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Critical Theory is for Such a Time as This

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Article Information

Abstract

This introduction to the second issue of the *Journal of Critical Study of Communication and Disability* (JCSCD) begins with a dedication to Dr. Jon Henner, whose ground-breaking work with Octavian Robinson was published in the first issue of JCSCD. Following the dedication, an explanation of the contextual importance of critical theory is provided and then the five articles selected for this issue are described.

Keywords

Critical theory; critical junctures; macro context; reimagined practices and policies.

This issue of the *Journal of Critical Study of Communication and Disability* (JCSCD) is dedicated to Dr. Jon Henner who served as the journal's Associate Editor from its founding until his death on August 14, 2023. Jon helped to define the journal and will continue to be an indelible influence on our work here just as he has left a lasting impact on linguistics, disability studies, and Deaf studies. The joy of the inaugural publication of JCSCD was elevated by the headlining of his and Octavian Robinson's co-authored article, "Unsettling Languages, Unruly Bodyminds: A Crip Linguistics Manifesto" (2023), a theoretical and abolitionist framework that proposed to:

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critique language and language scholarship through the lens of disability, include disabled perspectives, elevate disabled scholars, center disabled voices in conversations about disabled languaging, dismantle the use of disorder the deficit rhetorics, and finally, welcoming disabled languaging as a celebration of the infinite potential of the bodymind. (p. 8)

The travails of the article itself reinforced the need for the existence of a journal like JCSCD. Despite garnering more than 2500 downloads in its preprint form, for nearly six years the article could not find a publication outlet. Many prominent journals rejected it because disability was seen as tangential to linguistics and language studies. Since its publication just seven months ago, the Crip Linguistics Manifesto has been downloaded over two thousand times, demonstrating the tremendous need for and the significance of centering disability in the understanding of language and languaging practices. The JCSCD is bolstered and guided by Jon's enduring spirit of confronting injustice, questioning the status quo, and forging a divergent path. We celebrate Jon by putting forth the second issue of JCSCD in his honor.

We are living in strange yet familiar times. It is a time of unprecedented dehumanization. Although multiple "isms" operate at any given time (Liu et al., 2020), currently, this dehumanization is playing out on the world stage as Islamophobia, anti-Palestinian racism, and antisemitism, particularly since October 2023. This reality can be understood through the global context labeled by Alliez and Lazzarato (2016) as "total war" where colonialism and its remnants of war against populations play out through inequitable social structures – the political, economic, cultural, and intellectual – as well as among "traditions and mindsets" (p. 167–168). It is also a time when critical theory has had a resurgence in some disciplines and an introduction in others. Critical theory is an essential tool for understanding how to identify and name the inequities and injustices in the world (or a discipline) and provides a process for how to engage in collective work to transform that world (or discipline) to be more equitable and just. These conflicts, wars, or struggles are important junctures for moving away from what no longer serves everyone well (e.g., positivism) to something that might serve more people better, such as critical theory.

One of the goals of JCSCD is to create a space where interdisciplinary, inter-regional, and international conversations about these junctures occur so that we can learn from each other and work together to dismantle the inequitable and unjust structures as we transition to collectively create something new that does not yet exist, with the goal of reimagining practices and policies. The articles that comprise this second issue of JCSCD represent scholarship that examines longstanding ideas and practices, those in the field of Communicative Sciences and Disorders (CSD) and beyond, under a critical light. Each of the articles in Issue 2 of JCSCD addresses a critical juncture: the transition away from unnamed colonial values, the marginalization of disabled perspectives, and the severing of practices from the globalized context, towards scholarship that is cognizant of sociopolitical history, that centers those most impacted, and that is situated in a macro context. Each proposes ways to move beyond current practices to develop those that strive to be more equitable and just.

In "Value-Full: A Theoretical Analysis of the Speech-Language Pathology Positionality," Hannah Brouse argues that colonial values are encompassed in the policy documents of CSD, resulting in practices that normalize some behaviors and pathologize others. Critical theory was used to examine the policy documents through the lens of colonial values. The author

found that the practices and policy documents in CSD are not neutral but laden with values that sometimes serve to exclude, exploit, and dominate groups. CSD educators, scholars, and practitioners must be intentional in recognizing and dismantling those colonial values. The paper raises questions about whether the CSD field can exist in refusal of these values, or necessarily perpetuates them. In either case, what is made clear is the need for action.

In the article "Defining Communication Disabilities in West Africa and the U. S. Midwest: Effects of Globalization," Cluley et al. (2023) examine the role of globalization in speech-language-hearing sciences (SLHS). This work is interdisciplinary; that is, the authors are not only from SLHS, but also from the fields of education, African studies, and political economy. The authors use a critical theory approach and emphasize the importance of a macro-level perspective for understanding the ways that globalization affects definitions of and behaviors to support children with communication disabilities. They also employ ethnographic interviewing, an important process for learning about the meaning that people are making of their lives and for learning about complex historical, social, economic, political and ecological system effects on lives. In this study, participants were actively engaged in the interpretation of the data. This study highlights the ways in which the differences between educational professionals across schools in Senegal and the U.S reflect conceptualizations of disability and educational responsibility inseparable from their sociohistorical contexts. This study also revealed how majority world countries and minority world countries share similar barriers (e.g., colonial histories, limited resources) for inclusion of people with communication disabilities. This approach is useful in engaging in culturally responsive practices that are effective for collaborating with the people with whom we work.

The first and second articles by Hussain et al. (2023a; 2023b) are partnered manuscripts. We recommend reading the two articles in tandem even though each was written to stand independently. The reason for creating two standalone articles from this study is because both the methodology used and the research conducted through it make unique contributions to critical scholarship in CSD. The first article, "Confronting Pathology by Revealing a Critical Landscape in Communication Sciences and Disorders: A Scoping Review Protocol," introduces a scoping review process for mapping critical scholarship. The protocol is based on the PRISMA-P (Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols) (Shamseer et al., 2015), and describes a method for conducting systematic reviews and meta-analyses. Scoping reviews are important for identifying the ways a "topic is developing or advancing and to identify missing aspects of the examined literature, clarify concepts or investigate research conduct" (Munn et al., 2018, p. 1), which makes it ideal for identifying and examining how a body of critical literature might be germinating in a discipline.

In the second article, Hussain et al. utilize the PRISMA-P protocol to complete a scoping review of literature within the CSD field. In "Confronting Pathology by Revealing a Critical Landscape in Communication Sciences and Disorders: A Scoping Review," the authors present one of the first scoping reviews examining whether and how the discipline calls out "systemic oppression." The authors identify literature that applied a critical analysis, and findings show a presence of critical literature in CSD as early as 1998, 25 years ago. This critical literature included analyses of systems of oppression, hierarchy, power relations, marginalized social groups and disabilities, and recommendations for moving toward social justice. Duchan and Hewitt (2022) recently provided an examination of the history of CSD,

revealing the decisions made by the CSD's founding "fathers" that were often marginalizing, inequitable and unjust. This scoping review by Hussain et al. (2023b) underscores the necessity of embarking on a reflexive inquiry of our history to understand the inequities inherent in our practices and policies, and for making a change that is substantial and impactful.

      In "Preferences for Person-First Language and Identity-First Language in Autistic Communities," Smith et al. (2023) examine the nuances within the tension between person-first language (PFL) and identity-first language (IFL) in reference to autism. While PFL has been the standard within clinical and educational discourse for two decades, disability advocates contest the implication that disability is merely a manifestation of disease that the person should want to be distanced from and cured of. In their survey of autistic individuals and their parents, the authors found a divergence of preferences between the two groups that reflects degrees of desire for remediation of autism. The study echoes the theme that linguistic practices reflect deeper underlying values that beckon scrutiny, a reminder of the entrenchment of ableism in colonial frames of thinking.

References

Alliez, E., & Lazzarato, M. (2016). *Wars and Capital* [Ames Hodges Trans]. Semiotext(e)

Brouse, H. B. (2023). Value-full: A theoretical analysis of the speech-language pathology positionality. *Journal of Critical Study of Communication and Disability, 1*(2), 6-27. https://doi.org/10.48516/jcscd_2023vol1iss2.11

Cluley, H., Hyter, Y. D., Summy, S., Santiago-Valles, W. F., Lambert, T., & Boukal, J. E. (2023). Defining communication disabilities in West African and the U. S. Midwest: Effects of globalization. *Journal of Critical Study of Communication and Disability, 1*(2), 28-52. https://doi.org/10.48516/jcscd_2023vol1iss2.9

Duchan, J. F. & Hewitt, L. E. (2022). How the charter members of ASHA responded to the social and political circumstances of their time. *American Journal of Speech-Language Pathology, 32*, 1037-1049. https://doi.org/10.1044/2022_AJSLP-22-00273.

Hussain, F. N., Brea, M. R., Padia, L., & Sajnani, N. (2023a). Confronting pathology by revealing a critical landscape in Communication Sciences and Disorders: A scoping review protocol. *Journal of Critical Study of Communication and Disability, 1*(2), 53-69. https://doi.org/10.48516/jcscd_2023vol1iss2.30

Hussain, F. N., Brea, M. R., Padia, L., & Sajnani, N. (2023b). Confronting pathology by revealing a critical landscape in Communication Sciences and Disorders: A scoping review. *Journal of Critical Study of Communication and Disability, 1*(2), 70-108. https://doi.org/10.48516/jcscd_2023vol1iss2.10

Liu, D., Burston, B., Stewart, S. C., & Mulligan, H. H. (2020). *Isms in health care human resources: A concise guide to workplace diversity, equity, and inclusion.* Jones & Bartlett Learning.

Munn, Z., Peters, M. D. J., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Medical Research Methodology, 18*(143). https://doi.org/10.1186/s12874-018-0611-x

Shamseer, L., Moher, D., Clarke, M., Ghersi, D., Liberati, A., Petticrew, M., Shekelle, P., & Stewart, L. A. (2015). Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015: Elaboration and explanation. *BMJ, 349*, g7647. https://doi.org/10.1136/bmj.g7647

Smith, M., Horton, R., & Fitzgibbons, M. S. (2023). Preferences for person-first language and identify-first language in autistic communities. *Journal of Critical Study of Communication and Disability, 1*(2), 109-141. https://doi.org/10.48516/jcscd_2023vol1iss2.13

Value-Full: A Theoretical Analysis of the Speech-Language Pathology Positionality

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Abstract

In a culture built by settler colonialism (e.g., the United States), colonial values are perpetuated in cultural knowledge (e.g., its language use). Standard language practice replicates these values unless language professionals consciously work to refuse them. This paper argues that language interaction in this context cannot be value-neutral but is inherently value-full. While prior research addresses the culturo-linguistic realities of speech-language pathology clients, little work in the United States addresses the context and positionality of speech-language pathology clinicians, not only obscuring their values from view but their impact on clinical practice from scrutiny. This research conceptually framed the colonial values inherent in dominant United States culture. Using this framing as a conceptual tool, this qualitative study completed a textual analysis comparing three documents from the American Speech-Language-Hearing Association to two colonial value hierarchies, investigating how and to what extent colonial values are inherent in the field.

Keywords

Colonialism, speech-language pathology, culture, clinical practice, cultural values, power.

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Positionality Statement

Audre Lorde wrote, "I am not free while any woman is unfree, even when her shackles are very different from my own." Coloniality appears to be related to every power system oppressing my communities and those beyond me. As long as colonialism is unrecognized and unchallenged, I am not free. Dr. Adriana Ramirez de Arellano instilled in me the conviction that praxis requires love to take hold. I believe in a world outside coloniality. I love its potential for creation. My own positionality and values undergird my work. I benefit from the very colonial constructs I critique. Objectivity, I argue, is impossible — my responsibility instead is to expose the value-full inner workings of my research to their necessary checks. Coloniality cannot be resisted without first the understanding and acceptance of the responsibility to do so. Every question I ask of SLP requires first this current research. By uncovering the existence of colonial values in the U.S. SLP field, my hope was to support work against them. I welcome all responses to this research and refuse to accept financial reward from any publication of it, now or in the future.

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Language and culture are interconnected realities that express each other. Interaction with language, then, cannot be value-neutral, but rather is fully situated within the context of cultural values (Duranti, 2011, Freire, 1970/2017). The knowledge produced by a given culture acts on its values through either replication or resistance; in a settler colonial context such as the United States (U.S.), colonial values are embedded in U.S. cultural knowledge (Abrahams et al., 2019, Quijano, 2007). The field of speech-language pathology (SLP) in the U.S. emerged from this colonial context and its clinical practice acts on standards of "normal" and "abnormal" language practice. This research aimed to analyze the colonial values embedded in texts from the U.S. SLP field at the national level in 2021. The research included developing a critical framework of colonial value hierarchies and using it to analyze American Speech -Language-Hearing Association (ASHA) texts for evidence of coloniality.

Culture and Coloniality

Culture and language exist symbiotically, making it impossible to access one without the other (Duranti, 2011; Saussure, 1915). As a created reality, culture contains the social constructs of a given group (e.g., history, customs, identity, power dynamics; Sardar & Loon, 1999). Cultural participants use shared language to define, express, and maintain these constructs that create their culture. This cycle exists due to the shared reality of culture, which relies on communication to exist (Emmitt and Pollock, 1997). Change in the language, then, leads to change in culture, and vice versa.

Cultural contact between distinct languages and cultures takes a multitude of forms, including the forceful exertion of power. Settler colonialism (one such system of domination) describes the method through which one culture seeks to destroy and replace Indigenous peoples' cultures, bodies, and languages (Sayles, 2010; Spit Justice, 2018; Veracini, 2010; Wolfe, 1999; Wolfe, 2006). Given the interrelationship of language and culture, the erasure, replacement, and/or

disconnection of language is a settler colonial method of exerting this power (Fanon, 2004; Grosfoguel, 2011; Mignolo, 2012). This domination, once established, must be continuously maintained through coloniality: the erasure of pre-existing Indigenous and other cultural values and the normalization of the dominating cultural values over all other occurring constructs (Grosfoguel, 2011; Maldonado-Torres, 2007; Quijano, 2010; Veracini, 2010; Wolfe, 1999). Settler colonialism is the foundation of the United States. U.S. residents are positioned within a dominant culture not only built by colonialism to destroy, erase, and replace the cultural values and practices (e.g., languages, genders, philosophy) of Indigenous nations it colonized, but maintained by coloniality to uphold its domination over all other values. To act in – without deviating from – a colonial culture is to perpetuate colonial values (Mignolo, 2012; Quijano & Ennis, 2000). The colonization of the North American continent established hierarchies which empower a eugenicist white supremacy (e.g., ideas, people, experiences) over everything and everyone else (Grosfoguel, 2011; Quijano, 2010; Quijano & Ennis, 2000). Puerto Rican sociologist Ramón Grosfoguel (2011) theorized these hierarchies place cultural constructs either inside or outside of a "zone of being." Within the zone, constructs are viewed as both standard and superior to others; the others, outside the "zone of being," are both sub-human and inferior (Grosfoguel, 2011; Maldonaldo-Torres, 2007; Quijano, 2010; Quijano & Ennis, 2000). I use the term "positive value" to refer to cultural constructs in the colonial "zone of being" of a hierarchy and the term "negative value" to refer to cultural constructs and hierarchies disempowered by them. I use these terms not in support of this valuation but in description of its application. Coloniality as a system of power perpetuates

what it positively values and erases and replaces what it does not, thereby regulating what is standard or "normal" in a colonial culture.

Positioning the Speech-Language Pathologist

The American Speech-Hearing-Language Association (ASHA) is the nationally credentialing body for speech-language pathologists in the United States. As a national association, it empowers and supports the SLP profession as well as the interests of the clinician-researchers and clients (ASHA, n.d.). Under ASHA's description, the scope of SLP includes prevention, assessment, (re)habilitation, and scientific investigation of communication (e.g., speech, language) disorders through both professional practice and service delivery domains (ASHA, 2016). The SLP profession uses the World Health Organization's International Classification for Functioning, Disability, and Health (WHO-ICF) as a framework for service delivery under this scope (ASHA, 2004, 2016). ASHA emphasizes the importance of evidence-based practice across the practice of SLP "to the extent possible" (ASHA, 2016).

Current evidence for best practice in the SLP field recommends restructuring clinical practice for multicultural clients, particularly Indigenous clients, whose cultures, bodies, and languages the settler colonial project of the U.S. attempts to erase and replace (Berman, 1976; Huer & Saenz, 2003; Neff & Spillers, 2008; Pillay, 1997; Pillay & Kathard, 2018; Ross, 2016; Ukrainetz et al., 2000; Westby, 2013). Yet adjusting clinical practice implies both that change is needed and that standard practice does not satisfy this need. Even the term "multicultural" itself collapses a disparate array of experiences into a lump group of "other" which is then implicitly

excluded from standard clinical practice. This othering is a process through which one side of a binary is defined in opposition to the "other" (Bauman, 1991; Beauvoir, 1949; Said, 1979; Spivak, 1985). For example, traditional, standard SLP practice should be restructured for the undefined group of "multicultural" clients, this "other" against which standard clients are implicitly defined. Little research within the U.S. investigates its SLP field (or SLP practitioners) for what underlying values are defined against the exclusion they create, which requires such a restructuring.

Current evidence for best clinical practice in SLP recommends considering the three components of client values, clinical expertise, and external/internal evidence (ASHA, 2005). This recommendation seems to emphasize the perspectives that both clients and clinicians bring to therapeutic work. Yet little research within the U.S. investigates the positionality of clinicians or of the SLP profession itself within power structures (Pillay & Pillay, 2021). When the positionality of the individual speech-language pathologist and the SLP profession at large are excluded from clinical considerations, their impacts on clinical practice are likewise excluded from scrutiny.

The colonial value hierarchies are the foundation of dominant U.S. culture and perpetuated in its constructs. It follows that U.S. cultural values persist in its production of knowledge. Speech-language pathologists in the U.S. assess, (re)habilitate, and investigate clients' communication (e.g., speech, language) in a colonial context, which inherently involves interaction with the colonial value hierarchies through either replication or refusal (Abrahams et al., 2019). The interplay between colonial values and clinical practice has been critiqued by clinician-researchers in other countries and cultures (Bird, 2020; Penn et al., 2017; Pillay & Kathard, 2018; Pillay & Pillay, 2021; Staley et al., 2022; Watermeyer &

Neille, 2022). Yet, within the U.S. context, the SLP profession is slow to acknowledge this interaction. Without realization and reaction to this reality, the field perpetuates violence and maintains power systems that oppress the clients (and clinicians) for whom we otherwise profess support in quality of life (ASHA, 2015; ASHA, 2016; ASHA, n.d.; Grosfoguel, 2011; Mignolo, 2012; Quijano & Ennis, 2000).

The interaction between SLP and language inherently cannot be value-neutral. The traditional framing of speech-language pathologists, their education, and the field of SLP itself as value-neutral ignores that neutrality is an illusion obscuring the unique construction of position in relation to history, identity, experience, culture, and other constructs (Duranti, 2011; Filippakou, 2022; Freire, 1970; Giroux, 2020; Haraway, 1988; Yanow, 2006). These gaps in the research considering the values inherent to the SLP position in U.S. practice are addressed in part by SLP researcher-clinicians holding identities traditionally marginalized in the field, within and beyond the U.S. and by fields of related study such as disability studies, critical race studies, gender and sexuality studies, colonial studies, and cultural studies (Batterbury et al., 2007; Bauman & Murray, 2017; Berman, 1976; Campbell, 2001; Crenshaw, 1989; Davis, 1995; Eckert & Rowley, 2013; Davis & McKay-Cody, 2010; Grosfoguel, 2011; Hill, 2017; Huer & Saenz, 2003; James et al., 2020; Lane, 1999; Markotic, 2001; Neff & Spillers, 2008; Penn et al., 2017; Pillay & Kathard, 2018; Ross, 2016; Ukrainetz et al., 2000; Westby, 2013). Yet despite the ongoing colonial violence in the U.S., despite published evidence that those affected by that violence require change in clinical practice, and despite structural change generated by persons in the field and related disciplines, the SLP field in the U.S. does little to recognize its own positionality. Standard practice continues to

remain falsely value-neutral rather than to investigate what I term, in direct contrast, our "value-full" position.

Language and culture are interconnected in their expression. When engaging in the communication of a cultural context, we are able to understand its values. U.S. cultural values are replicated in its production of knowledge at sites such as the SLP profession. In order to analyze the values inherent to the U.S. SLP field, I chose to engage with its texts – to engage with the production and communication of the cultural knowledge of ASHA.

To analyze the values embedded in the 2021 U.S. SLP field and their relationship to the colonial values embedded in dominant U.S. culture, I asked: how does current practice in the 2021 U.S. SLP field as exemplified by the American Speech-Language-Hearing Association's documents of Preferred Practice Patterns, Certification Standards, and Code of Ethics compare to two colonial value hierarchies?

Method

The above literature review of critical theory (e.g., postcolonial theory, feminist theory, critical race theory) formed my understanding of coloniality. Based on the reviewed literature, to identify colonial values embedded in texts produced by the 2021 U.S. field of SLP and analyze their relationship to the colonial values of dominant U.S. culture, I created the framework of colonial value hierarchies below. This framework summarizes the manner in which two colonial value hierarchies interact with cultural constructs by normalizing and empowering them or othering and disempowering them. I then conducted textual analysis of three ASHA texts (Preferred Practice Patterns, Certification Standards, and

Code of Ethics) using the colonial value hierarchy framework to identify values embedded in texts, compare them to the colonial value hierarchy framework, and analyze their relationship.

Colonial Value Hierarchy Framework

I selected two colonial value hierarchies for analysis in SLP from those maintained in dominant U.S. culture: race, ethnicity, and ability. The form and evolution of my research inherently impacted the number of hierarchies chosen in ways that are acknowledged in my limitations. My own familiarity with the colonial values at work in the U.S. varies across disparate arenas and inherently impacted my choice in ways that are described in my limitations and positionality. I chose the selected hierarchies for their impact on the field. The institutionalization and routinization of medical care, including SLP, is part of an ongoing colonial power structure that legitimizes forms of knowledge produced in alignment with the settler colonial values of the United States. The social constructions of race and disability and the understanding of community history represented in ethnicity are critical to this undertaking. As discussed in the literature review, the dominant values in a society are replicated in the standard practice of its institutions; given that the field of SLP was developed in a white supremacist and eugenicist settler colonial society, it follows that those would be the values encoded in the institutions. To visualize my selected colonial value hierarchies, I created the following diagram (Figure 1).

Figure 1

Two colonial value hierarchies
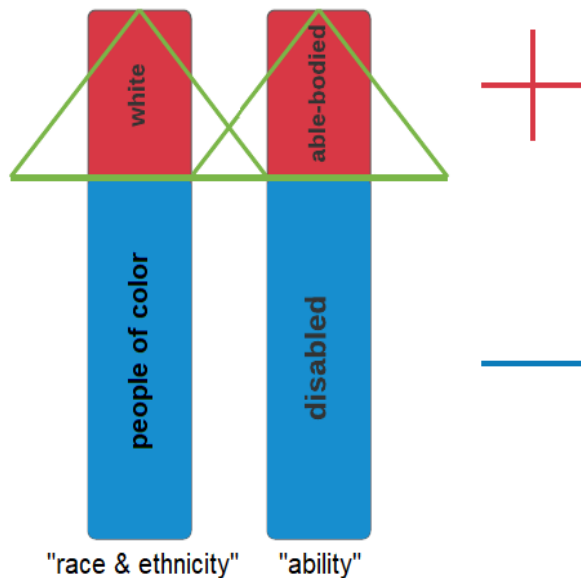
Each hierarchy I investigated is represented with an upright pillar. Constructs positively valued and empowered by coloniality are at the top in red, a position maintained by disempowering the negatively valued constructs denoted in blue. These pillars are divided into the binary of "positive" or "negative" by a green line representing their inclusion or exclusion from the "zone of being." This reductive inclusion/exclusion binary masks a complex range of experiences – all constructs outside the colonial zone of being are unified solely by their othering, despite potentially having nothing else in common (Bauman, 1991; Said, 1979; Spivak, 1985). Thin green lines connect the top of each pillar to the green line of the zone of being and to each other. These lines indicate the pillars' interconnectedness and joint effort to uphold the colonial system.

The framework visually describes the colonial value hierarchies of dominant U.S. culture. When conducting textual analysis

research as described in the methods, I used this framework to identify, compare, and analyze values embedded in ASHA texts for evidence of coloniality. Each pillar of the framework is described below.

Colonial Values of Race & Ethnicity

The first pillar in the framework (white/non-white) allowed for analysis of race and ethnicity as cultural values in the U.S. which affect communication. Race is a fluid perceptual construct that relies on cultural constructs of blood lineage, phenotype, segregation, privilege, law, and geographic location (Collins, 2020; Crenshaw, 1989; Delgado, 2013). Ethnicity is the self-identification of a group in recognition of a shared politicized past (Anzaldúa, 1987; Collins, 2020; Nagel, 1994). Though race and ethnicity are independent constructs that operate uniquely among power systems, for the purpose of this analysis, I consider them in relationship with each other as they are othered by constructs of whiteness, which is positively valued by U.S. coloniality. Under white supremacy as a dominant power system in the settler colonial project of the U.S., white American constructs are positively valued by coloniality and normalized in colonial culture. The binary of the colonial value hierarchies collapses all positions outside the colonial zone of being, defining them by their exclusion. Wherever possible, in my research, I refer to the race and ethnicity of people involved specifically. When referring to the broad group of those the colonial value hierarchies negate in contrast to whiteness, I use the term "people of color."

An example of using this colonial value hierarchy to analyze language would be to investigate the terms "minority" and "majority" in the context of race. In texts such as internet articles or casual spoken conversations, a person may use the word "minority" to refer to

Black people in the U.S. or their local Hispanic community. The word minority may refer to a statistical concept, but it also carries the import of a power differential (Wirth, 1945). It is othered in contrast to an undefined majority: whiteness. The social definition of racial minority, once investigated, is described as a disadvantaged and disenfranchised group regardless of whether that group is actually a numerical minority in the context of the text (Healey et al., 2019; Wirth, 1945).

Colonial Values of Ability

The second pillar in the colonial value hierarchy framework (able-bodied/disabled) allowed for the investigation of ability as represented, used, and accessed in U.S. language practice. Ability as a construct encompasses physical, cognitive, emotional, embodied, and social realities and is considered in this research as it is defined as "normal" and able-bodied (i.e., positively valued in a colonial hierarchy due to the capacity to perform labor which can then be extracted) versus "abnormal" and disabled (i.e., negatively valued in a colonial hierarchy due to lack of legible capacity for the same). Under ableism and eugenics as a dominant power system in the settler colonial project of the U.S., able-bodied constructs are positively valued by coloniality and normalized in colonial culture. The binary of the colonial value hierarchies collapses all positions outside the colonial zone of being, defining them by their exclusion. Wherever possible in my research I refer to the abilities/disabilities of people involved specifically. When referring to the

broad group of those the colonial value hierarchies negate in contrast to able-bodied, I use the term "disabled."[1]

An example of using this colonial value hierarchy to analyze language would be to investigate normalized cultural language practice for children who are d/Deaf. In the U.S. it is preferable for deaf (i.e., profound hearing loss)/Deaf (i.e., participants in Deaf culture) children to learn spoken English rather than American Sign Language (ASL) regardless of success rates or difficulty (Batterbury et al., 2007; Markotic, 2001). Sign languages are predominantly used by and associated with d/Deaf cultures, which are distinct from dominant U.S. culture in their hearing ability (Batterbury et al., 2007; Bauman & Murray, 2016; Lane, 1999). Even the term "hearing loss" emphasizes a perceived lack on the part of d/Deaf persons by non-deaf culture. Language practices associated with perceived disability (i.e., hearing loss is perceived as a disability by dominant U.S. culture) are disempowered.

Colonial Value Intersection

Though I consider these hierarchies independently for the ease and clarity of research, every colonial value hierarchy interacts. Every person within a colonial context is perceived in relation to every colonial value simultaneously as either inside or outside of the zone of coloniality. Co-occurring identities, then, compound. While both a white disabled person and a disabled person of color experience negation (and with it, violence, dehumanization, and erasure) on

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[1] I use the identity-first terminology "disabled" rather than the person-first language of "person with a disability" (Back et al., 2016). It is common practice in medical and therapeutic fields to use person-first language, which responds to the historical dehumanization of people with disabilities by emphasizing their personhood (Haller et al., 2006; Michaeilakis, 2003). However, disabled communities problematize person-first language as distancing disability from lived reality and framing it as an abnormal, personal experience (Ladau, 2014; Liebowitz, 2015). Instead, members of disabled communities advocate for acknowledgment and inclusion of their lived experiences in a disabling society as part of their identity through identity-first language (Haller et al., 2006; Ladau, 2014).

the axis of disability, the constructs of one are positively valued (e.g., humanized, protected) on the axes of race while all constructs of the other are negated (Crenshaw, 1989; Grosfoguel, 2011). This interaction between experiences is referred to as intersectionality by Kimberlé Crenshaw (1989) or entanglement by Grosfoguel (2011).

Textual Analysis of ASHA Texts

The values of a culture are carried in its knowledge production (e.g., cultural constructs, history, philosophy, ethics), either in replication or resistance. This knowledge is passed on through sedimented language in texts such as published documents or living texts such as conference proceedings and classroom syllabi (Duranti, 2011; Scholes, 1982). To investigate the values embedded in U.S. SLP knowledge, I conducted a textual analysis of three of its texts. Textual analysis is critical reading. The words we use, the way we use them, the punctuation, and the placement – these all have meanings that are clearly defined and culturally meaningful. Textual analysis is a method of reading in which a researcher engages with the potential meanings of a text based on some kind of cultural context – the culture in which the text was written, the culture in which the text is read, or a framework created from cultural understanding (Arya, 2020; Frey et al., 1999; McKee, 2003; Miller, 1984; Rockwell, 2003).

Textual analysis as a research method considers the message in a text by analyzing its content, structure, and function(s) in comparison to known structures (in this case, the colonial value hierarchy) to describe and interpret the text's characteristics by rhetorically arguing its constructed knowledge (Frey et al., 1999; Miller, 1984; Rockwell, 2003). Two types of textual analysis are common: analysis of the text (i.e., an in-depth qualitative study of a particular text and all

ideas contained) or an analysis using the text (i.e., approaching the text with a particular framework and investigating key details; Frey et al., 1999; McKee, 2003). In order to investigate the SLP profession at multiple levels (i.e., individual, educational, national) using the above framework, I completed an analysis using my selected texts (Arya, 2020; McKee, 2003; Scholes, 1982).

ASHA maintains a resource called the practice policy documents designed to inform and shape "best practices and standards in the profession [of…] speech-language pathology" (ASHA, 2004). These documents and their relationships are summarized in Figure 2.

Figure 2

ASHA's practice policy documents
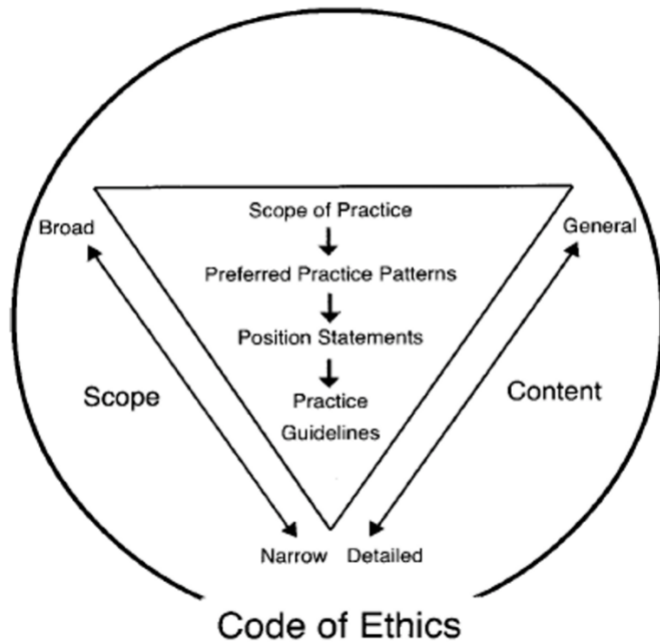
Note. From *The Preferred Practice Patterns for the Profession of Speech-Language Pathology*, American Speech-Language-Hearing Association, 2004, p. 3 (https://www.asha.org/siteassets/publications/pp2004-00191.pdf).

The pictured documents outline the standards of clinical knowledge and practice that ASHA certifies in its speech-language pathologists. I selected two texts from this body of literature and one text from ASHA's clinician resources for textual analysis. These texts each represent the SLP profession at one of three levels: the individual practice of the SLP clinician, the educational practice of academic bodies training SLP clinicians, and the national associative (ASHA) practice of maintaining clinical and association quality. The Preferred Practice Patterns (PPP) address the individual level of SLP practice as the "informational base for providing quality patient/client care and a focus for professional preparation, continuing education, and

research. (ASHA, 2004)" The Certification Standards address the educational level of SLP practice as the requirements SLP graduate students must meet through their graduate school education and following clinical fellowship to be certified by ASHA as an SLP (ASHA, 2020). Finally, the Code of Ethics addresses the national associative level of SLP practice as the ethical standard to which all ASHA members are held and against which misconduct is identified (ASHA, 2015). Each text informs speech-language pathologist experience, from educational requirements to professional practice to ethical expectations. As well, each text is developed and maintained by the national association of U.S. speech-language pathologists. By selecting texts that address distinct aspects of the SLP profession, I allow for a balanced analysis of the embedded values of the SLP profession.

Sources of data collected during the analysis of ASHA texts included the texts themselves, procured from ASHA's website as PDFs. The data points were moments within the text inflected with language reflecting one of the three criteria in the colonial value hierarchy, explicated above. Quotations were pulled from whole documents and analyzed in comparison to the known structure of the colonial value hierarchies.

In conducting textual analysis of each document, I completed a close reading of the text to analyze its messages and meanings in comparison to the colonial value hierarchies for explicit mention of their contents (i.e., race and ethnicity, ability) or implicit connection to the same. When I found examples of either perpetuation or resistance of these colonial values, I extracted quotations from the text and rhetorically described their representation of the text's constructed knowledge, connection to the indicated hierarchy, and implications for the SLP profession.

Results

During close reading of the three ASHA texts (Preferred Practice Patterns, Certification Standards, and Code of Ethics), I found examples in each document explicitly or implicitly related to each of the colonial value hierarchies. I selected quotations for each example and rhetorically analyzed them below in comparison to the colonial value hierarchies. I used the colonial value hierarchy of race and ethnicity to explore the messages and meanings in the selected ASHA texts and found examples of colonial values in each. The Preferred Practice Patterns' use of the WHO-ICF indicated race as a personal experience divorced from related power structures. This document also recommended inclusion of CLD considerations through adjusted clinical practice, defining standard practice by othering CLD populations. The Certification Standards explicitly normalized English as the standard of professional quality and implicitly normalized whiteness in the use of English. The Code of Ethics indicated awareness of intersectionality but also explicitly normalized settler colonial languages as standard language practice.

I used the colonial value hierarchy of ability to explore the messages and meanings in the selected ASHA texts and found examples of colonial values in each. The Preferred Practice Patterns supported improved inclusion of the client-based outcomes in SLP but continued to uphold the speech-language pathologist in their role in deciding what is normal and abnormal language practice. The Certification Standards also upheld the role of the clinician in evaluating, deciding, and maintaining normal language practice. The Code of Ethics defined normal, standard clinician existence, behavior, and clinical practice by othering disability.

I analyze and rhetorically describe the results in full below. The existence in each document of colonial values, in resistance to or replication thereof, indicates a relationship between the SLP profession and the cultural context from which it was formed.

Textual Analysis: Race & Ethnicity

In the PPP's sections on fundamental components and guiding principles, the World Health Organization's International Classification of Functioning, Disability, and Health (WHO-ICF) framework is defined as an operational framework for treatment. Its visualization is presented in Figure 3.

Figure 3

WHO-ICF Framework
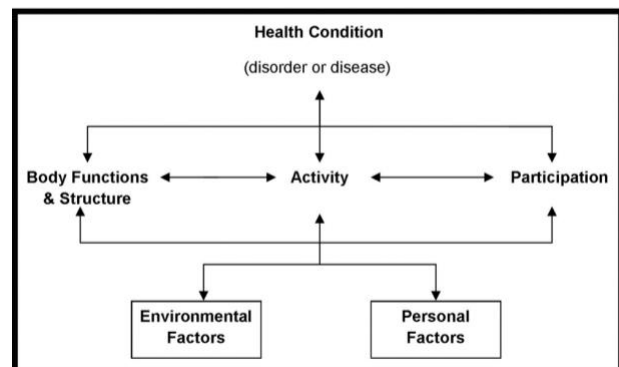
Note. From "Figure 1: Interactions between the components of ICF (WHO 2001:18)," by the World Health Organization, The ICF: An Overview, p. 2 (https://www.cdc.gov/nchs/data/icd/icfoverview_finalforwho10sept.pdf).

Two of its components for assessment and intervention are "contextual factors, including personal factors (e.g., age, race, gender, education, lifestyle, and coping skills) and environmental factors (e.g., physical, technological, social, and attitudinal)" (ASHA, 2004, p. 4). This framework goes on to

describe using these contextual factors in clinical practice: "[i]dentify and optimize personal and environmental factors that are barriers to or facilitators of successful communication" (ASHA 2004, p. 4). Racialized physical constructs such as skin color do not in themselves affect an individual's ability to communicate. Racialized social contexts such as the perception and interpretation of an individual's skin color by a communication partner do affect their communication. By placing race within personal factors such as age rather than with environmental factors such as other social concepts, the WHO-ICF linguistically positions it outside of a social power construct. The rhetorical move of including race as a personal experience without addressing related power structures indicates the maintenance of colonial value hierarchies.

Furthermore, the above is the only explicit mention of race or ethnicity in the PPP. The remainder of the document uses the phrase "culturally and linguistically diverse" (CLD). Positioning race as a personal, biological factor related to ethnicity, culture, and diversity before using it within the WHO-ICF framework and the remainder of the PPP document as an environmental, cultural consideration supports the analysis that race, ethnicity, and culture are tied together as socially constructed, racialized experiences. All racial considerations are CLD, but the term CLD includes experiences outside race and ethnicity. For example, according to the PPP, speech screenings should be "sensitive to persons from all culturally and linguistically diverse backgrounds," while materials and approaches should be "appropriate to the individuals [...]socioeconomic, cultural, and linguistic backgrounds" (ASHA 2004, p. 69, p. 109). These recommendations include no mention of personal or environmental factors, only those that impact client outcomes.

Through the PPP, ASHA recommends that best practices adjust therapy approaches and materials to account for clients' CLD, which includes racialized experiences. As mentioned in the introduction of this research, the concept of restructuring clinical practice to meet a client's need implies that standard clinical practice does not meet that need. CLD values of race and ethnicity are rhetorically positioned as "outside" standard practice – the recommendation of their inclusion through adjusted clinical practice comes without any investigation of why their exclusion first occurred. This framing obscures the value-full position of both individual clinicians and national recommendations in favor of emphasizing clinical practice as a value-neutral tool to tailor to clients with "CLD" constructs.

In the Certification Standards, standard language values are both explicitly mentioned and implicitly defined through the "other:"

> [T]he applicant must have demonstrated speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on students and professionals who speak English with accents and nonstandard dialects. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English. (ASHA 2020, p. 5)

Explicitly, English is valued as the standard (e.g., established rule for the measure of quality) which all applicants must meet. English competency at a master's degree level is required for applicants to be certified by ASHA and for SLP educational programs to appropriately train students for application. This document and associated webpage are

provided in English only, further reifying a settler colonial language from Europe as standard language practice. This certification standard excludes student applicants and their clients who do not speak English. Implicitly, this criterion describes dialects/accents as nonstandard in opposition to an unspecified standard (e.g., well-established, familiar) English dialect, likely Standard American English (SAE; Gleason, 2001; Speicher & Bielanski, 2000). Applicants are not disallowed certification for using these dialects and/or accents, but they are disempowered. They are othered, grouped in definition solely by their exclusion from the standard. SAE as a dialect is based on white Midwestern English, emphasizing that undefined, culturally legible language use is based in white racial, ethnic, and cultural constructs. Not only does this criterion make explicit the normalization of a European-sourced language as the standard of professional quality, but it also implicitly normalizes whiteness in the use of English, no matter the dialect, accent, or language used by clinicians and their clients. This is unambiguous evidence of interaction with the colonial value hierarchy: constructs associated with whiteness and Europe are both explicitly and implicitly maintained over all other constructs as the positively valued standard and superior practice. No mention is made of the values underlying the construction of this criterion, obscuring its value-full position (Bauman, 1991; Beauvoir, 1949; Said, 1979; Spivak, 1985).

In the Code of Ethics, we again see this prioritization of European-sourced languages: it is offered on ASHA's website in either English or Spanish. The United States has no official language – language use is not mandated but chosen (United States Government, n.d.). The 2019 language data collected in the American Community Survey (ACS) by the U.S. Census Bureau indicated that 241,032,343 (78.05%) of the 308,834,688 households in the U.S. speak only English at home, while 67,802,345 households spoke another language at home (US Census Bureau, 2021). Of households that spoke another language, 41,757,391 (61.58%) spoke Spanish or Spanish Creole (US Census Bureau, 2021). I do not assume that ASHA chose to produce the Code of Ethics in English and Spanish to explicitly perpetuate coloniality – I assume they produced this document in the two most spoken languages in ASHA's associated nation. However, as described above in relation to the Certification Standards, the existence, and use of English in the U.S. is the result of settler colonialism and represents the ongoing colonial project of the U.S. Similarly, Spanish was used in Spain's colonization campaigns to replace and erase Indigenous languages and cultures and to establish colonial power systems. Its inclusion alongside English in common use in the U.S. and by ASHA/its speech-language pathologists is evidence of colonial culture(s) maintaining their existence and values through normalization of them. Yet the dominance of English is maintained – Spanish is negatively valued by the U.S. colonial value hierarchies of race and ethnicity through its use by Latine, Hispanic, and Mexican people. The language choices ASHA and speech-language pathologists make in personal and professional use are inherently tied to colonial values.

Textual Analysis: Ability

The Preferred Practice Patterns (PPP) use the WHO-ICF framework to emphasize the importance of therapeutic outcomes that benefit SLP clients. These outcomes are described through the clients' own body structures and function, activities and participation in those activities, and contextual factors (ASHA, 2004, Figure 3). The

framework seeks to empower clients to share their perspective on their experiences and define and habilitate their abilities alongside the clinician. However, as problematized by clinicians in practice already, the speech-language pathologist's opinion of their client's abilities maintains a primary role (Heerkens et al., 2017. Mitra & Shakespeare, 2019). Delineation of body structure and function still requires the role of a speech-language pathologist. Pathology is in the very title of SLP; the medicalization and definition of normal and abnormal ability is a part of the SLP institution. Coloniality normalizes its dominating cultural values over all other occurring constructs (Grosofugel, 2011; Maldonado-Torres, 2007; Sayles, 2010; Quijano, 2010; Quijano & Ennis, 2000; Wolfe, 1999). The very ability to define what is normal and abnormal ability is power. The PPP introduces the WHO-ICF as part of its fundamental concepts and guiding principles and goes on to list other such concepts: service providers, expected outcomes, clinical indications and processes, clinical setting, equipment specifications, safety and health precautions, and documentation. Conspicuously missing are clients. Rather, under clinical indications the following guidelines are presented:

> Screening services are used to identify individuals with potential communication or swallowing disorders. […] Assessment services are provided as needed, requested, or mandated or to rule in or out a specific disabling condition. […] Intervention and consultation services are provided when there is a reasonable expectation of benefit to the patient/client in body structure/function and/or activity/participation (ASHA 2004, p. 5).

The PPP emphasizes use of the WHO-ICF to prioritize client position and benefit, yet criterion for clients accessing intervention or succeeding in any benefit depends on the clinician's judgment of disability and disorder. Such judgment is made according to the speech-language pathologist's education, understanding, and position on SLP professional standards of normal and abnormal ability – not the experience of the client. Even then, the positionality of the field training and certifying the individual clinician is obscured, as is the importance of the positionality of the individual clinician. So too, then, are the impacts of their values hidden from view.

In the PPP, the power of pathologizing language in the U.S. – defining what is "normal" and able-bodied and what is "abnormal" and disabled – is placed in the hands of the speech-language pathologist. This is continued in the Certification Standards, where I identified requirements related to normal and abnormal human development across the lifespan. The first quotation I selected is the requirement of applicants to "integrate information pertaining to normal and abnormal human development across the life span" (ASHA, 2020, page 3). The current conceptualization of "normal" in dominant U.S. culture is recent, tied to advances in Western science and statistics as means and averages became standard tools of measurement and description (Davis, 1995). Arenas of medicine and public health picked up these tools, applying norms and averages to the human body, while French statistician Adolphe Quetelet formalized this connection to suggest a physically and morally average man (Davis, 1995, 2010). This progression defined normal as a baseline expectation of function rather than middle of a variable range and came with a positive value for being "normal" (Davis, 2010). This positively valued perceived

normalcy perpetuates eradicating negatively valued abilities, now perceived explicitly as dis-ability, to be "normal." Pathologizing – defining and deciding normal and abnormal human behavior – is the explicit maintenance of colonial value standards. Perpetuating this is required for ASHA certification.

The second quotation of interest I identified in Certification Standards is that applicants are required to demonstrate their own ability in outlined skills. For example, "the ability to integrate information pertaining to normal and abnormal development across the life span" or "the ability to relate research to clinical practice" (ASHA, 2020, p. 3, p. 5, p. 9). There is no criterion in the document for measuring these abilities. This decision is implicitly left to graduate programs staffed by clinicians who have previously met these standards and continue to perpetuate standard SLP knowledge and clinical practice. The colonial act of pathologizing in a colonial culture without investigation of the colonial values involved is here entwined with the standardization of SLP ability.

The Code of Ethics begins with listing definitions of specific terminology. I identify two quotations of particular interest. The first is the definition of diminished decision-making ability: "[a]ny condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action" (ASHA, 2015, p. 3). The language used in this definition creates an implicit othering. No definitions are provided for a dis-abling condition or for reasonable decision making. Both terms are explicitly related to ability across physical, cognitive, emotional, embodied, and social realities (e.g., condition is sometimes used when referencing neurodivergence such as attention deficit disorder or physical disability related to use of a wheelchair; reason is sometimes used when referencing neurodivergence such as autism

spectrum disorder). Colonial value hierarchies positively value the capacity of a person's body across the aforementioned realities to perform expected social roles and labor. The language used surely allows room for interpretation by individual practitioners, involved legal bodies, and ASHA as a governing body. The language used also implicitly others disabled experiences by describing them as diminished and defines ASHA's value of the normal (i.e., not diminished) condition of a clinician and their decision-making as able-bodied in contrast. Varied decision-making skills and their fluctuations may be important for therapeutic practice, but the values underlying ASHA's description and evaluation of those skills are obscured.

The second quotation I identified for further analysis is the definition for an impaired practitioner: "any individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health-related conditions" (ASHA, 2015, p. 3). Here a personal dis-abling is defined by a person's ability to professionally perform labor – the sentence construction removes the disability and its impacts from the humanity of the clinician by emphasizing the buffer phrase of "professional practice." Two broad categories describe the impacts: by substances and by health. No mention is made of trauma, extraneous life circumstances, or workplace environment. Health is made distinct from mental health and any indication of addiction as a (mental) health issue is left out entirely. This definition implicitly others disabled experiences by constructing ASHA's value of the normal (i.e., not impaired) existence of a clinician as able-bodied in contrast. Further, the normalized clinician is dichotomous in their practice; their embodied existence is personal and does not affect their professional practice.

The Code of Ethics sets and maintains the standard of conduct for ASHA-certified SLPs. Yet in both above examples, there is no indication that the values set forward are considered in contexts of power systems (Pillay & Pillay, 2021). Though the terms and concepts involved are analyzed as linked to the colonial value hierarchy of ability, to systems of health and well-being in the U.S., to the pathologizing inherent to the field, their value-full position is not acknowledged.

Discussion

The results of my research as a whole question the values of pathologizing speech, language, and communication in a colonial culture. SLP practice as it stands is demonstrated to be defining normal and abnormal human behavior within a context that seeks to normalize certain behavior to the disempowerment of other people. It remains unclear in this research if SLP necessitates the maintenance of colonial values or if it can exist in refusal of them. What this research has made clear, however, is that the very concept of speech-language pathology is in relation to colonial values and violence. The SLP profession at large and its texts, educational programs, and individual clinicians are engaged with their cultural context. The values of this positionality cannot continue to be obscured. Speech-language pathology is not a value-neutral practice of objective clinicians but a value-full practice of agents in a colonial context. The knowledge constructed and perpetuated by the profession at large is in conversation with coloniality. Beyond this research, conversations are already happening to address this reality – in oppressed communities within the U.S. (e.g., Indigenous clinicians, transgender clinicians), beyond the U.S. (e.g., South Africa, New Zealand), and

beyond the SLP field (e.g., occupational therapy, education, sociology, women and gender studies, critical race theory). The goal of my research was to indicate clearly the colonial values underlying the context and construction of SLP in the U.S. The conversations that must address these values, either through replication or refusal, are beyond its scope. That such acknowledgement and action must happen is without question.

Limitations

My work is inherently limited by my knowledge and contexts. I am a part and product of the very colonial culture I herein problematize. I benefit from its maintenance and instinctively resist dismantling its power structures because of that benefit. My own marginalized identities are still cultural identities from a colonial culture. My experiences of marginalization and violence raised my consciousness, made me aware of systems of power affecting and controlling me beyond what I even experienced (Freire, 1970/2017). I have required explicit education on or direct experience of the described power structures to even become aware of their operation, much less resist and refuse them. This is an immense privilege and a purposeful product of coloniality, and it is certain to have limited the depth and reach of my research. All of this exists as an explicit limitation of my research.

Limitations in my framework include colonial value hierarchies considered. Hierarchies of economy, war, and religion were not included as their relative complexity and material manifestation are beyond my background as a researcher and my capability in this format.

Limitations in my research question include scope and document selection. Investigation into individual clinical practice

through survey research and educational practice through genre analysis of graduate school syllabi were considered pre-publication. Analyzing every ASHA document was beyond the scope of this project; the three documents included were chosen specifically for their importance and constant relevance in the field. While the document selection may be limited, the implications of this analysis are not. Further research could include a narrow rather than broad textual analysis of each of these documents to highlight the nuances of each complete document. This study, however, purposefully focused on the broad implications of these documents and their effects on the field, and the scale of analysis reflects that. I completed this research as a master's level thesis in 2021 and therefore experienced limitations as to time and resources. Future research on this topic will expand the colonial value hierarchy to include the above-identified categories and explore related topics.

Future Research

The scope of this project required inherent restriction. For combined reasons of scope, length, and rhetorical force, I cut considerations of individual and educational SLP practice from the text of this research for publication. Both of these areas of SLP practice deserve their own research into their relationship with coloniality. Only two colonial value hierarchies were chosen for analysis in this research, which is not a summation of colonial values. I considered these hierarchies in relative isolation for ease of research, obscuring their intersections and interactions. This research should not be considered a definitive statement of what shapes coloniality takes. I explicitly ask that future research endeavors address the aforementioned and other colonial values on their own and in relation. It is the nature of this work to explore

themes and broad commonalities to begin what must become a deeper, richer understanding of the topic of coloniality and the resistance and refusal of its values.

Conclusion

Language and culture are interconnected realities that express each other (Saussure, 1915). Given this, interaction with language cannot be value-neutral, but rather is value-full (Duranti, 2011; Friere, 2017). The knowledge produced by any given culture carries its values, and in a colonial context such as the United States, colonial values are embedded in that cultural knowledge (Abrahams et al., 2019; Friere, 2017; Quijano, 2007; Veracini, 2010). Speech-language pathology as a field defines what is "normal" language practice by othering what it defines as "abnormal" from a colonial context and evidence of colonial values (i.e., what is considered "normal," "typical," "superior," "human," or not) is reproduced in its practice (Said, 1979; Scholes, 1982; Spivak, 1985).

The two colonial value hierarchies I have discussed (European/able-bodied/white) are embedded within current standard speech-language pathology practice in the United States at the level of its governing body. These hierarchies are indicated even in implicit support (e.g., pathologizing human experience, prioritizing English only; Scholes, 1982; Quijano, 2007). The U.S. SLP field acknowledges differences in its clients. But is acknowledgment enough? The foundation of knowledge used by clinicians and certified by ASHA is still embedded in colonial values. Acknowledging and including a diverse range of differences does not resist coloniality – after all, the colonial value hierarchies have room for all, so long as certain (European, white, able-bodied) constructs continue to be

normalized as standard and superior. Acknowledgment of difference in the maintenance of dominant normalcy cannot be enough – SLPs must understand their position in relationship to the coloniality that enmeshes them and their field to truly resist it. It is the responsibility of the field at large, from the individual to the educational to the national level, to recognize their colonial context and investigate their practice and knowledge for evidence of colonial values. Resisting coloniality requires explicit understanding of colonial systems and refusal of power structures.

Culture is a simple word that summarizes a complex reality. It contains untold constructs and shapes futures. It is inextricable from language. As clinicians who investigate, assess, treat, and support language in a colonial culture, it is impossible to uphold the false idea of value-neutrality. Rather, it is our responsibility to take place in what Paulo Freire (1970/2017) calls "conscientization" -- the ending of silence around oppressive structures within which we are entrenched, the ongoing realization of our role as an object and actor in these structures, and the action to end their perpetuation. We are full of values, knowingly and unknowingly. What happens next is a choice.

References

Abrahams, K., Kathard, H., Harty, M., & Pillay, M. (2019). Inequity and the Professionalisation of Speech-Language Pathology. *Professions and Professionalism, 9*(3). https://doi.org/10.7577/pp.3285

American Speech-Language-Hearing Association. (2004). *Preferred practice patterns for the profession of speech-language pathology* [Preferred Practice Patterns]. Retrieved February 15, 2021, from https://www.asha.org/policy/

American Speech-Language-Hearing Association (ASHA). (2005). *Evidence-Based Practice (EBP).* Retrieved February 15, 2021, from https://www.asha.org/research/ebp/evidence-based-practice

American Speech-Language-Hearing Association. (2015). *Code of ethics* [Ethics]. Retrieved February 15, 2021, from https://www.asha.org/policy/

American Speech-Language-Hearing Association (ASHA). (2016). *Scope of practice in Speech-Language Pathology: Ad hoc committee on the scope of practice in speech-language patholog*y. https://www.asha.org/siteassets/publications/sp2016-00343.pdf

American Speech-Language-Hearing Association. (2020). *2020 Standards and implementation procedures for the certificate of clinical competence in speech-language pathology*. Retrieved February 15, 2021, from www.asha.org/certification/2020-SLP-Certification-Standards

American Speech-Language-Hearing Association (ASHA). (n.d.). *The Different Roles and Responsibilities of Professional Associations and Unions*. Retrieved March 30, 2023 from https://www.asha.org/about/professional-associations-and-unions/

Anzaldúa, G. (1987). *Borderlands/la frontera: The new mestiza.* Aunt Lute Books.

Arya, A. (2020). An overview of textual analysis as a research method for cultural studies. *International Journal for Innovative Research in Multidisciplinary Field, 6*(3),173-177.

Back, L. T., Keys, C. B., McMahon, S. D., & O'Neill, K. (2016). How we label students with disabilities: A framework of language use in an urban school district in the United States. *Disability Studies Quarterly, 36*(4). https://doi:10.18061/dsq.v36i4.4387

Batterbury, S. C., Ladd, P., & Gulliver, M. (2007). Sign Language Peoples as Indigenous minorities: Implications for research and policy. *Environment and Planning A: Economy and Space, 39*(12), 2899-2915. https://doi:10.1068/a388

Bauman, H. L., & Murray, J. J. (2017). Deaf studies in the 21st century: "Deaf-Gain" and the future of human diversity. In L. J. Davis (Ed.), *The Disability Studies Reader* (pp. 242-255). Taylor and Francis Group.

Bauman, Z. (1991). *Modernity and ambivalence*. Polity Press.

Berman, S.S. (1976). Speech and Language Services on an Indian Reservation [Editorial]. *Language, Speech, and Hearing Services in Schools, 7*(1), 56-60. https://doi.org/10.1044/0161-1461.0701.56

Beauvoir, S. de. (1949). *The Second Sex*. (C. Borde & S. Malovany-Chevallier, Trans.). Penguin Random House.

Bird, S. (2020). Decolonising speech and Language Technology. *Proceedings of the 28th*

International Conference on Computational Linguistics, 3504–3519.
https://doi.org/10.18653/v1/2020.coling-main.313

Campbell, F. K. (2001). Inciting legal fictions: 'Disability's' date with ontology and the ableist body of the law. *Griffith Law Review, 10*(1) 42-62.

Collins, P.H. (2020). Defining black feminist thought. In C. McCann, S. Kim, & E. Ergun (Eds.), *Feminist Theory Reader* (5th ed., pp. 278–290). Routledge.
https://doi.org/10.4324/9781003001201-34

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, (1), 139–167.
http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8

Davis, L. (1995). *Enforcing normalcy: Disability, deafness, and the body.* Verso.

Davis, J., & McKay-Cody, M. (2010). Signed languages of American Indian communities: Considerations for interpreting work and research. In R. L. McKee (Ed.), *Interpreting in multilingual, multicultural contexts* (pp. 119-157). Gallaudet University Press.

Delgado, R. (2013). *Critical race theory: The cutting edge*. Temple University Press.

Duranti, A. (2011). Linguistic anthropology: the study of language as a non-neutral medium. In R. Mesthrie (Ed.), *The Cambridge Handbook of Sociolinguistics* (pp. 28–46). Cambridge University Press.

Eckert, R. C., & Rowley, A. J. (2013). Audism: A theory and practice of audiocentric privilege. *Humanity & Society, 37*(2), 101-130. https://doi:10.1177/0160597613481731

Emmitt, M. & Pollock, J. (1997). *Language and learning: An introduction for teaching* (2nd ed). Oxford University Press.

Fanon, F. (2004). *The Wretched of the Earth* (R. Philcox, Trans.) (3rd ed.). Présence Africaine.

Filippakou, O. (2022). Higher education and the myth of neutrality: Rethinking the cultural politics of research in the age of instrumental rationality. *Review of Education, Pedagogy, and Cultural Studies*, *45*(1), 77–89.
https://doi.org/10.1080/10714413.2022.2091396

Frey, L., Botan, C., & Kreps, G. (1999). *Investigating communication: An introduction to research methods* (2nd ed.). Allyn & Bacon.

Freire, P. (2017) Freire, P. *Pedagogy of the oppressed*. (Reprint). Penguin Classics. (1970)

Gleason, C. S. (2001). *A comparative study of standard American English and non-standard American English accents* [master's thesis]. Eastern Illinois University.
https://thekeep.eiu.edu/theses/1590

Giroux, H. A. (2020). *On critical pedagogy*. Bloomsbury Academic.

Grosfoguel, R. (2011). Decolonizing post-colonial studies and paradigms of political-economy: Transmodernity, decolonial thinking, and global coloniality. *TRANSMODERNITY: Journal of Peripheral Cultural Production of the Luso-Hispanic World, 1*(1).

Haller, B., Dorries, B., & Rahn, J. (2006). Media labeling versus the US disability community identity: A study of shifting cultural language. *Disability & Society, 21*(1), 61-75.
https://doi:10.1080/09687590500375416

Haraway, D. (1988). Situated knowledges: The science question in feminism and the privilege of partial perspective. *Feminist Studies, 14*(3), 575-599. https://doi:10.2307/3178066

Healey, J., Stepnick, A., & O'Brien, E. (2019). *Race, ethnicity, gender, & class: the sociology of*

group conflict and change (8th ed). Sage Publications.

Heerkens, Y. F., de Weerd, M., Huber, M., de Brouwer, C. P., van der Veen, S., Perenboom, R. J., van Gool, C. H., ten Napel, H., van Bon-Martens, M., Stallinga, H. A., & van Meeteren, N. L. (2017). Reconsideration of the scheme of the international classification of functioning, disability and health: Incentives from the Netherlands for a global debate. *Disability and Rehabilitation*, *40*(5), 603–611. https://doi.org/10.1080/09638288.2016.1277404

Hill, J. C. (2017). The importance of the sociohistorical context in sociolinguistics: The case of Black ASL. *Sign Language Studies, 18*(1), 41-57. https://doi:10.1353/sls.2017.0020

Huer, M. B., & Saenz, T. I. (2003). Challenges and strategies for conducting survey and focus group research with culturally diverse groups. *American Journal of Speech-Language Pathology, 12*(2), 209–220. https://doi.org/https://doi.org/10.1044/1058-0360(2003/067)

James, B., Adone, M. C. D., & Maypilama, E. L. (2020). Decolonizing research methodologies: Insights from research on Indigenous sign languages of Australia. *Sign Language Studies, 20*(2), 201–230. https://doi.org/10.1353/sls.2020.0000

Ladau, E. (2014). What should you call me? I get to decide – why I'll never identify with person-first language. In C. Wood (Ed.), *Criptiques* (pp. 47-55). May Day.

Lane, H. L. (1999). The mask of benevolence: Disabling the deaf community. Dawn Sign Press.

Liebowitz, C. (2015, March 20). I am disabled: On identity-first versus people-first language. *The Body is Not an Apology*. https://thebodyisnotanapology.com/magazine/i-am-disabled-on-identity-first-versus-people-first-language/.

Maldonado-Torres, N. (2007). On the coloniality of being. *Cultural Studies, 21(2-3), 240-270*. https://doi:10.1080/09502380601162548

Markotic, N. (2001). Oral methods: Pathologizing the deaf "speaker." *Mosaic: An Interdisciplinary Critical Journal, 34*(3), 127-140.

McKee, A. (2003). *Textual analysis: A beginner's guide*. Sage Publications.

Miller, C. (1984). Genre as social action. *Quarterly Journal of Speech, 70(2), 151-167.* https://doi:10.1020/00335638409383686

Michailakis, D. (2003). The systems theory concept of disability: One is not born a disabled person, one is observed to be one. *Disability & Society, 18(2), 209-229.* https://doi:10.1080/0968759032000044184

Mignolo, W. (2012). The darker side of the Renaissance: Literacy, territoriality, and colonization. The University of Michigan Press.

Mitra, S., & Shakespeare, T. (2019). Remodeling the ICF. *Disability and Health Journal*, *12*(3), 337–339. https://doi.org/10.1016/j.dhjo.2019.01.008

Neff, S., & Spillers, C. (2008). Increasing awareness of Native American cultural variables. Presented at the American Speech-Language and Hearing Association, University of Minnesota-Duluth.

Nagel, J. (1994). Constructing ethnicity: Creating and recreating ethnic identity and culture. *Social Problems*, *41*(1), 152–176. https://doi.org/10.1525/sp.1994.41.1.03x0430n

Penn, C., Armstrong, E., Brewer, K., Purves, B., McAllister, M., Hersh, D., Godecke, E., Ciccone, N., & Lewis, A. (2017). Decolonizing speech-language pathology practice in acquired neurogenic disorders. *Perspectives of the ASHA Special Interest Groups, 2(2), 91–99.* https://doi.org/10.1044/persp2.SIG2.91

Pillay, M., Kathard, H., & Samuel, M. (1997). The curriculum of practice: A conceptual framework for speech-language therapy and audiology practice with a Black African first language clientele. *South African Journal of Communication Disorders, 44*(1), 109–119. https://doi.org/10.4102/sajcd.v44i1.232

Pillay, M., & Kathard, H. (2018). Renewing our cultural borderlands equitable population innovations for communication (EPIC). *Topics in Language Disorders, 38(2), 143–160.*

Pillay, T., & Pillay, M. (2021). Syncing our global thinking: A framework for contextualized clinical reasoning. *Perspectives of the ASHA Special Interest Groups*, 6(5), 1281–1290. https://doi.org/10.1044/2021_persp-21-00054

Pillay, T., & Pillay, M. (2021). The power struggle: Exploring the reality of clinical reasoning. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 136345932110540. https://doi.org/10.1177/13634593211054008

Quijano, A. (2007). Coloniality and modernity/rationality. *Cultural Studies, 21*(2-3), 168-178. https://doi:10.1080/09502380601164353

Quijano, A. (2010). Coloniality and Modernity/Rationality. In W. Mignolo & Á. Escobar (Eds.), *Globalization and the Decolonial Option* (pp. 22-32). Routledge. https://doi.org/10.4324/9781315868448

Quijano, A., & Ennis, M. (2000). Coloniality of Power, Eurocentrism, and Latin America. *Nepantla: Views from South 1*(3), 533-580. https://www.muse.jhu.edu/article/23906

Rockwell, G. (2003). What is text analysis, really? *Literary and Linguistic Computing, 18*(2), 209-219.

Ross, S. (2016). Creating a culturally-responsive speech and language program in a tribal community. *SIG 14 Cultural and Linguistic Diversity, 1(14), 69–80.* https://doi.org/https://doi.org/10.1044/persp1.SIG14.69

Said, E. W. (1979). *Orientalism*. Random House Inc.

Sardar, Z., & Loon, B. V. (1999). *Introducing cultural studies*. (R. Appignanesi, Ed.) (3rd ed.). Icon Books Ltd.

Saussure, F. D. (1915). Course in general linguistics (C. Bally, A. Sechehaye, & A. Reidlinger, Eds.; W. Baskin, Trans.). McGraw-Hill Book Company.

Sayles, J. Y. (2010). Meditations Part Two. In *Meditations on Frantz Fanon's Wretched of the Earth: New Afrikan revolutionary writings* (pp. 184-239). Spear and Shield.

Scholes, R. (1982). *Semiotics and Interpretation*. Yale University Press.

Speicher, B. L., & Bielanski, J. R. (2000). Critical thoughts on teaching standard English. *Curriculum Inquiry*, *30*(2), 147–169. https://doi.org/10.1111/0362-6784.00160

Spit Justice. [@spitjustice]. (2018, November 22). If you missed out on Spit Justice, here is what we discussed and gave reasoning to as to why the[...]. [Series of graphics]. Instagram. https://www.instagram.com/spitjustice/p/BqfnzaGhl0F/

Spivak, G. C. (1985). The Rani of Sirmur: An essay in reading the archives. *History and Theory*, *24*(3), 247. https://doi.org/10.2307/2505169

Staley, B., Fernandes, M., Hickey, E., Barrett, H., Wylie, K., Marshall, J., Pillay, M., Kathard, H., Sowden, R., Rochus, D., Westby, C. E., Roman, T. R., & Hartley, S. D. (2022). Stitching a new garment: Considering the future of the speech–language therapy profession globally. *South African Journal of Communication Disorders*, *69*(1). https://doi.org/10.4102/sajcd.v69i1.932

United States Government (n.d.). *U.S. facts and figures.* Retrieved February 15, 2021, from https://www.usa.gov/facts-figures

US Census Bureau. (2021, December 16). *About Language Use in the U.S. Population*. Census.gov. https://www.census.gov/topics/population/language-use/about.html

Ukrainetz, T. A., Harpell, S., Walsh, C., & Coyle, C. (2000). A preliminary investigation of dynamic assessment with Native American kindergartners. *Language, Speech, and Hearing Services in Schools, 31*(2), 142–154. https://doi.org/https://doi.org/10.1044/0161-1461.3102.142

Veracini, L. (2010). *Settler colonialism: A theoretical overview*. Palgrave Macmillan.

Watermeyer, J., & Neille, J. (2022). The application of qualitative approaches in a post-colonial context in speech-language pathology: A call for transformation. *International Journal of Speech-Language Pathology*, *24*(5), 494–503. https://doi.org/10.1080/17549507.2022.2047783

Wirth, L. (1945). "The Problem of Minority Groups." In Linton, R (ed.) The Science of Man in the World Crisis. Columbia University Press.

Wolfe, P. (1999). Settler colonialism and the transformation of anthropology: The politics and poetics of an ethnographic event. Bloomsbury Publishing.

Wolfe, P. (2006). Settler colonialism and the elimination of the native. *Journal of Genocide Research, 8(4), 387-409.* https://doi:10.1080/14623520601056240

Westby, C. (2013). Implementing recommendations of the World Report on Disability for Indigenous populations. *International Journal of Speech-Language Pathology, 15(1), 96–100.* https://doi.org/10.3109/17549507.2012.723749

Yanow, D. (2006). Neither rigorous nor objective? Interrogating criteria for knowledge claims in interpretive science. In D. Yanow & P. Schwartz-Shea (Eds.), *Interpretation and Method: Empirical Research Methods and the Interpretive Turn* (pp. 67-88). M.E. Sharpe.

Defining Communication Disabilities in West Africa and the U.S. Midwest: Effects of Globalization

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Abstract

This ethnographic case study provides a macro-perspective analysis of the impact of globalization on definitions of communication disabilities and available supports for children with communication disabilities at two elementary schools, one in West Africa and one in the United States (US) Midwest. Critical Social Theory (CST) was used to frame the research and methods of this study. Ethnographic interviews were conducted with teachers, principals, and administrators at each school. The resulting themes indicate differences in how participating sites defined communication disabilities and how they supported children with communication disabilities. Unequal opportunities and lack of access to resources and support were common themes which emerged from schools in both West Africa and the US Midwest. These findings suggest that globalization and cultural differences may influence how educators in West Africa and the United States Midwest approach identifying and supporting children with communication disabilities.

Keywords

Access; communication disability; globalization; functional communication skills; Senegal; United States Midwest

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Positionality Statements

Positionality statements can be found at the end of the article.

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The World Health Organization (WHO) reported in 2011 that about 15% of the world's population is living with some form of disability, though this may be an undercount of individuals with disabilities related to communication (World Health Organization & World Bank, 2011; Wylie et al., 2013). Globalization and social structures such as economics, politics, and culture affect how disabilities are approached and treated worldwide and how individuals with disabilities are supported in their communities. Various barriers and challenges that individuals, especially children, may encounter influence their life opportunities. For example, in both majority and minority world countries, persons with disabilities are at a disadvantage in educational attainment and labor market outcomes, have decreased access to health care, and limited access to services (World Health Organization & World Bank, 2011). These barriers demonstrate traces of globalization that require a macro-perspective to be understood, that is, looking at interactions, beliefs, and practices from a global perspective (Hyter, 2014; Hyter & Salas-Provance, 2023).

Globalization can be defined as the connection among different regions of the world and their societal domains, which can have positive and negative influences on the individuals and communities in these areas (Amin, 2011; Hart-Landsberg, 2013; Hyter, 2014; Panitch & Gindin, 2013; Pillay & Kathard, 2018; McGrew, 2000; Steger, 2017). This process has an effect on the field of speech-language and hearing sciences. By approaching the effect of globalization on society, we can identify several of the cultural and societal structures that influence how communication is perceived and communication impairments are managed. The concept of disability, for example, has been found to be perceived differently in different countries in Africa and those perceptions determine the types of support that are accessible to people with disabilities (Eskay et al., 2012). In many of these countries, there is a mix of different beliefs influenced by different factors, including Western beliefs. Adopting Western beliefs about disabilities is a prime example of globalization and, as Pillay & Kathard (2018) would argue, the continuation of colonization.

Fanon (1965) and Rodney (1981) asserted that Western beliefs imposed on African societies through colonization do not serve African societies but Western ones. South African scholars and disability activists have centered the concept of Ubuntu an "African consciousness characterized by the interconnectedness of people, their communalism, solidarity, generosity, compassion, and care" (Kathard & Pillay, 2013, p. 86). Ubuntu, in other words, is a worldview where disability can be constructed as part of common humanity – a part of what makes humans, human. Dr. Souleymane Bachir Diagne, a philosopher from Senegal, West Africa, writes about the commonalities between the south African concept of Ubuntu and the west African (Wolof) proverb Nit nitay garabam (Man is the remedy for man), and its plural, Nit nitey garabam (the remedy for humans is to become – to manifest as – human) (Diagne, 2022). In the Ubuntu

schema, disability refers to what makes one human (Santiago-Valles, 2006).

Globalization impacts how communication disabilities are defined and supported inside and outside schools. A macro-perspective may fill knowledge gaps and provide preliminary solutions to some of the negative consequences of globalization. Identifying some cultural and societal structures that influence how communication is perceived and communication disabilities are managed across the world offers insight on how to provide the most effective, culturally-relevant support for those with communication disabilities.

Literature Review

Globalization and Coloniality

Steger (2017) defines *globalization* as the expansion and intensification of social relations and consciousness across world-time and world space. McGrew (2000) states that the consequences these interconnections have on individuals and communities vary in different areas of the world. Some of the positive influences of globalization include technological advances that allow information, as well as groups of people to transcend cultural and national boundaries, and more accessible travel across national borders (Hyter, 2014). Examples of the negative influences include inequality, dispossession of resources, and unequal distribution of wealth, which leads to limited access to resources such as healthcare and fresh food (Hyter, 2014). These negative influences more often affect majority world countries (countries or regions where the majority of the world's populations live, such as in sub-Saharan Africa, parts of Asia, Latin America and the Caribbean) than countries or regions within the

minority world (regions where a minority of the world's populations live, such as in north America, Australia, Europe, and Israel) (Hyter, 2014; Hyter & Salas-Provance, 2023; Hyter et al., 2017; Pillay & Kathard, 2018). Additionally, Pillay and Kathard (2018) compare globalization to colonialism, defining globalization as the blurring of cultural borderlands, which are the boundaries of social structures such as language, ethnicity, race, gender, and sexual orientation. Immanuel Wallerstein's (1974) dependency theory suggests that social determinants (e.g., economics, politics, race) are the cause of unjust systems in majority world countries at the hands of minority world countries.

An important concept when identifying social structures and efforts to transform them is understanding the historical context. It is vital to comprehending the present and allows us to follow certain events and piece together how these events structure our current reality. For example, in *How Europe Underdeveloped Africa*, Walter Rodney (1981) discussed how African schools before European colonization were relevant/responsive to Africans and African culture. There was a focus on the close links of social life in reference to a material and spiritual sense of wellbeing, as well as a focus on nature's role in society. With European colonization, education was taken in a different direction and reflected primarily the European sensibilities and ideals. The main purpose of the new school system under colonialism was to "train" Africans to help local colonial administrations and staff the private capitalist companies owned and organized by Europeans. Rodney stated that "Colonial schooling was for subordination, exploitation, the creation of mental confusion and the development of underdevelopment" (p. 380). For decades, schools have had to work to overcome the coloniality (i.e., the remnants of colonization) of their education system, and

some African countries are still working to decolonize their schools and curricula to this today (Santiago-Valles, 2005).

Aimé Césaire (2000) defines colonialism as expanding on a "world scale of the competition of its antagonistic economies" (p. 33). This means that colonialism negatively affects the locations that were being colonized. These factors have a significant effect on the community of the school as well as the students and the structure of the school. Getye Abneh (n.d.) argued that African cultures and values were forced to assume Western values throughout colonization. Abneh emphasized the influence of Western colonialism on African academia and students. Using African philosophy, he proposed that those (e.g., countries, groups) in power should "consider ways of placing African students at the center of their own cultures and historical background capable of emancipating themselves from foreign influences" (Abneh, n.d.; p. 4) In other words, to restore African values and history in academia and within society, individuals must acknowledge imposed colonial ideas and challenge them with those derived from their people and ancestors.

Hyter (2022) stated that coloniality is a factor in the way the discipline and profession of speech, language, and hearing sciences was conceptualized, organized, and developed. Coloniality is a trace of colonialism that continues to exist in society, regardless of the current circumstances (Hyter, 2022; Pillay & Kathard, 2018). Coloniality transpires through attempts to maintain social structures (e.g., economic, political, racial) that were originally imposed by the colonists (Hyter, 2022; Richardson, 2020). "Ism's" are a set of ideas (e.g., ableism, linguism, racism) that are all supported by coloniality and continue to exist among societies (Liu et al., 2020). The profession of speech, language, and hearing sciences is governed by a set of standards and policies that remain consistent with coloniality; there is an urgent need to challenge coloniality and highlight the importance of different thought processes about the profession in the current stage of globalization (Hyter, 2022; Pillay & Kathard, 2018; Yu et al., 2021).

Social Structures and Communication Disabilities

Hyter (2014) explains how the economic social structure of capitalism affects the access to resources that different individuals may have in the United States, including those with communication disabilities. Social structures are social norms and values that are embedded in the political and economic organization of society and include such processes as globalization, politics, capitalism, socioeconomic status, race, and gender (Farmer et al., 2006; Hyter, 2014; Hyter & Salas-Provance, 2019; 2023). Hyter states that capitalism influences which population groups can access valuable resources or supports, while others do not have the same opportunities. Exclusion of the groups that are unable to access resources occur because of this social structure. Socioeconomic status influences the quality of education that individuals have access to or the quality of healthcare they are eligible to receive (Jacobs et al., 2021). Impoverishment among other disadvantageous conditions (e.g., homes within a neighborhood being in disrepair or crime rates) may cause increased chronic stress among individuals, ultimately influencing the individual's overall health (Woolf & Braveman, 2011). The importance of a structural understanding of disability is highlighted by racial health disparities and COVID-19. Chowkwanyun and Reed (2020) argued that COVID-19 disparities must be situated in the context of material resource deprivation caused by low SES, chronic stress

brought on by racial discrimination, or place-based risk" (p. 203). They warned that failure to connect racial disparities and upstream societal forces can perpetuate racial stereotypes that racially minoritized people are more prone to COVID-19 due to supposed biological disposition or risky behavioral patterns.

The quality of one's health care or services received is dictated by social structures such as socioeconomic status, gender, race, and geographical location (Hyter, 2014; Pillay & Kathard, 2018). These imperative services for improving one's ability to participate fully in everyday life are referred to as social determinants of health according to the Centers for Disease Control and Prevention (2022). Social determinants of health are safe and healthy places in which people are able to live an enjoyable life. The five key areas of the social determinants of health as described by the CDC are listed in Table 1.

Wickenden (2013) found when individuals with disabilities were asked what would aid in improving their lives, many of the responses referred more to eliminating impoverishment, discrimination, and exclusion than about service provision. Wickenden suggests that access to imperative services to improve the functioning of everyday life is controlled or influenced by social structures such as those stated above. This type of socially-focused consideration of health stands in contrast to a Western approach to communication disabilities. For example, according to the American Speech-Language-Hearing Association (1993), a *communication disorder* is when an individual demonstrates difficulties with the ability to receive, send, process, and comprehend concepts or verbal, nonverbal and graphic symbol systems. *Disorder* is a medical term meaning that the problem is within the person and that individual

remediation is warranted (Retief & Letšosa, 2018). Individuals who have communication disabilities in the United States would most likely be referred to a speech-language pathologist who would assess the individual's communication skills and then develop and implement a treatment plan for them if warranted. *Disability*, on the other hand, refers to an experience that arises in relationship to physical and sociocultural barriers, which requires engagement with the environment (Retief & Letšosa, 2018). Federal law in the US dictates that all who need specialized services should receive those services (Individuals with Disabilities Education Act, 2004); yet, different social structures may impact access to suitable resources for individuals and their families.

Table 1

Social Determinants of Health Per Center for Disease Control

Social Determinant	Description
Healthcare Access and Quality	Includes access to healthcare, primary care, health insurance, and health literacy.
Education Access and Quality	Includes language, literacy, educational access
Social and Community Context	Includes ability to participate in governance, workplace conditions, levels of incarceration, and experiences of racism and other forms of systemic exclusion
Economic Stability	Includes impoverishment, access to a job, stable housing, and food security.
Neighborhood and Built Environment	Includes housing, transportation, air and water quality in neighborhoods, and community violence

Note: Chart created using information retrieved on September 15, 2023 from "Healthy People 2030: Social Determinants of Health" (https://health.gov/healthypeople/priority-areas/social-determinants-health). Copyright by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.

There has been little examination of the consequences of globalization on the ways that communication disabilities are defined and supported inside and outside of schools across the world. The current study draws on Critical Social Theory and critical ethnography to examine the ways of knowing and engagement around communication disabilities by educators and administrators in a school in a city in Senegal as compared to those in a school in a city in the United States Midwest. Specifically, our research questions are: (1) How does globalization influence the definition of communication disabilities in schools in Senegal and in the United States Midwest? and (2) How does globalization affect support provided for children with communication disabilities in each of these schools?

Methodology

Theoretical Framework

The premises of *Critical Social Theory* (CST) are a that a historical perspective and comparative analyses are essential for understanding the world, and that work emerges in the context of a commitment to social justice and equity (Abrahams et al., 2019; Hyter, 2014; Hyter & Salas-Provance, 2023). Comparative analysis refers to the comparison and contrasts of two (or more) different contexts. In this study, two countries' contexts were compared. *Social justice* refers to the principle of equal distribution of benefits and resources across socioeconomic, racial, cultural, gender, linguistic, ability levels, and national boundaries (Hyter & Salas-Provance, 2019; 2023). *Equity* encompasses strategies used to ensure that all participants in a society have what they need to participate fully in daily

life (Pillay & Kathard, 2018). These premises guide the methodology used to facilitate this study and comparative analysis with the goal to analyze the meaning that people make of their own reality (Neuman, 2006).

Participants

The participants were recruited from an elementary school in an urban Senegalese city, with a population of approximately 1.1 million people, and an elementary school in an urban city in Michigan with a population of approximately 76,000 people. Senegal is a majority world country that has just recently (i.e., within the last 68 years) gained their independence from French rule, and yet still experiences the impact of coloniality in its curriculum. These remnants of colonialism also impact their educational support system, such as psychological, speech and language, learning, and physical supports. Senegal is estimated to have more than 35,000 children with some form of disability. More than sixty percent of this population is not in an academic setting; though it is important to note that these statistics may not reflect verity as they account for the number of children recorded in the system (Disability Inclusion Starts with All of Us | UNICEF, n.d.).

There is limited to no published research regarding the state of speech-language pathology as a profession in Senegal specifically; however, the second, third, and fourth authors have worked in Senegal during each summer for almost 20 years. During their time in Senegal they learned that there were at least two speech-language clinicians working in the capital - one from Senegal who studied in France, and one from France. The Orthophonistes du Monde (OdM), which translates to English as "Speech-Language Pathologists of the World", created in 1992 also had a presence there as indicated by flyers located in schools and offices. Additionally, the fifth author, who lived in

Senegal at the time this study was completed, reported that there were students from a dental school in the capital who were training as speech-language clinicians. According to Topouzkhanian & Mijiyawa, 2013, the focus of OdM, which operates in West Africa generally, is to respect local cultures while providing initial professional training courses and provisions of other locally-based trainings (Topouzkhanian & Mijiyawa, 2013). The initial training centers are located in Lebanon and Togo, which in turn have facilitated the creation of a local speech- language pathology profession with adaptation to the needs of the countries and regions involved (Topouzkhanian & Mijiyawa, 2013).

The Senegalese school was a convenience sample that invited the researchers to be there. The principal and teachers of the school invited the researchers to conduct the study with an interest in learning about teacher responses to research questions posed. The elementary school in the United States Midwest is located in an impoverished area where most of the students received free or reduced lunches and are segregated from other schools in the district both racially and socioeconomically. This school was selected to participate in the study based on similar socioeconomic and racial characteristics to the participating school in Senegal and for their willingness to participate.

Participants of the study were based on a convenience sample using the criteria of being members of the focal schools, being willing to participate in the study, and holding similar roles in the academic setting. Individuals who participated in the study consisted of preschool, kindergarten and first grade teachers; as well as a principal of each participating school. In the Senegalese city, a curriculum specialist also participated in the study. Some of the participants from the school in Senegal spoke French, which required the

researchers to work with a volunteer interpreter from the local university to ensure the most accurate interpretation of questions and responses. Prior to data collection, interpreters were briefed to interpret as literally as possible to decrease the risk of misinterpretation. Participants who required interpretation were provided time to auditorily comprehend questions and/or responses and time to formulate a response for interpretation/translation. Table 2 shows a description of each participant.

Documentation from all participants was collected, stating that they understood the process of the study and consented for their responses to be published. Participants from each school were briefed about the goals of the study, asked a series of questions derived from similar themes, and asked to respond as they felt appropriate. Following the participant's responses, adapted questions then followed based on the context and flow of the conversation to more accurately depict the participants experiences and thoughts. During the study, human subject's ethical requirements were followed.

Researchers

This study was conducted and written with the efforts of a diverse group of researchers, both American and Senegalese, to provide a diverse and inclusive approach to the study. The intent of a diverse group of researchers aided in identifying personal biases or influences, addressing them, and providing a more macro perspective to gathering and interpreting responses and findings. While conducting this study, it is important to consider each researcher's role and influence. It is significant to address that the ethnicity of the lead researcher, a white westerner, could have potentially placed a pressure on Senegalese interviewees to

respond in a way in which they believed an American would react or respond. In order to address this barrier, the researchers identified potential biases prior to interviews, engaged interviewees in conversations and interviews with interpreters to facilitate a conversation in the participants native language and respect cultural differences/barriers. During transcription, researcher perception or assumptions were identified and bracketed to avoid bias in the interpretation of themes and data analysis. All interpretations were then confirmed with participants to avoid misinterpretation.

Table 2

Descriptions of Participants

Participant Role in the Setting	Location	Grade
Teacher	U. S. Midwest	Preschool
Teacher	Senegal	C1 (equivalent to preschool)*
Teacher	U.S. Midwest	Kindergarten
Teacher	Senegal	Kindergarten*
Teacher	U.S. Midwest	First Grade
Teacher	Senegal	First Grade*
Principal	U.S. Midwest	Administrator
Principal	Senegal	Administrator
Curriculum Director	Senegal	Administrator
Social Worker	Senegal	Administrator

Note: An asterisk (*) indicates which participants participated through an interpreter

Procedures

Critical Ethnography

Critical science includes a consideration of a historical and reflective critique of social structures, and uncovers unequal power relations, with the aim of creating more equitable and just social societies or processes (Abrahams et al., 2019; Hyter & Salas-Provance, 2023). Specifically, with critical perspectives one can challenge existing unequal power relations, identify who profits from those unequal relations of power for the purpose of reconstructing a more just and equitable society (Applebaum & Robinson, 2005). The procedures used through-out this study combined Critical Social Theory (CST) and critical ethnography (Madison, 2005). Critical ethnography originated to expose unequal relations of power. In this way, it is consistent with CST in that it takes us beneath surface appearances, deconstructing both neutrality and assumptions by bringing to light the underlying and operations of social structures (Madison, 2005).

Critical ethnography includes the use of ethnographic interviewing, which consists of guided interviews (softly structured), with open-ended questions, which allows for participants to share their experiences, thoughts, and perceptions. Critical ethnography was used in this study to help the researchers uncover ways of knowing and recognize the unequal power relation inherent in the research process (Mkandawire-Valhmu et al., 2009). Ethnographic interviewing emphasizes the idea of meaningful engagement and conversation bringing to light topics and experiences that the interviewee feels is substantially important to the topic at hand (Neuman, 2006). Critical ethnography then becomes the "doing" of critical social

theory, collecting data of customs and beliefs of individuals and cultures in society (e.g., ethnographic interviewing, document review, artifact analysis) to examine culture through the lens of power (Neuman, 2006).

Ethnographic interviews are a key piece to critical ethnography, they allow for study participants (i.e., interviewees) to guide the conversation to what they believe is important in challenging a specific social structure. Before interviews were conducted, participants were contacted and informed about the study and then invited to participate before consent was obtained. All the interviews were conducted in person and were typically 30-45 minutes long. The only differing factor between the two settings was that the interviews in the US were conducted in English while the interviews in Senegal were primarily conducted in French while working with an interpreter. Though some could argue that meaning and context could be lost through translations, the findings were verified at the end of the study with the participants in order to confirm the interviewer's understanding of their responses. The findings of these interviews were then used to respond to research questions as well as, confirm and support the findings of the literature review.

Before the interviews took place, a general theme was determined for the questions that were to be asked. The general theme consisted of how communication disabilities are defined by that individual and what supports are available or not available to aid those with communication disabilities. The interview began with descriptive questions, which allow for the interviewee to select information that is important to share, then enables the interviewer to discover what is important to that individual and construct questions based on the interviewees' responses (Westby, Burda, & Mehta, 2003). The general themes of the questions consisted

of these three primary topics: a) characteristics of a communication disability, b) access to supportive resources for students, and c) personal supports that teachers provide to their students individually.

Aside from interviews, in the United States Midwest, data were also collected via review of curriculum. Data collected in Senegal included classroom observations, review of the curriculum, and observations in the community. Classroom observations in the US Midwest were unable to be conducted due to time constraints and scheduling conflicts.

Data Coding and Analysis

Once the data were collected, a content analysis was employed to analyze data for recurring themes among the collective group of information gathered from each interview. Specifically, as responses were being analyzed, common themes were organized by common vocabulary and messages, and the researcher's personal assumptions were identified and bracketed. Then interpretations of the data were shared with participants to be validated as accurate or determined to be inaccurate interpretations and messages. If interpretations were inaccurate, the researcher changed the content to align with the interviewee's perceptions. Coding data gathered during the research process involves a series of steps described below.

The first step was *open coding*. During this first process the researcher reviewed the data collected, identifying generalized themes (Neuman, 2006). When executing this stage, a table was composed organizing the questions the interviewees were asked, and their responses, while including follow-up questions and responses. Once the table was composed, the questions and responses were printed and cut up, which allowed them to be moved around and organized into different categories.

During *open-coding* participant responses were read and then sorted into common categories, which allowed themes to be identified. In order to do this, participant responses were printed out and highlighted a specific color according to similar words and concepts. *Axial coding* is defined as the second step in the four-step process of coding, this is the time when researchers do a "second pass" through data collected and focus on preliminary concepts (which were identified through open-coding), more than the collected overall data (Neuman, 2006 pg. 462). In order to code the preliminary concepts, responses that were similar were identified and compared to other responses to look for an overall theme that could encompass all responses. For example, responses that best fit under the category of curriculum issues, in the US Midwest interviews, were from different teachers; all of which had mentioned that they have veered from the required curriculum within the classroom, to better support students' interests and success

The final step, *selective coding*, consisted of scanning all the data and condensed themes to identify cases within the responses that illustrate the themes and compare findings (Nuemann, 2006). During this time, themes from both Senegal and Michigan were compared to identify differences and similarities. The resulting final organization of all of the responses across both schools can be seen in the Appendix.

Verification of Findings

The findings of the data collected and analyzed were verified through multiple sources. The verification method of this study was between the interpreter, the interviewee and the lead researcher. If it was not possible to confirm the findings in person, the interviewee was contacted via email and verification was obtained. Questions asked to confirm the findings consisted of summarizing the interviewees' responses that were prominent during the interview and asking if there was anything they would like to add and concluded by thanking the individuals for their participation in the study. The findings were verified in person with the curriculum specialist and principal of the local elementary school in West Africa. The same guidelines were implemented when confirming findings via email and in person. Once all findings were confirmed, they were analyzed, and common themes began to emerge. When all common themes were identified, participants were contacted once again to indicate their agreement or disagreement followed by being asked if they had anything else they would like to add and being thanked for their participation in the study.

Results

The results section will discuss how the findings answer the two research questions that were proposed in this study. The questions focus on how globalization affects definitions of communication disabilities, and the support provided for children with communication disabilities inside and outside of schools in both Senegal and the United States Midwest

Conceptualizing Communication Disabilities

The findings from data analyses helped answer our first research question about how both countries defined communication disabilities, which varied immensely. The interpretation of responses from Senegal interviewees is that individuals with communication concerns are perceived to be "shy" or "introverted." This response was brought up by almost all the teachers

interviewed and was mentioned two to three times throughout the duration of their interviews. This interpretation, in turn, influences the way in which the students were supported. For example, when interviewing the Senegalese kindergarten teacher, they discussed a student who entered the classroom and did not speak any words even when prompted. The teacher stated that "If a student falls behind, we show them love and motivate them to start making progress and sometimes pray for the student." They also told the class to encourage their peer by clapping and cheering- this occurred after the student first spoke; after the teacher prayed for the student, and other students became supportive of them.

The first-grade teacher interview at the Michigan school defined a communication concern as "Something that affects your understanding of language or participation in conversation; a breakdown between to and from." Similar responses were collected from the remaining participants of the Michigan school, consisting of ideas about a child's comprehension or expression being affected in some way. This interpretation, in turn, influences the way in which the individual is supported and is guided by specific laws or acts that require intervention.

Both sites had a different perspective to identifying communication concerns, and what would be considered a communication disability. In Senegal, children with a communication disability were described as shy and just needing more guidance or support than other students. These interviewees' ontology of communication disability reflects a more cultural and religious approach in identifying "invisible" disabilities and providing appropriate supports in reference to African societal and cultural norms. Whereas in the United States Midwest, they were described as having a breakdown in communication.

Supports for Children with Communication Disabilities

The common theme among Senegalese respondents was that of *emotional support* and "love as a natural solution" for communication disability. An example during an interview with the principal from Senegal, the schools' mission is a "triangle of success" that focuses on intellectual, emotional, and social wellbeing in the life of the student, as well as their academics, was discussed. The principal also stated that "Teachers are very close with students for emotional support." The interview in which the kindergarten teacher expressed that they had prayed for a student who was not speaking and had peers aid in providing extra encouragement to the child, supports the statements the Senegalese principal offered during his interview. It appears that in the Senegalese culture supporting student success and wellbeing begins with creating an emotional connection. Thus, the Senegalese culture takes more of a holistic approach to support children who might have communication disabilities, or disabilities in general.

Another theme identified among Senegalese interviewees was *using a student's primary language to learn the official language (French)*, which is the required language of instruction among Senegalese schools because the government requires schools to follow the French curriculum. Teachers expressed that almost all of the students spoke Wolof or Pulaar as their first language, and some students did not know French at all. They explained that if a child spoke a different language other than the official language (French), the students' success in the classroom was affected and they would provide ways to support the student learning the language. For example, the kindergarten teacher in the CI classroom (a "bridge" class between kindergarten and 1st

grade) talked about a student who only spoke English and who struggled to understand the curriculum being taught in French. They called a teacher who spoke the same language as the student and had that teacher explain the French words/definitions in English to promote the student's understanding of French. The teacher reported doing the same with students who speak only Wolof or Pulaar. If this does not work, they described a game that they would play with students. This game is along the lines of role play and tends to apply real life examples that students could encounter outside of school. The example that the teacher shared was that the classroom would be set up like a market; there would be a "seller" and a "buyer"- the interactions would be in French but allowed students to pair terms (e.g., *jerejef* [thank you in Wolof] paired with *merci* [thank you in French]) with the interactions.

A theme identified among the Michigan teachers' responses was *unequal opportunities.* Each teacher discussed that their students have been defined by the context-in which their school is located. In other words, most of the students have experienced trauma, are living in a state of impoverishment or both. Several of the traumas described in the interviews included students who had witnessed domestic abuse, armed robberies, and/or experienced physical abuse. The principal of this school explained that the school is a magnet school, meaning that students can be bused from anywhere in the county and because of this, and its location, the school is considered segregated, both racially and socioeconomically, from other schools in the district. One teacher expressed that community members negatively label the school and defines them by the context in which the school is located. With many of the students experiencing trauma, the Midwest teachers interviewed expressed that they have

had to alter the ways in which they structure their lessons.

For example, the first-grade teacher discussed that they have multiple students who are considered "behavioral". When the children begin to act out in class, such as "throwing a tantrum, throwing objects, or yelling", and the teacher has the rest of the students put on their "blinders" (the students raise both hands to the sides of their face, near their eyes, so that they can look straight forward) and "ignore" the student to the best of their ability, while they continue to teach. This teacher stated that students are asked to ignore or "use their blinders" because if teaching needed to stop to handle the situation, one "would never get through a lesson plan and that is unfair to the students who are behaving and engaging in the lesson."

Another example of *unequal opportunities/lack of access* was expressed during the interview with the principal of the Midwest school. The principal conveyed that, because the school is in an impoverished area, there are not enough resources for success, so the school needs to be creative in providing programs or opportunities (such as assemblies or field trips) for the students. The faculty compared their school with another in the district and talked about how other schools send their fifth graders to an overnight camp where they get to experience different activities that promote learning and engagement. In the US public schools are largely funded by property taxes within a school district, often resulting in inequities in school funding (Allegretto et al., 2022). Because of the funds and the impoverishment of families in the school district, the school interviewed is unable to provide students with opportunities, such as educational field trips, and teachers with training centered around trauma-informed approaches to teaching. When asked what one thing they would like to see change, the

principal expressed that one would "want to level the playing field." The principal talked about creating equal opportunities and activities for students and said: "unfortunately with the society that we live in, money is the key."

The final theme in the findings was common among both the Senegalese and Midwest interviews – *a lack of access to resources and supports*. Though the type of support differs based on the geographical location of the schools and cultural differences - the idea is still the same. Social structures in both areas have an influence on opportunities available for the schoolteachers, administrators, and their students. Studies have shown that a child's academic success is likely to be impacted by both their family's socioeconomic status and their school's socioeconomic status (Neuman et al., 2018). Therefore, these two factors have an influence on the student's access to supports and learning resources (Neuman et al., 2018).

The Senegalese interviewees expressed that they have a lack of funding for schools based on how the money to the educational system is distributed by the government and the socioeconomic status of the nation overall, which in turn affects student success rates. The curriculum director of the school mentioned that the dropout rate of students in the Senegalese school systems was extremely high and that most students did not make it past elementary school. They also said that their school in particular was very active in promoting the success of the students by actively seeking ways to improve teacher training and knowledge so that they can better support students. Senegalese teachers all receive the same education and skills, but their school works to further expand those skills and knowledge to specifically support the type of school in which they are working. During the interviews it was explained that persons going

to school to be a teacher in Senegal, receive the same training and learn the same skills; and that there is no specialization of teaching. Thus, there is no specialization in how to work with children that may have special needs such as a communication disability or hearing loss. Upon completing their education and obtaining a teaching career they can be placed in different school settings (i.e., special education vs. general education). Some of the ways in which the school works to expand Senegalese teachers' skills and knowledge are providing in-services (when possible) and professional development seminars on an annual (and sometimes monthly) basis.

In the Midwest, the principal explained that they receive more funding than most schools in the area because they are located in such an impoverished area, but it still is not enough to provide what the students need to reach maximum success. The principal explained that the school has three or four students who qualify for advanced placement classes, but they are not able to provide those advanced courses for them to flourish to their full potential because there are so few students, they cannot create a specialized class specifically for them.

These responses suggest that participants in Senegal and the United States Midwest have different ways in which they support students with communication disabilities. In Senegal they have a more holistic/humanistic approach, they focus on the child and supporting them. They have the student's peers assist in encouraging the child, such as cheering and clapping for the child when they are participating in a class activity. Another common support was praying for the child and showing them "extra love". In the US Midwest the supports are more of a positivist approach. If a child presented with concerns of a communication disability, a speech-language pathologist (SLP) would be contacted, and a

screening would take place. Based on the SLP's observations, a child could possibly require therapy and would continue working with the SLP during the school year. Each site had different cultural approaches and demographics but had one thing in common, they wanted to help promote the success of children with communication disabilities.

Discussion

The results of this study indicate that there is a difference in how educators in West Africa and the United States Midwest approach identifying and supporting communication disabilities. Each group is influenced by one's own culture and globalization. For example, Senegal (a majority world country) utilizes a more holistic humanistic approach to identifying communication disabilities. Interviewees stated that when students had a shy persona, or spoke minimally, they approached and supported the student with sympathy and support, as well as prayed for the child. While systematic supports are not available for students with communication disabilities, Senegalese teachers go above and beyond to support the wellbeing and success of a child using cultural and religious beliefs and practices to provide a more holistic approach for support. If this were to occur in the US Midwest, this child would be "flagged" and referred to a school speech-language pathologist to be screened for a communication disability; this is more a positivist approach.

Individuals from schools, both in West Africa and the United States Midwest, shared a similar perception that the students had unequal opportunities, or access to supports. In Senegal, the principal and curriculum specialist discussed that they are working on building relationships with supports or services provided for children with intellectual disabilities, and the overall student population. One of these identified relationships was with the local dentistry school, where there are speech-language clinicians training and going to school. Using a critical science approach, the Senegalese teachers and faculty are determining their own sense of power by partnering with higher education facilities and providing services to the students in any way they can to support student success. In the United States Midwest, the principal of the participating school stated that they wished the students could benefit from equal opportunities that the surrounding schools have, such as field trips and equal funding. Other teachers interviewed here stated that they would like to have more consistent access to the school assigned SLP. As stated in previous sections, a child's family and school socioeconomic status influence the access and supports that the child receives. Globalization has had an influence on the socioeconomic status and political standing of West Africa, therefore having an impact on the Senegalese school in which interviews were conducted and data were gathered. Political factors have had an impact on the access and socioeconomic status of the school in which interviews were conducted and data were gathered in the US Midwest.

A major theme identified among the Senegalese interviews uphold Steger's (2017) discussion of the globalization of languages. The Senegalese teacher participants talked about using the students' primary language to learn the official language of Senegal, which is French. As stated in a prior section, the Senegalese school system still mirrors the French curriculum; the government is also still heavily influenced by French colonialism. The French influence affects the way in which students learn in the Senegalese school systems because many do not speak the official language of the country. Less than 30%

of the Senegalese population speak French (World Atlas, 2017). French - the official language of the country - impacts the way in which individuals communicate in communities and schools because some individuals may be fluent and understand French, while others are fluent in and only understand the primary languages of the area (e.g., Wolof, Pulaar). The teachers at the participating Senegalese school, described taking power in making decisions in the interest of the child in their classroom by utilizing the strongest language of the child to support the development of the language of schooling instilled by the colonization of the French.

The implications of these findings are important because they allow us to understand the cultural differences between these countries and their approaches to communication disabilities, which then allows us to be better informed clinicians. As a clinician in the field of speech-language and hearing, it is crucial to understand a client's cultural background and their upbringing to provide the most effective and beneficial service. For our research and findings to have cross-cultural reference, we need to first understand historical contexts and perceptions of disabilities. Because what may be effective in one country, may not be in another.

Themes identified in West Africa highlight the importance of a social/holistic approach and focusing on the overall well-being of a child while supporting communication abilities. During interviews in West Africa, the children with communication disabilities were approached with love and compassion from teachers and peers while still receiving services to address their abilities and showed improvement. To support patients competently and ethically, we must understand their culture and lifestyle and alter our approach as a speech-language scholars, educators, and clinicians to best support the

individual's cultural communication preferences.

Conclusion

It is important to keep in mind while reviewing the results of the current study the researchers position in the collection and analysis of data collected. There are factors that may have impacted the reliability of the data presented in this study. First, the language differences when interviewing individuals in West Africa may have caused some of the context to have been lost in translation. As well as the absence of audio-recording during the translation process may have impacted the overall ability to quote participants verbatim. Nevertheless, the information presented in this article was confirmed by the individuals interviewed, either in person, or via email. Another limitation in this study could have been the presence of American researchers in a predominantly African population. Some researchers could have been perceived as out of place while observing in the classrooms of the participating school in West Africa. Additionally, since the U. S. is a colonial power, Americans from the US in Senegalese settings may have been perceived as an unequal relationship of power; therefore, influencing or impacting the responses of those interviewed. A final limitation is that the researchers did not examine policy changes needed in educational contexts to better support children with communication disabilities and what obstacles should be addressed to make these policy changes.

Many of the themes that emerged throughout this study emphasized that for speech-language clinicians to provide the most effective and successful services to our clients globally, we must first take a macro-perspective approach. It is imperative to be

culturally responsive in the field and understand social structures that may affect the lives of the families and individuals with whom we work. Some countries may take more of a holistic or cultural approach when it comes to identifying and supporting communication disabilities, while other countries may take more of a positivist approach while using a medical model.

The findings also demonstrate the contributions of a macro-perspective in research, one that considers historical context and social structures that influence everyday life of participating individuals. There is a lack of research that discusses the impact of globalization on the field of speech-language and hearing sciences, and the individuals that we support. It is our hope that this study promotes discussions in this direction.

References

Abneh, G. (n.d.). *The contribution of African philosophy in challenging western hegemony and globalization*. https://philarchive.org/archive/ABNTCO

Abrahams, K., Kathard, H., Harty, M., & Pillay, M. (2019). Inequity and the professionalization of speech-language pathology. *Professions & Professionalism, 9*(3), e2185. http://doi.org/1-.7577/pp.3285

Allegretto, S., Garcia, E., & Weiss, E. (2022, July 12). Public education funding in the U. S. needs an overhaul. Retrieved on December 18, 2023 from https://www.epi.org/publication/public-education-funding-in-the-us-needs-an-overhaul/

American Speech-Language-Hearing Association (1993). Definitions of communication disorders and variations. https://www.asha.org/policy/rp1993-00208/

Amin, S. (2010). *Global history: A view from the south*. Pambazuka Press.

Applebaum, R., & Robinson, W. (2005). Introduction: Toward a critical globalization studies. In R. A. Applebaum and W. Robinson (Eds.), *Critical globalization studies* (pp. xi–xxxiii). Routledge. https://doi.org/:10.4324/9780203480205-10

Césaire, A. (2000). *Discourse on colonialism*. Monthly Review Press. https://www.jstor.org/stable/j.ctt9qfkrm

Chowkwanyun, M., & Reed, A. L. (2020). Racial health disparities and Covid-19—caution and context. *New England Journal of Medicine*, *383*(3), 201–203. https://doi.org/10.1056/NEJMp2012910

Diagne, S. B. (2022). Ubuntu, Nite and Humanism. *Palais de Tokyo*. Retrieved on 27 January 2023 from https://palaisdetokyo.com/en/ressource/ubuntu-nite-et-humanisme/

Disability inclusion starts with all of us | UNICEF. (n.d.). Www.unicef.org. Retrieved December 12, 2023, from https://www.unicef.org/senegal/en/stories/disability-inclusion-starts-all-us

Eskay, M., Onu, V. C., Igbo, J. N., Obiyo, N., & Ugwuanyi, L. (2012). Disability within the African culture. *US-China Education Review, B4*, 473-484. https://files.eric.ed.gov/fulltext/ED533575.pdf

Farmer, P. E., Nizeye, B., Stulac, S., & Keshavjee, S. (2006). Structural violence and clinical medicine. *PLoS medicine, 3*(10), e449. https://doi.org/10.1371/journal.pmed.0030449

Fanon, F. (1965). *The wretched of the earth.* Grove Press.

Hart-Landsberg, M. (2013). Capitalist globalization: Consequences, resistance, and alternatives. Monthly Review Press.

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved September 15, 2023, from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Hyter, Y. D. (2014). A Conceptual Framework for Responsive Global Engagement in Communication Sciences and Disorders. *Topics in Language Disorders*, *34*(2), 103-120. https://doi.org/10.1097/TLD.0000000000000015

Hyter, Y. D. (2022). Engaging in culturally responsive and globally sustainable practices. *International Journal of Speech-Language Pathology, 24*(3), 239-247. https://doi.org/10.1080/17549507.2022.2070280

Hyter, Y. D., Roman, T. R., Staley, B., & McPherson, B. (2017). Competencies for effective

global engagement: A proposal for communication sciences and disorders. *Perspectives of the ASHA Special Interest Groups*, *2*(17), 9-20. https://doi.org/10.1044/persp2.SIG17.9

Hyter, Y., & Salas-Provance, M. (2019). *Culturally responsive practices in speech, language, and hearing sciences*. Plural Publishing.

Hyter, Y. D., & Salas-Provance, M. B. (2023). *Culturally responsive practices in speech, language, and hearing sciences* (2nd ed.). Plural Publishing.

Individuals with Disabilities Education Act (2004) 20 U. S. C. § 1400 - 1485

Jacobs, M., Jebahi, F., & Ellis, C. (2021). The determinants of health: Social, structural, and political contributions to health-related outcomes. In R. Horton (Ed.), *Critical perspectives on social justice in speech-language pathology* (pp. 39–59). IGI Global

Kathard, H., & Pillay, M. (2013). Promoting change through political consciousness: A South African speech-language pathology response to the World Report on Disability. *International Journal of Speech-Language Pathology, 15*(1), 84-89. https://doi.org/10.3109/17549507.2012.757803

Liu, D., Burston, B., Stewart, S. C., & Mulligan, H. H. (2020). *Isms in health care human resources: A concise guide to diversity, equity and inclusion*. Jones & Bartlett Learning.

Madison, D. S. (2005). *Critical Ethnography*. Thousand Oaks: SAGE Publications.

McGrew, A. (2000). Sustainable globalization? The global politics of development and exclusion in the new world order. In T. Alen and A. Thomas (Eds.) *Poverty and development: Into the 21st century* (pp. 345–364). Oxford University Press.

Mkandawire-Valhmu, L., Rodriguez, R., Ammar, N., & Nemoto, K. (2009). Surviving life as a woman: A critical ethnography of violence in the lives of female domestic workers in Malawi. *Health Care for Women International, 3*(9), 783-801. https://doi.org/10.1080/07399330903066137

Neuman, W. (2006). Social research methods: Qualitative and quantitative approaches (6th ed.) Pearson/Allyn and Bacon.

Neuman, S.B., Kaefer, T., & Pinkham, A.M. (2018). A double dose of disadvantage: Language experiences for low-income children in home and school. *Journal of Educational Psychology, 110*, 102–118. https://doi.org/10.1037/edu0000201

Panitch, L., & Gindin, S. (2013). *The making of global capitalism: The political economy of American empire.* Verso.

Pillay, M., & Kathard, H. (2018). Renewing our cultural borderlands. *Topics in Language Disorders*, *38*(2), 143–160. https://doi.org/10.1097/TLD.0000000000000151

Retief, M. & Letšosa, R., 2018, 'Models of disability: A brief overview', *HTS Teologiese Studies/ Theological Studies 74*(1), a4738. https://doi.org/10.4102/hts.v74i1.4738

Richarson, E. T. (2020). *Epidemic illusions: On the coloniality of global public health*. The MIT Press.

Rodney, W. (1981). *How Europe underdeveloped Africa*. Howard University Press.

Santiago-Valles, W. F. (2005). Producing knowledge for social transformation: Precedents from the diaspora for twenty-first century research and pedagogy. *The Black Scholar, 35*(2), 50-60. https://doi.org/10.1080/00064246.2005.11413311

Santiago-Valles, W. F. (2006). Resistance among those displaced to the Caribbean: Suggestions for future research. In R. Gowricharn & R. M. Allen (Eds.), *Caribbean Transnationalism: Migration, Pluralization, and Social Cohesion* (pp. 59 – 78). Lexington

Books

Steger, M. (2017). *Globalization: A very short introduction*. Oxford University Press.

Topouzkhanian, S., & Mijiyawa, M. (2013). A French-speaking speech-language pathology program in West Africa: Transfer of training between Minority and Majority World countries. *International Journal of Speech-Language Pathology, 15*(1), 58–64. https://doi.org/10.3109/17549507.2012.757802

Wallerstein, I. (1974). Dependence in an interdependent world: The limited possibilities of transformation within the capitalist world economy. *African Studies Review*, *17*(1), 1-26. https://doi.org/10.2307/523574

Westby, C., Burda, A., & Mehta, Z. (2003). Asking the right questions in the right ways: Strategies for ethnographic interviewing. *The ASHA Leader*, *8*(8), 4–17. https://doi.org/10.1044/leader.FTR3.08082003.4

Wickenden, M. (2013) Widening the SLP lens: How can we improve the wellbeing of people with communication disabilities globally, *International Journal of Speech-Language Pathology, 15*(1), 14-20, https://doi.org/10.3109/17549507.2012.726276

World Atlas (2017). What languages are spoken in Senegal? Retrieved December 18, 2023 from https://www.worldatlas.com/articles/what-languages-are-spoken-in-senegal.html

World Health Organization & World Bank. (2011). *World report on disability 2011*. World Health Organization. https://iris.who.int/handle/10665/44575

Woolf, & Braveman, P. (2011). Where health disparities begin: The role of social and economic determinants—and why current policies may make matters worse. *Health Affairs, 30*(10), 1852–1859. https://doi.org/10.1377/hlthaff.2011.0685

Wylie, K., McAllister, L., Davidson, B., & Marshall, J. (2013). Changing practice: Implications of the world report on disability for responding to communication disability in under-served populations. *International Journal of Speech-Language Pathology, 15*(1), 1–13. https://doi.org/10.2109/17549507.2012.745164

Yu, B., Horton, R., Munson, B., Newkirk-Turner, B. L., Johnson, V. E., Khamis-Dakwar, R., Muñoz, M. L., & Hyter, Y. D. (2021). Making race visible in the speech, language, and hearing sciences: A critical discourse analysis. *American Journal of Speech-Language Pathology, 31*, 578–600. https://doi.org/10.1044/2021_AJSLP-20-00384

Positionality Statements

Hannah Cluley, M.A., CCC-SLP

I was raised in a small town in the Midwest with minimal diversity or exposure to differing perspectives or experiences of others. I then attended a large university which opened the door to various opportunities for learning and growth as an individual while shaping my experiences and relationships with others who challenged and supported me. I feel that my skills and knowledge have been influenced by supervisors, professors, colleagues, and peers throughout the years who have guided me. My research, work, and interactions are influenced by my desire to learn from and help others. I believe that success for ourselves and others is measured by shared knowledge, experiences, and new opportunities.

Yvette Hyter, Ph.D., CCC-SLP

I approach my work through the frame of critical theory that recognizes that life is inherently conflictual between those with power and those without. Sometimes, I am in positions of power and privilege by being a cisgender, retired full-professor in my mid-60s. At other times I am in positions of marginalization by being a Black qualitative scholar, focused on critical science and concerned with equity and social justice in a discipline that is a majority of white women and focused on the medical model and positivist science. In all of my roles (scholar, educator, clinician, team member) I strive to be aware of inequities and injustices, and in collaboration with others, strive to dismantle inequitable structures in speech-language and hearing sciences that exclude, exploit, and dispossess.

Sarah Summy, Ed.D.

I was raised in a Midwest university community and from a very young age I was privileged to be surrounded by scholars. Asking questions and debating multiple perspectives on the same issue occurred frequently. Throughout my twenty-five plus years in higher education, my teaching, research and service continues to be influenced by this thirst for knowledge. However, my work has been heavily influenced by the many students I have interacted with and by colleagues who have challenged my thinking. My work is not "my work", it is the work that has been completed with individual students and colleagues together. The Universal Design for Learning (UDL) is currently the most influential framework influencing my professional life. It allows me to be open to new ideas and perspectives and most importantly, to listen and tell every participant's story in the most truthful way possible.

W. F. Santiago-Valles, Ph.D.

The social-causal relations of inequality influencing my thinking, research, teaching, and political commitments include being: (a) born in an American Empire colony where racialized and gendered exploitation organize daily-life conflicts between military occupation and the colonized; (b) raised/educated among self-emancipated Maroons, descendants of free Afro-descendant Creoles

from French-speaking islands who had been teachers for the last 200 years; (c) subjected to a missionary school system's attempts to submit the colonized; (d) extensive travel across the Caribbean archipelago and the African Continent; (e) having been a Ph.D. student of some of the most important scholars in political economy (e.g., Marini) and cultural history (e.g., Freire); (f) injecting tensions using direct participation field research, forcing the State to use repressive force; and (g) using comparative analysis of similar conjunctural situations explaining how social movements produced critical analysis informed by resistance to colonial capitalism and empire.

Thula Norton Lambert, Ph.D.

Based on my personal background and lived experience, I acknowledge that my research is framed through the lens of intersectionality. I view the research process through a postcolonial, critical, constructivist lens. I am conscious that research participants may have themselves experienced gender, race, or class-based oppression, discrimination and marginalization. I have embraced engaging in decolonizing qualitative research, ever conscious of the harmful, oppressive role that research has historically played in perpetuating negative racial, ethnic, sexist or cultural stereotypes. As a social constructivist, I view research participants as co-creators of knowledge, and I utilize participatory research methods which aim to give participants a voice and an active role in the research process.

Jean Eudes Boukal, B. A.

I was born and raised in one of the poorest cities of Senegal. Growing up in that far rural area, I never imagined there could be so much inequality in the world. When I moved to the capital city for university and got in touch with people from all over the world, I was shocked with the big societal gaps between the place and people I grew up in from those I am now in. That awakened, I now approach education with more consideration. I do believe that education can be a means to equal opportunities for all those, notwithstanding their origin, who intentionally and diligently work to improve their situation and that of others around them. I now dedicate myself to teaching, educating learners from all backgrounds to improve their social status through education, to make equity and social justice a reality in individuals' lives.

Janice Bedrosian, Ph.D.

I was born in California and identify as Armenian. My father and his parents and siblings escaped the Armenian genocide from 1915 to 1917 with the help of Mr. Leslie Davis, American Consul to Harpoot at that time. My teaching was influenced by this history with my attempt to promote equity and inclusion in the classroom.

Appendix

Table A1

Kindergarten/C1 Teacher Responses in the U.S. and Senegal

	Country	Communication Disorders	Supports Provided	Access to Supports	Language
Kindergarten/C1 in Senegal & Preschool /Kindergarten in the U.S.	Senegal		"If a student falls behind, we show them love which motivates them to start making progress. We also pray for the student."	"We do trainings in and outside of the school if we have the means"	One student only spoke English. Another teacher that speaks English and French came to explain and promote understanding of French.
	United States Midwest	"Anything that would hinder someone from communicating with someone"	Does research on her own to learn new ways to better student success in the classroom after trauma	"Access to SLP services are limited and out of the teachers hands once parents are informed that a screening is recommended and is ultimately up to the parents."	
	United States Midwest		"Our access to the school SLP is limited because his sessions vary with times and dates and are very sporadic"	"Unfortunately, the community/district labels schools and defines them by where they are located which is unfair" "Because the population is one in need, there are not enough resources for success, and we have to get creative"	

Table A2

First Grade Teacher Responses in the U.S. and Senegal

	Country	Communication Disorders	Supports Provided	Access to Supports	Language
First Grade Teacher in Senegal and the United States Midwest	Senegal		"Make sure a student feels loved first"		"If the child does not understand French gestures are used with Wolof to support progress with leaning the primary language of the classroom"
	United States Midwest	"Something that affects your understanding of language or participating in conversation; a breakdown between to and from"	"There is so much support from the outside community as well as a school psychologist, social worker and full-time counseling interns" "Give students extra time, restate questions and encourage them to slow down when speaking"	"Every student does and EZ screening and if they don't pass, they qualify for an eval from the school SLP"	

Table A3

Administer Responses in the U.S. and Senegal

	Country	Communication Disorders	Supports Provided	Access to Supports	Language
Principal Senegal and United States Midwest	Senegal		"Teachers are very close with students for emotional support" The school mission is the triangle of success focusing on intellectual, emotional and social wellbeing in the life of the student.	"Teachers go to school board trainings on certain subjects" (CAPAP) à for this, teachers are interviewed to see what the most relevant trainings for that year will be.	
	United States Midwest	"An impairment in how a child is able to express themselves verbally"	Described the number of students he had when he first started (400) and how many he has now (286). He stated that "less students means less funding"	When asked what change he would like to see for the school he said he would want a way to "level the playing field" by providing equal opportunities for the students	
Curriculum Director	Senegal		"The government has set up a system that is not equal access causing a lack of resources and no services are provided." Talked about wanting to do health screening for students but nothing is in place because fundraising for resources is difficult.	"The government has set up a system that is not equal access and there is so much ground to make up"	

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

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Abstract

Systemic oppression impacts equitable access to resources and life opportunities. There has not yet been a published systematic account of how Communication Sciences and Disorders (CSD) is identifying and challenging systemic oppression. This is a protocol for a scoping review, which aims to map a critical landscape in CSD by identifying literature that applies a critical analysis. This scoping review protocol is informed by PRISMA-P (2015), which will be used for the scoping review to systematically map peer-reviewed literature as per PRISMA Extension for Scoping Reviews (2018) from six electronic databases. This scoping review protocol explains that the scoping review will analyze eligible literature to better understand peer-reviewed scholarship that identifies and aims to confront systemic oppression to inform equitable CSD training, practice, and research.

Keywords

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

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Positionality Statement

Drawing on Grenier et al. (2020)'s scoping review, we assert the importance of reflexively stating our positionalities and how these positionalities have informed the conceptualization and analysis of this scoping review protocol. We recognize that doing so briefly is a challenge given the 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 protocol. We are trained in three different disciplines: CSD, Drama Therapy, Teaching and Learning. At the time of this article 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.

Systematic Review Registration

Open Science Framework ([osf.io/a3smf](osf.io/a3smf))

Systemic oppression is embedded in beliefs and structures that we navigate daily, such as schools, legal systems, social programs, and health care (Singh, 2019). These structures also include the field of Communication Sciences and Disorders (CSD), which comprises of audiology, speech-language pathology, and speech, language, and hearing sciences (ASHA, 2022) as these relate to clinical education, research, and service delivery. An example of systemic oppression within CSD is audism and the implicit bias that spoken languages are better than sign languages. Audism was coined by Tom Humphries to identify the oppression that Deaf and Hard of Hearing (DHH) people face in the hearing world (Baade, 2022). Audism remains prevalent in the CSD field (Donaldson, et al., 2017; Evans, 2021; Sager, 2019). Another example of systemic oppression is the term "pathologist" in the title "speech-language pathologist," which informs its central role in perpetuating deficit-based approaches (Donaldson et al., 2017; Dumas & Nelson, 2016) and in codifying speech and language variation within a binary of normal and disordered speech which informs power imbalances (St. Pierre & St. Pierre, 2018). CSD critical scholars have asserted that this binary has benefited those who are at privileged intersections of race, gender, class, disability, geography, sexual orientation, and

language (Abrahams et al., 2022; Khoza-Shangase & Mophosho, 2018; Pillay & Kathard, 2015). For example, Peltier (2011) articulates the reality of Indigenous parents having to comply with clinical recommendations that are contrary to a given set of Indigenous cultural norms (e.g., leading a child in speech and language activities in 'standard' English). Realities like "anti-Black linguistic racism" (Baker-Bell, 2019, p.2) and "dis-othering, essentialism, and reductionism" (Pillay & Kathard, 2015, p. 200) inform an ongoing political interplay between disablism and colonialism that marginalize people through the pathologizing of speech, language, and communication. This systemic oppression has contributed to ongoing marginalization of the world's majority, and a crisis of human connection (Way et al., 2018). Critical research in CSD points to the necessity of engaging in critical analysis to better understand how realities of societal power imbalances, and positivist approaches in tandem with biomedical deficit-oriented frameworks constrain the profession (e.g., Pillay and Kathard, 2018).

The Necessity of a Critical Landscape in CSD

We are interested in the ways in which CSD researchers are engaging in critical analysis of systemic oppression. Such oppression arises from systems such as capitalism, colonialism, racism, and cis-heteropatriarchy (see Glossary of Terms). These systems inform social and cultural constructions of pathology. This includes the pathologizing of certain forms of communication, such as qualifying certain speech as deviant. The latter can be understood through the example of stuttering. Stuttering was pathologized as disfluent speech in the context of capitalist

industrialization, and societal expectations of speech (St. Pierre & St. Pierre, 2018; Constantino, 2018). Speech became a tool to regulate and control human communication by deeming people to be either able/fluent or disabled/disfluent, as opposed to existing on a spectrum of natural human and communicative variation (Constantino, 2018). We believe it is imperative to understand the ways in which CSD has been shaped by, and continues to inform systemic oppression (Cogburn, 2019; Jacquez, et al., 2021; Singh et al., 2020). The reason being is because such oppression leads to inequitable access to health and societal resources (Ellis et al., 2021; Grzanka & Cole, 2021), and meaningful connection with each other across our interests and our strengths.

Allied health disciplines, such as drama therapy (e.g., Sajnani, 2016) and occupational therapy (e.g., Rudman, 2018) have engaged with critical frameworks. Critical analysis in psychology has led to the birth of liberation psychology (Neville et al., 2021). Similarly, we would benefit from critically examining knowledge construction within CSD (Pesco, 2014) to work towards equity and social justice. For example, Abrahams et al. (2022) published a scoping-review protocol that aims to map emerging equitable clinical practices in the speech-language therapies and audiology professions. By doing so, Abrahams et al. (2022) aim to further pathways towards equitable and inclusive clinical practices that are in line with the United Nations' Sustainable Development Goals (SDGs), human rights, and social justice.

Critical Analysis: Definition

A critical analysis was defined primarily by the first author in consultation with the fourth author. A critical analysis is defined as work that:

a. identifies and challenges systems of oppression, hierarchy, power relations (Collins, 2017; Sajnani, 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).

Rationale & Operationalization

Our definition of a critical analysis aims to be clear and inclusive of a range of peer-reviewed literature to best capture any complexities that exist within a critical landscape in CSD. Our construction of this definition has occurred in an interdisciplinary manner between us, as authors. We have also drawn on references rooted in Black feminist scholarship and across disciplines such as drama therapy, occupational therapy, tourism studies, social work, sociology, and law. The operationalization of critical analysis through data collection and analysis can be seen in Table 2 and is illustrated in Figure 1. We plan to extract the following information from the included literature: article type (e.g., conceptual vs mixed-methods study), country of focus (e.g., Canada), year of publication, and discipline focus (e.g., SLP vs audiology). We plan to extract this information to respond to our question, what CSD literature applies a critical analysis, which then informs a critical landscape in the field of CSD? This decision was made by the authors to provide more information to the readership about the types of articles that are applying a critical analysis. For example, if there are more articles in audiology than in SLP that apply a critical analysis, then this can inform future research as to what realities may be informing this difference (e.g., is there more critical training in audiology?).

Objective

Our primary research question is: What CSD literature applies a critical analysis? We have selected a scoping review as the method that best responds to this question. As such, the purpose of the scoping review will be to

examine the available literature in which a critical analysis has been applied. This scoping review protocol is being written as per guidance from the Joanna Briggs Institute (JBI) manual on scoping review protocols (Peters et al., 2020). Specifically, a protocol is pertinent given that it allows scoping review researchers to plan and define review objectives, methods and review reporting.

Broadly, we aim to illuminate the presence of a critical landscape in the field by mapping out CSD research that implements a critical analysis of systemic oppression within the field. We then aim to identify gaps and make recommendations. To our knowledge, this is the first scoping review aimed to uncover the nature of the critical landscape in the CSD field. We use our definition of a critical analysis to examine the ways in which systems of oppression are being identified within the CSD field with the goal of mapping out a critical landscape that aims to subvert power imbalances, dismantle systemic oppression, and works towards equitable human connection (Azul & Zimman, 2022).

Methods

A scoping review was selected as the appropriate method to answer the research question, what CSD literature applies a critical analysis? Scoping reviews generally aim to map key concepts that underpin a research area and the types of evidence (Arksey & O'Malley, 2005). Such reviews implement a systematic approach in synthesizing available knowledge in a given area (Miller & Colquhoun, 2020) and answer questions regarding the nature of the evidence available, especially when examining emerging evidence in a research area (Peters et al., 2020). This scoping review will be informed by the methodological procedures for scoping reviews

as proposed by the JBI. The JBI is an international evidence-based healthcare research organization working with over 70 universities and hospitals around the world. Their aim is to focus on improving global health outcomes by creating and disseminating research evidence, software, training, resources and publications related to evidence-based healthcare (Aromataris & Munn, 2020). The JBI bases their scoping review section on Arskey and O'Malley's (2005) original proposed framework for conducting scoping reviews, their framework's extension by Levac and colleagues (2010), and further refinement by Peters et al. (2020). Together, the original proposal and its enhancements delineate the scoping review process: identifying the research question and objective, identifying relevant studies as these relate to the research question, objective and inclusion criteria, describing the planned approach for evidence searching, selection, data extraction and presentation of evidence, and data charting and results reporting. This scoping review protocol has been registered with the Open Science Framework (registration number: osf.io/a3smf). This scoping review protocol follows the 2015 Preferred Reporting Items of Systematic Review and Meta-Analysis protocols (PRISMA-P) (Shamseer et al., 2015). The scoping review itself will follow the PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation (Tricco, et al., 2018).

Eligibility Criteria

To respond to our primary research question and to account for capacity on the research team, article eligibility criteria are set to include publications that will: a) be publications in peer-reviewed journals and quasi peer-reviewed literature (i.e. book chapters from edited collections) b) have an

available abstract (all formats) in Covidence, c) be written in either English or French, d) explicitly discuss the professions in CSD (i.e. audiology, Communication Health Assistants (CHAs), and/or SLP), e) be conducted by audiologists, CHAs and/or SLPs. In the case of a multidisciplinary research team, at least one audiologist, CHA, or SLP will have to be involved. If specific credentials will not be mentioned, then authors who work(ed) at a speech/language/hearing university school, department or center will qualify. In uncertain cases, the first author will directly contact the author of the article under consideration, and f) meet the definition of a critical analysis. No time limits will be placed on the articles.

Information Sources

Six computerized bibliographic databases will be 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 limits will be placed such that only peer-reviewed journals and edited book chapters will be considered. Search limits will be placed for literature in English and French. We recognize that limiting the search to these two dominant languages limits the scope of this review and that it will not capture the application of critical analyses that may be applied in other languages within the CSD field. English and French are being

selected given all of the authors' proficiency in the former, and the first author's proficiency in both. Searches will be conducted by the first author.

Search Strategy

Key concepts related to the definition of a critical analysis will be used for database searches. Additional terms will be extracted from literature during pilot-test searching. The first author has 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 to be used for the Cumulated Index to Nursing and Allied Health Literature (CINAHL) database.

Pilot-testing

Pilot-testing will begin in October 2020 on CINAHL, which is a database that primarily contains journals from the fields of nursing and allied health (NYU Libraries, 2022), including CSD. Several searches will take place as part of an iterative process to optimize the final search. Terms and subject headings related to database classification that relate to our definition of a critical analysis will be used. Final searches will be 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

All articles will be uploaded onto Covidence, a tool to conduct systematic review production (UNC Libraries, 2021). Covidence will automatically remove duplicates. The second part of the selection process will entail the first two authors independently rating the articles with "Yes/No" for each eligibility criterion using Google Sheets.

Selection and Data Collection Process

Subsequent to articles being uploaded onto Covidence, and the latter automatically removing duplicates, the first step will entail screening article titles and abstracts in accordance with eligibility criteria by the first author. If titles and abstracts meet the criteria, then these articles will move onto the full-text articles review to be evaluated for inclusion as per the eligibility criteria. Table 2 illustrates the template that will be used for data extraction for full-text reviews. This table will highlight study details and study characteristics as these relate to the objectives of the scoping review. Full-text review will entail the first two authors to independently rate the full text articles for each eligibility criterion and study characteristics relevant to the research question using Google Sheets. Each eligible article will be charted for meeting eligibility criterion (e.g., article explicitly discusses the professions in CSD, i.e. audiology, Communication Health Assistants (CHAs), and/or SLP) by stating if the article meets a given criterion in Google Sheets.

If the first two authors disagree in their ratings, a third rater, Pamela D'Andrea Martinez, who is a colleague of the first three authors, will chart data items from the articles in the same manner using the eligibility criteria and she will make a final decision about these

articles. A visual representation of the selection process and results will be depicted in a PRISMA flow diagram (Page et al., 2020, as cited in PRISMA, 2021).

Table 2

Template for Charting Articles 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 Microsoft Word or Google Document)
Discipline	SLP
Country of Focus	Canada
Article Type	Conceptual

Data Items

We will seek data that relates to our research question, what CSD literature applies a critical analysis? Since our phenomenon of interest is critical analysis, data items will include all three parts of the critical analysis definition as outlined in Table 2: systems of oppression; population/marginalized group,

and recommendations. In tandem, we will also chart for data that contextualizes the critical analysis to comprehensively respond to our research question, what CSD literature applies a critical analysis, which then informs a critical landscape in the field of CSD? More specifically, we will specify which discipline within CSD is being focused upon in the given article (audiology, CHA, and/or speech language pathology), type of design employed in an article/edited book chapter (conceptual, mixed-methods, qualitative, quantitative, other – whereby "other" will be further specified based on the article), article's year of publication, and the article's country focus. The specific recommendations will also be written with respect to the articles in by the first and second authors for the purposes of reporting on the selected articles' recommendations. Finally, in our recognition that critical analyses may be informed by particular socio-political realities, we will also chart the country or countries of focus and year of publication of each article in addition to other information. Figure 1 illustrates our data items as these relate to our research question.

Figure 1

Data Items
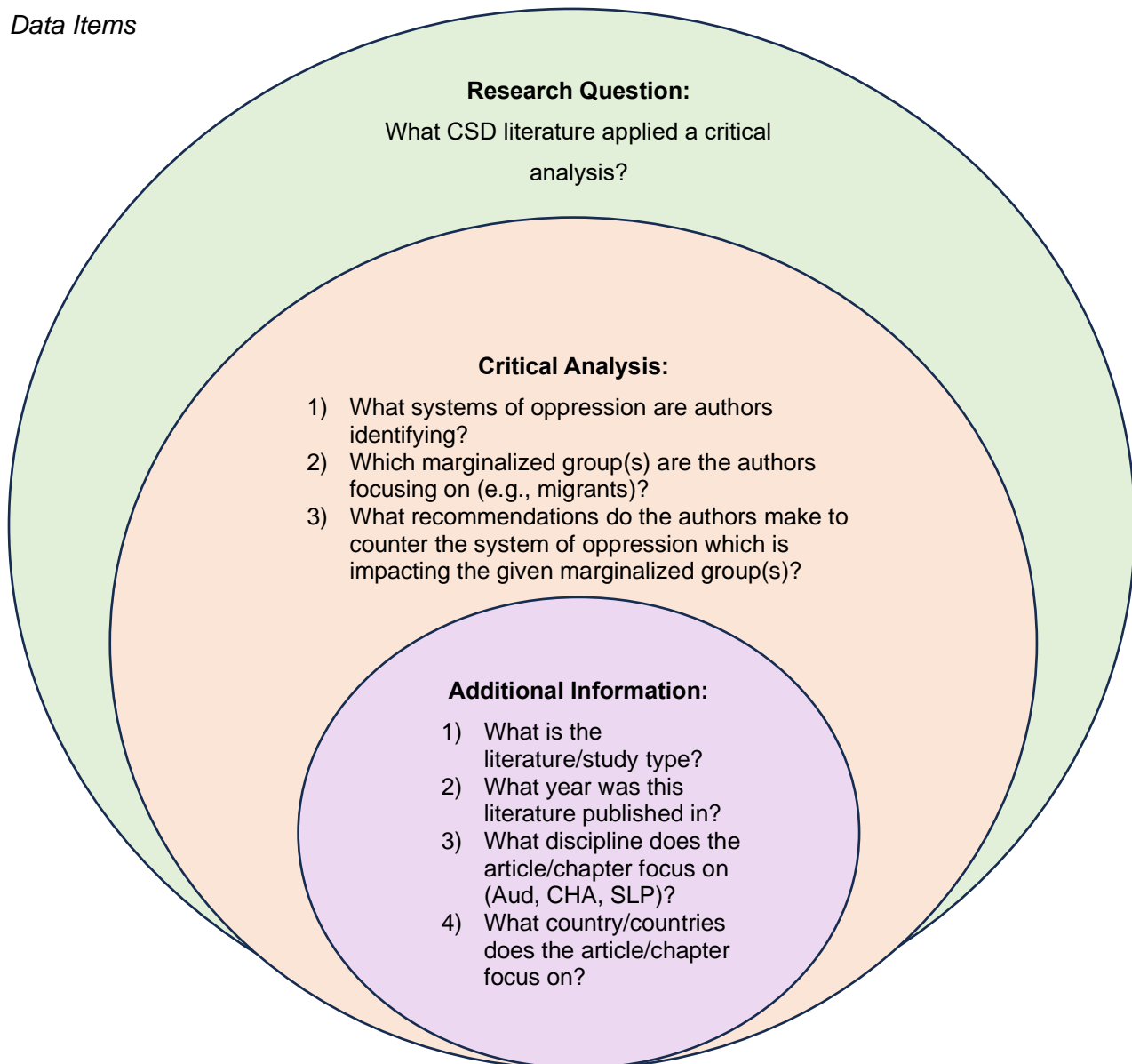
Outcomes and Prioritization

We will seek the following outcomes to respond to our research question, what CSD literature applies a critical analysis? As per Table 2, we will identify the following outcomes in the included peer-reviewed texts: study design (e.g., conceptual), discipline focus (e.g., speech-language pathology), systems/processes of oppression (e.g., colonialism), marginalized group (e.g., Indigenous Peoples), and recommendations (e.g., implementing workshops on decolonization and Indigenous solidarity).

Synthesis of Results

Descriptive and thematic analyses will be conducted by summarizing, organizing and reporting on articles implementing a critical analysis in the CSD field. Descriptive statistics will be used to describe the nature of the included studies as per Table 2 study characteristics. A thematic analysis will be applied to understand and describe the focus and nature of the critical analysis being used in the included studies as per Table 2 study characteristics. The development of the analysis will be an iterative process, while still adhering to outlined data variables as these relate to the research question.

Overall, the results will be presented in a descriptive summary in relation to the objective and research question of the scoping review. This data synthesis will inform our understanding of the critical landscape in CSD by understanding the ways in which articles apply a critical analysis and related information such as country of focus.

The use of two reviewers (versus one reviewer) to determine full text inclusion will contribute to reliability. For example, if the first author has an implicit positive bias towards an eligible article author, then this bias can be countered by the second reviewer, assuming she does not know that author. The addition of a third reviewer for articles that the first and second reviewers disagree on furthers this decreased risk of bias. It is purposeful that the third reviewer make the final call on article inclusion versus the first and second reviewers arguing for their case.

Discussion

We will apply a critical analysis to examine the ways in which systems of oppression are being identified with the goal to map out a critical landscape that aims to subvert power imbalances, dismantle systemic oppression, and work 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. To our knowledge, this is the first scoping review aimed to uncover the nature of the critical landscape in the CSD field.

Glossary of Terms

Capitalism

An economic system based on the private ownership of the means of production. Capitalism is typically characterized by extreme distributions of wealth and large differences between the rich and the poor. Capitalism leads to commodification whereby land, products, services, and ideas are assigned an economic value to then be sold and bought (Collins, 2009).

Cis-heteropatriachy

This term comprises three terms: cisgender, heterosexuality and patriarchy. Cis-heteropatriarchy constitutes a system of beliefs and practices whereby dominant society privileges

cisgender and heterosexual people, particularly cisgender heterosexual men, to justify marginalizing those who do not fully uphold the toxic masculine ideal as determined by dominant society (Miller et al., 2021). Our use of the term "toxic masculinity" does not aim to strictly critique masculinities that can manifest in a variety of ways across cultures, including that of LGBTQ+ communities. Instead, this term aims to critique a system of patriarchy and toxic masculinity which manifests in a system of power imbalances, primarily at the intersection of gender and sexuality.

Colonialism (see also Settler Colonialism)

Colonialism is a dominating force and violent system that attacks the freedom, language, movement, relationships, and well-being of people who are indigenous to a given land. Colonialism inflicts continual systemic harm on Indigenous bodies, minds, emotions, and their spirit with the aim to destroy their ability to connect to their land (Simpson, 2017).

Domains of power

Domains of power can refer to disciplinary, hegemonic or interpersonal domains of power. Disciplinary domain of power is a form of control that relies on surveillance and bureaucratic hierarchies. Hegemonic domain of power is a form of social organization that implements ideology to depoliticize oppressed groups' dissent. Alternatively, hegemonic domain of power can also be a social system whereby multiple social groups police one another and suppress one another's dissent. Interpersonal domain of power is discriminatory and oppressive practices in daily lives between people. They are so routine that they can typically go unnoticed or remain unidentified (Collins, 2009).

Dominant Discourses

Communication, ideas and expressions that are privileged over others - they are dominant in a given discipline and/or society.

Exclusion

See Marginalization.

Hierarchy

Here, hierarchy refers to a hierarchy of social groups based on systemic oppression. For example, cis-heteropatriachy operates on a presumed hierarchy that cisgender and heterosexual people are more valuable/better than/above people who are Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (LGBTQIA).

Inequity

Situation when oppressive systems privilege certain groups over other groups, which then create barriers to accessing resources and opportunities.

Intersectionality

An analysis that asserts that systems and social constructions such as race, disability, class, gender, sexuality, ethnicity, nation, immigration status, and age form mutually constructing features of social organization (Collins, 2009). The intersection of marginalized social constructions may result in a unique experience of oppression that is more than simply additive or cumulative (Pothier & Devlin, 2006). This analysis is rooted in Black feminist scholarship asserting that such systems shape Black women's experiences, and in turn, are shaped by Black women (Collins, 2009).

Liberation Psychology

Liberation psychology has its roots in liberation theology and global struggles for freedom from oppression between the 1950s and 1970s (Neville et al., 2021). Liberation psychology is predicated on a perspective shift from the individual to collective well-being and social justice (Neville et al.).

Marginalization

The consequence of systemic oppression whereby certain groups are excluded from dominant society because other groups are privileged.

Power Relations

A term that draws attention to relations as a function of systemic oppression. For example, a cisgender heterosexual white woman SLP has a privileged position in relation to a Queer Latinx service user. As such there is a power dynamic and power relation at play between these two individuals.

Settler Colonialism

A concept that refers to the deliberate physical occupation of land as a method of asserting ownership over land and resources (Vowel, 2016).

Social construct

A category (e.g., race) that is socially-constructed (i.e., not biological) and is used both to create and justify exclusion within economic, political, and social spheres of society (Pesco, 2014). While descriptions or categories like age are not inherently social constructions per se, ascribing more value to a given group is part of a social construction that leads to marginalization. For example, a society that values younger adults

over older adults is engaging in privileging the former group over the other, and leading to the marginalization of the latter. This example is referred to as ageism.

Systemic oppression

A system of domination that deprives people of their human rights, social resources, and power (Dominelli, 2008). It is an unjust situation or reality that is embedded into the structures that surround us, including our schools, governments, legal system, social programs, and more, whereby one group denies another group access to resources of a society systematically, over a long period of time. This then leads to the latter group facing systemic barriers to resources (e.g., quality education, food, shelter, healthcare, etc). Systemic oppression may occur as a function of marginalized ability, age, ethnicity, class, gender, nation, race, and/or sexuality (Collins, 2009; Singh, 2019).

Systemic Racism

Systemic racism is a system of oppression that is rooted in beliefs and the ideology that one race or group of people is superior to another based on biological characteristics (e.g., facial features, hair, and skin color). White supremacy drives systemic racism, and it designates White people as superior to people of color (Singh, 2019).

Transformative Change and Social Justice

Drawing from Collins's (2009) definition of a social justice project, we use transformative change and social justice to describe an organized process and long-term effort to eliminate oppression and to empower individuals and groups in a just society.

References

Abrahams, K., Mallick, R., Hohlfeld, A., Suliaman, T., Kathard, H. (2022). Emerging professional practices focusing on reducing inequity in speech-language therapy and audiology: a scoping review protocol. *Systematic Reviews, 11*(74), 17. https://doi.org/10.1186/s13643-022-01953-0

American Speech-Language-Hearing Association (2022). *Learn about the CSD Professions.* ASHA. https://www.asha.org/students/learn-about-the-csd-professions/

Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology, 8,* 19-32. https://www.tandfonline.com/doi/abs/10.1080/1364557032000119616

Aromataris, E., & Munn, Z. (2020). *JBI Manual for Evidence Synthesis*. JBI. https://doi.org/10.46658/JBIMES-20-01

Asakura, K. Strumm, B., Todd, S., & Varghese, R. (2020). What does social justice look like when sitting with clients? A qualitative study of teaching clinical social work from a social justice perspective. *Journal of Social Work Education, 56(3),* 442-455. https://doi.org/10.1080/10437797.2019.1656588

Azul, D. & Zimman, L. (2022). Innovation in speech-language pathology research and writing: Transdisciplinary theoretical and ethical perspectives on cultural responsiveness. *International Journal of Speech-Language Pathology, 24,* 460-471. https://doi.org/10.1080/17549507.2022.2084160

Baade, A. (2022). Ending audism begins with education. *The ASHA Leader, 27*(3), 4-5. https://leader.pubs.asha.org/do/10.1044/leader.FMP.27032022.ableism-audism.4/full/

Baker-Bell, A. (2019). Dismantling anti-black linguistic racism in English language arts classrooms: Toward an anti-racist black language pedagogy. *Theory Into Practice, 9*, 8-21. https://doi.org/10.1080/00405841.2019.1665415

Bianchi, R. V. (2009). The 'critical turn' in tourism studies: A radical critique. *Tourism Geographies, 11*(4), 484-504, https://doi.org/10.1080/14616680903262653

Cogburn, C.D. (2019). Culture, race, and health: Implications for racial inequities and population health. *The Milbank Quarterly, 97*(3), 736-761. https://doi.org/10.1111/1468-0009.12411

Collins, P.H. (2009). *Black feminist thought.* Routledge.

Collins, P.H. (2017). On violence, intersectionality and transversal politics. *Ethnic and Racial Studies 40*(9), 1460-1473. https://doi.org/10.1080/01419870.2017.1317827

Collins, P. H. & Bilge, S. (2016). *Intersectionality*. Polity Press.

Constantino, C. (2018). What can stutterers learn from the neurodiversity movement? *Stutterers and The Neurodiversity Movement, 39*(4), 382-396. https://doi.org/10.1055/s-0038-1667166

Corneau, S. & Stergiopoulos, V. (2012). More than being against it: Anti-racism and anti-oppression in mental health services. *Transcultural Psychiatry, 49*(2), 261-282. https://doi.org/10.1177/1363461512441594

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist

critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University Of Chicago Legal Forum, 1989*(1), 139-167. http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8

Crenshaw, K. (1990). Mapping the Margins: Intersectionality, identity politics, and violence against Women of Color. *Stanford Law Review, 43*(6), 1241-1299. https://doi.org/10.2307/1229039

Dominelli, L. (2002). *Anti oppressive social work theory and practic*e. Palgrave MacMillan.

Donaldson, A. L., Chabon, S., Lee-Wilkerson, D., & Kapantzoglou, M. (2017). Mirror, mirror on the wall: Reflections on speech-language pathologists' image as advocates, activists, and aides. *Psychology in the Schools*, *54*(10), 1285–1293. https://doi.org/10.1002/pits.22083

Dominelli, L. (2008). *Anti-racist social work* (3rd Ed.). Palgrave Macmillan.

Dumas, M.J.D., & Nelson, J.D. (2016). (Re)imagining Black boyhood: Toward a critical framework for educational research. *Harvard Educational Review, 86*(1), 27-47. https://doi.org/10.17763/0017-8055.86.1.27

Ellis, C., Jacobs, M., Kendall, D. (2021). The Impact of Racism, Power, Privilege, and Positionality on Communication Sciences and Disorders Research: Time to Reconceptualize and Seek a Pathway to Equity. *American Journal of Speech-Language Pathology, 30*(9), 2032-2039. https://doi.org/10.1044/2021_AJSLP-20-00346

Evans, M. (2021). Implicit Bias in Audiology: How Does It Affect Families of Deaf Children? *The Hearing Journal, 74*(10), 16-17. https://doi.org/10.1097/01.HJ.0000795664.84062.33

Grenier, M.-L., Zafran, H., & Roy, L. (2020). Current landscape of teaching diversity in occupational therapy education: A scoping review. *American Journal of Occupational Therapy, 74*(6)*,* 1-15. https://doi.org/10.5014/ajot.2020.044214

Grzanka, P.R., & Cole, E.R. (2021). An Argument for Bad Psychology: Disciplinary Disruption, Public Engagement, and Social Transformation. *American Psychologist, 76*(6), 1334-1345. https://doi.org/10.1037/amp0000853

hooks, b. (2000). Remembered Rapture: Dancing with Words. *JAC, 20* (1), 1-8. https://www.jstor.org/stable/20866297

Jacquez, F., Dutt, A., Manirambona, E., Wright, B. (2021). Uniting liberatory and participatory approaches in public psychology with refugees. *American Psychologist, 76(*8). 1280-1292. https://doi.org/10.1037/amp0000835

Khoza-Shangase, K., & Mophosho, M. (2018). Language and culture in speech-language and hearing professions in South Africa: The dangers of a single story. *South African Journal of Communication Disorders*, *65*(1), 1-7. https://doi.org/10.4102/sajcd.v65i1.594

Levac, D., Colquhoun, H., O'Brien, K.K. (2010). Scoping studies: advancing the methodology. *Implement Science, 5*(69), 1-9. http://www.implementationscience.com/content/5/1/69

Miller, E. & Colquhoun. H. (2020). The importance and value of reporting guidance for scoping reviews: A rehabilitation science example. *Australian Journal of Advanced Nursing, 37*(4), 53-58. https://doi.org/10.37464/2020.374.148

Miller, R. A., Vaccaro, A., Kimball, E. W., & Forester, R. (2021). "It's dude culture": Students with minoritized identities of sexuality and/or gender navigating STEM majors. *Journal of Diversity in Higher Education, 14*(3), 340–352. https://doi.org/10.1037/dhe0000171

Neville, H.A., Ruedas-Gracia, N., Andi Lee, B., Ogunfemi, N., Maghsoodi, Mosley, D.V., LaFramboise, T.D., Fine, M. (2021). The Public Psychology for Liberation Training Model: A Call to Transform the Discipline. *American Psychologist, 76*(8), 1248-1265. https://doi.org/10.1037/amp0000887

NYU Libraries (2022, May 25). *Occupational Therapy and Rehabilitation Sciences.* https://guides.nyu.edu/databasesOT

Page, M.J., McKenzie, J.E., Bossuyt, P.M., Boutron, I., Hoffmann, T.C., Mulrow, C.D., et al. (2020). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021 *372*(71). https://doi.org/10.1136/bmj.n71

Peltier, S. (2011). Providing culturally sensitive and linguistic appropriate services: An insider construct. *Canadian Journal of Speech-Language Pathology and Audiology, 35*(2), 126-134. https://www.cjslpa.ca/detail.php?lang=en&ID=1065

Pesco, D. (2014). Working with aboriginal children and families: Cultural responsiveness and beyond. *Canadian Journal of Speech-Language Pathology and Audiology, 38(2),* 144-151. https://www.cjslpa.ca/detail.php?ID=1147&lang=en

Peters, M.D.J, Godfrey, C., McInerney, P., Munn, Z., Tricco, A.C., Khalil, H. Chapter 11: Scoping Reviews (2020 version). In: Aromataris E, Munn Z (Editors). *JBI Manual For Evidence Synthesis*, JBI, 2020. https://doi.org/10.46658/JBIMES-20-12

Pillay, M., & Kathard, H. (2015). Decolonizing health professionals' education: audiology & speech therapy in South Africa. *African Journal of Rhetoric, 7*(1), 193-227. https://hdl.handle.net/10520/EJC172807

Pillay, M., & Kathard, H. (2018). Renewing Our Cultural Borderlands: Equitable Population Innovations for Communication (EPIC). *Topics in Language Disorders*, *38*(2), 143–160. https://doi.org/10.1097/TLD.0000000000000151

Pothier, D. & Devlin, R. (Eds.). (2006). *Critical disability theory: Essays in philosophy, politics, policy, and law*. UBC Press.

PRISMA (2021). *PRISMA Flow Diagram.* PRISMA Transparent Reporting of Systematic Reviews and Meta-Analyses. http://www.prisma-statement.org/PRISMAStatement/FlowDiagram

Rudman, D.L. (2018). Occupational therapy and occupational science: building critical and transformative alliances. *Brazilian Journal of Occupational Therapy, 26*(1), 241-249. http://dx.doi.org/10.4322/2526-8910.ctoEN1246

Sager, N. G. (2019). *Exploring the Attitudes and Beliefs of Audiology Students About People Who are Deaf or Hard of Hearing*. University of the Pacific, Dissertation. https://scholarlycommons.pacific.edu/uop_etds/3563

Sajnani, N. (2013). The Body Politic: The relevance of an intersectional framework for therapeutic performance research in drama therapy. *The Arts in Psychotherapy* (40), 382-385. https://doi.org/10.1016/j.aip.2013.05.001

Sajnani, N. (2016). A critical aesthetic paradigm in drama therapy. In C. Holmwood, & S. Jennings (Eds.), *Routledge international handbook of dramatherapy* (pp. 145-159), Taylor & Francis Group.

Shamseer, L., Moher, D., Clarke, M., Ghersi, D., Liberati, A., Petticrew, M., Shekelle, P., Stewart, L.A., PRISMA-P Group. (2015). Preferred reporting items for systematic review

and meta-analysis protocols (PRISMA-P) 2015: elaboration and explanation. *British Medical Journal,* 349, 1-25. https://doi.org/10.1136/bmj.g7647

Simpson, L. B. (2017). *As we have always done: Indigenous freedom through radical resistance.* University of Minnesota Press.

Singh, A.A. (2016). Moving From Affirmation to Liberation in Psychological Practice With Transgender and Gender Nonconforming Clients, American Psychologist, 71(8), 755–762. http://dx.doi.org/10.1037/amp0000106

Singh, A. A. (2019). *The racial healing handbook: Practical activities to help you challenge privilege, confront systemic racism, and engage in collective healing*. New Harbinger Publications.

Singh, A. A., Appling, B., Trepal, H. (2020). Using the Multicultural and Social Justice Conseling Competencies to Decolonize Counseling Practice: The Important Roles of Theory, Power and Action. *Journal of Counseling & Development, 98,* 261-271. https://doi.org/10.1002/jcad.12321

St. Pierre, J., & St. Pierre, C. (2018). Governing the voice: A critical history of speech-language pathology. *Foucault Studies, 24*, 151-184. https://doi.org/10.22439/fs.v0i24.5530

Tricco, A.C., Lillie, E., Zarin, W., O'Brien, K.K., Colquhoun, H., Levac, D., Moher, D., Peters, M.D., Horsley, T., Weeks, L., Hempel, S., et al. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine, 169*(7), 467-473. https://doi.org/10.7326/M18-0850

UNC Health Sciences Library (2023). *Covidence: About covidence*. UNC University Libraries. Retrieved September 13, 2023, from https://guides.lib.unc.edu/Covidence

Vowel, C. (2016). *Indigenous writes: A guide to First Nations, Métis & Inuit issues in Canada.* Highwater Press.

Way, N., Ali, A., Gilligan, C., Noguera, P. (2018). *The crisis of connection: Roots, consequences, and solutions.* New York University Press.

Weitzel, J., Luebke, J., Wesp, L., Del Carmen Graf, M. Ruiz, A., Dressel, A., Mkandawire-Valhmu, L. (2020). The role of nurses as allies against racism and discrimination: An analysis of key resistance movements of our time. *Advances in Nursing Science, 43*(2), 102-113. https://doi.org/10.1097/ANS.0000000000000290

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

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Article Information

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](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; Sajnani, 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:
What CSD literature applied a critical analysis?

Critical Analysis:
4) What systems of oppression are authors identifying?
5) Which marginalized group(s) are the authors focusing on (e.g., migrants)?
6) What recommendations do the authors make to counter the system of oppression which is impacting the given marginalized group(s)?

Additional Information:
5) What is the literature/study type?
6) What year was this literature published in?
7) What discipline does the article/chapter focus on (Aud, CHA, SLP)?
8) What country/countries does the article/chapter focus on?

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

Figure 1. Prisma Flow Chart
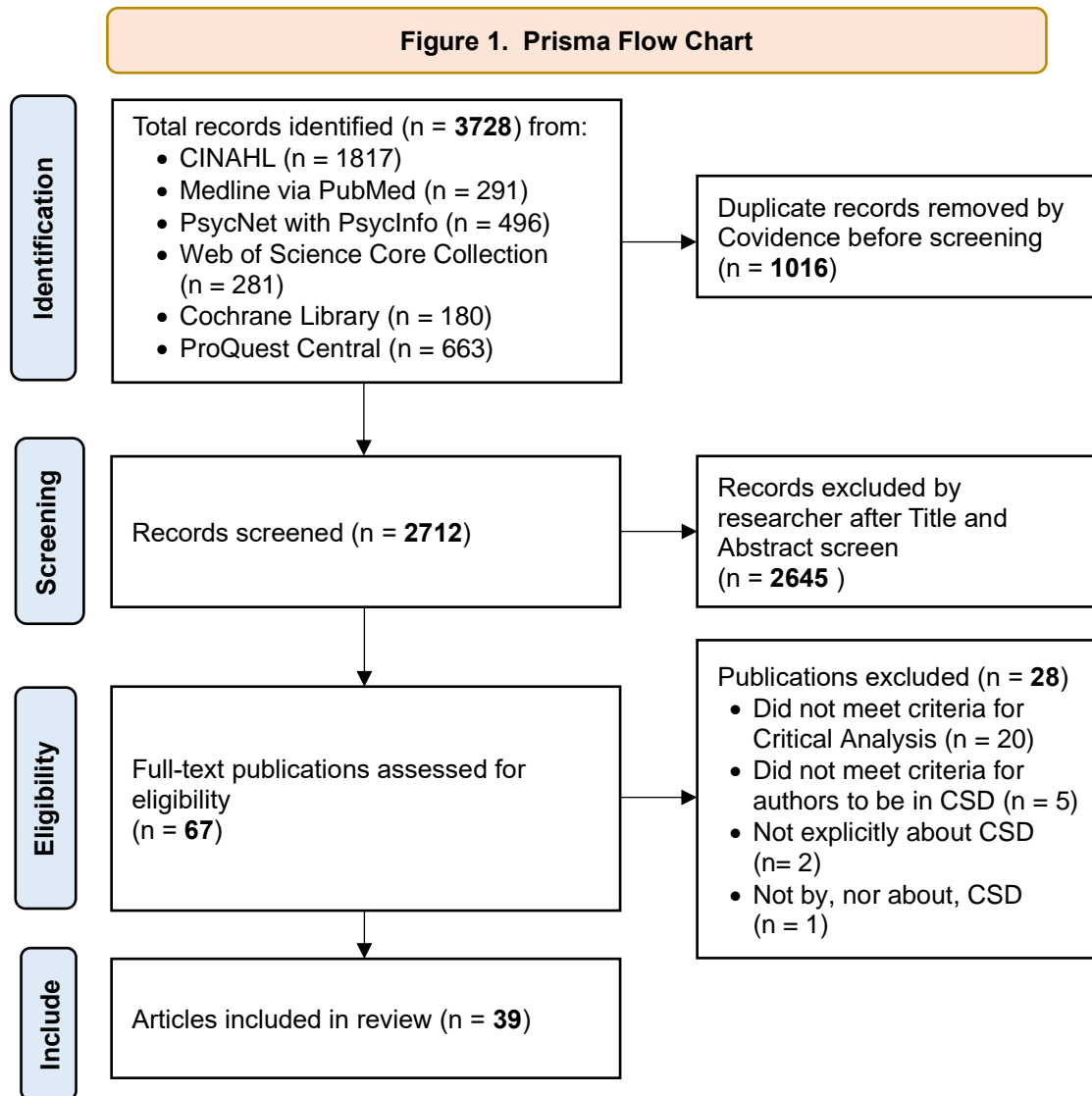
Data Analysis and Potential Biases

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 disablism 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 (Guerrerro-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
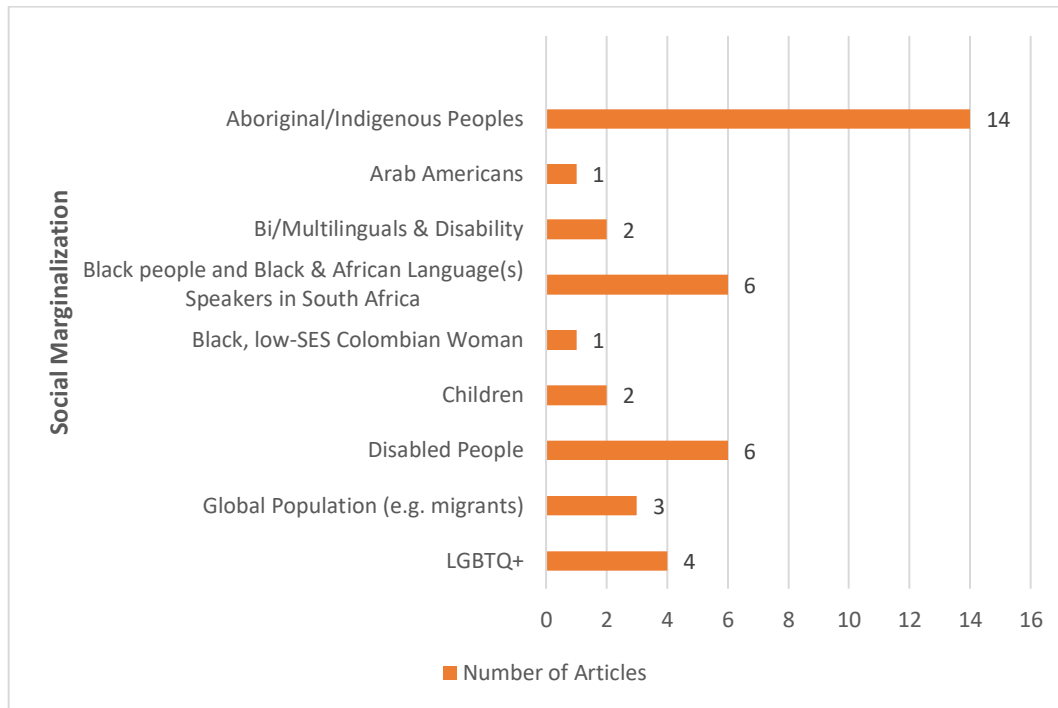
Figure 4

Number of Included Articles Related to Social Marginalization and a Specific Disability
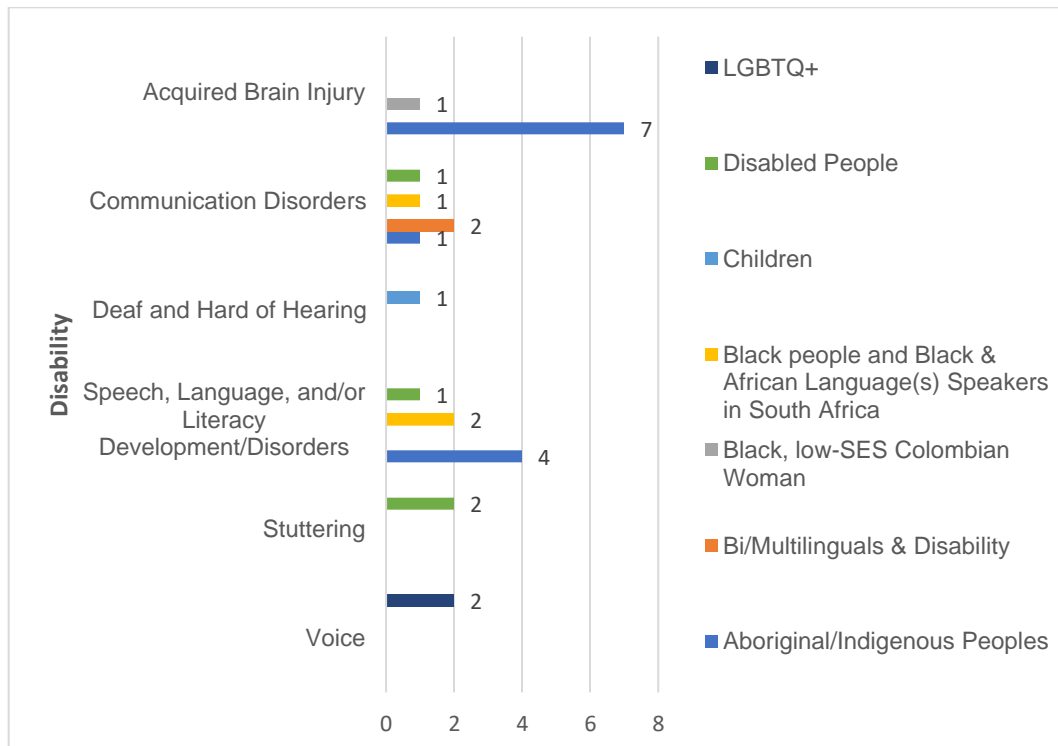
Disability. Six disabilities emerge in this critical landscape: a) acquired brain injury, including aphasia related to stroke (n = 8, 32%) (Armstrong et al., 2019; Brewer et al., 2016; Brewer et al., 2020; Guerrerro-Arias, et al., 2020; McLellan, et al., 2014; Penn & Armstrong, 2017; Penn et al., 2017; Purdy, 2020), b) communication disorders/disability (n = 5, 20%) (Brewer, 2017; Kathard & Pillay, 2003; Pound, 2011; Simon-Cereijido, 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; Gillipsie, 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
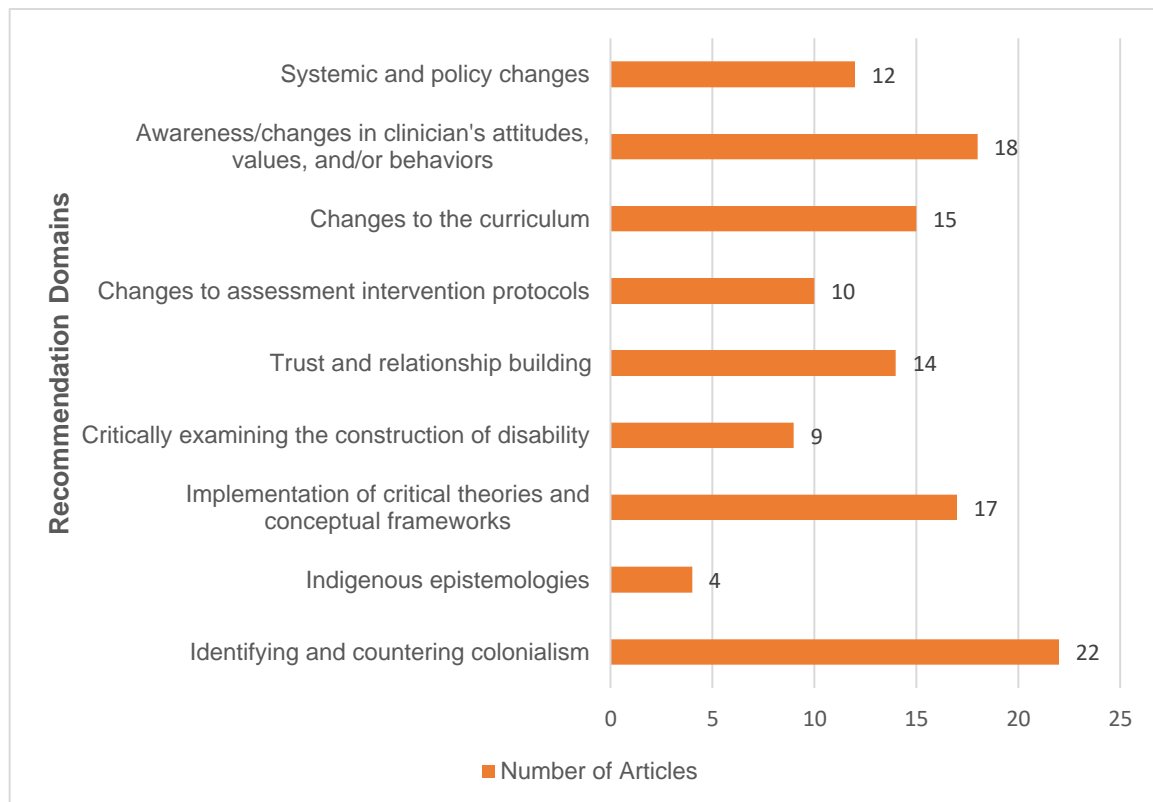
Some articles discuss recommendations for clinical services for Indigenous people with acquired brain injury, including as a result of stroke (Penn et al., 2017; Armstrong et al., 2019; Brewer et al., 2016; Brewer et al., 2020; Penn & Armstrong, 2017), in the context of ongoing consequences of colonialism 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. Daughrity, 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.

References

Abrahams, K., Mallick, R., Hohlfeld, A., Suliaman, T., & Kathard, H. (2022). Emerging
professional practices focusing on reducing inequity in speech-language therapy and
audiology: a scoping review protocol. *Systematic Reviews, 11*(74), 1-
7. https://doi.org/10.1186/s13643-022-01953-0

Allison-Burbank, J. (2016). Historical influences on health care and education in Native
American communities. *Perspectives of the ASHA Special Interest Groups, 1*(14), 81-86.
https://doi.org/10.1044/persp1.SIG14.81

Andrews, E. E., Ayers, K. B., Brown, K. S., Dunn, D. S., & Pilarski, C. R. (2021). No body is
expendable: Medical rationing and disability justice during the COVID-19 pandemic.
American Psychologist, 76(3), 451–461. https://doi.org/10.1037/amp0000709

Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework.
International Journal of Social Research Methodology, 8, 19-32.
https://doi.org/10.1080/1364557032000119616

Armstrong, E., Coffin, J., McAllister, M., Hersh, D., Katzenellenbogen, J.M., Thompson, S.C.,
Ciccone, N., Flicker, L., Cross, N., Arabi, L., Woods, D., & Hayward, C. (2019). I've got to
row the boat on my own, more or less': Aboriginal Australian experiences of traumatic brain
injury. *Brain Impairment, 20*, 120-136. https://doi.org/10.1017/BrImp.2019.19

Aromataris, E., & Muzz, Z. (2020, September 20). JBI manual for evidence synthesis. *JBI.*
https://doi.org/10.46658/JBIMES-20-01

Asakura, K. Strumm, B., Todd, S., & Varghese, R. (2020). What does social justice look like
when sitting with clients? A qualitative study of teaching clinical social work from
a social justice perspective. *Journal of Social Work Education, 56*(3), 442-
455. https://doi.org/10.1080/10437797.2019.1656588

Azul, D. & Zimman, L. (2022). Innovation in speech-language pathology research and writing:
Transdisciplinary theoretical and ethical perspectives on cultural responsiveness.
International Journal of Speech-Language Pathology, 24(5), 460-471.
https://doi.org/10.1080/17549507.2022.2084160

Bianchi, R. V. (2009). The 'critical turn' in tourism studies: A radical critique.
Tourism Geographies, 11(4), 484-504, https://doi.org/10.1080/14616680903262653

Brea-Spahn, M.R. (2021). *BLLING: Learning as Belonging.* The ASHA LeaderLive.
https://leader.pubs.asha.org/do/10.1044/leader.AE.26012021.36/full/

Brewer, K. M., McCann, C. M., & Harwood, M. L. (2016). The complexities of designing therapy
for Māori living with stroke-related communication disorders. *The New Zealand medical
journal,129*(1435), 75-82.

Brewer, K. M. (2017). Clinical Insights from research with New Zealand Māori. *Journal of
Clinical Practice in Speech-Language Pathology, 19*(1): 9-13.

Brewer, K. M., McCann, C. M., & Harwood, M. L. N. (2020). Working with Māori adults with
aphasia: An online professional development course for speech-language therapists.
Aphasiology, *34*(11), 1413–1431. https://doi.org/10.1080/02687038.2020.1738329

CAPCSD (2021, May, 3). Proposed resolution concerning systemic racism, exclusion, and
inequity in speech, language and hearing, admission and retention, curricula, pedagogy,

and clinical practices. *CAPCSD: Council of Academic Programs in Communication Sciences and Disorders.* https://growthzonesitesprod.azureedge.net/wp-content/uploads/sites/1023/2021/05/Resolution-on-Racism-Board-Passed-by-Member-Programs-May-3-2021.pdf

Cogburn, C.D. (2019). Culture, race, and health: Implications for racial inequities and population health. *The Milbank Quarterly, 97*(3), 736-761. https://doi.org/10.1111%2F1468-0009.12411

Collins, P.H. (2017). On violence, intersectionality and transversal politics. *Ethnic and Racial Studies 40*(9), 1460-1473. https://doi.org/10.1080/01419870.2017.1317827

Collins, P. H. & Bilge, S. (2016). *Intersectionality.* Polity Press.

Corneau, S. & Stergiopoulos, V. (2014). More than being against it: Anti-racism and anti-oppression in mental health services. *Transcultural Psychiatry, 49*(2), 261-282. https://doi.org/10.1177/1363461512441594

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum, 1989*(1), 139-167. https://philpapers.org/archive/CREDTI.pdf?ncid=txtlnkusaolp00000603

Crenshaw, K. (1990). Mapping the margins: Intersectionality, identity politics, and violence against Women of Color. *Stanford Law Review, 43*(6), 1241-1299. https://doi.org/10.2307/1229039

Daughrity, B. (2020, August 6). Standing up, speaking out for racial justice. *The ASHA LeaderLive, August-September*. https://leader.pubs.asha.org/do/10.1044/leader.FTR2.25082020.52/full/?ltclid=

Dominelli, L. (2002). Anti oppressive social work theory and practice. Palgrave MacMillan.

Donaldson, A. L., Chabon, S., Lee-Wilkerson, D., & Kapantzoglou, M. (2017). Mirror, mirror on the wall: Reflections on speech-language pathologists' image as advocates, activists, and aides. *Psychology in the Schools*, *54*(10), 1285–1293. https://doi.org/10.1002/pits.22083

Ellis, C., & Jacobs, M. (2021). The complexity of health disparities: More than just Black-White differences. *Perspectives of the ASHA Special Interest Groups, 6*(1), 112-121. https://doi.org/10.1044/2020_PERSP-20-00199

Gillispie, M. (2016). Need for culturally responsive literacy instruction in Native American communities. *Perspectives of the ASHA Special Interest Groups*, *1*(14), 56–68. https://doi.org/10.1044/persp1.SIG14.56

Goggin, G. & Ellis, K. (2020). Disability, communication, and life itself in the Covid-19 pandemic. *Health Sociology Review, 29*, 168-176. https://doi.org/10.1080/14461242.2020.1784020

Gould, J. (2008). The affects of language assessment policies in speech-language pathology on the educational experiences of indigenous students. *Current Issues in Language Planning*, *9*(3), 299–316. https://doi.org/10.1080/14664200802139562

Grenier, M.L. (2020). Cultural competency and the reproduction of White supremacy in occupational therapy education. *Health Education Journal, 79*(6), 1-2. https://doi.org/10.1177/0017896920902515

Grenier, M.-L., Zafran, H., & Roy, L. (2020). Current landscape of teaching diversity

in occupational therapy education: A scoping review. *American Journal of Occupational Therapy, 74*(6), 1-15. https://doi.org/10.5014/ajot.2020.044214

Grzanka, P.R., & Cole, E.R. (2021). An argument for bad psychology: Disciplinary disruption, public engagement, and social transformation. *American Psychologist, 76*(6), 1334-1345. https://psycnet.apa.org/doi/10.1037/amp0000853

Guerrero-Arias, B. E., Agudelo-Orozco, A., & Pava-Ripoll, N. A. (2020). Intersectional identity chronotopes: Expanding the disability experience. *Disability & Society, 35*(10), 1660-1681. https://doi.org/10.1080/09687599.2020.1719041

Guevara, A. (2021). The need to reimagine disability rights law because the medical model of disability fails us all. *Wisconsin Law Review, 2021*(2), 269-292. https://wlr.law.wisc.edu/volume-2021-no-2-symposium/

hooks, b. (1984). *Feminist theory: From margin to center*. South End Press.

hooks, b. (2000). Remembered rapture: Dancing with words. *JAC, 20* (1), 1-8. https://www.jstor.org/stable/20866297

Hussain, F.N., Padia, L., Brea. M., & Sajnani, N. (2023a). Confronting pathology by revealing a critical landscape in Communication Sciences and Disorders: A scoping review protocol. *Journal of Critical Study of Communication and Disability, 1*(2), 53-69. https://doi.org/10.48516/jcscd_2023vol1iss2.30

Hussain, F.N., Padía, L., Brea, M.R., Sajnani, N. (2023b, June 10-15). *Recommendations from a critical landscape in the field of Communication Sciences & Disorders* [Conference paper]. Annual Meeting of the International Society of the Learning Sciences (ISLS): Building Knowledge and Sustaining our Community, Montreal, Canada. https://2023.isls.org/proceedings/.

Hyter, Y. D. (2014). A conceptual framework for responsive global engagement in communication sciences and disorders. *Topics in Language Disorders*, *34*(2), 103–120. https://doi.org/10.1097/TLD.0000000000000015

Jacob, M., & Cox, S. R. (2017). Examining transgender health through the international classification of functioning, disability, and health's (ICF) contextual factors. *Quality of Life Research*, *26*(12), 3177–3185. https://doi.org/10.1007/s11136-017-1656-8

Jacquez, F., Dutt, A., Manirambona, E., & Wright, B. (2021). Uniting liberatory and participatory approaches in public psychology with refugees. *American Psychologist, 76*(8). 1280-1292. https://doi.org/10.1037/amp0000835

Kathard, H., & Pillay, M. (2013). Promoting change through political consciousness: A South African speech-language pathology response to the world report on disability. *International Journal of Speech-Language Pathology*, *15*(1), 84–89. https://doi.org/10.3109/17549507.2012.757803

Khamis-Dakwar, R., & DiLollo, A. (2018). Critical thinking in facilitating the development of cultural competence in speech pathology: A training module based on a review of resources of Arab Americans. *Perspectives of the ASHA Special Interest Groups, 3*(1), 5-18. https://doi.org/10.1044/persp3.SIG14.5

Khoza-Shangase, K., & Mophosho, M. (2018). Language and culture in speech-language and hearing professions in South Africa: The dangers of a single story. *South African Journal of Communication Disorders*, *65*(1), 1-7. https://doi.org/10.4102/sajcd.v65i1.594

Koleszar-Green, R. (2018). What is a Guest? What is a Settler? *Cultural and Pedagogical*

Inquiry, 10(2), 166-177.

Leahy, M. M., O'Dwyer, M., & Ryan, F. (2012). Witnessing stories: Definitional ceremonies in narrative therapy with adults who stutter. *Journal of Fluency Disorders*, *37*(4), 234–241. https://doi.org/10.1016/j.jfludis.2012.03.001

Malherbe, N. (2020). Community psychology and the crisis of care. *Journal of Community Psychology, 48*(7), 2131-2137. https://doi.org/10.1002/jcop.22427

McLellan, K. M., McCann, C. M., Worrall, L. E., & Harwood, M. L. N. (2014). Māori experiences of aphasia therapy: "But I'm from Hauiti and we've got shags." *International Journal of Speech-Language Pathology*, *16*(5), 529–540. https://doi.org/10.3109/17549507.2013.864334

Mogul, J.L., Ritchie, A.J., Whitlock, K. (2011). *Queer (In)Justice: The criminalization of* LGBTQ people in the United States. Beacon Press.

Moonsamy, S., Mupawose, A., Seedat, J., Mophosho, M., & Pillay, D. (2017). Speech-language pathology and audiology in South Africa: reflections on transformation in professional training and practice since the end of apartheid. *Perspectives of the ASHA Special Interest Groups*, *2*(17), 30–41. https://doi.org/10.1044/persp2.SIG17.30

Napoli, M. (2019). Ethical contemporary art therapy: honoring an American Indian perspective. *Journal of the American Art Therapy Association, 36*(4), 175-182. https://doi.org/10.1080/07421656.2019.1648916

Navsaria, I., Pascoe, M., & Kathard, H. (2011). "It's not just the learner, it's the system!" Teachers' perspectives on written language difficulties: Implications for speech-language therapy. *South African Journal of Communication Disorders*, *58*(2), 95. https://doi.org/10.4102/sajcd.v58i2.31

Ng, S. L., Friesen, F., Maclagan, E., Boyd, V., & Phelan, S. (2014). A critical theory response to empirical challenges in report-writing: Considerations for clinical educators and lifelong learners. *Educational Audiology Association Journal, 20*. https://edaud.org/read-the-journal/#2014

Niesz, T., Korora, A.M., Walkuski, C.B., & Foot, R.E. (2018). Social movements and educational research: toward a united field of scholarship. *Teachers College Record, 120*, 1-42. http://doi.org/10.1177/016146811812000305

Odonkor, C., Sholas, M., Verduzco-Gutierrez, M., Zafonte, R. & Silver, J. (2020). African American patient disparities in COVID-19 outcomes: A call to action for physiatrists to provide rehabilitation care to Black survivors. *American Journal of Physical Medicine & Rehabilitation, 9*(11), 986-987. https://doi.org/10.1097/PHM.0000000000001568

Page, M.J., McKenzie, J.E., Bossuyt, P.M., Boutron, I., Hoffmann, T.C., Mulrow, C.D., et al. (2020). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ* 2021 *372*(71). https://doi.org/10.1136/bmj.n71

Pascoe, M., Mahura, O., & Rossouw, K. (2020). Transcribing and transforming: Towards inclusive, multilingual child speech training for South African speech-language therapy students. *Folia Phoniatrica et Logopaedica*, *72*(2), 108–119. https://doi.org/10.1159/000499427

Peltier, S. (2008). Editorial. *Clinical Linguistics & Phonetics*, *22*(8), 567-569. https://doi.org/10.1080/02699200802221976

Peltier, S. (2011). Providing culturally sensitive and linguistic appropriate services: An insider construct. *Canadian Journal of Speech-Language Pathology and Audiology, 35*(2), 126-134.

Penn, C. (2004). "Festina lente": A case for making haste slowly in reflective practice. A response to Ferguson and Armstrong. *International Journal of Language & Communication Disorders, 39*(4), 490-497.

Penn, C., & Armstrong, E. (2017). Intercultural aphasia: New models of understanding for Indigenous populations. *Aphasiology*, 1–32. https://doi.org/10.1080/02687038.2016.1213788

Penn, C., Armstrong, E., Brewer, K., Purves, B., McAllister, M., Hersh, D., Godecke, E., Ciccone, N., & Lewis, A. (2017). Decolonizing speech-language pathology practice in acquired neurogenic disorders. *Perspectives of the ASHA Special Interest Groups*, *2*(2), 91–99. https://doi.org/10.1044/persp2.SIG2.91

Pesco, D. (2014). Working with Aboriginal children and families: Cultural responsiveness and beyond. *Canadian Journal of Speech-Language Pathology and Audiology, 38(2),* 144-151. https://www.cjslpa.ca/detail.php?ID=1147&lang=en

Peters, M. D. J., Godfrey, C., McInerney, P., Munn, Z., Tricco, A.C., & Khalil, H. (2020) Chapter 11: Scoping reviews (2020 version). In: Aromataris E, Munn Z (Editors). *JBI Manual for Evidence Synthesis*, JBI, 2020. https://doi.org/10.46658/JBIMES-20-12

Pillay, M. (1998). Developing critical practice: A South African perspective. *International Journal of Language & Communication Disorders, 33*, 84-89. https://doi.org/10.3109/13682829809179402

Pillay, M. (2003). Cross-Cultural Practice: What is it *really* about? *Folia Phoniatrica et Logopaedica*, *55*(6), 293–299. https://doi.org/10.1159/000073252

Pillay, M., & Kathard, H. (2015). Decolonizing health professionals' education: Audiology & speech therapy in South Africa. *African Journal of Rhetoric, 7*(1), 193-227. https://hdl.handle.net/10520/EJC172807

Pillay, M., & Kathard, H. (2018). Renewing our cultural borderlands: Equitable population innovations for communication (EPIC). *Topics in Language Disorders*, *38*(2), 143–160. https://doi.org/10.1097/TLD.0000000000000151

PRISMA (2021). *PRISMA Flow Diagram.* PRISMA Transparent Reporting of Systematic Reviews and Meta-Analyses. http://www.prisma-statement.org/PRISMAStatement/FlowDiagram

Purdy, S. C. (2020). Communication research in the context of *te whare tapa whā* model of health. *International Journal of Speech-Language Pathology*, *22*(3), 281–289. https://doi.org/10.1080/17549507.2020.1768288

Rappolt-Schlichtmann, G., Boucher, A. R., & Evans, M. (2018). From deficit remediation to capacity building: Learning to enable rather than disable students with dyslexia. *Language, Speech, and Hearing Services in Schools*, *49*(4), 864–874. https://doi.org/10.1044/2018_LSHSS-DYSLC-18-0031

Rudman, D.L. (2018). Occupational therapy and occupational science: Building critical and transformative alliances. *Cadernos Brasileiros de Terapia Ocupacional, 26*(1), 241-249. https://doi.org/10.4322/2526-8910.ctoEN1246

Saia, T., Nerlich, A. P., & Johnston, S. P. (2021). Why not the "new flexible"?: The argument

for not returning to "normal" after COVID-19. *Rehabilitation Counselors and Educators Journal*, *11*(1). https://doi.org/10.52017/001c.28332

Sajnani, N. (2013). The Body Politic: The relevance of an intersectional framework for therapeutic performance research in drama therapy. *The Arts in Psychotherapy, 40*, 382-385. https://psycnet.apa.org/doi/10.1016/j.aip.2013.05.001

Sayre, D.N. (2022). Care work and social justice in creative arts therapy: Putting queer performance theory and disability justice in conversation with drama therapy. *The Arts in Psychotherapy, 80, 1-6.* https://doi.org/10.1016/j.aip.2022.101940

Shefcik, G., & Tsai, P.-T. (2021). Voice-related experiences of nonbinary individuals (VENI) development and content validity. *Journal of Voice*, 37(2), 1-9. https://doi.org/10.1016/j.jvoice.2020.12.037

Simpson, L. B. (2017). *As we have always done: Indigenous freedom through radical resistance.* University of Minnesota Press.

Simon-Cereijido, G. (2018). Bilingualism, a human right in times of anxiety: Lessons from California. *International Journal of Speech-Language Pathology, 20*, 157-160. https://doi.org/10.1080/17549507.2018.1392610

Singh, A. A. (2019). *The racial healing handbook: Practical activities to help you challenge privilege, confront systemic racism, and engage in collective healing*. New Harbinger Publications.

Singh, A. A., Appling, B., & Trepal, H. (2020). Using the multicultural and social justice counseling competencies to decolonize counseling practice: The important roles of theory, power and action. *Journal of Counseling & Development, 98,* 261-271. https://doi.org/10.1002/jcad.12321

Smith, C. J. (2020). Culturally competent care for transgender voice and communication intervention. *Perspectives of the ASHA Special Interest Groups*, *5*(2), 457–462. https://doi.org/10.1044/2020_PERSP-19-00117

Surmitis, K.A., Fox, J., & Gutierrez, D. (2018). Meditation and appropriation: Best practices for counselors who utilize meditation. *Counseling and Values, 63*, 4-16. https://doi.org/10.1002/cvj.12069

Taylor, S., Barr, B.-D., O'Neal-Khaw, J., Schlichtig, B., & Hawley, J. L. (2018). Refining your queer ear: Empowering LGBTQ+ clients in speech-language pathology practice. *Perspectives of the ASHA Special Interest Groups*, *3*(14), 72–86. https://doi.org/10.1044/persp3.SIG14.72

Tönsing, K. M., & Soto, G. (2020). Multilingualism and augmentative and alternative communication: Examining language ideology and resulting practices. *Augmentative and Alternative Communication*, *36*(3), 190–201. https://doi.org/10.1080/07434618.2020.1811761

Tricco, A.C., Lillie, E., Zarin, W., O'Brien, K.K., Colquhoun, H., Levac, D., Moher, D., Peters, M.D., Horsley, T., Weeks, L., Hempel, S., et al. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine, 169*(7), 467-473. https://doi.org/10.7326/M18-0850

Tuck, E., & Yang, K.W. (2012). Decolonization is not a metaphor. *Decolonization: Indigeneity, Education & Society, 1*(1)*,* 1-40. https://jps.library.utoronto.ca/index.php/des/article/view/18630

Vowel, C. (2016*). Indigenous writes: A guide to First Nations, Métis & Inuit issues in Canada.* Highwater Press.

Watermeyer, B. & Kathard, H. (2016). To be or not to be: Stuttering and the human costs of being "un-disabled." *International Journal of Speech-Language Pathology*, *18*(1), 11–19. https://doi.org/10.3109/17549507.2015.1060528

Weitzel, J., Luebke, J., Wesp, L., Del Carmen Graf, M. Ruiz, A., Dressel, A., & Mkandawire-Valhmu, L. (2020). The role of nurses as allies against racism and discrimination: An analysis of key resistance movements of our time. *Advances in Nursing Science, 43*(2), 102-113. https://doi.org/10.1097/ANS.0000000000000290

Wonkka, A. & Grandbois, K. (Hosts). (2021, March). Language ideology and linguistic diversity in speech and language pathology [Audio podcast episode]. In *SLP Nerdcast*. Grandbois Therapy + Consulting, LLC. https://www.slpnerdcast.com/episodes/linguistic-diversity

Yu, B., Horton, R., Munson, B., Newkirk-Turner, B.L., Johnson, V.E., Khamis-Dakwar, R., Muñoz, M.L., & Hyter, Y.D. (2021). Making race visible in the speech, language, and hearing sciences: A critical discourse analysis. *American Journal of Speech-Language Pathology, 31,* 578-660. https://doi.org/10.1044/2021_AJSLP-20-00384

Zingelman, S., Pearce, W. M., & Saxton, K. (2020). Speech-language pathologists' perceptions and experiences when working with Aboriginal and Torres Strait Islander children. *International Journal of Speech-Language Pathology*, *23*(3), 225-235. https://doi.org/10.1080/17549507.2020.1779345

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	Guerrrero-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 -Adultism	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 Africaans	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-Cereijido, 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)	✓

				-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	✔

Preferences for Person-First Language and Identity-First Language in Autistic Communities

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Abstract

The purpose of this study was to investigate and describe the preferences for identity-first language (IFL) and person-first language (PFL) in autistic individuals and their parents or caregivers. A 25-question online survey was distributed via REDCap to identify preferences for these terms and further understand the characteristics of respondents and their perspectives regarding these two terms. The 53 respondents who participated in the survey represented a range of ages from 16 to 58. Findings indicated that most autistic individuals and their parents preferred IFL over PFL. However, the responses from the parent group were more heterogeneous, with greater acceptance of PFL. Additionally, many autistic individuals stated that they had no desire to reduce, alleviate, or cure their symptoms associated with autism. In contrast, most of the parent group expressed the opposite view. Thematic analysis was used to analyze and discuss other traits and factors that were identified as possible influences on terminology preference. Autistic individuals and parents of autistic children prefer identity first language. These preferences can be influenced by age of diagnosis, gender, and perspectives on autism.

Keywords

Disability; identity first language; person first language; autism; culture

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Positionality Statements

Positionality Statements can be found at the end of the article.

It is vital for education and healthcare professionals to understand how to provide culturally competent services to individuals within *disability culture*. According to data from the 2021 American Community Survey, approximately 42.6 million people, or 13.7% of U.S. citizens, have a long-lasting health condition or disability (Erickson et al., 2023). Disability is considered socially constructed and encompasses chronic impairments that affect daily routines and functioning (World Health Organization, 2013).

Disability culture is an overarching term that identifies a diverse group of people made up of subgroups of specific disability types, such as Deaf culture (Leigh et al., 2020; Padden et al., 2009). Self-advocates within disability culture often celebrate their differences from the mainstream population, advocating for accessibility and promoting understanding within the non-disabled community (Ferguson & Nusbaum, 2012; Goodley et al., 2019). The conceptualization of disability as an identity can directly affect specific aspects of one's behaviors, beliefs, and attitudes (Riddell & Watson, 2014). Understanding more about the types of frameworks, approaches, concepts, and language used to examine and discuss disability will prove to be helpful in guiding professional practice and providing treatment that respects autonomy and recognizes the individuality and self-agency of those with disabilities (Smart, 2003).

Disability Framework

It is vitally important that health care professionals understand the underlying assumptions of historical and current disability frameworks. Such knowledge can guide clinical practice when considering patient preferences and environmental factors that affect services (Smart, 2003).

Historically, the medical model was used to guide a great deal of research, policy, and practice concerned with services and resources for individuals with a disability. The medical model of disability, also sometimes understood as the "personal tragedy model" (Thomas & Woods, 2003), came to prominence in the 19th century (Dunn & Andrews, 2015; Retief & Letšosa, 2018). Proponents of this model viewed disability as a primarily physical (as opposed to mental) condition. They may also have pathologized and objectified disabled individuals (Smart & Smart, 2006). During this period, when disabled individuals were sent to live in institutions, they often experienced abuse, were isolated from their families, and were called "mentally retarded," "crippled," or "feeble-minded" by professionals (Dunn & Andrews, 2015). In the context of the medical model, professionals viewed disabled individuals as outsiders and focused their interventions on managing symptoms rather than treating the person as a whole, addressing activities of daily living (Retief & Letšosa, 2018), or modifying the individual's environment (Kasser & Lytle, 2013; Smart & Smart, 2006).

However, the social and identity models which view disability as a social construct are currently used to help guide our understanding

of disability across multiple disciplines (Wasserman & Aas, 2022). For the purposes of the current study, orientations rooted in the social and identity model of disability were used to guide its design and the interpretation of its findings.

Social Model

Inspired by the lack of empathy, limitations, and discrimination presented in the medical model, the social model, otherwise known as the minority model, began gaining momentum in the late 19th century and throughout the 20th century (D'Alessio, 2011). The social model proposes that individuals are not burdened or disabled because of their medical condition, but rather their difficulty stems from societal views of disability and lack of accessibility (Smart & Smart, 2006). The social model places responsibility for limiting individuals with disabilities on the values of society itself. It postulates that it is society that must change to inspire acceptance of individuals with disabilities (Barnes, Mercer & Shakespeare, 2010). The Union of the Physically Impaired Against Segregation (UPIAS) defined disability as a restriction in activity due to social constructs implemented by people who do not consider the needs of individuals with physical or cognitive impairments, and therefore excludes them from participation in social activities (UPIAS, 1976). This ideology that disability is the result of lack of accessibility provides a framework for patient care that addresses the environment in which services are received, rather than the impairments of the individual. It also recognizes that the environment extends beyond physical barriers and can include social, structural, and psychological factors.

In 1990, the Americans with Disabilities Act (ADA) was signed into law, prohibiting discrimination based on disability and requiring equal opportunities for employment,

accessibility, and participation in daily life (United States Department of Justice, 2008). As a result of ADA, public environments were retrofitted to increase accessibility in recognition that consideration of the environment can help to improve the participation of individuals with varying abilities. Rose and Meyer (2002) extended this principle of environmental concerns to learning, encouraging educators and professionals to shift their teaching strategies to make learning more accessible for everyone, regardless of ability level.

In 1991, social psychologist Beatrice A. Wright utilized the social model to create a new standard of language for psychologists and medical professionals: Person-First Language (PFL). Wright argued that by placing the person before the disability, emphasis is placed on the individual rather than the impairment, allowing them to be acknowledged apart from their medical condition (Dunn & Andrews, 2015).

Identity Model

The identity model has gained popularity throughout the 21st century. Like the social model, the identify model recognizes that disability is a social construct shaped by the environment and current policies. However, the identity model differs as it also asserts that disability should be celebrated as a unique attribute of individuality (Retief & Letšosa, 2018). The identity model establishes a conceptual framework for terminology related to disability by eliminating the assumption that disabilities are solely diseases to be cured, with an emphasis on language that acknowledges disability as an important dimension of one's identity. This model encourages recognition of the cultural aspects of disability as well, postulating that there are benefits to identifying as a member of a specific disability subculture. Like race, disability is marked as a marginalized identity in the recognition that there are certain

limitations placed on disabled individuals by the majority abled population. The underlying assumptions for this model center "disability" and view it as a positive characteristic of one's identity as opposed to a burden to the individual and their family. As the identity model values the positive aspects of a person's disability, the use of identity-first language (IFL) is encouraged within this framework. Identity-first language is a concept that recognizes one's disability as a core facet of one's personal identity. And this is an important shift in the perceptions of disability affecting preferences for terminology.

The view of disability as a culture also encourages and promotes self-advocacy to address barriers, accessibility, and ableism. Advocacy is another important aspect of disability culture and often stems from a desire to work towards the elimination of ableism or the othering, discrimination, and inaccessibility that these individuals face daily (Brown & Ramlackhan, 2020; Khasnabis et al., 2010). Affinity group membership based upon disability status has inspired many individuals to fight for change in policy to improve accessibility and acceptance within the non-disabled community.

Literature Review

Identity-first terminology places the identifying language on the disability, which is presented as a singular identifying noun, such as "Deaf," rather than a "person who is deaf." Advocates within the community have established the use of the uppercase "D" in "Deaf" to distinguish individuals who identify as a member of Deaf culture from those who identify as only having the audiological status of being deaf (National Association of the Deaf, 2023). Deaf culture is a prime example of disability as a culture and is reflective of the importance of incorporating aspects of disability

identity when providing services. Under this model, focus for treatment incorporates familial, personal, and environmental contexts that affect the functioning of the individual, including preferences for communication such as the use of American Sign Language (ASL).

PFL is a specified syntactical form where a noun such as person, individual, child, or adult, precedes the disability being described (e.g., "person with autism") (Gernsbacher, 2017). Since 2010, the American Psychological Association (APA) has suggested that healthcare professionals utilize PFL when referring to individuals with disabilities, noting that this standard of language use reduces biases in research writing, clinical practice, and educational settings (Dunn & Andrews, 2015). Despite the widespread use of this language concept within multiple disciplines of the medical community, many neurodiverse individuals have advocated for the use of IFL and have challenged professionals exclusively using PFL in clinical and medical practice (Dunn & Andrews, 2015).

Many self-advocates within various disability groups view disability as a core aspect of one's identity and so they have encouraged the use of IFL rather than PFL (Sinclair, 2013). Identity language recognizes an individual's disability as part of who they are by referring to the disability before the noun (e.g., "the autistic person," or just "autistic".) The APA has recently acknowledged the importance of disability identity and endorses the interchangeable use of IFL and PFL until a clear distinction of preference has been made (APA, 2019). Members of disability culture often suggest that PFL may further stigmatize the disability rather than prioritize the pride and sense of community often seen in disability culture (St. Louis, 1999). Therefore, the purpose of this study was to investigate and describe the preferences for IFL and PFL within

the autistic[1] community. In the proceeding sections, the authors discuss the role of the neurodiversity movement in advocating for identity first language and summarize findings from similar studies examining language preferences. Qualitative methodology using thematic analysis (Braun & Clarke, 2006; Clarke & Braun, 2018) is used to describe important information from a survey instrument used to examine preferences and perspectives on autism.

Identity, the Neurodiversity Movement, and Autism

Given concerns expressed by disability rights advocates, there also has been a push for the use of identity language associated with autism in the neurodiversity movement. According to Jaarsma and Welin (2012), the "neurodiversity claim" consists of two parts. The first idea stipulates that the vast spectrum of neurological conditions are simply variations of the human brain. These variations present typical, yet different ways of processing information, communicating, and existing. The second aspect of this claim advocates for change in policy to reduce discrimination and inaccessibility for these diverse individuals. This neurodiversity perspective is shared by some autistic advocates, communities, and groups, such as the Autistic Self Advocacy Network, and has received a great deal of support within disability studies and among disabled scholars (Savarese & Savarese, 2010; Sinclair, 2013).

IFL vs PFL and Autism

The neurodiversity movement is particularly popular within the autism community because a group of online autistics founded it in the 1990s (Ortega, 2009). According to Ortega (2009), self-advocates within this movement view differences as inseparable aspects of one's identity that should be celebrated and respected, rather than cured. Many advocates who align with the neurodiversity movement have expressed concerns with the use of PFL when referring to individuals with autism, stipulating that by saying "person with autism," it is implied that the person is trapped by their diagnosis (Jaarsma & Welin, 2012). Furthermore, autistic individuals and researchers now recognize that there is a "culture" of autism (Grandin & Panek, 2013; Mesibov & Shea, 2010; Sinclair, 2010). Autism presents with a range of complex differences affecting socialization, adaptive skills, and behavior that impact each individual and family differently. This diversity in how autism impacts families may result in differences between preferences for identifying language.

Within the last decade, several studies have examined perceptions of disability and identity within the autism community. For example, Kapp et al. (2013), Kenny et al. (2016), and Cooper et al. (2017) have provided helpful, foundational insights into the preferences of these individuals. In the study conducted by Kapp et al. (2013), the authors sought to understand the perceptions of disability within the autism community and to correlate beliefs with either the neurodiversity movement or the medical model of disability. The survey was distributed to autistic individuals as well as parents, siblings, and friends. The authors of the study found that individuals with autism and friends of individuals with autism were more likely to be aware of the neurodiversity

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[1] The authors are choosing to use identity-first language, in contrast to APA style conventions for person-first language, based on the results of the study.

movement than parents of an autistic person. Awareness of neurodiversity and self-identification as autistic was positively correlated with an increased likelihood of preferring IFL. However, parents of autistic people and friends or acquaintances of autistic people who were not exposed to the neurodiversity movement did not show a preference for either term. Regarding emotions toward autism, the researchers found that people who were aware of the neurodiversity movement had more positive emotions about autism than those who were not aware of the movement. It was also determined that being the parent of an autistic person was not correlated to positive or negative emotions about autism. This study shows the diverse nature of preferences for disability language within this population and presents a preliminary investigation of the factors that influence the development of preferences for identity language. Other studies indicate that the more time that caregivers, family, and friends spent with autistic individuals, the more likely they were to endorse use of IFL (Kenny et al., 2016).

Through an online survey, Cooper et al. (2017) sought to understand the relationships between identifying with autism as part of social identity, self-confidence, and psychological well-being. The study included responses from 272 participants with autism and 267 typically developing individuals. The participants in the study were over the age of 16. They self-identified as having a diagnosis of an Autism Spectrum Condition (ASC) such as Asperger's syndrome, high or low functioning autism, or pervasive developmental disorder (PDD). Data indicated that identifying as autistic was positively correlated with high personal self-esteem due to the group or collective self-esteem seen within the autism community (Cooper et al., 2017). Findings from this study suggest that adoption of a positive autistic

identity can improve self-esteem and therefore general well-being.

A recent study by Bury et al. (2020) explored preferences for identifying terminology in 198 autistic adults. This study utilized an online survey that included dual-format questions which allowed participants to identify and explain which terms they preferred and which they found offensive. Results showed that participants rated the terms 'autistic,' 'person on the autism spectrum' (highest preferred), and 'autistic person' as the least offensive and most preferred terms of the given choices (Bury et al., 2020). An analysis of short responses identified six themes present in the data: (a) autism as core to identity, (b) autism as part of identity, (c) the 'spectrum' reflecting diversity, (d) the rejection of stigmatizing, (e) medicalized language, and (f) pragmatics. Bury et al. (2020) discussed limitations of the study that were similarly reported in other online survey research (Cooper et al., 2017; Kapp et al., 2013; Kenny et al., 2016), such as being unable to confirm diagnosis, online format, and the self-selection method of recruitment. Such findings indicate that it is important to be sensitive to, and respectful of, each person's unique preferences for terminology.

The previous literature described in this study offers valuable, foundational insights into trends of preferences for IFL and PFL within the autistic community. These studies included autistic participants, those that identified as extended and immediate family members, and other related individuals and service providers who work closely with the autistic community. Only a few studies have included adolescent participants in work examining language preferences. Kapp et al. (2013) included participants ages 16 and older. Cooper et al. (2017), Bury et al. (2020), and Kenny (2016) included participants ages 18 and older. By understanding preferences for IFL and PFL across the lifespan, therapists,

teachers, and paraprofessionals can use such knowledge to provide culturally responsive services that better align with the autistic person's values and beliefs.

Previous studies indicate that while there is variability in the terminology preferences of autistic individuals and their families, many individuals, particularly those who are active in social and self-advocate groups, prefer IFL compared to PFL (Kapp et al., 2013). However, previous research has not conclusively identified the factors that affect each person's preference, such as the severity of autism, age of the autism identification, participation in various treatment approaches, year in school, and level of education (Bury et al., 2020; Cooper et al., 2017; Kapp et al., 2013; Kenny et al., 2016). By incorporating aspects of the individual's personal identity, environmental influences, and ability to participate in activities, educational and healthcare professionals will be able to prioritize treatment to fit the needs of the person, thereby improving outcomes and the quality of outcomes for the autistic community (WHO, 2013). To better understand language preferences for IFL and PFL, and to address the limitations of previous studies regarding perspectives guiding those preferences, we asked the following research questions:

> 1) Do autistic individuals and their caregivers prefer IFL or PFL?
> 2) Are there any demographic and background factors, beliefs, attitudes, or practices that influence the development of IFL or PFL preferences?

Information from the present study can help identify key areas of focus for awareness, training, and policy initiatives aimed at eliminating structural barriers by improving the knowledge base of educators, community service providers, legislators, and broader society.

Method

Participants

The study was approved by the institutional review board (IRB) of the Midwestern University. Participants targeted for inclusion in the study were autistic individuals, ages 14 and older, and parents/caregivers of autistic children. Inclusion criteria included a medical or educational diagnosis of autism, being a primary caregiver of an individual diagnosed with autism and being at least 14 years of age. Exclusion criteria included a self-diagnosis of autism and those with limited English proficiency. Participants were asked to complete an online survey questionnaire. Parents were allowed to assist their child in filling out the survey and were encouraged to ensure that the question responses were individual to the child. There was no financial compensation for participation. In the 10-week time span that the survey was available, 41 autistic teenagers and adults and 26 parents/caregivers initiated the survey. However, only 32 autistic individuals and 23 parents submitted partial or complete responses to all questions in the survey.

Recruitment

Online advertisements and direct e-mail were used to recruit participants for the study. Online advertisements were posted to autism-related websites, forums, and social networking platforms (e.g., Facebook). The snowball sampling method was utilized in which recipients of the survey were encouraged to forward the survey to potential participants or colleagues (Naderifar et al., 2017). E-mail advertisements were sent to SLPs and other

allied healthcare professionals who were current members of the National Student Speech Language Hearing Association (NSSLHA) and the American Speech-Language-Hearing Association (ASHA) Special Interest Groups 1, 12, and 14. This approach to recruitment encouraged each professional to send the survey information to their clients or others who could participate.

Procedures

The online survey was distributed using a web-based platform called REDCap (Research Electronic Data Capture; Harris et al., 2009). The REDCap survey software allowed participants with limited reading capabilities to utilize text-to-speech software while completing the survey. The survey contained a variety of questions that targeted information regarding demographics, level of autism severity (APA, 2012), preferences for identifying language, attitudes about autism, and other factors that may affect these preferences and attitudes. The survey included both multiple choice and open-ended questions that allowed the participants to elaborate on their answers (see Appendices A and B). Participants were not required to answer all questions, but for a participant's survey responses to be included in the sample they did need to officially "submit" the survey in RedCap.

Pilot Survey

A preliminary version of the survey was piloted with two autistic youths and their parent. These participants were asked to complete the survey and provide additional information regarding estimated time to complete, ease of navigating the survey, wording of the questions, order of the questions, and overall content of the survey. All three participants were able to complete the survey in 15-20 minutes and found that it was easy to navigate. The parent

who completed the survey commented that she needed additional clarification on how to complete the survey since she had more than one child with autism. This was judged to be an especially relevant comment given the evidence that autism has a genetic component. This feedback was incorporated within the revised version of the survey and a more specific question regarding the number of children with autism was added to the survey. In addition, a specific REDCap string was created so that if the participant indicated that they have more than one child diagnosed with autism, they were presented with the ability to provide requested information for each child on a question-by-question basis without having to complete multiple surveys.

Data Analysis

Quantitative

Descriptive statistics were used to analyze responses to demographic questions including age, gender, race, and level of education. Data regarding preferences for IFL or PFL were also calculated via frequency. A Chi-square test of homogeneity was used to answer research question one, by determining whether the distribution of responses for questions 11, 15, 16 (individual survey) and questions 13, 20, 21 (parent survey) differed across the two groups. There were three questions asked in surveys for both groups, but phrased differently and included: Do you prefer the term "person with autism" or "autistic"? Do you believe that there is a need to reduce or alleviate your (child's) symptoms associated with autism? If a cure was available, would you want it for yourself (your child/children)?

Qualitative

Thematic analysis (Braun & Clark, 2006) was used to examine all free response questions and answer research question two

regarding patterns of perceptions and experiences shared between and within participant groups. Overarching themes between responses were identified and categorized into coded groups to recognize patterns in the data based on the six-phase model created by Braun and Clark (2006). An inductive coding approach to thematic analysis was taken, allowing for detailed synthesis and analysis of data which were coded into categories in response to the research questions (Braun & Clark, 2006). Reflexivity, constant comparison, and discussion among the first two authors were used throughout the coding process and to reach agreement on themes and subthemes (see Appendix C).

Reflexivity

Reflexivity has been described as a dynamic, ongoing, and collaborative evaluation of the researchers' orientation and subjectivity in the process and context of constructing knowledge about phenomena under investigation (Holmes, 2020). Throughout the current investigation the authors engaged in reflexivity during all phases of the research process. The positionality statements at the end of this article provide an overview of our own subjectivity regarding disability and our outsider status (not being autistic). We were consistently reflecting on our own orientations and the feedback that we received from our pilot participants, those who reached out to indicate their interest in participating in the study, and the existing literature base. During the coding of the data, the interpretation of the data, and the writing up the findings, we were always discussing and integrating feedback, frequently seeking to understand and describe the autistic groups data and how to prioritize their perspectives. As outlined in the conclusion, we were very mindful of making sure that even in writing up our findings, that there was ongoing reflection and inclusion from

the autistic community working through language choices given the topic of the paper and the limitations of our own outsider status.

Coding

In phase one, we focused on familiarizing ourselves with the data to identify patterns throughout the participants' responses. Phase two incorporated the creation and mapping of preliminary codes by assigning a label to concepts, preferences, or experiences that were frequently expressed by participants. In phase three, these codes were clearly defined and analyzed to determine overarching patterns of ideas within the data sets to organize them into themes (i.e., overarching patterns) and subthemes (i.e., distinctions within identified themes). During phase four, the identified subthemes and themes were reviewed and modified to determine whether they could be broken down further to better organize the codes. In phases five and six, these themes and subthemes were named (Braun & Clark, 2006).

Results

Participant Characteristics

Participants in the individual group ranged in age from 16-56 years old ($M = 32.06$, $SD = 12.3$). Respondents reported that they were diagnosed with autism at a wide range of ages (3-43), with an average age of diagnosis at 28 years of age (median = 27, mode = 29). Participants were either diagnosed by a primary care physician/pediatrician (9.4%), psychologist/psychiatrist (87.5%), or by an IEP team (3.1%). Five participants, or 16.1% of the sample, reported that they were still in high school. Approximately 68% of respondents reported that they also had a mental or physical disability in addition to autism. Additional

participant demographics are reported in table one.

For the parent/caregiver group, ages ranged from 24-57 years old ($M = 38.83$, $SD = 8.15$). Parents reported having a range of one to four children, with an average of two children per household. Children of parents were either diagnosed by a primary care physician (39.3%), psychologist/psychiatrist (42.9%), or by an IEP team (17.8%) at 3 years old on average. The current age of the participants' children was an average of 9 years old. Additional demographic information for parent participants is reported in Table 1.

Research Question One: Frequency Data Forced Choice Responses

Table 2 provides an overview of participants' responses to questions 11, 15, 16 (individual survey) and questions 13, 20, 21 (parent survey). Of the total 54 participants who completed the survey, 18 parents (78% of sample) and 31 individuals (97% of sample) responded to questions 11 and 13 regarding preferences for IFL and PFL. Many of the autistic individuals preferred IFL, while there was greater diversity of preferences among the caregiver/parent group (See Table 2). The chi-square test of homogeneity indicated that the distribution of responses was not comparable, $\chi 2$ (2, N = 49) = 6.404, p = .041.

Participants in both groups were asked to identify whether it was important to them to be identified with their preferred term by service providers and professionals. Forty-four percent of the parents answered yes to the question, and 45.16% of autistic individuals responded similarly. When asked whether the participant thought they faced more challenges in their daily life due to their autism, 84.6% of autistic individuals responded "yes."

Table 1
Participant Gender, Race/Ethnicity, and Level of Education.

	Percentage of Autistic Individuals	Percentage of Parent/Caregivers
Gender	n = 32	n = 23
Male	53.1	13
Female	31.3	82.6
Non-binary	15.6	4.3
Race/Ethnicity	n = 32	n = 23
Multi-racial	3.1	0
Asian	3.1	0
Black or African American	3.1	8.7
White	84.4	65.2
Hispanic/Latino	6.3	26.1
Level of Education	n = 31	n = 23
Middle school	6.3	0
High school	21.9	4.3
Technical school	9.4	4.3
Community college	9.4	30.4
4-year college	31.3	43.5
Graduate/professional school	18.8	17.4

Note: The reported numbers (n) reflect how many participants responded to each given question.

Table 2
Frequency of Participant Responses to Multiple Choice Questions

	Percentage of Autistic Individuals	Percentage of Parent/Caregivers
Preferred Terminology		
"Person with Autism"	6.5	33.3
"Autistic"	64.5	38.9
No preference	29.0	27.8
Reduce/Alleviate Symptoms		
Yes	33.3	75
No	66.7	25
Hypothetical Cure for Autism		
Yes	16.7	73.3
No	83.3	26.7

Participants were also asked a forced-choice question regarding whether they had a desire to reduce or alleviate their own or their child's symptoms associated with autism. Sixteen parent/caregiver participants (70% of sample) and 30 autistic individual participants (94% of sample) responded to this question. The chi-square test of homogeneity indicated that the distribution of responses was not comparable, χ2 (1, N = 46) = 7.260, p = .007 (see Table 2). For the third forced-choice question, participants were asked whether they would want a cure for autism. Of the parent group, 15 participants responded to this question (65% of sample), while 30 autistic individuals (94% of sample) responded to this question. The chi-square test of homogeneity indicated that the distributions were not comparable, χ2 (1, N = 45) = 14.014, p < .001 (see Table 2).

Research Question Two: Thematic Analysis of Survey Data

Qualitative data were coded and analyzed utilizing thematic analysis (Braun & Clark, 2006). Short response questions were transcribed, coded, and organized into themes for autistic individuals and for parents of autistic individuals. We captured seven broad themes in the responses from autistic individuals and parents of autistic children. Five out of the seven themes shared by both groups included: identity, perceptions, supports, barriers, and socio-emotional well-being. The two unique themes for the autistic group were non-monolithic, adult aspirations/responsibilities. The two unique themes for the parent group were 'desired traits' and 'parenting challenges'.

Autistic Individuals: Survey Themes

Autistic Communities are not Monolithic. This theme captures the idea that there are various perspectives, attitudes, and preferences of individuals with autism/autistic individuals. For example, one participant stated, *"Because you've met one person with autism only means you've met one person with autism. We are each very unique and individual cases and can experience autism all very differently than one another."* Given the vast array of differences within these communities, many participants commented on this idea of the variability of perspectives.

Identity and Autism. The idea that the autistic community has varying views regarding the importance of their autism in their lives was highlighted within this theme. This theme encompassed subthemes in accordance with the ideas seen in the sample: "autistic identity" and "autism as a trait." The subtheme of "autistic identity" describes the cultural view of autism that recognizes an individual's differences as central to his/her identity, perceived as a valuable aspect of a person's life. For example, one participant shared their reasoning for preferring IFL by stating, "It is not something that I am afflicted with, it is part of who I am. It is not something to cure but to understand, and work with." Many individuals explicitly expressed the importance of autism in their lives. For example, one participant stated, "Autism is an inherent part of my being. It influences everything about me from my likes to my dislikes. Without autism I would not be the same. So yes, autistic is an important term because it identifies my neurology."

The second subtheme of "autism as a trait" conveys the belief that autism is a singular aspect or trait, whether it be perceived as positive or negative, that does not define a person. The respondents who described their autism as separate from their identity also

expressed a preference for PFL. For example, one individual stated, "I like how it's person first language, that way my disability doesn't define who I am" and "I am a human being, not a diagnosis." Some participants perceived their autism as a secondary characteristic rather than their identity. The interaction between identity and autism was a theme that appeared frequently in the data.

Self-Perceptions of Their Own Autism. This theme discusses how autistic individuals perceive themselves and their diagnosis. Subthemes further break down this concept into "positive outlook," in which the individual perceives their own autism as a positive and beneficial aspect of life that he/she would prefer to not live without. An example of a participant response that fits under this subtheme includes:

> I say autism is a gift honestly, it makes me see things in such a unique way. It helps me to understand other people with autism too way better than others can and helps me to educate the world on something that is truly beautiful if we allow ourselves to see it that way.

However, other respondents discussed some "challenging" aspects of living with autism in our society, where their diagnosis was discussed as being difficult and burdensome. Given the variability of symptoms presented in autistic individuals, the reported self-perceptions of participants were complex. For example, the most frequent codes utilized in the data under this thematic framework included indifference regarding term preferences, gifted, and social challenges.

Supports. This theme is defined as a discussion of the various services, supports, and personal strategies that the autistic participants from the sample have used. Some respondents chose to discuss the personal supports and strategies that they use to navigate their daily life. For example, one

participant shared helpful supports and personal strategies such as, "AAC apps on my mobile devices, supportive spaces run by autistic people and AAC users online and in person, [and] trauma-informed counselling with a counsellor that uses an anti-oppressive approach." Many other individuals shared sensory-regulation strategies, such as "ear plugs," "soft blankets," or "a quiet home" and time management strategies, such as "calendar notifications with reminders" and "to-do lists."

Others discussed having received many different domains of services including, but not limited to, ABA therapy, speech-language therapy, social work services, and counselling. The most frequently occurring codes included, sensory needs, feeling supported, and psychological services or counselling.

Barriers. This theme portrays the idea that autistic individuals and communities face many external barriers to accessibility and participation in their daily routine. The first subtheme acknowledges the environmental barriers that autistic people/individuals with autism face. Most respondents who discussed ideas under this subtheme described 'society' as a major barrier to accessibility. For example, one respondent stated that, "our disability isn't a result of being autistic, but rather a result of how society treats us." Another participant discussed the challenges of "interpreting and navigating through a neurotypically dominated world."

Other respondents discussed the attitudes and perceptions of others that act as barriers to them. For example, one individual identified the following barriers: "Ignorance, discrimination, dehumanization, infantilization, erasure, and silencing from people who see us as a burden on society even when we contribute more than our allistic counterparts." In response to the question of a cure, one

participant acknowledged the perceptions of others and reflected on how it impacts him in the following quote:

> I am painfully, painfully aware that most other people think it's bad, that I am widely seen as less valuable or not acceptable as a person because of it and I have moments of despair when I wish I was not autistic just so life would be easier and I would fit better/be accepted into a world where I really don't fit very well and am often not accepted… but to me, other people being [judgmental] and closed-minded about who I am is not a good enough reason to permanently fundamentally alter my brain.

Some of the most-frequently mentioned barriers identified during the analysis of short responses included societal burdens, neurotypical impositions, and lack of support.

Adult Aspirations & Responsibilities. The "adult aspirations and responsibilities" theme contains participants' thoughts regarding their current responsibilities and future. As many participants were identified to be employed, middle-aged individuals, many respondents described their current occupations, experiences in higher education, and families. Some younger participants described their experiences in college. Others explained their desires to become employed, go back to college, or explore romantic relationships in the future. For example, participant responses included statements such as "I am married and hope to have kids one day" and "[I plan to] continue to work full time until retirement". Responses aligned with this theme frequently discussed employment, higher education, and 'adulting.'

Socioemotional Well-Being. The last theme for the autistic participants describes the feelings and emotions experienced by individuals with autism/autistic people. The respondents discussed both the positive and negative emotions experienced due to various factors. One individual discussed the emotional impacts of bullying, sharing that "workplace bullying is my largest hurdle; this has been a great source of anxiety and depression." Experiencing feelings of anxiety and depression was a common feeling discussed by participants in this study, particularly anxiety around social interactions. Some participants described the positive emotions they experience, for example, on participant stated that "I am happy with my life; I may not get along with the friends I have now or my husband who is also Autistic."

While some respondents discussed these positive emotions, most participant responses primarily focused on the negative emotions they felt due to external and personal barriers. The most prevalent descriptions discussed anxiety, emotional burdens, and trauma.

Parent/Caregiver Survey Themes

Identity and Autism. This theme represents the values and ideals of parents and individuals regarding the importance and role of their autism in their lives. This overarching theme was broken down into three subthemes: autistic identity, unimportant, and autism as a trait. The first subtheme defines the cultural view of autism that enables parents and caregivers to perceive their child's differences as central to his/her identity, which is a valuable aspect of a persons' life. One parent participant stated that, "[autism] is not something that can be changed or cured, you are not a person with an illness you are an autistic person." Like the autistic group of participants, some parents discussed their preference for language that is disability centered by stating that PFL is not used to describe other personal attributes of their child.

For example, this quote describes one parent's thought:

> I prefer this term because it best describes who [my son] is. It's straight forward and to the point. People don't say '[Name] is a person with enthusiasm'. They say, '[Name] is enthusiastic'…. So why would they say '[Name] is a person with Autism', instead of '[Name] is Autistic'.

The second subtheme purports that distinguishing between having an autistic identity or not is irrelevant. Some participants stated their belief that these distinctions are unimportant, for instance, one caregiver stated, "I don't believe a term defines a person. Whether you refer to him as someone with autism or someone who is autistic, it does not change who my son is." Some parents and caregivers shared that they had never thought about or considered which term they preferred more. Others questioned the importance of distinguishing between PFL and IFL. As stated by one parent, "the terms used are totally irrelevant and another example of people focusing on unimportant issues instead of important issues."

The last subtheme under this theme encompasses the belief that autism is a singular aspect or trait that does not define a person. Parent participants discussed this idea of "autism as a trait" in both a positive and negative light. Many participants described their child as "more important that autism," highlighting the individuality of their child and separating the person from their disability. One caregiver shared her preference for PFL as it "[makes] them more than what their disability is. They are their own person with a uniqueness quality." Many parents expressed no desire to change their child, described their child as more than autism, and/or shared that the autistic term was simpler and more direct.

Perceptions of Child's Autism. This theme discusses how the parents who completed our survey perceive their child's gifts, differences, and challenges. The two subthemes that were identified are positive outlook and challenging. The first subtheme discusses the positive perceptions of a child's autism, which is ultimately seen as a beneficial aspect of their life. One parent discussed how "being a parent of an autistic kid is not all bad. He is an amazing person who everyone loves the second they meet him." Many parents who discussed their positive perceptions of their child's autism discussed having no desire to change their child. For example, one parent stated, "we love our son exactly the way he is. We don't want to change or cure him. We only use therapies to better understand him and give him the skills he needs to thrive."

This second theme also discusses the difficulties the child faces or describes autism as challenging and/or burdensome. Many parents discussed their child's and family's challenges with behavior, communicating basic wants and needs, sleeping, eating, and performing other activities of daily living. Some described autism as "a serious disability, [which] prevents my children from becoming independent." Another participant stated, "my son's autistic brain makes life very challenging for himself as well as the rest of our family."

Most responses aligned with this theme describe the challenging aspects of autism as perceived by parents. This included difficulty communicating, child social challenges, sensory needs, and maintaining positive perception of child's capabilities.

Supports. This theme is defined as a discussion of the various services, supports, and personal strategies that have been utilized. Parent participants discussed having received many services including, but not limited to, ABA therapy, speech-language therapy, social work services, and counseling.

Others chose to discuss their own personal supports and strategies used to navigate their daily life. For instance, one parent shared that "it takes a lot of patience, no sleep on some nights, a very strict routine, being absent for family social gatherings, tons of therapies and doctor's appointments - planners become your best friend." The most common services reportedly received by parents for their child included ABA therapy, speech-language therapy, and general support from peers, family, or professionals.

Barriers. This theme portrays the idea that individuals within the autism/autistic communities face various external barriers to accessibility and participation in daily life. The first subtheme acknowledges the environmental barriers that individuals in the autism/autistic communities face. The primary environmental barrier that was discussed by parent participants was a lack of accessibility to services due to financial or insurance challenges. For example, participants wrote statements such as "everything is full, has long waiting list, or insurance is a problem" and "my child needs behavioral therapy but right now it's not an option due to insurance coverage." These barriers were often described as being a large contributor to the stress of parent participants.

The second subtheme discusses the attitudes of others and how they impact themselves as parents, as well as their families. For example, one caregiver shared that, "people are rude and judge both him for his behaviors and me for being a bad parent". These attitudes were often attributed to other children's and adults' lack of knowledge or understanding about autism. One parent described the "staring from uneducated people. And [from] children who are not educated being hateful and disrespectful." The external attitudinal and environmental barriers that were identified by caregivers included lacking support from peers, family, and professionals, others lack understanding or knowledge about autism, receiving judgement from others, and financial challenges.

Desired Traits of Professionals, Peers, and Community Members. Under this theme, parents discussed their own desires that would improve their child's, and their own, lives. Parents discussed their own thoughts regarding desired traits of service providers, peers, and community members with whom they work. Parents offered many traits of service providers that they found to be important, such as "compassionate, educated, [and] do[esn't] look at autism as only negative characteristics." One parent stated that they desire working with professionals and peers who have a "personal connection to autism, people who see my son's full potential, people who don't get frustrated and give up, people who still help us during those messy, emotional, overwhelming times. Not fair-weather 'friends.'" Parents used many different words to describe the desired traits of the individuals with whom they interact, including caring, patient, and understanding.

Parenting Challenges. Participants were asked to identify and explain the challenges that they and their children face regularly. When asked this question, many parents identified not being able to understand or communicate with their child as a primary challenge. Other parents compared their own experiences to other parents of children without autism. For example, one respondent wanted to note that "[autism] is isolating at times because simple things for other people can be very complicated for parents of children with autism." Other parents acknowledged that all parenting is challenging, stating that "raising kids in general is tough enough. You throw the uncertainty of autism into the equation; it only becomes tougher."

Other challenges identified by parents of children with autism included parent social challenges, lack of personal time, and describing their life as complicated.

Socioemotional Well-being. The final parental theme identified from the participant responses describes the positive and negative emotions experienced by parents. One respondent discussed the emotional challenges they face, such as "sleep, energy, difficulty focusing on anything without worrying about how he is. I feel guilty, am I doing things right." Some parents discussed the socioemotional well-being of their children, with many parents describing their child as "frustrated" due to difficulties with communication.

In addition to describing their own socio-emotional well-being, some parents discussed the feelings their child experiences as well. Parents reported that they and their child experience emotions such as anxiety, emotional burdens, emotional responses to seeing their child in distress, and exhaustion.

Discussion

In this study, we sought to describe and understand the nuanced preferences and perceptions of caregivers and individuals within the autism/autistic communities. This study builds upon previous research that discusses language preference and its importance. The findings of the current study indicated that a higher percentage of autistic individuals expressed a preference for IFL than the caregiver group. While most of the caregiver respondents preferred IFL, the distribution of terminology preferences was much more variable than autistic individuals. The following section discusses how these preferences may be influenced by personal factors related to age, gender, participation in social or self-advocate groups, conceptions of autism, the severity of autism, and level of education.

Research Question One

In response to the first research question, the results of this study found that the group of autistic respondents and the parent group preferred the term autistic over person with autism. However, there was greater variability within the parent group. Several parents discussed their lack of preference for either term, or their strong preference for PFL. This within-group variability is consistent with previous research that discussed the complexity of preferences between parents, siblings, peers, and individuals within the autistic communities (Bury et al., 2020; Kenny et al., 2016).

Demographic data collected from these groups provided insight into the characteristics and backgrounds of participants that may influence preferences for PFL or IFL. Data indicated that the autistic participants were diagnosed at an average age of 28, which is a

much later age of diagnosis comparatively to the reported ages of children of the parent group ($M = 8$ years old). Diagnosis of autism after childhood and adolescence may be a factor that influences preferences for PFL or IFL; however, there is no current research regarding this topic. The majority of the participants' children were reported to require moderate to maximal support, with most parents spending 15+ hours per day with their child or children. Kenny et al. (2016) suggested that relative time spent with an autistic person may influence the development of preferences for IFL or PFL. They hypothesized that those who spend more time in a day with an autistic person develop a preference for disability-centered identity-first language. The results of this study reinforce this idea, as most of the parent participant sample reportedly spent 15+ hours with their autistic children and preferred IFL more on average.

Previous research has primarily explored the language preferences of autistic adults. In comparison, this study sought to describe further and understand the preferences of autistic students in high school as this information could prove helpful during the planning and implementation of transition services. After administration, only 9.7% of the sample included survey responses from individuals ages 14 to 18. Given the small percentage of high school students who completed this survey, the results cannot be generalized to the greater community of students with autism. Future research would benefit from the inclusion of a large sample size of autistic students.

A final interesting trend identified in the quantitative data indicated that most autistic individuals had no desire to alleviate symptoms or take a hypothetical cure, while the opposite was apparent for the parent group. Research shows that many individuals

who identify as autistic also perceive autism as a positive or neutral trait and align with ideals of the neurodiversity movement (Gillespie-Lynch et al., 2012; Kapp et al., 2013). Evidence from Gillespie-Lynch et al. (2012) echoes the findings of this study, in that more autistic individuals reported that finding a cure was unimportant compared to non-autistic participants. This suggests that those who perceive autism as a positive trait rather than a disease to be cured may be more likely to prefer language that is disability centered.

Research Question Two

The participants in this study offered valuable insight on the perception and importance of autism in their lives. While most of the autistic participants perceived their diagnosis as central to their identity, some individuals perceived it as a trait or as simply one aspect of themselves. Those who perceived autism as a core aspect of themselves often discussed the positive aspects of being autistic, many of whom explained the benefits of belonging to a gifted and neurodiverse community. This finding echoes the results of Kapp et al. (2013), who determined that positive perceptions of autism and awareness of the neurodiversity movement were correlated to preferences for IFL. Autistic individuals and parents who preferred PFL shared their desire to be seen as a "human" separate from their diagnosis, while others emphasized the challenges of living with autism. These qualitative observations are supported by research conducted by Bury et al. (2020), who indicated that individuals who prefer PFL often expressed a desire for common humanity and acknowledgement of individual uniqueness within autism.

Given the vast spectrum of differences and symptoms presented in autistic individuals, it is not surprising that study

respondents reported various experiences, perceptions, and beliefs about autism. Kenny et al. (2016) emphasized this phenomenon, as their large-scale study on language preference also discussed the variability of perceptions and preferences within these communities.

The topic of societal norms as a barrier to participation and accessibility was frequently discussed in the qualitative data by the autistic participants. This idea of societal barriers is often discussed in disability literature in association with the social model of disability. As Smart and Smart (2006) stated, individuals who align with this view perceive the challenges they face because of lack of accessibility due to societal attitudes and perceptions of autism. Under this ideology, it is society that must change to meet the needs of, and fully include, neurodiverse individuals (Barnes et al., 2010). Disability studies scholars and advocates have also highlighted the social political reality of disability and importance of language and terminology in changing attitudes rooted in fear of disability and about the helping professions' need to fix the person (Goodley et al., 2019; Ferguson & Nusbaum, 2012). Goering (2015) notes that, 'if we live long enough, we will all, eventually, be impaired in one way or another if we are not already. Learning to accept this fact will not only perhaps help to eliminate the us/them divide that continues to segregate many people with disabilities in social life but could be used to diminish the desperation with which many people seek the elusive state of perfect health." (p.137). Promoting the use of identity first language then becomes a strategy for individual and broader community reflection and action that disrupts ableist practices which view disability as a deficit and aberration to that which is desired, ableness.

Other identified barriers to accessibility reported by autistic individuals and parents included financial and insurance challenges;

attitudinal barriers, such as judgment and bullying; and environmental barriers. It is important to acknowledge these external barriers to participation and accessibility, as research shows that many autistic individuals and their families struggle to access the services that they need (Taylor & Marrable, 2011). While some participants in the present study reported feeling supported with adequate and appropriate services, others discussed having received little or no support. Access to supports and services may be a factor that influences preferences for IFL and PFL; however, further research must be conducted to substantiate this claim. As Hodgetts et al. (2015) stated, it is vital that researchers continue to learn about the services that best fit the needs of students and families within the autistic community by learning *from* them.

Another valuable contribution this research provides is a list of common desired traits of service providers offered by parents and caregivers. Participants emphasized the importance of open communication, empathy, and respect when working with service providers and their child. Future research would benefit from delving further into the traits of service providers that best meet the needs of their clients.

Despite research indicating that autistic individuals have a difficult time obtaining and maintaining a job (Chen et al., 2015), a large percentage of the autistic participants in the study were older in age and reported being employed, receiving higher education, and living independently. Given these characteristics of many of the participants, the reported preferences for IFL or PFL may have been influenced by the age and abilities of this sample. According to Blustein (2008), employment is an important aspect of adult life that not only contributes to financial independence, but also improves overall mental health and self-esteem.

Mental health and socio-emotional well-being in individuals with autism continues to be an important topic, as individuals with autism are four times more likely to experience depression in their lifetime (Hudson et al., 2018). Negative emotions experienced by our participants with autism were discussed in short responses, many of whom described their symptoms of anxiety, depression, and PTSD. Previous research has indicated that anxiety and depression may be indirectly correlated to identifying as a *person with autism*, due to poor personal and community self-esteem (Cooper et al., 2017). This may have been a factor that influenced some of our individual participants' preferences for PFL.

As many caregivers discussed in the short response data, raising a child, with or without autism, is a challenge. However, research indicates that parents, particularly mothers, of children with autism are likely to experience significant challenges that influence their own mental and physical well-being as compared to parents of non-autistic children (Giallo et al., 2011). The parent respondents in the present study reinforced this finding, describing specific personal challenges due to prioritizing the care of their child such as lack of socialization, sleep, and personal time. Feelings of anxiety and depression were also discussed in addition to their own or their child's feelings of isolation, frustration, and exhaustion. Research has identified that parents of children with autism are shown to experience more negative emotions that are correlated with increased maladaptive child behavior (Rezendez & Scarpa, 2011). As many of the caregiver participants qualitatively shared their concerns for their child's safety, behavior, and ability to complete activities of daily living, this may have influenced some of our parents' preferences for PFL.

Reflections on Themes from Three Autistic Individuals and their Parent

The results of this study were discussed with three autistic individuals and one mother of autistic children to share this information with people who are impacted by it. Themes and subthemes identified in the data and preferences for IFL and PFL within both groups were relayed to these individuals and they were asked to provide their reflections on these findings.

The three autistic individuals with whom these results were shared were asked various questions regarding their perceptions of the collected and interpreted data. All three individuals expressed their strong belief that autism is a spectrum, describing the various abilities, conceptions, and preferences among themselves, their siblings, and friends on the spectrum. Two of the individuals expressed having no preference for IFL or PFL, while the third preferred IFL. When asked about the theme regarding perceptions of autism, the group was in agreement, stating that there "are both pros and cons to being autistic." In response to the explanation of the "adult aspirations and responsibilities" theme, one individual described the uncertainty he feels about the future but expressed his desire to find a job and go back to community college. This individual also stated that he was surprised and motivated to learn that so many of our participants had received higher education and were employed. These reflections reinforce and align with some of the themes identified in this study, while continuing to display the nature of differences in preference and perspective within the autism/autistic communities.

The parent who was consulted shared that she was unsurprised at the variability of parent preferences for PFL and IFL. She

reported that she has no strong preference for PFL or IFL, but she typically uses *autistic* due to the term being shorter. When asked whether she believed that her preferences aligned with her children's, she stated that their entire family uses both terms interchangeably. This mother related her experiences to the "parenting challenges" theme, discussing the emotional and physical demands of caring for multiple autistic children. Conversely, when discussing the "barriers" theme, she shared her unfamiliarity with the idea of "societal burdens," stating that her family's barriers primarily included challenges obtaining services and insurance.

Limitations and Suggestions for Future Research

Although this research study offered interesting information regarding the characteristics, preferences, and experiences of individuals in the autistic/autism community, it is essential to discuss the limitations that may have influenced the study. The relatively small sample size is a limitation of this study, particularly given that the parent participant group was significantly smaller than the autistic group. In addition, the dual format of multiple-choice and short responses questions may have impacted the overall results of the survey. While short response questions were used to allow participants to share details regarding their preferences and experiences, these open-ended questions did increase participant demand and may have resulted in fewer responses from both groups. Additionally, the online data was collected during the COVID-19 pandemic, which may have impacted participant willingness to complete the survey, how participants responded to the questions or interpreted their experiences related to environmental barriers and supports.

The participant sample was homogenous in that the majority of participants were Caucasian females with higher-than-average educational levels. The experiences and perspectives of disability and autism are likely to be impacted by sociocultural factors such as race, gender, and level of education and intersectionality (Annamma, et al., 2013a; Annamma et al., 2013b; Morgan & Stahmer, 2021). To improve the generalizability of results, it would be beneficial to have data from a more extensive and diverse representation of autistic individuals (Cascio et al., 2021). To gain further insight it is vitally important that research incorporates a more diverse representation of participants from different racial/ethnic backgrounds. More complex analyses would capture the unique experiences of disabled people of color.

Finally, disability studies emphasize the importance of including autistic voices when conducting research with this population (Ferguson & Nusbaum, 2012). Goodley et al. (2019) warns against the danger of situating disabled people as objects of inquiry rather than co-constructors of knowledge. For example, Gernsbacher et al. (2006) notes that some autism researchers have often explained neutral or positive attributes of autistic participants as deficits. A "participatory approach" to autism research is encouraged, where autistic individuals engage with and provide input on research methods and design. Unfortunately, recent literature exploring the use of the participatory approach concluded that very few autism studies incorporated autistic feedback (Wright et al., 2014). While this study gathered feedback from autistic students and the parents of those children from piloting stage to the write up of the findings, it is important to acknowledge that this study was conducted and written up by individuals who are not autistic. We also acknowledge that without the inclusion of

autistic researchers on this project, this project and its findings may still not be as revealing as they could be or go far enough in revealing why IFL and PFL matter when thinking about ableism (Nuwer, 2020).

As outsiders it becomes important for us acknowledge this limitation and explicitly respond to Goodley et al.'s (2019) question posed to non-disabled individuals engaged in disability work and research, "Why are you here?" In other words, why are we doing this work? As noted in the positionality statements, all three authors have family members with disabilities, and therefore this work was motivated through our own desires to raise awareness about the importance of the perspectives and lived experiences of autistic individuals in guiding the professional practices of those who are supposed to be a source of support for disabled communities. We work in a discipline that continues to grapple with orientations to disability that are not informed by pathologization and the medical model of disability (Ferguson, 2012). The perspectives of the participants in the current study indicate that addressing the discourse of disability will be vitally important for non-ableist professional policy and practices.

Conclusion

Disability centered IFL was the preferred language terminology in both groups of participants for the current study. This finding reinforces previous research that reflects the importance of incorporating IFL into clinical practice and research writing. There are likely many more personal and external factors outside of the ones discussed in this paper that influence preferences for terminology, and future research would benefit from exploring these nuances further with the input of autistic individuals. Because some terms may be perceived as offensive to some

people, it is of the utmost importance to ensure sensitivity when identifying a persons' preferred term (Bury et al., 2020). For researchers who are still grappling with institution and policy preferences for PFL, the incorporation of critical frameworks and participatory action and inclusive design principles to guide research efforts may help contextualize the importance and relevance of IFL for prioritizing, honoring, and respecting the needs, preferences, and differences of those who have been marginalized.

References

American Psychological Association (2020). *Publication manual of the American Psychological Associatio*n (7th ed.). https://doi.org/10.1037/0000165-000

American Psychiatric Association (2013). Autistic disorder. In *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Annamma, S.A., Boele, A.L., Moore, B.A., & Klingner, J. (2013a). Challenging the ideology of normal in schools. *International Journal of Inclusive Education, 17*(12), 1278–1294. https://doi.org/10.1080/13603116.2013.802379

Annamma, S.A., Connor, D., & Ferri, B. (2013b) Dis/ability critical race studies (DisCrit): theorizing at the intersections of race and dis/ability. *Race Ethnicity and Education, 16*(1), 1-31. https://doi.org/10.1080/13613324.2012.730511

Barnes, C., Mercer, G. & Shakespeare, T. (2010). The social model of disability. In A. Giddens & P. Sutton (Eds.), *Sociology: Introductory readings*, (3rd ed., pp 161-166). Polity Press.

Blustein, D. L. (2008). The role of work in psychological health and well-being: A conceptual, historical, and public policy perspective. *American Psychologist*, 63(4), 228-240.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Brown, N., & Ramlackhan, K. (2020). Exploring experiences of ableism in academia: A constructivist inquiry. *Higher education*, *83*(6), 1225–1239. https://doi.org/10.1007/s10734-021-00739-y

Bury, S. M., Jellet, R., Spoor, J.R. et al. (2020). "It defines who I am" or "it's something I have": What language do [autistic] Australian adults [on the spectrum] prefer? *Review Journal of Autism and Developmental Disorders*. https://doi.org/10.1007/s10803-020-04425-3

Cascio, M. Weiss, J., & Racine, E. (2021). Making autism research inclusive by attending to intersectionality: A review of the research ethics literature. *Review Journal of Autism and Developmental Disorders, 8*, 22-36. https://doi.org/10.1007/s40489-020-00204-z

Chen, J. L., Leader, G., Sung, C., & Leahy, M. (2015). Trends in employment for individuals with autism spectrum disorder: A review of the research literature. *Review Journal of Autism and Developmental Disorders*, *2*(2), 115-127. https://doi.org/10.1007/s40489-014-0041-6.

Cooper, K., Smith, L. G. E., & Russell, A. (2017). Social identity, self-esteem, and mental health in autism. *European Journal of Social Psychology*, 47(7), 844–854. https://doi.org/10.1002/ejsp.2297

D'Alessio, S. (2011). *Inclusive education in Italy: A critical analysis of the policy of integrazione scolastica*. Sense Publishers.

Dunn, D. S., & Andrews, E. E. (2015). Person-first and identity-first language: Developing psychologists' cultural competence using disability language. *American Psychologist*, *70*(3), 255–264. https://doi.org/10.1037/a0038636

Erickson, W., Lee, C., & von Schrader, S. (2023). *2021 Disability Status Report: United States*. Cornell University Yang Tan Institute on Employment and Disability (YTI). https://disabilitystatistics.org/

Ferguson, P.M., & Nusbaum, E. (2012). Disability studies: What is it and what difference does it make? *Research & Practice for Persons with Severe Disabilities, 37*(2), 70–80. https://doi.org/10.1177/154079691203700202

Gernsbacher, M. A. (2017). Editorial perspective: The use of person-first language in scholarly writing may accentuate stigma. *Journal of Child Psychology and Psychiatry*, *58*(7), 859–861. https://doi.org/10.1111/jcpp.12706

Gernsbacher, M. A., Dawson, M., Mottron, L. (2006). Autism: Common, heritable, but not harmful. *Behavioral Brain Science, 29*(4), 413–414. https://doi.org/10.1017/S0140525X06319097

Giallo, R., Wade, C., Cooklin, A. and Rose, N. (2011). Assessment of maternal fatigue and depression in the postpartum period: support for two separate constructs. *Journal of Reproductive and Infant Psychology, 29*(1), 69-80. https://doi.org/10.1080/02646838.2010.513050

Gillespie-Lynch, K., Sepeta, L., Wang, Y., Marshall, S., Gomez, L., Sigman, M., & Hutman, T. (2012). Early childhood predictors of the social competence of adults with autism. *Journal of autism and developmental disorders*, *42*(2), 161–174. https://doi.org/10.1007/s10803-011-1222-0

Goodley,D., Lawthom, R., Liddiard, K., & Runswick-Cole, K. (2019). Provocations for critical disability studies. *Disability & Society, 34*(6), 972-997. https://doi.org/10.1080/09687599.2019.1566889

Goering S. (2015). Rethinking disability: the social model of disability and chronic disease. *Current Reviews in Musculoskeletal Medicine*, *8*(2), 134–138. https://doi.org/10.1007/s12178-015-9273-z

Grandin, T., & Panek, R. (2013). *The autistic brain: Thinking across the spectrum*. Boston: Houghton Mifflin Harcourt.

Harris, P. A., Taylor, R., Thielke, R., Payne, J., Gonzalez, N., & Conde, J. G. (2009). Research electronic data capture (REDCap) - A metadata-driven methodology and workflow process for providing translational research informatics support. *Journal of Biomedical Information*, *42*(2), 377-381. https://doi.org/10.1016/j.jbi.2008.08.010

Hodgetts, S., Zwaigenbaum, L., & Nicholas, D. (2015). Profile and predictors of service needs for families of children with autism spectrum disorders. *Autism: the international journal of research and practice*, *19*(6), 673–683. https://doi.org/10.1177/1362361314543531

Holmes, A. G. D. (2020). Researcher positionality: A consideration of its influence and place in qualitative research - A new researcher guide. *Shanlax International Journal of Education, 8*(4), 1-10. https://doi.org/10.34293/education.v8i4.3232

Hudson, C. C., Hall, L., & Harkness, K. L. (2018). Prevalence of depressive disorders in individuals with autism spectrum disorder: A meta-analysis. *Journal of Abnormal Child Psychology*, 47, 165-175. https://doi.org/10.1007/s10802-018-0402-1

Jaarsma, P., & Welin, S. (2012). Autism as a natural human variation: reflections on the claims of the neurodiversity movement. *Health Care Analysis*, *20*(1), 20-30. https://doi.org/10.1007/s10728-011-0169-9

Kapp, S. K., Gillespie-Lynch, K., Sherman, L. E., & Hutman, T. (2013). Deficit, difference, or both? Autism and neurodiversity. *Developmental psychology*. 40(1), 59-71. https://doi.org/10.1037/a0028353

Kasser, S. L., & Lytle, R. K. (2013). *Inclusive physical activity: Promoting health for a lifetime.* Human Kinetics.

Kenny, L., Hattersley, C., Molins, B., Buckley, C., Povey, C., & Pellicano, E. (2016). Which terms should be used to describe autism? Perspectives from the UK autism community. *Autism: The*

     International Journal of Research and Practice, 20(4), 442–462.
     https://doi.org/10.1177/1362361315588200

Khasnabis C., Heinicke Motsch K., Achu K., et al. (2010). *Community-based rehabilitation: CBR guidelines.* World Health Organization. https://www.ncbi.nlm.nih.gov/books/NBK310928

Leigh, I. W., Andrews, J. F., Harris, R. L., & Ávila, T. G. (2020). *Deaf culture: Exploring deaf communities in the United States.* Plural Publishing.

Mesibov, G. B., & Shea, V. (2010). The TEACCH program in the era of evidence-based practice. *Journal of Autism & Developmental Disorders*, *40*(5), 570–579. https://doi.org/10.1007/s10803-009-0901-6

Morgan E., & Stahmer A. (2021). Narratives of single, black mothers using cultural capital to access autism interventions in schools. *British Journal of Sociology of Education, 42*(1), 48-65. https://doi.org/10.1080/01425692.2020.1861927

Naderifar, M., Goli, H., & Ghaljaei, F. (2017). Snowball sampling: A purposeful method of sampling in qualitative research. *Strides In Development of Medical Education, 14*(3). https://doi.org/10.5812/sdme.67670

National Association of the Deaf (2023). Community and culture – frequently asked questions. https://www.nad.org/resources/american-sign-language/community-and-culture-frequently-asked-questions/

Nuwer, R. (2020, June, 10). Meet the artistic scientists redefining autism research. *Spectrum News*. https://doi.org/10.53053/POPK3874

Ortega, F. (2009). The cerebral subject and the challenge of neurodiversity. *BioSocieties 4*, 424-445. https://doi.org/10.1017/S1745855209990287

Padden, C., Humphries, T., & Padden, C. (2009). *Inside deaf culture.* Harvard University Press

Retief, M. & Letšosa, R. (2018). Models of disability: A brief overview. *HTS Teologiese Studies/Theological Studies 74*(1), a4738. https://doi.org/10.4102/hts.v74i1.4738

Rezendes, D. L., & Scarpa, A. (2011). Associations between parental anxiety/depression and child behavior problems related to autism spectrum disorders: The roles of parenting stress and parenting self-efficacy. *Autism Research and Treatment*, *2011*. https://doi.org/10.1155/2011/395190

Riddell, S., & Watson, N. (2014). *Disability, culture and identity.* Routledge.

Rose, D.H., & Meyer, A. (2002). Teaching every student in the digital age: Universal Design for Learning. Alexandria, VA: Association for Supervision and Curriculum Development.

Savarese, E.T., & Savarese, R.J. (2010). The superior half of speaking: An introduction. *Disability Studies Quarterly, 30*(1). https://doi.org/10.18061/dsq.v30i1

Sinclair, J. (2013). Why I dislike "person first" language. *Autonomy, the Critical Journal of Interdisciplinary Autism Studies, 1*(2).

Sinclair, J. (2010). Cultural commentary: Being autistic together. *Disability Studies Quarterly, 30* (1). https://doi.org/10.18061/dsq.v30i1

Smart, J.F. (2003). Models of disability: The juxtaposition of biology and social construction. In T.F. Riggar and D.R. Maki (Eds). *Handbook of Rehabilitation Counseling* (pp. 25-49).

Smart, J. F., & Smart, D. W. (2006). Models of disability: Implications for the counseling profession. *Journal of Counseling and Development, 84*(1), 29–40. https://doi.org/10.1002/j.1556-6678.2006.tb00377.x

St. Louis, K. O. (1999). Person-first labeling and stuttering. *Journal of Fluency Disorders, 24*(1), 1–24. https://doi.org/10.1016/S0094-730X(98)00024-2

Taylor, I., & Marrable, T. (2011). *Access to social care for adults with autistic spectrum conditions*. Social Care Institute for Excellence.

Thomas, D., & Woods, H. (2003). *Working with people with learning disabilities: Theory and practice*. Jessica Kingsley Publishers.

UPIAS (1976). *Fundamental principles of disability*. Union of the Physically Impaired Against Segregation. https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/UPIAS-fundamental-principles.pdf

United States Department of Justice (2008). *Americans With Disabilities Act of 1990, as Amended*. United States Government. https://www.ada.gov/law-and-regs/ada/

Wasserman, D., & Aas, S. (2022). Disability: definitions and models. *The Stanford Encyclopedia of Philosophy* (Summer 2022 Edition), Edward N. Zalta (ed.), https://plato.stanford.edu/archives/sum2022/entries/disability.

World Health Organization (2013). *How to use the ICF: A practical manual for using the International Classification of Functioning, Disability and Health (ICF)*. World Health Organization. https://www.who.int/publications/m/item/how-to-use-the-icf---a-practical-manual-for-using-the-international-classification-of-functioning-disability-and-health

Wright C. A., Wright S. D., Diener M. L., & Eaton J. (2014). Autism spectrum disorder and the applied collaborative approach: a review of community based participatory research and participatory action research. *Journal of Autism,* 1(1). http://dx.doi.org/10.7243/2054-992X-1-1

Zelaznik, H. N., & Goffman, L. (2010). Generalized motor abilities and timing behavior in children with specific language impairment. *Journal of Speech, Language, and Hearing Research*, *53*(2), 383–393. https://doi.org/10.1044/1092-4388(2009/08-0204)

Positionality Statements

Mackenzie Smith

I am a white, cisgender female who had the opportunity to work with many students and adults within the autism/autistic communities. I worked with autistic individuals in multiple settings including a therapeutic day school, private practice, and public elementary school with students ranging in age from 2 to 30 years old. In addition to my clinical experience with individuals on the spectrum, I have a personal connection to autism, as I have several autistic relatives. Growing up with my family members on the spectrum, I developed a passion for working with and advocating for this population. That being said, my ideals align with the identity model of disability, perceiving autism as a unique aspect of a person that should be celebrated. While I am a neurotypical individual and cannot demonstrate a preference for PFL or IFL, for the purposes of this paper, I utilized both PFL and IFL to accommodate both language forms. The interpretation of the results of this paper may have been influenced by my life experiences working with this population and personal ideals.

RaMonda Horton

I am a Black woman who grew up in a poor/working class family in the southern United States with an aunt with Cerebral Palsy and two cousins with autism. My own perspectives and orientation of disability has been informed by my observations of the detrimental impact of ableism, racism, and classism on the lives of disabled people and communities of color. I have benefitted from non-disabled power and privilege. I also recognize that my training in the speech, language, and hearing sciences has been mired in ideologies and practices that are in need of transformation. As an ally, I continue to work towards engaging in more critical analysis, reflection, and actions that can help create a profession and society that are anti-ableist.

Meredith Saletta Fitzgibbons

I identify as a white, cisgender female, who is a member of the LGBTQIA+ community and an early-career scholar in the Chicago area in the midwestern United States. My undergraduate, Masters level, and doctoral level education has prepared me to work as a speech-language pathologist, teacher at the undergraduate and graduate levels, researcher in the field of communication sciences and disorders, and author of a graduate-level textbook on language and literacy. My world view is shaped by my formative experiences and current relationships, including being the sister and co-guardian of a young man with Down syndrome. My brother has encouraged me to ask questions pertaining to the lives of adults with intellectual and/or developmental disabilities. Our relationship makes me in one sense an "insider" – an inhabitant of the very world I am investigating – and an "outsider" – one who understands these issues through interacting with my brother and his friends rather than actually living their experiences. A quote that continues to shape my teaching and scholarship is that of Howard Zelaznik and Lisa Goffman: "Language production, whether spoken, signed, or written, is a motor activity" (2010, p. 393). This quote speaks to the interconnectedness of the systems that underly human communication, to which I would add the powers of creativity, courage, integrity, patience, and flexibility in expression and understanding.

Appendix A

Autistic Individual/Individual with Autism Survey

1. Who did you receive your diagnosis of Autism from?
    a. Pediatrician/Primary Care Physician
    b. Psychiatrist/Psychologist
    c. IEP team

2. How old were you when you received a diagnosis of autism (or ASD)?
    a. Free response

3. What is your gender?
    a. Male
    b. Female
    c. Nonbinary

4. What is your race/ethnicity? (Select all that apply)
    a. American Indian or Alaska Native
    b. Asian
    c. Black or African American
    d. Native Hawaiian or Other Pacific Islander
    e. White (not of Hispanic origin)
    f. Hispanic or Latino
    g. Other

5. How old are you?
    a. Free Response

6. What is the highest level of education you have completed?
    a. middle school
    b. high school
    c. technical school
    d. community college
    e. 4-year college
    f. Graduate or professional school (including masters, doctorate, medical/law degree)

7. Are you currently in school?
    a. Yes
    b. No

8. If yes, currently what year in school are you?
    a. Freshman – 9th
    b. Sophomore – 10th
    c. Junior – 11th
    d. Senior – 12th
    e. College

f.   Graduate or Professional school (including masters, doctorate, medical/law school)

8. Do you currently work? If so, please describe your job. If not, please put N/A in the box.
    a.   Free response

9. Do you have any other physical or mental conditions?
    a.   Yes
    b.   No

10. If you answered yes to the above question, please list the conditions.
    a.   Free response

11. Do you prefer the term "person with autism" or "autistic"?
    a.   Person with autism
    b.   Autistic
    c.   No preference

12. Why do you prefer this term?
    a.   Free response

13. Is it important to you that people such as doctors, teachers, and therapists use this preferred term when you see them? Why or why not?
    a.   Free response

14. What are words that you would use to describe autism?
    a.   Free response

15. Do you believe that there is a need to reduce or alleviate your symptoms associated with autism?
    a.   Yes
    b.   No

16. If a cure was available, would you want it for yourself?
    a.   Yes
    b.   No

17. Why or why not?
    a.   Free response

18. What challenges do you face every day?
    a.   Free response

19. Compared to others without ASD, do you think you face more challenges in your daily life?
    a.   Yes
    b.   No

20. What treatments and services have you received in the past related to your autism (e.g. occupational therapy, speech therapy, etc.)?
    a.   Free response

21. In what ways were those treatments helpful or not helpful?
    a. Free response

22. What do you wish most people knew about what it is like to have autism/be autistic?
    a. Free response

23. What are your plans for the future? (i.e. finish high school, get a job, go to college, spend time with family, unsure of future plans, etc.)
    a. Free response

24. What types of supports or resources have been useful in helping you on a day-to-day basis?
    a. Free response

25. Someone else helped me complete this survey.
    a. Yes
    b. No

Appendix B

Parent/Caregiver Survey

1. Are you the primary caregiver for an individual with autism?
   a. Yes
   b. No

2. What is your gender?
   a. Male
   b. Female
   c. Nonbinary

3. What is your race/ethnicity? (Select all that apply)
   a. American Indian or Alaska Native
   b. Asian
   c. Black or African American
   d. Native Hawaiian or Other Pacific Islander
   e. White (not of Hispanic origin)
   f. Hispanic or Latino
   g. Other

4. How old are you?
   a. Free Response

5. What is your highest level of education?
   a. Less than high school
   b. high school
   c. technical school
   d. community college
   e. 4-year degree
   f. graduate or professional school (including masters, doctorate, medical/law degree)

6. Have you ever been diagnosed with any type of disability? If so, what?
   a. Free Response

7. How many children do you have?
   a. Free Response

8. From whom or how did your child/children receive their diagnosis of Autism?
   a. Pediatrician/Primary Care Physician
   b. Psychiatrist
   c. IEP team

9. How old was your child when he/she/they received an autism diagnosis?
   a. Free response

10. How old is your child with autism?
    a. Free Response

11. What is the severity of your child's autism?
    a. Mild – requires some support, may have difficulty with social situations and planning that can affect independence
    b. Moderate – requires substantial support, limited or specialized interests that impact interactions, may have repetitive behaviors
    c. Severe – requires maximal support, severe difficulties with verbal and nonverbal communication skills

12. Approximately how many hours per day do you spend with your child who has autism?
    a. 1-5
    b. 5-10
    c. 10-15
    d. 15 +

13. Do you prefer the term "person with autism" or "autistic" in reference to your child/children?
    a. Person with autism
    b. Autistic
    c. No preference

14. Why do you prefer this term?
    a. Free response

15. Is it important to you that your child is identified by your preferred terminology when working with healthcare and educational professionals?
    a. Yes
    b. No

16. What types of challenges do you face in your day-to-day living?
    a. Free response

17. From your perspective, or observations, what challenges do your child/children experienced during their day-to-day life?
    a. Free response

18. What types of services or treatments has your child/children received in the past for issues related to their autism diagnosis?
    a. Free response

19. In what ways were these treatments helpful or not helpful?
    a. Free response

20. Do you believe that there is a need to alleviate symptoms associated with your child/children's autism?
    a. Yes
    b. No

21. If there was a cure for autism, would you want it for your child/children?
    a. Yes
    b. No

22. Please explain why you selected the response yes or no.
    a. Free response

23. What do you wish most people knew about what it is like to care for and parent someone with autism?
    a. Free response

24. What types of supports and resources have been useful in helping you in your daily living?
    a. Free response

25. Please list some personal traits and characteristics that you value in service providers and team members working with you and your family as you navigate life with autism.
    a. Free response

Appendix C

Themes and Subtheme Matrix

Theme	Definition
Autism/Autistic Communities are not Monolithic	View that there are a wide variety of perspectives, attitudes, and preferences of individuals with autism/autistic individuals given a vast spectrum of differences within the community.
Interaction of Identity and Autism	Idea that individuals within the autism/autistic community have varying views regarding the importance of their autism in their lives.
Sub: Autistic Identity	Cultural view of autism that perceives differences as central to a person's identity that is a valuable aspect of a person's life.
Sub: Autism as a Trait	Belief that autism is a singular aspect or trait of a person that does not define them as a whole.
Self-Perceptions of Their Own Autism	Discussion of how individuals with autism/autistic individuals perceive themselves and their autism.
Sub: Positive Outlook	Perceiving autism as a positive and beneficial aspect of life that a person would prefer to not live without.
Sub: Challenges	Perceiving autism as challenging and burdensome and discussing these challenges.
Supports	Discussion of the various services and personal strategies that individuals with autism/autistic people have used.

Barriers	Individuals within the autism/autistic communities face various barriers to accessibility and participation in daily life.
Sub: Environmental	Acknowledging the environmental barriers that autistic people/individuals with autism face.
Sub: Attitudinal	Discussing the attitudes of others and how they impact autistic people/people with autism.
Adult Aspirations & Responsibilities	Discussion of the current responsibilities and future plans of people in the autism/autistic communities.
Socioemotional Well-Being	Describing the feelings and emotions experienced by individuals with autism/autistic people.