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American English Dialects

ASHA Multicultural Issues Board

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About This Document

This technical report was prepared by the 2002 American Speech-Language-Hearing Association (ASHA) Multicultural Issues Board. Members of the Board included, Luis F. Riquelme, chair; Bopanna Ballachanda, Julie K. Bisbee, Catherine J. Crowley, Diana Diaz, Nancy Eng, Edgarita Long, Joe A. Melcher, Constance Dean Qualls, Linda McCabe Smith, Kenneth E. Wolf, Michael L. Kimbarow; monitoring vice-president, and Vicki R. Deal-Williams; ex officio. Emma M. Muñoz, a former member and chair of the Board served as a special consultant on the development and completion of the document. Members of the Multicultural Issues Board between 1996 and 2001 also contributed to previous versions of the document. Those members are Lisa Alford, Juanita Sims Doty, Ellen C. Fye, Nakiesha F. Giorgis, Lyn R. Goldberg, Brian A. Goldstein, Charles W. Haynes, Jacqui Kurland, Gloria R. Martin, Celeste Roseberry-McKibbin, Maurice I. Mendel, Catherine M. Nagayda, Ravi Nigam, L. Gay Ratcliff, Milagros Rios-Walker, Marlene Salas-Provance, Bryan Scott, Diane Scott, Gari Smith, Kenneth Tom, Chris Begay Vining, Toya Wyatt, and Janice Wright. To stimulate discussion and generate other recommendations, this report was circulated for select peer review to a number of members with targeted expertise, and several related professional organizations. The Multicultural Issues Board is grateful to all those who contributed to the development of the document.

Introduction

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

This technical report presents guidance to the professionals in the field of speech-language-pathology regarding the provision of services to speakers of various American English dialects who wish to acquire proficiency in a dialect other than their own.

Definition of Terms

The type of English spoken in the United States is commonly referred to as American English (AE). “Languages are invariably manifested through their dialects, and to speak a language is to speak some dialect of that language... the term dialect is defined as a **neutral** label to refer to any variety of a language which is shared by a group of speakers” (Wolfram, 1991. AE includes social as well as regional dialects that are systematic, highly regular, and cross all linguistic parameters (i.e., phonology, morphology, syntax, semantics, lexicon, pragmatics, and suprasegmental features). Therefore, each represents a legitimate rule-governed language system. Dialects of AE include, but are not limited to African-American English, Appalachian English, and Standard American English (SAE). Although each dialect has distinguishing characteristics, all share a basic core of grammatical features that are common to all varieties of American English.

Difference versus Disorder

The existence of the various dialects is the result of historical, social, linguistic, and geographical factors. For example, due to historical and social factors, the majority of—but not all—speakers of African-American English are African American. But not all African Americans speak African-American English. There is a considerable range of language diversity within each of the different dialectal speech communities, with individual speakers varying their speech in accordance with the sociolinguistic dynamics.

A speaker of any language or dialect may exhibit a language disorder unrelated to his or her use of the native dialect. An essential step toward making accurate assessments of communication disorders is to distinguish between those aspects of linguistic variation that represent regular patterns in the speaker's dialect and those that represent true disorders in speech and language.

Required Competencies for Speech-Language Pathologists

The speech-language pathologist must have certain competencies to distinguish between dialectal differences and communicative disorders. These competencies include

1. recognizing all American English dialects as rule-governed linguistic systems,
2. understanding the rules and linguistic features of American English dialect(s) represented by their clientele,
3. being familiar with nondiscriminatory testing and dynamic assessment procedures, such as the following:
 - identifying potential sources of test bias,
 - administering and scoring standardized tests in alternative manners,
 - using observation and nontraditional interview and language sampling techniques, and
 - analyzing test results in light of existing information regarding dialect use.

Elective Services

The traditional role of the speech-language pathologist has been to provide clinical services to individuals with communication disorders. It is also within the scope of practice for speech-language pathologists to provide elective services. Given that SAE is the linguistic variety used by the government, the mass media, business, education, science, and the arts in the United States, speakers of other varieties of American English may find it advantageous to be able to speak SAE. In these cases, the role of the speech-language pathologist is to assist in the acquisition of the desired competency in the second dialect without jeopardizing the integrity of the individual's first dialect. The approach of the elective service must be functional and must emphasize the appropriateness of the first and second dialects for different contexts.

Additional SLP Competencies

Clinicians have a social and ethical responsibility to provide potential clients and their families with the opportunity to objectively discuss the use of the target dialect as well as the educational and social ramifications of second dialect acquisition. Clinicians must provide individuals with sufficient information on the historical background, origin, features, and social implications of both the first and the target dialect to facilitate an informed decision. This is particularly important in the case of pediatric clients whose parents and guardians have to make decisions regarding the delivery of services.

Reference and Additional Readings

The speech-language-pathologist should also have an appreciation for the communities and cultures of speakers of AE, as well as a thorough understanding of the social attitudes toward dialect use. Just as competencies are assumed and necessary in the treatment of communication disorders, relevant competencies are also necessary in the provision of elective services to speakers from all American English dialect communities who do not present with a disorder but who wish to improve their overall use of SAE.

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