sensitive” OR “cultural sensitivity” OR “cultural humility” OR “culturally responsive practice” OR “culturally responsive” OR “community responsive” OR “social transformation” OR sizeism OR politic* OR (MH “Gender Role+”) OR (MH “Sexual and Gender Minorities+”) OR (MH “Gender Bias”) OR (MH “Gender Identity+”) OR (MH “Gender Nonconformity+”) OR (MH “Cultural Bias”) OR (MH “Ethnic Groups”) OR (MH “Minority Groups”) OR (MH “Cultural Sensitivity”) OR (MH “Race Relations+”) OR (MH “Critical Theory”) OR (MH “Juvenile Delinquency”) OR (MH “Social Justice”) OR (MH “Feminist Critique”) OR (MH “White Persons”) OR (MH “Racism”) OR (MH “Discrimination+”) OR (MH “Immigrants+”) OR (MH “Cultural Diversity”) OR (MH “Cultural Competence”) OR (MH “Cultural Safety”) OR (MH “Prejudice+”) OR (MH “Acculturation”) OR (MH “Sexual Identity”) OR (MH “Minority Stress”) OR (MH “Race Factors”) OR (MH “LGBTQ Persons+”) OR (MH “Immigrants, Illegal”) OR (MH “Transgender Persons+”) OR (MH “Women’s Rights”) OR (MH “Emigration and Immigration”) OR (MH “Criminal Justice”) OR (MH “Social Class+”) OR (MH “Social Change”) OR (MH “Sexuality+”) OR (MH “Social Inclusion”) OR (MH “Social Alienation”) OR (MH “Gay Persons+”) OR (MH “Intersex Persons”) OR (MH “Sexism+”) OR (MH “Ageism”) OR (MH “Indigenous Peoples+”) OR (MH “Blacks”) OR (MH “Weight Bias”) OR (MH “Socioeconomic Factors”) OR (MH “Culture”)

AND

(MH “Communicative Disorders”) OR (MH “Rehabilitation, Speech and Language”) OR (MH “Research, Speech-Language-Hearing Therapy”) OR (MH “Speech-Language Pathologists”) OR (MH “Speech-Language Pathology Assistants”) OR (MH “Students, Speech-Language Pathology”) OR (MH “Audiology”) OR (MH “Students, Audiology”) OR (MH “Audiologists”) OR (MH “Speech-Language Pathology”) OR “speech language pathology” OR “audiology”

Study Records: Data Management, Selection, and Data Collection Process

All articles were uploaded onto Covidence, a tool to conduct systematic review production (<https://www.covidence.org/>). After Covidence automatically removed duplicates, the first author, in discussion with the fourth author, screened article titles and abstracts in accordance with eligibility criteria. If titles and abstracts met the criteria, then these articles were moved onto the full-text articles review. Table 2 illustrates the framework that was used for data extraction for full-text reviews. Full-text review entailed the first two authors to independently rate the articles with “Yes/No” for each eligibility criterion and study characteristics relevant to the research question using Google Sheets. Each eligible article was charted for meeting eligibility criterion by stating if the article met a given criterion.

If the first two authors disagreed in their ratings, a third rater, Pamela D'Andrea Martinez, who is a colleague of the first three authors charted data items from the articles in the same manner using the eligibility criteria without seeing the first two authors' charting, and she made a final decision about these articles. A visual representation of the selection process and results is depicted in Figure 2: a PRISMA flow diagram (Page et al., 2020, as cited in PRISMA, 2021).

Table 2

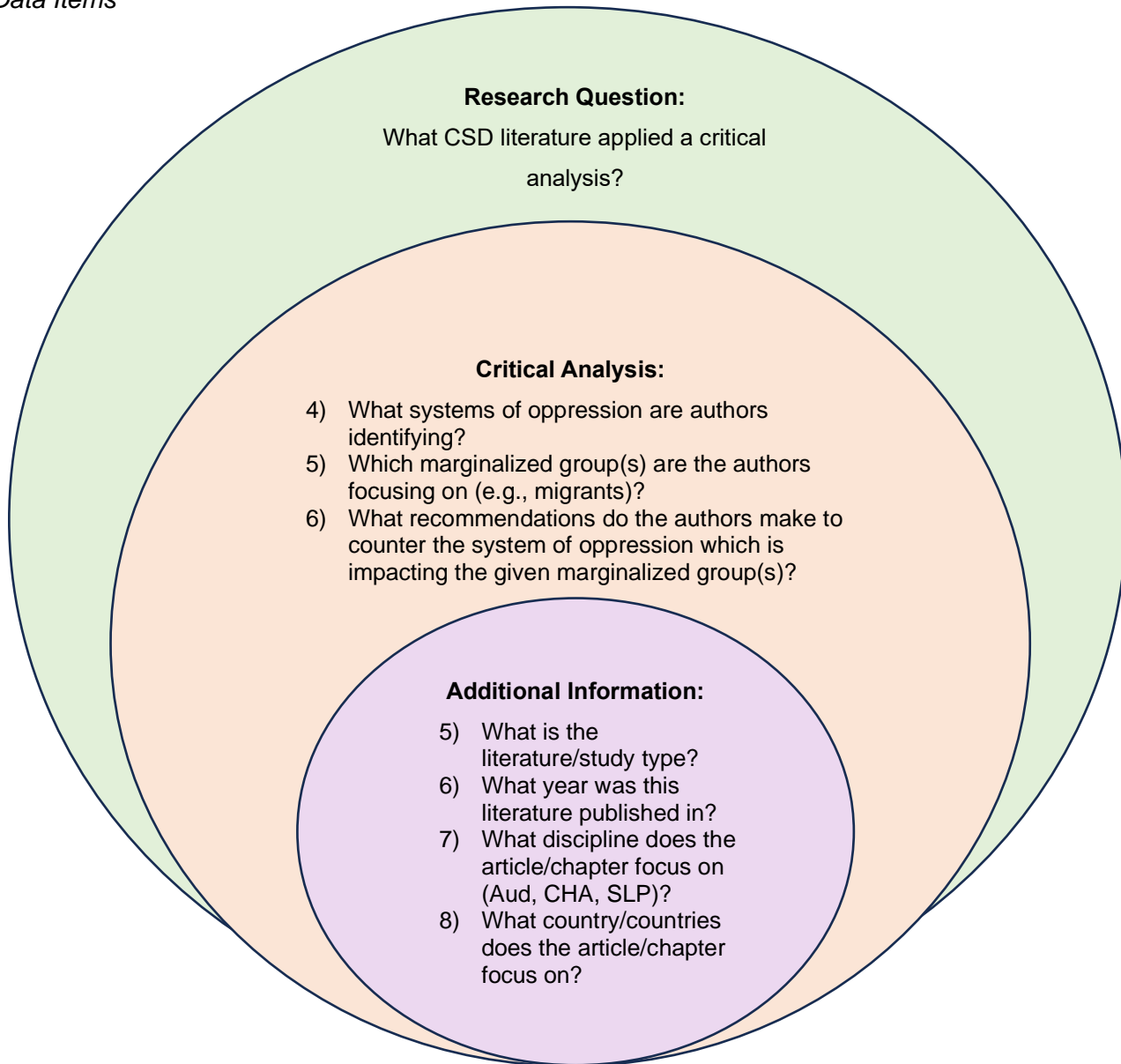
Template for Charting Articles (CA) and an Example

Inclusion Criteria	Data
Year	2016
Author	Doe, J.
Systems of Oppression (CA Definition Pt. 1)	Colonialism
Marginalized Group (CA definition Pt. 2 other than disability)	Indigenous
Marginalized Group (CA definition Pt. 2 focusing on a specific disability or entire field)	Acquired Brain Injury
Recommendations (CA Definition Pt. 3)	Yes (Specific recommendations written in MS Word or Google Document)
Discipline	SLP
Country of Focus	Canada
Article Type	Conceptual

Data Items

Since our phenomenon of interest is critical analysis, data items included three parts of the critical analysis: systems of oppression, population/marginalized group, and recommendations. We also charted data that contextualizes the critical analysis. Specifically, we identified which discipline is being focused on in a given article (i.e., audiology, CHA, and/or speech-language pathology), type of design employed in an article/edited book chapter (i.e., conceptual, mixed methods, qualitative, quantitative, other), article's year of publication, and the article's country focus. Figure 1 and Table 2 illustrate our data items as these relate to our

Figure 4
Data Items



research question. Specific recommendations from the articles were written in Google Documents or Microsoft Word by the first and second authors. Finally, we charted the country(ies) of focus and year of publication of each article.

Findings

Identity-first versus Person-first Language

We aim to use the terms used in a given article to report findings authentically. This may also illustrate how the field is navigating the construction of disability. Otherwise, when we discuss the collectivity of articles, we defer to identity-first language (i.e., Disabled people).

Speech Language Pathologist (SLP) vs Speech Language Therapist (SLT)

For the reader's ease, we use the acronym SLP for consistency. However, we acknowledge that some articles, primarily those from South Africa, use the term SLT.

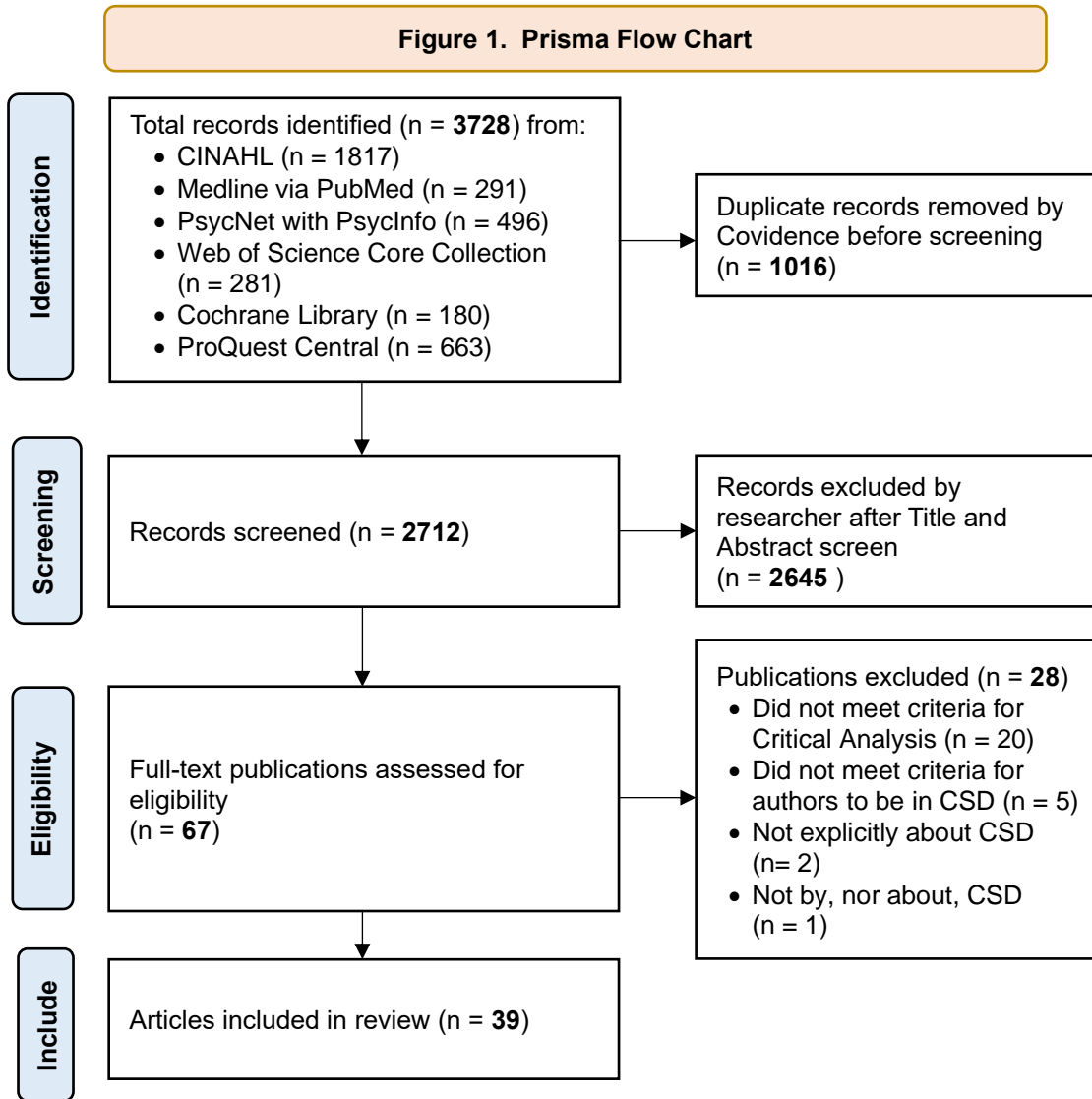
Selection of Sources of Evidence

The final searches resulted in 3728 articles. All articles were uploaded onto Covidence, which automatically removed duplicates ($n = 1016$). Reading all articles ($n = 2712$) was beyond this research team's capacity. As such, the first selection step entailed the first author evaluating all article titles and abstracts in accordance with eligibility criteria and in discussion with the fourth author. If titles and abstracts met the criteria, then

articles moved onto the full-text articles review part of the screening. This initial stage of screening resulted in 67 abstracts whose full-text articles had to be reviewed. The second part of the selection process entailed reading 67 full-text articles. Inclusion criteria reliability was conducted by virtue of having the first two authors rate the articles with "Yes/No" for each critical analysis definition criterion. The first two authors agreed in their ratings for 53 out of 67 texts. They disagreed in their ratings for the remaining 14 articles with respect to meeting the critical analysis criteria. The third rater coded the 14 articles based on the same criteria, and made a final decision about including or excluding each of the 14 articles. The final stage resulted in 39 articles meeting the inclusion criteria. A representation of the process is depicted in Figure 1 (Page et al., 2020; PRISMA, 2021).

Figure 5

PRISMA Flow Chart



Data Analysis and Potential Biases

The final 39 articles were analyzed by the first author as a function of parts one, two, and three of the critical analysis definition, and additional information. For part two of the critical analysis definition, social marginalization categories were not necessarily mutually exclusive. For example, a publication may have focused on Indigenous children (e.g., Gould, 2008), but for the purposes of this scoping review, the Indigenous category was coded as an intergenerational category. The purpose of adding the children category for this review was to specify that the one Deaf and Hard of Hearing literature article focused on children.

Characteristics and Results of Sources of Evidence

Final articles and respective descriptions can be viewed in the appendix, Articles Using a Critical Analysis: Charting a Critical Landscape in CSD.

Synthesis of Results

The following summarizes the results of data items as they relate to the research question. We first synthesized articles based on their application of critical analysis as per our three-part definition: Part 1: systems of oppression, Part 2: marginalization as a function of social constructs, and Part 3: recommendations to counter systemic oppression. We also synthesized articles based on additional information (see Figure 1).

Critical Analysis Part I: Articles Identifying and Challenging Systems of Oppression, Hierarchy, and Power Relations

Selected articles addressed systems of oppression that were clustered into three categories by the first author: a) colonialism, imperialism, apartheid, and/or nationalism/assimilation (n = 8, 20%), b) the medical model (n = 4, 10%), c) marginalization based on disability, cisnormativity, classism, gender, heteronormativity, and/or racism (n = 8, 20%). Almost half of the articles incorporated two or all three of these categories (n = 19, 49%). The following section discusses the three systems of oppression categories in more detail.

Colonialism, Imperialism, Nationalism/Assimilation, Neoliberalism, and/or Apartheid. In total, twenty-four articles explicitly identify colonialism, imperialism, apartheid, and/or nationalism/assimilation as oppressive systems that have shaped the field, leading to: colonial dialects being viewed as superior, health inequities, and unjust systems for Black and/or Indigenous peoples (Allison-Burbank, 2016; Armstrong et al., 2019; Brewer et al., 2016, 2020; Brewer, 2017; Gillispie, 2016; Gould, 2008; Hyter, 2014; Kathard & Pillay, 2013; Khoza-Shangase & Mophosho, 2018; Moonsamy, et al., 2017; Navsaria et al., 2011; Pascoe et al, 2020; Peltier, 2008; Penn et al., 2017; Penn & Armstrong, 2017; Pesco, 2014; Pillay 1998, 2003; Pillay & Kathard, 2015, 2018; Purdy, 2020; Simon-Cerejido, 2018; Zingelman et al., 2020). One article discusses South African and Australian Aboriginal contexts having shared “colonial pasts” (Penn & Armstrong, 2017, p.566), and eight articles discuss interlocking systems of oppressions such as empire and the medical gaze (Pillay, 2003), apartheid, racism, hegemony, imperialism (Khoza-Shangase & Mophosho, 2018; Kathard & Pillay, 2013; Moonsamy, et al., 2017; Pesco, 2014; Pillay,

1998); and globalization, economic apartheid and imperialism (Hyter, 2014). Navsaria et al. (2011) discuss systemic issues in the education system and the SLP's role in the broader historical context and ongoing legacy of South African apartheid. McLellan et al., (2014) address culturally safe and decolonizing research, whereby Māori Indigenous peoples "have control over their knowledge" (p.532) while analyzing power structures and societal inequalities. Kathard and Pillay (2018) discuss how Western domination and colonialism have facilitated racism, ableism, and capitalism. Similarly, Kathard and Pillay (2015) discuss the ways that CSD is a product of colonialism, slavery, and corporate capitalism.

The Medical Model. The medical model constructs disabilities as defects in need of treatment or elimination (Guevara, 2021; Rappolt-Schlichtmann et al., 2018). Ten articles critique the medical model in relation to power imbalances such as when working with Trans people and/or in the context of colonialism (e.g., Donaldson et al., 2017; Gould, 2008; Jacob & Cox, 2017). Power relations in medical contexts are also critiqued by naming prevailing and hegemonic discourses in stuttering therapy (Leahy et al., 2012), audiology reports (Ng et al., 2014), service delivery to multilingual augmentative and alternative communication (AAC) users in the context of prevalent language ideologies (Tönsing & Soto, 2020), and health care research and practice (Pound, 2011). Others discuss the ways in which the medical model is based on deficit and pathologizing approaches, such as with people who have aphasia, dyslexia, and those who stutter (Penn, 2004; Rappolt-Schlichtmann et al., 2018; Watermeyer & Kathard, 2016).

Marginalization Based on Age, Class, Disability, Gender, Race, and/or Sexual Orientation(s) (e.g., ageism, racism, etc). Eleven articles discuss marginalization related

to disability, age, class, gender, race and/or sexual orientation(s). One article discusses the development of CSD course modules to address racism (Khamis-Dakwar & DiLollo, 2018). Three articles address dominant norms of sexuality/sexual orientation(s) and gender, which lead to discrimination towards LGBTQ+ (including non-binary) people (Smith, 2020; Shefcik & Tsai, 2021; Taylor et al., 2018). One article addresses ageism related to transgender youth (Jacobs & Cox, 2017). Another article addresses disability due to notions of speech normality and stuttering (Watermeyer & Kathard, 2016). Several articles, such as one discussing a Black woman with non-fluent aphasia from a low socio-economic status background (Guerrero-Arias, et al., 2020), another addressing gender affirming services for Transgender individuals (Jacob and Cox, 2017), and another article discussing service delivery for multilingual AAC users (Tönsing & Soto, 2020), all advocate for the implementation of an intersectional lens related to race, gender, language background, ethnicity, geographical location (urban vs rural), socioeconomic status/class, and/or disability. This is furthered by Donaldson et al. (2017) who advocate for an intersectional lens in implementing a social model of disability as a critical response to the field's impairment-based lens and the medical model. Finally, the argument that marginalization needs to be understood through an intersectional lens is supported by the assertion that the CSD field has been shaped by white middle class women's values (Pascoe et al., 2020), and that it is informed by oppressive systems such as capitalism, patriarchy, and heterosexism (Khoza-Shangase & Mophosho, 2018).

Critical Analysis Part II: Marginalization as a Function of Social Constructs

Overall, the 39 selected articles address social constructs of marginalization, as per the

second part of the critical analysis definition (Figure 3). These articles either focus on disability or the construction of disability in the CSD field (category a in the following list) or a disability/CSD service users and another intersection of social marginalization (e.g., being an Arab American service user) (categories b to i). While the latter articles did not necessarily use an explicit intersectional analysis, we nevertheless use the term “intersection” for these results. The categories were as follows: a) Disabled people receiving CSD services (n = 6, 15%). These authors place their focus on client-practitioner power imbalances perpetuated by hegemonic practices of inequality, dominant norms of rehabilitation and disability (Leahy et al., 2012; Penn, 2004; Pillay, 2003; Pound, 2011), and critique constructs that are informed by deficit-based approaches (Rappolt-Schlichtmann et al., 2018) versus difference-based approaches (e.g. stuttering is not a deficit, but a difference as part of human speech variability) (Watermeyer & Kathard, 2016). The remaining articles engage with disability at the intersection of another social marginalization (e.g., being disabled and Indigenous). These spheres of social marginalization are as follows: b) Aboriginal/Indigenous peoples (n = 14, 36%) (Allison-Burbank, 2016; Armstrong, et al., 2019; Brewer, et al., 2016; Brewer, 2017; Brewer et al., 2020; Gillispie, 2016; Gould, 2008; McLellan et al., 2014; Peltier, 2008; Penn & Armstrong, 2017; Penn et al., 2017; Pesco, 2014; Purdy, 2020; Zingelman et al., 2020); c) Arab Americans. (n = 1, 2%) (Khamis-Dakwar, & DiLollo, 2018); d) Bi/Multilingual speakers (n = 2, 5%) (Simon-Cereijido, 2018; Tönsing & Soto, 2020); e) Black, low- Socioeconomic Status, Disabled, Woman in Colombia (n = 1, 2%) (Guerrerro-Arias, et al., 2020); f) Black people, and Black & African Language(s) speakers in South Africa (n = 6, 15%) (Kathard & Pillay, 2013;

Kohza-Shangase & Mophosho, 2018; Moonsamy et al., 2017; Navsaria, et al., 2011; Pascoe, et al., 2020; Pillay & Kathard, 2015); g) Children (n = 2, 5%) (Donaldson et al., 2017; Ng et al., 2014); h) Global population in the context of power imbalances (n = 3, 8%): displaced people/migrants (Hyter, 2014), multicultural and multicultural populations (Pillay, 1998) in the context of dominant white, English, western-oriented discourse, and divisions between the Global North and Global South (Pillay, 1998; Pillay & Kathard, 2018); and i) LGBTQ+ people (n = 4, 10%) (Jacob & Cox, 2017; Shefcik & Tsai, 2021; Smith, 2020; Taylor et al., 2018). Some articles employed an explicit intersectional lens (Collins & Bilge, 2016; Crenshaw, 1989; 1990) to analyze interlocking marginalization (n = 4, 10.2%) (Donaldson et al., 2017; Guerrerro-Arias, et al., 2020; Jacob & Cox, 2017; Tönsing and Soto, 2020).

Selected publications have two broad foci in terms of critiquing social constructions of marginalization. They either challenge the CSD field as a whole or they focused on a specific disability: a) CSD as a field (n = 14, 36%); and b) a focus on a specific disability (n = 25, 64%). When we analyze critical analysis as a function of social marginalization and a specific disability (Figure 4), we see that the majority of articles focus on Aboriginal/ Indigenous with acquired brain injury.

Figure 6

Number of Articles Related to Social Marginalization

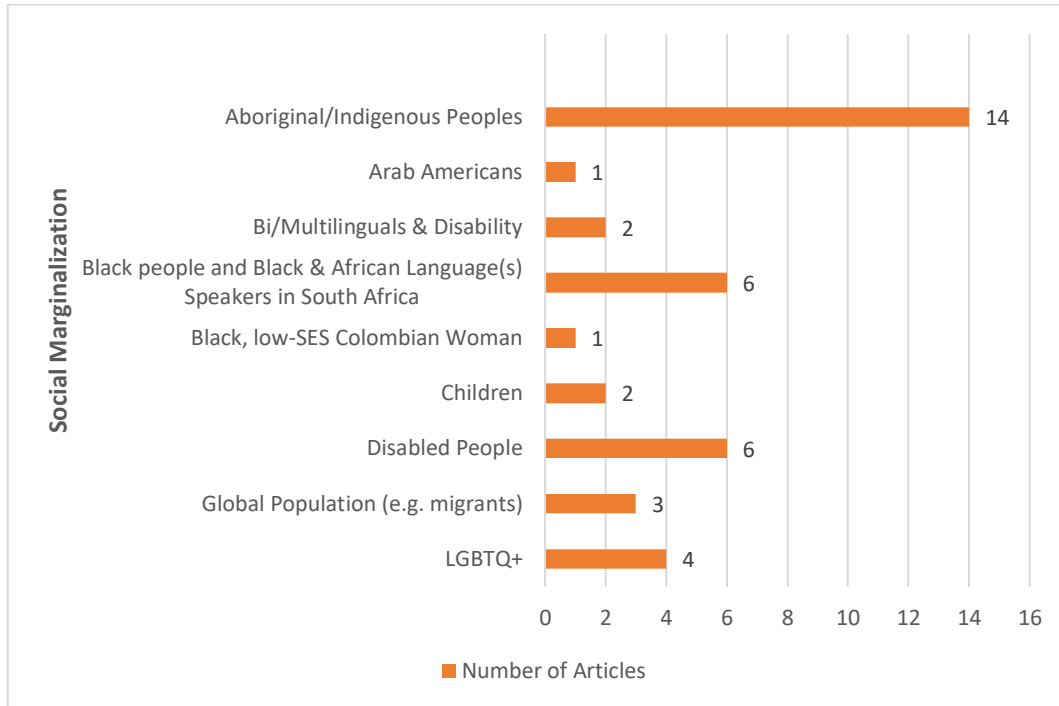
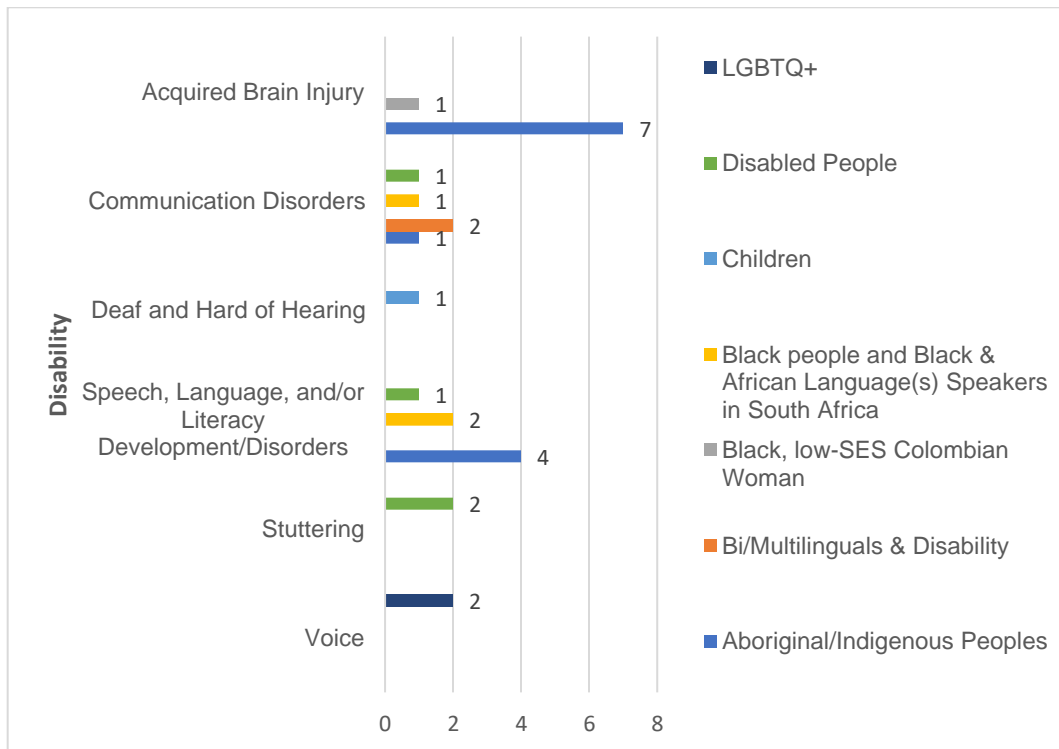


Figure 4

Number of Included Articles Related to Social Marginalization and a Specific Disability



Disability. Six disabilities emerge in this critical landscape: a) acquired brain injury, including aphasia related to stroke (n = 8, 32%) (Armstrong et al., 2019; Brewer et al., 2016; Brewer et al., 2020; Guerrero-Arias, et al., 2020; McLellan, et al., 2014; Penn & Armstrong, 2017; Penn et al., 2017; Purdy, 2020), b) communication disorders/disability (n = 5, 20%) (Brewer, 2017; Kathard & Pillay, 2003; Pound, 2011; Simon-Cerejido, 2018; Tönsing, & Soto, 2020). Two of these articles use the term communication disorders as they relate to aphasia (Brewer, 2017; Pound, 2011), c) Deaf and Hard of Hearing (n = 1, 4%) (Ng et al., 2014). Donaldson et al. (2017) was not included in this count because Deaf and Hard of Hearing realities are not their sole focus. However, the authors do critique Deaf and hard of hearing disability constructs, d) Speech, Language and/or Literacy Development/Disorders (n = 7, 28%) (Gillispie, 2016; Gould, 2008; Navsaria et al., 2011; Pascoe et al., 2020; Peltier, 2008; Rappolt-Schlichtmann, 2018; Zingelman, et al., 2020); e) Stuttering (n = 2, 8%) (Leahy et al., 2012; Watermeyer & Kathard, 2016), and f) Voice (n = 2, 8%) (Shefcik & Tsai, 2021; Smith, 2020).

Critical Analysis Part III:

Recommendations Towards Social Justice

Nine domains of recommendations were identified across the final 39 articles: a) Identifying and countering colonialism (n = 22, 56% of 39 articles), b) Indigenous epistemologies (n = 4, 10% of 39 articles), c) Advocating for the implementation of critical theories and critical conceptual frameworks (n = 17, 44% of 39 articles), d) Critically examining the construction of disability (n = 9, 23% of 39 articles), e) Trust and relationship building (n = 14, 36% of 39 articles), f) changes to assessment intervention protocols (n = 10, 26% of 39 articles), g) changes to the curriculum (n = 15, 38% of 39 articles), h)

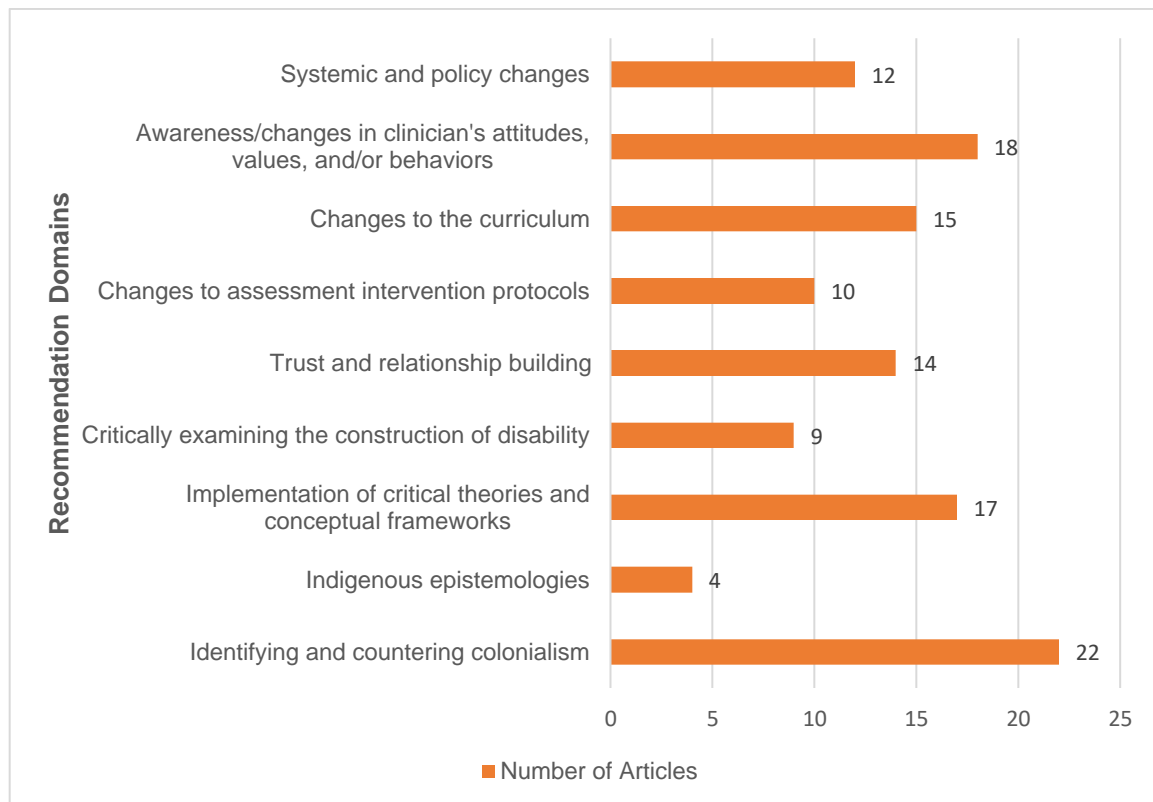
awareness/changes in clinician's attitudes, values, and/or behavior (n = 18, 46% of 39 articles), i) systemic and policy changes (n = 12, 31% of 39 articles). For the descriptive statistics portion, some domains overlap with each other. For example, the second domain (Indigenous epistemologies) is a category on its own and it is also included in the count for the first domain (Identifying and countering colonialism). As such, each percentage is written as being part of the 39 articles because an article can be represented more than once. Recommendation domains are discussed qualitatively below.

Identifying and Countering

Colonialism. Twenty-two articles address colonialism. Some articles provide recommendations on decolonization, cultural safety, cultural responsiveness, countering the pathologizing of Indigenous languages/Indigenous variations of English, and/or language policy in the context of the colonialism faced by Indigenous and/or Black people in Australia, Canada, Aotearoa/New Zealand, South Africa, and the U.S.A (Allison-Burbank, 2016; Brewer, 2017; Gillispie, 2016; Gould, 2008; McLellan et al, 2014; Peltier, 2008; Pesco, 2014; Purdy, 2020; Zingelman et al. 2020).

Figure 5

Number of articles that addressed a/several recommendation domains



Some articles discuss recommendations for clinical services for Indigenous people with acquired brain injury, including as a result of stroke (Penn et al., 2017; Armstrong et al., 2019; Brewer et al., 2016; Brewer et al., 2020; Penn & Armstrong, 2017), in the context of ongoing consequences of colonialism informing health outcome disparities (Brewer et al., 2020). Some articles highlight the importance of acknowledging discrimination and racism as integral features of apartheid and colonialism, which have constructed the profession's whiteness, cultural imperialism as it relates to English's dominance, and the belief that white western cultures are superior to others (Khoza-Shangase & Mophosho, 2018; Kathard & Pillay, 2013; Kathard & Pillay, 2015; Pillay & Kathard, 2018; Pillay 1998, 2003; Moonsamy et al., 2017; Pascoe,

et al., 2020). One article recommends exploring telehealth services with Indigenous people living in rural areas (Penn & Armstrong, 2017).

Indigenous Epistemologies. Among the articles addressing colonialism, four articles assert the importance of incorporating (pan-) Indigenous perspectives, frameworks, research and epistemologies (Brewer et al., 2016; Brewer 2017; Purdy, 2020; Zingelman et al., 2020) to facilitate SLPs' effective engagement with culturally responsive practices for the benefit of Indigenous peoples (Brewer et al., 2016).

Advocating for the Implementation of Critical Theories and Critical Conceptual Frameworks. Seventeen articles recommend that the CSD field implement specific critical theories and conceptual frameworks to work

towards social justice: active citizenship as a concept to counter dominant cultural narratives of disability and rehabilitation by focusing on relationships and community belonging (Pound, 2011); anti-racist, anti-oppressive, and social justice education to go beyond cultural responsiveness when teaching CSD students to examine economic and social inequalities and respective manifestations of disparities at global and micro levels of daily interactions (Pesco, 2014); concepts associated with Critical Social Theory to provide relevant and responsive services around the world (Hyter, 2014); critical engagement and decoloniality through Political Consciousness and the Relationship of Laboring Affinities (RoLA) to confront colonial and hegemonic global north practices which have shaped the field (Karthard & Pillay, 2013). This aims to shift the focus from dominant views of the global north from individualized healthcare to transformative practices that are embedded in the communication context informed by social, relational, cultural, historical, linguistic, and political realities (Pillay & Kathard, 2018); a critical paradigm and a Curriculum of Practice in the context of cultural imperialism impacting training, policy and research practice particularly as it impacts Black South Africans (Pillay, 1998; Pillay & Kathard, 2015); Critical Speech-Language Pathology to adopt contextually relevant methodologies (Penn 2004); Epistemic disobedience by South African CSD professions to counter capitalist, colonial, and heteropatriarchal scripts and to re-imagine their own Afropolitan scripts (Khoza-Shangase & Mophosho, 2018); frameworks focusing on language and power such as critical social science for inciting change in problematic report writing and clinical practices in schools (Ng et al., 2014) and language ideology to describe the intersectionality of factors that lead to the

exclusion of people in need of an AAC in multiple languages (Tönsing and Soto, 2020).

Gould (2008) emphasizes the importance of understanding health policy as it relates to language policy in the context of medicalization of non-standard language systems in existing power imbalances between Indigenous and non-Indigenous people. Brewer et al. (2020) argue for a public health approach focusing on structural racism and inequities faced by Indigenous people in a colonized society, thereby addressing issues such as power, racism and equity. Others argue for intersectionality as a lens to work with people's agency navigating socio-linguistic interactions in the context of macro-social structures leading to oppression based on social identities such as race, class, disability and gender (e.g., Guerrero-Arias et al., 2020; Donaldson et al., 2017). The application of intersectionality is also recommended in tandem with the International Classification of Functioning, Disability and Health (ICF) for gender-affirming services to ensure that family and social support systems can provide a holistic lens for the benefit of transgender individuals and their health (Jacob & Cox, 2017). Given that ICF does not address disabling conditions such as poverty and oppression, some authors recommend that it be combined with social and human rights models of disability (Kathard & Pillay, 2013). Finally, Rappolt-Schlichtmann et al. (2018) make a case for Universal Design for Learning to enhance SLPs' practice with a strengths-based approach.

Critically Examining the Construction of Disability. Nine articles critique the field's approach to disability. Some recommend a shift from a deficit-based to a social model of disability and strengths-based approaches (Pound, 2011; Donaldson, 2017; Rappolt-Schlichtmann et al., 2018), critically examining the construction of disability such as

stuttering (Watermeyer & Kathard, 2016), and reconstructing social roles, such as when a service user is navigating aphasia (Penn, 2004). Guerrero-Arias et al. (2020) discuss the construction of disability identity at the intersection of other social constructs such as race, gender and socio-economic status. Similarly, Gould (2008) challenges the disabling of Indigenous children who are second dialect/language learners. Kathard and Pillay (2013) shift the concept of disability from the individual to disabling contexts (poverty, exploitation and oppression), and the need to apply social and human rights models of disability. Ng et al. (2014) invite clinicians to critically examine language use in report writing related to disability and normality. They assert that language around normality, disability, failure, and success shape and impact a child's identity and opportunities.

Trust and Relationship Building.

Fourteen articles recommend focusing on building trust-worthy relationships between [non-Indigenous] clinicians, Indigenous clients, their families, and communities to decolonize and transform practice. This includes listening to Indigenous clients' stories (Brewer, 2017), establishing and maintaining relationships with family and community members while being self-reflexive about the history of colonial intergenerational trauma experienced by Indigenous peoples (Gillispie, 2016; Brewer et al., 2020), addressing power differences (Brewer et al., 2016), building relationships with Indigenous health colleagues providing cultural support (Brewer et al., 2016), and building a strong and affirming therapeutic relationship shaped by the SLP's appreciation of the extended family, the person's worldview, the therapy setting, and resources used (McLellan et al., 2014).

In some cases, the recommendations, such as culturally responsive intervention, are grounded in recognizing that mistrust towards

colonial education and health systems exists among Indigenous peoples due to colonial trauma, including intergenerational trauma related to boarding/residential schools (Allison-Burbank, 2016; Gould, 2008). [Settler] clinicians and researchers are also recommended to decolonize attitudes and practice when working with Indigenous peoples, including recognizing that Indigenous peoples are best placed to work within their own communities (Penn et al., 2017). Pillay and Kathard (2015) highlight that traditional CSD curriculum typically entails disrupted and disconnected relationships with populations (such as for site placements). They argue that programming longitudinal engagement with populations is important to facilitate a sense of belonging. Similarly, Pound (2011) discusses strong, reciprocal and healthy relationships (including the importance of friendships), and community belonging while exploring the concept of active citizenship to support user-led projects and leadership of those who have a communication disability. This is echoed in Purdy (2020)'s article discussing Māori culture focuses on lasting relationships. The author discusses therapeutic relationships being centered around the co-construction of goals, as opposed to the healthcare provider having all the power. Jacob and Cox (2017) discuss the importance of familial and social support in the lives of Transgender people. They assert that healthcare professionals are key in disseminating accurate information to prevent family rejection of Transgender individuals. Meanwhile, Ng et al. (2014) recommend clinicians to be critically reflective in writing recommendations with respect to school-based professionals. The authors assert the importance to phrase reports that facilitate collaborative dialogue versus directive language. Finally, Smith (2020) asserts the importance of clinicians building trust with

Transgender clients in tandem with cultural competence and empathy.

Changes to Assessment and Intervention Protocols. Ten recommendations focus on changes to assessment and intervention approaches, including broad shifts from individual-only focused approaches to those that are contextualized within the given political, social, linguistic, cultural, relational, and historical realities (Pillay & Kathard, 2018). Pillay and Kathard (2015) assert that the most vulnerable and poorest populations will not be served within a healthcare model that only focuses on the individual. Instead, they argue that population-based interventions need to be implemented to address service inequities. Others recommend that clinicians use non-standardized assessment tools (e.g., dynamic assessment and observation), and protocols with the aim of effectively differentiating between language disorders and language/dialect differences and questioning the validity of colonial languages being used as standards to evaluate speech-language proficiency for Indigenous people (Gillispie, 2016, Gould, 2008; Peltier, 2008). Others argue for cultural competency, cultural responsiveness (Pesco, 2014), and other strategies, such as considering population diversity related to immigrant generation status, age of exposure to English, and specific type of bilingualism (Khamis-Dakwar & DiLollo, 2018). Allison-Burbank (2016) recommends understanding racial microaggressions and the impact of colonial trauma during assessment and intervention. Gould (2008) asserts the need for the educational system to ensure that assessments for Indigenous children occur with full support and in collaboration with children's families. Pound (2011) uses the concept of active citizenship to argue for peer support to focus on personal development,

social exchange, and community building to focus on service users' "being, belonging, and becoming" (p. 201). Finally, Shefcik and Tsai (2021) make a specific recommendation about assessing voice-related experiences among non-binary individuals by using the Voice-related Experiences of Nonbinary Individuals (VENI), while recognizing that further psychometric evaluation is needed.

Changes to the Curriculum. Fifteen articles recommend changes to the curriculum. Two articles recommend primary school curriculum changes so that they are relevant for Indigenous children and permissible by the child's family and community (Gillispie, 2016; Allison-Burbank, 2016). One article highlights demands in South African higher education, such as SLP courses needing to be "Africanised or decolonised" (Pascoe et al., 2020, p. 109). Rappolt-Schlichtmann, et al. (2018) recommend adopting a strengths-based approach and neurodiversity lens to intervention with students with dyslexia by applying a Universal Design for Learning. Pound (2011) recommends clinicians learn from service users by creating opportunities and conditions for people to develop as active citizens and to see them as colleagues, providers, and role models. The author specifically discussed an example whereby people with aphasia were trained to have conversations to provide feedback to healthcare staff on ways the latter can improve their communication with the aim of making services more accessible.

The other articles refer to changes in professional training for audiology and SLP students with a specific focus on coursework/modules on: a) case studies from research literature for SLP students or SLPs engaged in professional development as a way to reflect on how SLPs and Indigenous parents or educators can discuss what is deemed important in children's development and

education (Pesco, 2014); b) critical thinking in cultural competency training of graduate students when working with Arab Americans (Khamis-Dakwar & DiLollo, 2018) and Transgender people (Jacob & Cox, 2017); c) ongoing critical self-reflection and learning culturally responsive intervention when working with Indigenous peoples in addition to understanding Indigenous regions, demographics, and history (Allison-Burbank, 2016); d) going beyond English when teaching SLP students phonetic transcription in multilingual settings (Pascoe et al., 2020); e) and implementing Africa-centered courses that are contextually relevant and responsive, applying a decolonized South African curriculum and/or adopting a post-colonial stance (Khoza-Shangase & Mophosho, 2018; Moonsamy et al., 2017; Pillay & Kathard, 2015). CSD professions are recommended to specifically introduce political consciousness and address imperialism, colonialism, and apartheid (Khoza-Shangase & Mophosho, 2018; Pillay & Kathard, 2015). In arguing for a Curriculum of Practice for the entire CSD field, Pillay (1998) states the importance of understanding why a given curriculum is taught (not just focusing on the 'what'), to 'whom' the curriculum is being taught, and 'who' is teaching. This way, CSD students can better understand underlying beliefs and values informing the dominant curriculum, including the ways in which time is not spent on building long-term relationships with a given population, and that this needs to change (Pillay & Kathard, 2015). These authors also recommend the democratization of classrooms whereby future professionals are trained in dialogical models, where collective participation is valued. Lastly, Tönsing and Soto (2020) advocate for attracting students from diverse language and cultural backgrounds to programs, including for AAC training, while encouraging them to be

meaningfully collaborative, reflective and responsiveness practitioners.

Changes in Clinicians' Attitudes, Values, and/or Behavior as this Informs Service Delivery.

Eighteen articles recommend awareness of/changes to attitudes, values and/or behavior. Several articles focus on work with LGBTQ+ people, recommending affirming practice (Taylor et al., 2018), cultural competence, empathy, and trust building (Smith, 2020), and the use of Voice-related Experiences of Nonbinary Individuals (VENI) as a questionnaire specifically designed to assess diverse voice-related experiences among non-binary people (Shefcik & Tsai, 2021). Khoza-Shangase and Mophosho (2018) recommend that institutions and service delivery in South Africa be Africanized. By advocating for the 'Curriculum of Practice', Pillay (1998) questions clinicians' fundamental beliefs about communication and its constructed disorders as informed by a framework of practice rooted in English imperialism. Some authors recommend the importance of CSD students better understanding underlying beliefs, values, power, and the nature of the relationship between so-called client and therapist while reflecting on principles of equity, accountability, and mutual engagement (Pillay & Kathard, 2015; Pound, 2011). Similarly, Purdy (2020) argues that [settler] clinicians shifting from a traditional western view of health to an Indigenous worldview may facilitate cultural responsiveness and safety in clinical and research practice. Pillay and Kathard (2018) assert that valued beliefs about communication, hearing, and swallowing disabilities will shift when applying a South African/postcolonial or southern discourse to disrupt the global north's colonial imposition of its values on communication. In order for service providers to interrogate inequity in intervention services in South Africa and the

United States, the use of political consciousness, population-based (vs individual only) concerns, professionals challenging their cultural assumptions, and responsive clinical approaches (Kathard & Pillay, 2013; Hyter, 2014; Tönsing & Soto, 2020) are recommended. This dovetails into similar recommendations embedded within a critical thinking cultural competency training whereby graduate students explicitly discuss anti-Arab and anti-immigrant attitudes in the United States and respective impacts on service delivery (Khamis-Dakwar & DiLollo, 2018). Similarly, Pascoe et al. (2020) discuss potential SLP student attitudes changes through phonetic transcription training in the languages of South Africa to change SLP students' attitudes so that they are better prepared to work in multilingual environments. Service delivery recommendations also include centering participants' knowledge through narrative therapy as opposed to professional knowledge, such as with People Who Stutter (Leahy et al., 2012). Self-awareness and the decolonization of attitudes, belief systems, and practices as part of colonial institutions is recommended (Allison-Burbank, 2016; Penn et al., 2017). Finally, a shift in attitude and mindset that adopt a neurodiversity lens and strengths-focused approach for people with disabilities, including students with dyslexia is recommended (Rappolt-Schlichtmann, et al., 2018).

Systemic and Policy Changes.

Twelve articles make recommendations related to policy and systemic changes. Moonsamy et al. (2017) argue that SLPs and audiologists must advocate for systemic change with respect to accessibility to relevant resources and services for marginalized populations in both urban and rural areas in South Africa. Kathard and Pillay (2013) use the lens of political consciousness to discuss South African policy-driven opportunities, such

as the National Health Insurance, for SLPs to promote public health equity. Penn et al. (2017) recommend advocating for Indigenous peoples with communication disorders across clinical, community and policy contexts in tandem with trust building. Navsaria et al. (2011) argue that there is a need for SLPs in South Africa to expand their services in schools given that there is a large student population at risk of learning difficulties, including literacy. Pascoe et al. (2020) discuss the potential of phonetic transcription as a way for SLP students to engage with language diversity and multilingualism as a concrete way to facilitate institutional inclusivity as per the Revised Language Policy for Higher Education in South Africa. Simon-Cereijido (2017) argues that SLPs need to continue advocating for multilingualism and protecting clients from language policies that violate their communication rights. Similarly, Khoza-Shangase & Mophosho (2018) assert a transformation in language and clinical training policy in South Africa that respects people speaking several languages, not solely English or Afrikaans. There is also a recommendation that people within CSD adopt public health roles particularly when working with Indigenous people with aphasia to discuss issues of racism, power, and equity, and to work towards revised service delivery models that are sensitive to societal factors such as displacement, mobility, socio-political history, and struggle (Brewer et al., 2020; Penn & Armstrong, 2017). This includes the educational context whereby educational policy should not be based on assimilation and paternalistic practices towards Indigenous students, and instead culturally responsive models need to be adopted (Gillispie, 2016), including for language testing (Gould, 2008). Pillay (1998) argues that the Curriculum of Practice may inform policy changes towards decolonization and equity because it focuses

on understanding who is developing a given policy and the process of policy development in the given political context.

Additional Information

Study Type

Of the 39 articles, the majority were conceptual ($n = 26$, 67%), followed by qualitative studies ($n = 10$, 26%), literature reviews ($n = 2$, 5%), and mixed methods ($n = 1$, 2%).

Discipline focus

Articles focused on the following disciplines or transdisciplinary collaboration: Audiology ($n = 1$, 2%), Audiology and SLP ($n = 6$, 15%), Teaching and SLP ($n = 1$, 2%), and SLP ($n = 31$, 79%). The majority of articles focused solely on SLP.

Year

Articles ranged between 1998 - 2021 for the following years: 1998 ($n = 1$, 2%), 2003 ($n = 1$, 2%), 2004 ($n = 1$, 2%), 2008 ($n = 2$, 5%), 2011 ($n = 2$, 5%), 2012 ($n = 1$, 2%), 2013 ($n = 1$, 2%), 2014 ($n = 4$, 10%), 2015 ($n = 1$, 2%), 2016 ($n = 4$, 10%), 2017 ($n = 6$, 15%), 2018 ($n = 6$, 15%), 2019 ($n = 1$, 2%), 2020 ($n = 7$, 18%), 2021 ($n = 1$, 2%). The year with the most articles was 2020. This may in part be informed by a broader discourse of understanding the CSD field through a racial justice lens. Articles from 2020 and 2021 may have been informed by Black communities responding to police violence against George Floyd in May 2020 and perpetual violence against Black people for generations (Abrahams, et al., 2022; Yu et al., 2022). This increase in critical analysis may also be informed by critical analyses in other

disciplines related to disability justice, including at the intersection of age, race, and class marginalization, in the context of COVID-19 pandemic (e.g. Andrews et al., 2021; Goggin & Ellis, 2020; Odonkor et al., 2020; Saia et al., 2021). It is important to note that peer-reviewed articles and book chapters published after February, March, or April 2021 (depending on the database) would not have been included, given this review's timeline. As such, it is likely that there is more than one article from 2021 that meets the criteria for a critical analysis. A future scoping review with this research question can further consider the influence of the Black Lives Matter movement and the COVID-19 pandemic, revealing structural inequities as these realities may influence the application of critical analyses within CSD scholarship. There were no articles inclusively between 1999-2002, 2005-2007, and 2009-2010. The earliest article is from South Africa in 1998.

Country

Of the 39 articles, most publications were written by scholars based in South Africa ($n = 11$, 28%) and in the USA ($n = 11$, 28%). All three early papers (i.e., those from 1998, 2003, and 2004) were written by scholars in South Africa. Other papers were written by scholars in Aotearoa/New Zealand ($n = 5$, 13%), Australia ($n = 3$, 8%), Canada ($n = 3$, 8%), Colombia ($n = 1$, 2%), Ireland ($n = 1$, 2%), and the United Kingdom ($n = 1$, 2%). Some articles entailed an international collaboration (i.e., "multiple countries" in Figure 6) ($n = 3$, 8%). When including international collaboration, South Africa ($n = 13$, 33%) and the U.S.A ($n = 12$, 31%) are the most represented countries as part of the critical landscape, followed by Aotearoa/New Zealand ($n = 6$, 15%), Australia ($n = 5$, 13%), and Canada ($n = 4$, 10%). It should be noted that these are absolute numbers and not

proportions based on an equity-based algorithm (e.g., these numbers do not incorporate publication equity).

Discussion

The CSD field is entrenched in historical and present “domains of power” (Collins & Bilge, 2016, p. 27) that privilege white and Western imperialist cultures in terms of theoretical underpinnings, knowledge production, perspectives and approaches with respect to the culture of health, education, and rehabilitation (Hammel, 2011, as cited in Kathard & Pillay, 2013; Kathard & Pillay, 2015; Khoza-Shangase & Mophosho, 2018; Rudman, 2018; Abrahams et al., 2022). This informs differential access to resources resulting in documented educational and health disparities (Ellis & Jacobs, 2021). We undertook this scoping review to better understand the ways in which CSD is engaging in critical analysis of systemic oppression. Our research question was, what CSD literature applies a critical analysis, which then informs a critical landscape in the field of CSD? To the authors’ knowledge, this is the first review aimed to reveal the nature of a critical landscape in CSD. In this scoping review, 39 primary studies met our criteria. In the following section, we discuss findings related to our research question, as per the three parts of the critical analysis definition, and additional information. We then offer our meaning making of these findings, gaps, and recommendations for future research.

Summary of Evidence

Critical Analysis Part I: Identifying and Challenging Systems of Oppression, Hierarchy, and Power Relations

Three overarching systems of oppression were addressed among the articles: a) colonialism, imperialism, nationalism/assimilation, and/or apartheid; b) the medical model; and/or c) marginalization based on ageism, cisnormativity, classism, disability, gender, heteronormativity, and/or racism. These are not exclusive categories per se. For example, many articles discussing colonialism also discuss related systems of oppression (e.g. the medical model). When we delve into the primary systems of oppression, colonialism is the most dominant system of oppression that is being discussed in the current CSD critical landscape. However, within this discussion, we noticed that articles seldom discuss colonialism and decolonization as it relates to Indigenous land sovereignty. While we recognize that we draw specifically on Indigenous scholarship from Canada and the United States in the context of settler-colonialism, we nevertheless believe that it is important to discuss Indigenous land sovereignty as it relates to the CSD critical landscape. Our understanding of such Indigenous scholarship is that land sovereignty must be central to decolonization. Settlers have benefited from settler-colonial projects (Koleszar-Green, 2018) in the context of “deliberate physical occupation of land as a method of asserting ownership over land and resources” (Vowel, 2016, p. 16). Land theft from Indigenous peoples and violent disruption of Indigenous relationships to land is historically and presently rooted in settler-colonialism (Tuck & Yang, 2012). In turn, when those of us who are settlers engage in conversations on decolonization without

centering Indigenous land reclamation, we risk perpetuating colonialism by maintaining a divide between Indigenous people and their land.

While an intersectional lens is being used in the CSD critical landscape, its use is infrequent. As an example, while colonialism is named, we noticed that it is infrequently done with an intersectional decolonial analysis. For example, implementing a social justice lens when working with Two-Spirit/LGBTQ+ Black and Indigenous service-users entails an understanding that settler colonialism and criminalization of Two-Spirit/LGBTQ+ people are rooted in white supremacy, anti-Blackness, capitalism, and heteropatriarchy (Simpson, 2017; Mogul et al., 2011). Similarly, while colonialism is discussed in tandem with other oppressive systems, capitalism is rarely mentioned among the articles. Yet, capitalism is the current economic and political system in which we live. It appears the majority of CSD literature that is applying a critical analysis is not explicitly discussing capitalism. This finding suggests that further inquiry may elucidate the profession's consciousness about capitalism as an oppressive system. Such inquiry can draw from other allied health scholarship discussing the consequences of ignoring capitalism when engaging in critical analyses. For example, in occupational therapy, Grenier (2020) discusses the nefarious impacts of cultural competency practices when applied through the lens of liberal recognition politics and neoliberal capitalism. The author argues that such a lens perpetuates White supremacy and institutionalized racism in healthcare and healthcare education. Malherbe (2020) argues that community psychologists must refute capitalist conceptions of care, given that capitalism transforms care into a commodity where some people profit from providing individualized services versus care being motivated by a desire for human connection

and a sense of community. Finally, in a discussion of queer performance theory and disability justice in conversation with drama therapy, Sayre (2022) asserts that capitalism informs disablist concepts of healing.

Critical Analysis Part II: Marginalized Social Group & Disability Focus

One of the features of this critical landscape is that articles applying a critical analysis are doing so across various social groups. However, the highest number of articles focus on work with Indigenous peoples, specifically Indigenous people with an acquired brain injury. This may in part be due to a higher reported incidence of acquired brain injury in Indigenous peoples and inequitable access to services (Penn et al., 2017) versus non-Indigenous populations in Australia, Canada, New Zealand, and the United States (Armstrong et al., 2019). As such, an overall feature of the CSD critical landscape is the focus on Indigenous peoples in the context of systemic oppression and violence that Indigenous Nations have faced and continue to face, and the need for decolonial and transformative change. As stated in part 1, while the critical landscape in CSD is informed by some analysis of intersectional realities of marginalization and the call for the field to apply an intersectional lens (Guerrerro-Arias, et al., 2020; Jacob & Cox, 2017; Tönsing & Soto, 2020; Donaldson et al., 2017), the amalgamation of the final selected articles points to an overall lack of an intersectional lens within the critical landscape of the field. This then can potentially erase intersectional realities of marginalization in the CSD field, including that of service users (e.g. Two Spirit/LGBTQ+ Indigenous people).

Critical Analysis Part III: Recommendations Towards Social Justice

The last part of the critical analysis definition addresses recommendations aimed to counter oppressive relationships and systems to work toward social justice. Subsequent to a thematic analysis, nine recommendation domains were identified. In many cases, authors make recommendations that overlap across domains. Collectively, CSD literature that currently informs this critical landscape is making recommendations that address macrosystems informing the field (e.g., critically examining the construction of disability) and recommendations that address microsystems (e.g., working towards changes in clinicians' attitudes and behavior as this informs service delivery).

We notice different permutations of the word "culture" among the recommendations (e.g. cultural competence, cultural responsiveness, cultural concepts, and cultural safety as related to Indigenous peoples). Our critique is not in the use of various terms, but rather the avoidance to use terms that explicitly address power imbalances. In contrast, some articles use terms like anti-oppression, which directly speak to the existence of systemic oppression.

Future research may inquire into CSD discourses that facilitate the explicit naming of power. Some articles recommend applying Indigenous epistemologies. However, our reading of the critical landscape is such that it does not yet go in depth about how to apply Indigenous epistemologies in a field dominated by non-Indigenous practitioners. One article does assert the importance of doing so while collaborating with Indigenous peoples with the aim that research be decolonizing, transformative and beneficial for Indigenous peoples (Brewer et al., 2016). This assertion allows us to then reflect on how to prevent

cultural appropriation. While the discussion on cultural appropriation is beyond the scope of this review, we encourage ongoing critical literature to reflect on this topic by drawing from allied health fields such as art therapy and counseling psychology. For example, Surmitis et al. (2018) state that cultural appropriation is a form of unfair taking of a group's images, sacred philosophies, rituals, or symbols by another group with greater access to resources as this relates to sociopolitical and historical contexts. Napoli (2019) discusses cultural appropriation of Indigenous knowledge as placed "out of the hands of the original peoples whose spiritual practices are being used" (p.178) in the context of colonialism and cultural genocide of Indigenous Peoples. As such, adopting Indigenous epistemologies for those of us who are not Indigenous may entail explicit discussions and reflexivity (Azul & Zimman, 2022; Surmitis et al., 2018) about how to prevent cultural appropriation when settler researchers aim to center Indigenous epistemologies.

Additional Information

Most articles applying a critical analysis were conceptual, focused on speech-language pathology, and were published in 2020. A higher number of peer-reviewed literature applying a critical analysis may have been published in 2020 because of a recent shift within broader professional discourse in terms of understanding the CSD field through a racial justice lens, as informed by Black communities responding to police violence against George Floyd in May 2020 and violence against Black people for generations (Abrahams, et al., 2022; Yu et al., 2022). Overall, most publications were written by scholars based in South Africa and the U.S.A. While identifying socio-political events and social movements is beyond the scope of this review, we

acknowledge that such events and movements do influence the critical landscape of research that aims to better understand and counter oppression (Niesz et al., 2018).

Scoping Review Limitations

Search Words. While the first and fourth authors aimed to be exhaustive in our search, the final searches had limitations and human error. For example, as pointed out by the third author, we neglected to use the terms “linguistic justice,” and “liberation,” which could have led to missing articles that may ultimately be part of the critical landscape. As such, this analysis is ongoing, and we intend to extend this review in a few years to account for dimensions we may have missed at this time.

Terminology. Articles addressing inequity and systemic power imbalances may have been excluded because they did not meet the critical analysis definition. While this can be a methodological limitation with respect to the definition, it also speaks to the field using broad terms to implicitly discuss systemic oppression in ways that are more palatable within the field.

Criteria and Limited Scope. First, publications that would otherwise meet the critical analysis criteria would have been excluded if they did not have an abstract in Covidence. Secondly, this review focused on peer-reviewed journals, which can perpetuate elitism that favors those in a position to easily publish in peer-reviewed journals and does not include written text blogs, formal CSD resolutions (e.g. CAPCSD, 2021) and other written publications (e.g. Daugherty, 2020). This also prevents exploring a critical landscape beyond the written word such as discussions held by organizations like Bilingual Language and Literacy Investigative and Learning Group (BLLING) (Brea-Spahn, 2021), and podcasts (e.g. Wonkka et al., 2021). Grey

literature can be part of future research exploring critical landscapes in CSD.

Conclusion

The current scoping review (N = 39) sheds light on the ways in which critical analyses have been applied within CSD. Critical analyses are being used to criticize the CSD field, as well as practices within sub-specialties (e.g., acquired brain injury). Three clusters of oppressive systems were identified: colonialism, imperialism, nationalism/assimilation, neoliberalism, and/or apartheid; the medical model; and discrimination/marginalization based on disability, age, class, gender, race and/or sexual orientation(s). Among the nine social constructs of marginalization identified, the most common is that of Indigenous Peoples. Finally, nine recommendation domains were highlighted: identifying and countering colonialism; using Indigenous epistemologies for the benefit of Indigenous Peoples; advocating for the implementation of critical theories and critical conceptual framework; critically examining the construction of disability; trust and relationship building; changes to assessment/intervention protocols; changes to curriculum; awareness/changes in clinicians' attitudes, values and behavior as this informs service delivery; and systemic and policy changes.

Earlier critical works, beginning from 1998, were conducted by South African scholars who continue their work with a focus on decolonization. These results point to avenues for future research such as, countering power imbalances between the global north and the global south, being critical of the ways we construct language deficits and pathologies at intersections of marginalization and implementing strategies to work towards equity. Finally, this scoping review has

provided a framework to better understand the CSD critical landscape with the application of a critical analysis definition and additional information. This review aims to contribute to a flourishing landscape of criticality and to work

towards human connection, equity, and social justice for all.

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Appendix

Articles Using a Critical Analysis: Charting a Critical Landscape in CSD

Acronyms and abbreviations: Acquired Brain Injury (ABI); Audiology (Aud.); Communications Disorders (CD); Communication Sciences and Disorders (CSD); Deaf and Hard of Hearing (DHH); Professional Training and Curriculum Changes (PTCC); Speech, Language, and/or Literacy Development/Disorder (SLL D/D); Speech Language Pathology (SLP).

Year	Authors	Discipline	Design	Systems of Oppression (CA Definition Pt 1)	Marginalized Group (CA Definition Pt 2 other than disability)	Focus / Disability (CA Definition Pt 2 focusing on disability or the field)	Recommendations (CA Definition Pt 3)
2016	Allison-Burbank, J.	SLP	Conceptual	Colonialism	Aboriginal/Indigenous	CSD Field	✓
2019	Armstrong, E., Coffin, J., McAllister, M., Hersh, D., & Katzenellenbogen, J.M.	SLP	Qualitative	Colonialism	Aboriginal/Indigenous	ABI	✓
2016	Brewer, K. M., McCann, C.M., & Harwood, M. L.	SLP	Conceptual	Colonialism	Aboriginal/Indigenous	ABI	✓
2017	Brewer, K.M.	SLP	Conceptual	Colonialism	Aboriginal/Indigenous	CD	✓
2020	Brewer, K.M., McCann, C.M., & Harwood, M.L.N	SLP	Qualitative	-Colonialism -Racism -Power imbalances	Aboriginal/Indigenous	ABI (& PTCC)	✓
2017	Donaldson, A.L., Chabon, S., Lee-Wilkerson, D., & Kapantzoglou, M.	SLP	Conceptual	-Medical Model -Deficit lens	Children	CSD Field	✓
2016	Gillispie, M.	SLP	Conceptual	-Colonialism	Aboriginal/Indigenous	SLL D/D	✓
2008	Gould, J.	SLP	Conceptual	-Medical experts -Medical discourse -Colonialism	Aboriginal/Indigenous	SLL D/D	✓
2020	Guerrero-Arias, B.E., Agudelo-Orozco, A., & Pava-Ripoll, N.A	SLP	Qualitative	Discrimination at intersection of race, class, gender	Black, low-SES, Disabled, Woman (explicit intersectional lens)	ABI	✓
2014	Hyter, Y.D.	SLP	Conceptual	-Globalization -Unequal power relations -Imperialism -Economic apartheid	Global Population (focus on power imbalances)	CSD Field (PTCC not focus, but is included)	✓

2017	Jacob, M., & Cox, S.R.	SLP & Aud	Literature Review	-Biomedical model -Adulthood	LGBTQ+	CSD Field	✓
2013	Kathard, H., & Pillay, M.	SLP	Conceptual	-Apartheid -Post-apartheid -Ethnocentrism -Colonialism -Hegemony	Black people, and Black & African Language(s) speakers in South Africa	CD	✓
2018	Khamis-Dakwar, R., & DiLollo, A.	SLP	Conceptual	Bias and orientalism	Arab Americans	CSD Field (& PTCC)	✓
2018	Kohza-Shangase, K., & Mophosho, M.	SLP	Conceptual	-Racism -Imperialism -Colonialism -Apartheid	Black people and Black & African Language(s) speakers in South Africa	CSD Field	✓
2012	Leahy, M. M., O'Dwyer, M., & Ryan, F.	SLP	Qualitative	Social power relations and discourse	Disabled People (clients)	Stuttering	✓
2014	McLellan K.M., McCann C.M., Worrall L.E., & Harwood M.L	SLP	Qualitative	Colonialism [implicitly via decolonization]	Aboriginal/Indigenous	ABI	✓
2017	Moonsamy, S., Mupawose, A., Seedat, J., Mophosho, M., & Pillay, D.	SLP & Aud.	Conceptual	-Apartheid -Racism -Colonialism	Black people, and Black & African Language(s) speakers in South Africa	CSD Field (& PTCC)	✓
2011	Navsaria, I., Pascoe, M., & Kathard, H.	SLP & Teachers	Qualitative	-Apartheid -Post-apartheid mimicking racial hierarchy	Black people, and Black & African Language(s) speakers in South Africa (focus: linguistically diverse)	SLL D/D	✓
2014	Ng, S.L., Friesen, F., Maclagan, E., Boyd, V., & Phelan, S.	Aud.	Conceptual	-Hegemony -Biopsychosocial approach -Power relations and structure between professional and patient	Children	DHH	✓
2020	Pascoe, M., Mahura, O., & Rossouw, K.	SLP	Qualitative	Colonial, white, middle-class female values	Black people, and Black & African Language(s) speakers in South Africa (focus: languages other than English and Afrikaans)	SLL D/D (& PTCC)	✓
2008	Peltier, S.	SLP	Conceptual	Colonialism	Aboriginal/Indigenous	SLL D/D	✓
2004	Penn, C.	SLP	Conceptual	-Power imbalances - Medical model	Disabled People (clients)	CSD Field	
2017	Penn, C., & Armstrong, E.	SLP	Conceptual	Colonialism	Aboriginal/Indigenous	ABI	✓

2017	Penn, C., Armstrong, E., Brewer, K., Purves, B., McAllister, M., Hersh, D., Godecke, E., Ciccone, N., & Lewis, A.	SLP	Conceptual	Colonialism	Aboriginal/Indigenous	ABI	✓
2014	Pesco, D.	SLP & Aud.	Conceptual	-Racism -Neoliberalism -Colonialism	Aboriginal/Indigenous	CSD Field	✓
2003	Pillay, M.	SLP & Aud.	Conceptual	-Empire (colonialism) -Medical gaze -Empirical science	Disabled People (clients)	CSD Field	✓
1998	Pillay, M.	SLP	Conceptual	English cultural imperialism and colonialism	Global Population (focus on power imbalances)	CSD Field	✓
2018	Pillay, M., & Kathard, H.	SLP & Aud.	Conceptual	Colonialism	Global Population (focus on power imbalances)	CSD Field	✓
2015	Pillay, M., & Kathard, H.	SLP & Aud.	Conceptual	-Imperialism -Colonialism -Apartheid	Black people and Black and African Language(s) speakers in South Africa	CSD Field	✓
2011	Pound, C.	SLP	Conceptual	power imbalances	Disabled people (clients)	CD (especially ABI/aphasia)	✓
2020	Purdy, S.C.	SLP	Conceptual	-Colonialism -Medical model -Health care professional power	Aboriginal/Indigenous	ABI	✓
2018	Rappolt- Schlichtmann, G., Boucher, A.R., & Evans, M.	SLP	Literature Review	Medical model/Deficit lens	Disabled People (students)	SLL D/D	✓
2021	Shefcik G., & Tsai P.T.	SLP	Qualitative	Dominant cultural assumptions about Trans/gender people.	LGBTQ+	Voice	✓
2018	Simon-Cerejido, G.	SLP	Conceptual	Racism: anti- immigration, nationalism, assimilation	Bilinguals	CD	✓
2020	Smith, C.J.	SLP	Qualitative	-Medical system -Cisnormativity -Stigma against Trans people	LGBTQ+	Voice	✓
2018	Taylor, S., Barr, B- D, O'Neal-Khaw,	SLP	Conceptual	- Heteronormativity	LGBTQ+	CSD Field (&PTCC)	✓

	J., Schlichtig, B., & Hawley, J.L.			-Cisnormativity			
2020	Tönsing, L.M., & Soto, G.	SLP	Qualitative	-Language ideology -Medical model	Multilinguals (general)	CD	✓
2016	Watermeyer, B., & Kathard, H.	SLP	Conceptual	Disabling stuttering	Disabled People (clients)	Stuttering	✓
2020	Zingelman, S., Pearce, WM., & Saxton, K	SLP	Mixed	Colonialism	Aboriginal/Indigenous	SLL D/D	✓