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Social Dialects

Committee on the Status of Racial Minorities

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About This Document

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Social Dialects

With the close of the 1970s, this country has seen language rights come to be regarded as civil rights. With court cases such as Larry P. v. Riles and the Ann Arbor Decision, the role of the speech-language pathologist relative to social dialects needed resolution. In 1982, the Legislative Council unanimously approved the position paper on social dialects prepared by the Committee on the Status of Racial Minorities.

The development of such a position paper required an in-depth examination of the controversial social issues that have been debated by many professions over the past two decades. Three different philosophical approaches to social dialects prevailed: (1) no intervention, (2) promotion of bidialectalism, and (3) eradication of nonstandard usage. For two years, the pros and cons of each philosophy were studied by the Committee on the Status of Racial Minorities.

The initial draft of the paper was submitted to selected ASHA members for comment, each chosen on the basis of his or her research or clinical backgrounds or other professional interest in the area of social dialects. Sixty-three percent of those contacted responded, most with cogent comments that reflect the current controversy and the need for direction and resolution on this topic by the Association. From this peer review, the final draft was developed.

The members of the Committee on the Status of Racial Minorities who were instrumental in the completion of the project were: Maureen E. Aldes, Dolores E. Battle (chair), Lorraine Cole (ex officio), Regina Grantham, Murray Halfond, Gail A. Harris, Nilda Morgenstern-Lopez, Gloria M. Smith, and Sandra L. Terrell. The following individuals are gratefully acknowledged for their contributions to the final draft of the position paper: Sol Adler, M. Parker Anderson, Donn F. Bailey, Nick Bountress, Faye Vaughn-Cooke, Aaron Favors, Algeania Freeman, Sandra Holley, Beatrice Jimenez, John R. Miller, Howard Mims, Joan Payne-Johnson, Nevis Phillips, Altheria C. Scott, Charlena Seymour, Harry Seymour, Ida Stockman, Orlando Taylor, Florence Wiener, Ronald Williams, Gwendolyn Wilson.

The English language is composed of many linguistic varieties, such as Black English,* standard English, Appalachian English, southern English, New York dialect, and Spanish influenced English. The features of social dialects are systematic and highly regular and cross all linguistic parameters, i.e., phonology, morphology, syntax, semantics, lexicon, pragmatics, suprasegmental features, and

* Some Black professionals prefer to use the term Ebonics instead of the more popularly used term Black English. Derived from the words *ebony* and *phonics*, the term Ebonics is intended to avoid the focus on race and emphasize the ethnolinguistic origin and evolution of this variety of the English language.

kinesics. Although each dialect of English has distinguishing characteristics, the majority of linguistic features of the English language are common to each of the varieties of English. The existence of these varieties is the result of historical and social factors. For example, due to historical factors, the majority of Black English speakers are Black. However, due to social factors, not all Black individuals are Black English speakers.

The issue of social dialects for the field of speech-language pathology is extremely complex, as indicated by the continuous controversy across the nation over the past two decades. There has been confusion among professionals regarding the role of the speech-language pathologist with reference to speakers of social dialects. There has been no consistent philosophy regarding the approach of service delivery to speakers of social dialects. As a result, some speech-language pathologists have denied clinical services to speakers of social dialects who have requested services. Other speech-language pathologists have treated social dialects as though they were communicative disorders.

It is the position of the American Speech-Language-Hearing Association (ASHA) that no dialectal variety of English is a disorder or a pathological form of speech or language. Each social dialect is adequate as a functional and effective variety of English. Each serves a communication function as well as a social solidarity function. It maintains the communication network and the social construct of the community of speakers who use it. Furthermore, each is a symbolic representation of the historical, social, and cultural background of the speakers. For example, there is strong evidence that many of the features of Black English represent linguistic Africanisms.

However, society has adopted the linguistic idealization model that standard English is the linguistic archetype. Standard English is the linguistic variety used by government, the mass media, business, education, science, and the arts. Therefore, there may be nonstandard English speakers who find it advantageous to have access to the use of standard English.

The traditional role of the speech-language pathologist has been to provide clinical services to the communicatively handicapped. It is indeed possible for dialect speakers to have linguistic disorders within the dialect. An essential step toward making accurate assessments of communicative disorders is to distinguish between those aspects of linguistic variation that represent the diversity of the English language from those that represent speech, language, and hearing disorders. The speech-language pathologist must have certain competencies to distinguish between dialectal differences and communicative disorders. These competencies include knowledge of the particular dialect as a rule-governed linguistic system, knowledge of the phonological and grammatical features of the dialect, and knowledge of nondiscriminatory testing procedures. Once the difference/disorder distinctions have been made, it is the role of the speech-language pathologist to treat only those features or characteristics that are true errors and not attributable to the dialect.

Aside from the traditionally recognized role, the speech-language pathologist may also be available to provide *elective* clinical services to nonstandard English speakers who do not present a disorder. The role of the speech-language pathologist

for these individuals is to provide the desired competency in standard English without jeopardizing the integrity of the individual's first dialect. The approach must be functional and based on context-specific appropriateness of the given dialect.

Provision of elective services to nonstandard English speakers requires sensitivity and competency in at least three areas: linguistic features of the dialect, linguistic contrastive analysis procedures, and the effects of attitudes toward dialects. It is prerequisite for the speech-language pathologist to have a thorough understanding and appreciation for the community and culture of the nonstandard English speaker. Further, it is a requirement that the speech-language pathologist have thorough knowledge of the linguistic rules of the particular dialect.

It remains the priority of the speech-language pathologist to continue to serve the truly communicatively handicapped. However, for nonstandard English speakers who seek elective clinical services, the speech-language pathologist may be available to provide such services. The speech-language pathologist may also serve in a consultative role to assist educators in utilizing the features of the nonstandard dialect to facilitate the learning of reading and writing in standard English. Just as competencies are assumed and necessary in the treatment of communicative disorders, competencies are also necessary in the provision of elective clinical services to nonstandard English speakers.

Implications of the Position on Social Dialects

Lorraine Cole

The ASHA National Office receives numerous inquiries each year on topics pertaining to service to minority populations. One of the functions of the Office of Minority Concerns is to provide technical assistance to members with such inquiries. To clarify the implications of the newly adopted position paper on social dialects, Minority Concerns Director Lorraine Cole responds to the most frequently asked questions.

Q: Does the position paper imply that speech-language pathologists should now actively seek and enroll speakers of nonstandard dialects into their caseloads or practices?

A: Absolutely not. In no way is the Association encouraging mass screening, identification, and enrollment of social dialect speakers for speech or language intervention, “speech improvement,” or any other similar training. On the contrary, the position paper clearly states that the priority of the speech-language pathologist continues to be service to the truly communicatively handicapped. Speakers of social dialects are not in that category.

However, it has been the practice of some service programs and service providers routinely to deny service to individuals who have no disorder but who want to acquire competence in standard English. The position of the Association is that an individual who seeks such elective clinical service may indeed be served by the speech-language pathologist.

Of course, for the social dialect speaker who exhibits a true speech or language disorder (i.e., features that cannot be attributed to either the nonstandard dialect or standard English), speech or language treatment probably will be indicated.

Q: Social dialects were not included as part of my academic or practicum training in speech-language pathology. How can I prepare myself to serve nonstandard English speakers?

A: You are not alone. The traditional training in speech-language pathology is based on standard American English. Although coursework in sociolinguistics can apply toward certification, such courses are neither required nor widely offered. In an informal review of recent applications for the Certificate of Clinical Competence in Speech-Language Pathology, it was found that only about 2 in 20 applicants had taken a course in sociolinguistics.

There are no specific course requirements established by ASHA for service to social dialect or minority language populations. However, the position statement does specify recommended areas of competence for assessment, intervention, and the provision of elective services to nonstandard English speakers. To reiterate, they include:

1. knowledge of the particular dialect as a rule-governed linguistic system,
2. knowledge of nondiscriminatory testing procedures,
3. knowledge of the phonological and grammatical features of the dialect,
4. knowledge of contrastive analysis procedures,
5. knowledge of the effects of attitudes toward dialects,
6. thorough understanding and appreciation for the community and culture of the nonstandard speaker.

If courses on social dialects or sociolinguistics are not offered by the training programs in your local area, it is incumbent upon communicative disorders professionals to seek such training through continuing education activities and independent study. The following publications should be helpful:

Dillard, J. L. (1973). *Black English: Its History and Usage in America*. New York: Vintage Books.

Erickson, J. G., & Omark, D. (1981). *Communication Assessment of the Bilingual Bicultural Child: Issues and Guidelines*. Baltimore, MD: University Park Press.

Jeter, I. K. (Ed.). (1977). *Social Dialects: Differences vs. Disorders*. Rockville, MD: American Speech-Language-Hearing Association.

- Omark, D., & Erickson, J. G. (1983). *The Bilingual Exceptional Child*. San Diego: College Hill Press.
- Stockwell, R. P., Bowen, J., & Martin, J. (1963). *The Sounds of English and Spanish*. Chicago, IL: University of Chicago Press.
- Stockwell, R. P., Bowen, J., & Martin, J. (1975). *The Grammatical Structures of English and Spanish*. Chicago, IL: The University of Chicago Press.
- Wolfram, W., & Fasold, R. (1974). *The Study of Social Dialects in American English*. Englewood Cliffs, NJ: Prentice-Hall, Inc.
- Wolfram, W., & Christian, D. (1976). *Appalachian Speech*. Washington, DC: Center for Applied Linguistics.

Q: We are taught that test results are invalid when the test taker comes from a background other than that of the population on which the test was standardized. Since few tests are designed for dialects other than standard English, how can I do a valid speech and language assessment of a social dialect speaker?

A: It is stressed in the position paper that knowledge of nondiscriminatory testing procedures is required to distinguish between dialect differences and communicative disorders. There are a variety of alternatives to the inappropriate use of tests developed and standardized on standard English speakers. They include: (a) developing tests based on local dialect norms, (b) testing only those features that are common to both dialects, (c) conducting item analysis of tests to identify items that present potential bias against dialect speakers and indicating alternatively acceptable responses, (d) utilizing alternative scoring procedures for dialect speakers, (e) reporting behavioral responses to test content without reporting scores, and (f) relying only on informal judgments of the communication behaviors of the individual.

A detailed description of these alternative approaches is beyond the limitations of the short answer format here. The ASHA Committee on Communication Problems and Behaviors in Urban Populations has been studying the issue of nondiscriminatory testing in preparation for a forthcoming position paper on the subject.

Q: PL 94-142 clearly indicates that elective services cannot be supported by PL 94-142 funds. Therefore, because speech-language pathology and audiology services in the schools are supported by PL 94-142 funds in my state, public school speech-language pathologists cannot provide elective services to normal social dialect speakers.

A: It is true that the regulations do not permit federal funds designated by PL94-142 to be used for services that are elective or for children who are not handicapped. However, this does not preclude local school districts or state education agencies from allocating funds from other sources to support elective services provided by the speech-language pathologist. In Alaska, for instance, after lobbying efforts by local National Education Association members, dialect usage was given a special designation by the state for service delivery.

Q: Should a speech-language pathologist who uses a nonstandard dialect provide articulation or language therapy to a standard English speaker?

A: There are numerous speech-language pathologists and audiologists who use speech and language characteristics that are indicative of regional and social dialects. At any ASHA Convention, for instance, a rich diversity of dialects is readily heard in the hotel lobbies, in committee meetings, from the podia and in the Legislative Council meeting. With the increasing success of minority student recruitment efforts, linguistic diversity within the profession is likely to become even richer.

Perhaps more important than questioning the dialect used by the speech-language pathologist or audiologist are the following questions: Does the individual have the expected level of knowledge in normal and disordered communication? Does the individual have the expected level of diagnostic and therapeutic case management skill? In the clinical setting, is the individual able to model the target phoneme (or allophone), grammatical feature, or other aspect of language that characterizes the client's particular problem? If these questions can be answered affirmatively, then the use of a nonstandard dialect should not be an issue.

In asking the originally posed question, one must be careful that the underlying question is not, “Should a Black, Hispanic, Asian or Indian speech-language pathologist provide speech or language therapy to Whites?” Employment practices that discriminate on the basis of race or national origin could result in serious legal consequences and may be open to questions of ethics.

Q: Does the position paper have implications for our professional role with bilingual populations?

A: Yes, to a limited extent. A bilingual speaker may present a situation that is analogous to a speaker who uses a social dialect. The bilingual speaker may mix the phonological and grammatical rules of the minority language with those of standard English (and/or nonstandard English). Similar to social dialect speakers, bilingual individuals speak English, but may do so with linguistic rules that are different or nonstandard. The rules used by the bilingual speaker can be attributed to the rules of the minority language spoken and to the community in which he/she lives.

The position statement has similar implications for bilingual individuals as it does for other nonstandard English speakers. If the bilingual individual seeks to acquire a more standard production of English, the speech-language pathologist may provide elective clinical services. However, as stressed in the position statement, a particular knowledge base is required including a thorough understanding of the linguistic rules of both languages.

For the bilingual speaker who exhibits a speech or language disorder within his or her dominant language, speech or language intervention would be indicated. It should be stressed, however, that a comprehensive evaluation by a knowledgeable speech-language pathologist is required prior to initiating treatment. Considerations for providing assessment and treatment to the bilingual communicatively handicapped are currently under study by the ASHA Committee on the Status of Racial Minorities.

Q: What is the best age to introduce a second dialect?

A: There are two schools of thought on this. From the critical period hypothesis, we know that children learn language most easily before the age of 12. This is true for second as well as first language. Therefore, it is reasonable to assume that the learning of a second dialect is easier for the young child than for a youngster in junior high or above.

The other point of view is that intrinsic motivation is the key factor in learning either a second language or dialect. That is, an individual will most easily acquire a second language or dialect if his or her internal motivation to do so is high. For a very young child, the primary socializing agents are the family and peer group.

Language serves a social solidarity function, which is the reason that the eradication approach usually fails. That is, the intrinsically motivating factor of family and peer identity is stronger than the later acquired values of social mobility and social class prestige which are associated with standard English usage. These later developing values become intrinsic motivators around the age of junior high or above.

Further, for the very young child, language is closely tied to self-concept. To imply to a young child that something is wrong with the way he or she talks (which is also the way his or her family talks) implies that something is wrong with that child as a person. It could be argued that there is no justification for devaluing the self-worth of a child—not even if you think it is for his or her “own good in the long run.”

The answer to this question is addressed indirectly in the position statement. It is clearly stated that there may be nonstandard English speakers *who find it advantageous* to have access to the use of standard English. Such individuals would have intrinsic motivation to learn standard English and would be the most likely to *seek* the services of the speech-language pathologist. It is this type of individual to which the position statement refers.

Q: I understand the bidialectal philosophy for oral communication. But I am continually confronted by classroom teachers who have difficulty teaching written standard English to nonstandard dialect speakers. Do speech-language pathologists have a responsibility here?

A: Many speakers of nonstandard dialects will apply the phonological and grammatical rules of the dialect to written English. Consequently, there may be dialect interference when learning to write in standard English grammar. There also may be errors in spelling caused by phonological differences and reading may be impeded.

ASHA recognizes the role of the speech-language pathologist as a resource or consultant to the classroom teacher. If the speech-language pathologist has a thorough knowledge of the linguistic rules of the dialect, he/she can assist the classroom teacher in taking the child's dialect into account in instruction. Just as the classroom teacher teaches children to comprehend the numerous irregularities in written English, such as silent letters, phonemes with more than one grapheme, and homophonous pairs, dialect rules and contrasts can also be incorporated into instruction as additional "irregularities" in the English language.

Q. What do you do when there is a true error within the dialect? For example, if a Black English speaker says "I are a boy," there is neither a social dialect rule nor a standard English rule to account for this. Do I teach the Black English grammar (*I is a boy or I a boy*) or do I teach the standard English grammar (*I am a boy*)?

A: There are differing views. Some professionals think that dialect preference should be the individual's (or the parent's) choice. However, if the speech-language pathologist is not a speaker of the nonstandard dialect, he/she may not be able to model the dialect feature with native dialect proficiency. The result could be a violation of sociolinguistic or pragmatic rules.

Other professionals think that when there is an error in the dialect, the standard English feature should be taught. Still others agree that in such instances, the standard English feature should be taught, but if the end result is production of the dialect feature, it should be accepted.

The rationale for teaching the standard English version of the particular feature is based on the reality that dialect usage exists on a continuum. The majority of speakers will not use all of the rules of the given dialect. The number and type of features that have a high frequency of occurrence may vary from speaker to speaker. Therefore, if a speaker has a true error, which is neither attributable to the nonstandard dialect nor to standard English, there is no way to be certain that the speaker would have "naturally" developed use of the nonstandard version of the particular feature.

Q: Does the position paper mean that we now have ASHA's approval to teach English as a second language (ESL)?

A: No. ASHA currently has no position on the role of the speech-language pathologist in teaching English as a second language.

Q. Are there published listings of bidialectal training programs?

A: The ASHA Office of Minority Concerns identified and listed numerous multicultural texts and materials in the September 1981 issue of *Asha*. A supplement to that listing appears in this issue of *Asha*. Unfortunately, only two programs were identified that were described by their authors as bidialectal training programs. A program designed for grades K through 6 was developed for the Kansas City Public Schools by Wilbur Goodseal. The program manual and curriculum guide, entitled *Language Program for Inner City Populations*, can be obtained by contacting Emogene Lewis, Chapter I Program, Board of Education, Building 1211 McGee, Kansas City, Missouri 64108. The other program, designed for preschool children, can be found in *Poverty Children and Their Language* by Sol Adler (Grune and Stratton).

Other programs undoubtedly exist. But many multicultural products are either published by small publishers with limited dissemination or unpublished and used by their authors for their local populations. The ASHA Office of Minority Concerns would welcome information about such programs, particularly for older children and adults.

Q: The administration in my school district and most of the classroom teachers firmly believe in the eradication philosophy. They are pressuring me to regard normal nonstandard English differences as if they were speech and language disorders. Being outnumbered, how can I convince them that they are wrong.

A: There is no right or wrong on this very controversial issue. Rather, there are differing opinions. But the opinion of those who believe in eradication is not consistent with the policy of the communicative disorders profession.

The position statement on social dialects represents the official policy of the American Speech-Language- Hearing Association. Thus, there is an official statement that can be brought to the attention of administrators and teachers to support your professional philosophy on this issue.

Additional Information

- AHSA Office of Minority Concerns is now the ASHA Office of Multicultural Affairs
- ESB Standard II now mandates that “Some coursework must address issues pertaining to normal and abnormal human development and behavior across the life span and to culturally diverse populations.”