

AQ1 Tutorial

How the Charter Members of ASHA Responded to the Social and Political Circumstances of Their Time

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ABSTRACT

Purpose: This article examines the responses of the founders of the American Speech-Language-Hearing Association (ASHA; original name, the American Academy of Speech Correction) to the social trends of their day in the United States. Those trends included migrations from Europe and the rural South, the emergence of new scientific methodologies, and the birth of a professional class. Our aims are to reveal how the founders reacted to these select social changes, to show how their reactions served to shape the newly formed profession in and around 1925, and to describe how that profession is still grappling with their choices even today.

Method: The writings of the founding members of ASHA were examined for evidence of their views in relation to 20th century historical trends, specifically examining their attitudes toward clients and clinical practice.

Results: We identified elitist, ethnocentric, racist, regionalist, classist, and ableist statements in the writings of the founders. They promoted practices that denigrated those speaking dialects that were deemed nonstandard, including linguistic patterns originating from ethnic, racial, regional, and class differences. They also used ableist language in writing about people with communication disabilities, adopting a medical model that elevated the professional practitioner over the client.

Conclusions: Our founders' response to social and political trends led to their creation of oppressive professional practices rather than to work within a more positive social model of professional practice, which was readily available to them at the time, one that would have embraced differences rather than seeking to erase them. Once again, we are experiencing sea changes in our society, ones that offer us the opportunity to reverse the practices shaped by our predecessors. We can learn from the missteps of our founders to create practices that empower and respect those with communication differences or disabilities.

AQ2
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The approaching of the centennial year of American Speech-Language-Hearing Association's (ASHA's) founding offers an opportune moment for us to critically examine our professional origins. Our professional centennial arrives at a time when there is a strong movement calling for critical reexamination of many of the founding assumptions and practices in the United States, including past and present racist and biased practices (Arnold, 2015;

Bérubé & Ruth, 2022; Nario-Redmond, 2019; Vortex Group, 2023). Historical and current biases against a wide range of marginalized populations are being challenged, including indigenous peoples, Black people, immigrants, and those with disabilities. It is in this context of reevaluating and critiquing our country's past and current social transgressions against the dispossessed that we examine our own profession's history in this article regarding the founding of our national association. Taking a hard look at the attitudes and practices of those who were involved in the profession when ASHA came into being, around 1925, raises troubling questions. Did the founders of our

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professional organization in the United States create, subscribe to, and promote what today would be considered racist, ethnocentric, ableist, or elitist practices? If so, should it be assumed that they merely reflected the attitudes of their time, or were models and ideas available to them that could have offered them options to follow a different path, one that would have potentially led to more inclusive and less biased practices?

To this end, this article has the following aims:

1. to reveal how the founders responded to the social changes of their day,
2. to show how their responses served to shape the newly formed profession in and around 1925,
3. to describe how the profession continues to grapple with the founders' choices.

This article investigates the times in which the charter members of ASHA lived and how they responded as they shaped the profession. The first section outlines the political and cultural trends that were going on in the United States around 1925, ones that our founders had to address. The second section describes the origins of the profession; the founding of the national association; and professional characteristics of charter members as a group, with a special emphasis on how they responded to the cultural trends of their time. The article concludes by examining what is going on today in the profession to redress the issues related to negative biases that originated in choices made by ASHA's founders. We contend that conscious attention to these historical forces is a critical element in contemporary efforts to improve our profession by actively confronting biased views and practices. See Supplemental Material S1 listing the charter members and presenting some highlights of their professional careers.

Four National Trends That ASHA Charter Members Were Experiencing in 1925

The early 20th century has been considered an era of progressivism—a time when local and national reforms were adopted to regulate industrialization, urbanization, immigration, and political spending (Milkis, n.d.). There were several national trends associated with this progressivism that influenced the thinking and practices of ASHA's charter members. Especially relevant to their formation of a new profession were demographic shifts involving waves of immigration from Europe and migrations from the American South, the emergence of a new kind of science, and a movement to establish helping professions.

Immigration From Europe to the United States

Between 1880 and 1924, more than 20 million immigrants came to the United States (History.com Editors, 2009). The two largest groups came from Italy and Eastern Europe, fleeing religious persecution and poverty (Howe, 1976). There were more than 4 million Italians fleeing rural poverty in Southern Italy and Sicily and around 2 million Jews, mostly from Russia who were escaping religious persecution. Immigrants from both groups formed thriving communities in America's large cities and had a strong positive impact on American culture that has continued to this day.

The arrival of the new immigrants also led to overpopulation, slums, and a surplus of unskilled workers (Kraut, 1982). There were calls for immigration restriction, and in 1894, the Immigration Restriction League lobbied successfully for congress to require immigrants to take a literacy test. The 1890s also saw passage of the Federal Immigration Act, which led to the construction of an immigration processing center on Ellis Island.

AQ6

Most immigrants spoke a dialect of English that reflected their first language, thereby creating a cultural need felt by some immigrants to become more intelligible to those speaking American English vernacular. This need was addressed by programs that taught American English vernacular to those who spoke in “foreign dialects” (Martin, 1926/1945). The need was also being responded to by those who promoted more acceptance of diverse dialects (Brown, 1880; Harris, 2017; Thomas, 1958). The two positions have been described as promoting dialectal prescriptivism and appreciating dialectal diversity (Duchan, 2008).

African American Migration From the American South to Northern Cities

Also, around that same time, there were 6 million African Americans who migrated from the American South to the northern cities because of Jim Crow laws, persecution, lack of work, and poverty in the rural South (Lemann, 1992; National Archives, 2021). An added incentive to this group was promises of factory jobs from industrialists in the north. The migrants moved into communities in large cities that they called Black Metropolises (Drake & Cayton, 1945; Gregory, 2005).

The Harlem Renaissance was one result of this mass migration (History.com Editors, 2022). The renaissance grew out of a Black cultural mecca of African Americans who had migrated to New York City between 1910 and 1935. This short period is still considered a golden age in

African American culture, manifested in contributions of African Americans to literature, music, stage performance, and the visual arts (Hutchinson, n.d.). Some African American writers such as Paul Dunbar, Langston Hughes, and Nora Thurston wrote in their own dialect, and others gave public recitations in African American dialect (Brown, 1880; Harris, 2017).

The dialect of African Americans was a point of concern to our founders who focused on communication differences. Should they provide services to alter a person's African American English (AAE) dialect, a process that was called "accent reduction," in hopes of promoting assimilation of those discriminated against? This was the stance of those who favored dialectal prescriptivism (e.g., S. Blanton, 1921; Robbins & Stinchfield, 1931; Stinchfield & Dorsey, 1926). Or, should they focus on promoting better and a more widespread understanding and acceptance of AAE, fostering dialectal diversity (e.g., Bloodstein, 1999; Willis, 1919)?

A Movement Toward a New Science

A shift was also taking place in the intellectual zeitgeist at this time involving what was then called "the new science" (Duchan, 2021b). One outcome of this emphasis on scientific measurement was a surge of studies on the nature of speech and its disorders (e.g., Scripture, 1912). These studies included areas of experimental phonetics, brain localization studies, invention of methods for evaluating performance such as intelligence testing, and normative studies of child development. In addition, there were a number of demographic studies being done to determine the incidence of speech disorders, especially in schools (e.g., S. Blanton, 1916; Stinchfield, 1925). Finally, a racially motivated theory of eugenics was being promoted at the time (late 19th century; Sussman, 2014). This theory presumed racial superiority of White Anglo-Saxon Americans and argued for improving society by eliminating undesirable racial and ethnic traits with the aim of creating a "master race." Among the traits that were seen as repugnant and in need of eradication were speech patterns from dialects believed to be "sub-standard" and reflective of incorrect thought patterns. Eugenicians also wanted to rid the society of people with all kinds of disabilities, even advocating forced sterilization (National Human Genome Research Institute, 2021).

The founders of the profession were faced with choices as they conceptualized the new discipline and how to incorporate the new science into their practices. What information from scientific studies should they use in their professional curricula? What scientific studies should they carry out themselves? And, how should they deal with the prevalent racist notions associated with eugenics?

The Birth and Growth of the Helping Professions

The knowledge gleaned from the new science was used to form a base for the development of a number of new professions (Duchan, 2021a). Two types of professional movements emerged in this period, one with a medical focus and the other with a focus on providing social support. Professional groups with a medical focus were created with the goal of diagnosing and remediating problems in individuals who did not meet a specified societal standard of speaking. The newly developing medically based professions with the strongest medical focus were psychiatry, psychology, and medicine. These groups situated themselves in clinics such as mental health clinics and child guidance clinics and hospitals and identified their clientele as patients in need of therapies. There was an elite version of professionalism, one in which individuals coming for help were seen as patients, a passive role in which the person was expected to follow the professional's advice. The professional would diagnose the problem, termed a "speech defect," and decide what should be done to fix it, with the ultimate goal of "normalizing" the patient to fit into society's mainstream (M. Blanton & Blanton, 1919/1920; Borden & Bussey, 1925).

The second type of professional movement provided social and educational support to those in need. These professionals were located in the community, in spaces such as settlement houses, where they worked together with their clientele to identify and provide needed support services (Rabin, 2009). Those services were most often socially based. That is, they aimed to overcome social problems in the community that thwarted the goals of the clientele. The aim was not to change the person to meet society's standards but to work with people to create support systems that would accommodate their differences.

Our predecessors had both medical and social models available to them. They faced an important choice, whether to assume the elitist stance of the medical model or to adopt the more egalitarian stance offered by the social model. The direction chosen would influence the profession for many decades.

The Origins of the National Association

In December of 1925, a small dissident group of professionals met together at a convention of the National Association of Teachers of Speech in New York City. They described their aim as founding a new separate organization, distinguishing themselves from a larger professional group that they were all members of. They called their new organization the American Academy of Speech

Correction. Some of those attending the meeting, and others who joined them later, have since been identified as charter members of what eventually evolved into the American Speech-Language-Hearing Association (Malone, 1999; Paden, 1970; West, 1958). (See Supplemental Material S1 for a listing of the 25 charter members and their contributions to the profession that is now called communication sciences and disorders).

ASHA's charter members totaled around 25. All were White and college educated. Sixteen of those 25 or so were affiliated with American institutions of higher education at the time of ASHA's founding. Their home departments varied: Five were working in speech departments (Borden, Busse, McDowell, Taylor, and Thomas), two in the newly formed Department of Speech Correction and Hygiene (Brownell and West), three in recently created psychology departments (Robbins, Stinchfield-Hawk, and Travis), two in English Departments (Brown and Dorsey), and four in medical schools (S. Blanton, Gifford, Goldstein, and Kenyon). A smaller group of nine were working as directors of speech correction programs in public or private schools or clinics or in state departments of education. Their charge was to oversee speech correction services (M. Blanton, Camp, Estabrook, Gifford, Green, Lacy, Nichols, Robbins, and Ward). Two of the founders had communication disabilities—they stuttered—and one was blind.

The expressed purpose of the group of 25 was to “separate from the mother society” (i.e., the National Association of Teachers of Speech) and “to form a special group of those interested in the elimination and correction of speech defects rather than speech on the artistic side” (ASHA Archives, 1925). The official statements associated with their founding, such as those found in the organization's minutes and its constitution, had to do with the ableist goal of eliminating all speech defects (ASHA Archives, 1925; ASHA Constitution, 1927). This focus on elimination of speech defects runs counter to a more accepting stance toward diversity that is being advocated today and one that was in the air even in 1925 (Duchan & Hewitt, 2022).

There was a ferment of interest among the founding group and their colleagues in establishing standards for oral communication (Duchan, 2008). This interest took various forms. Educators advocated for the importance of ensuring that children in the public schools needed to be taught proper speech habits (Stoddard, 1925). They also expressed concern about the speech of immigrants whose dialects were seen as inferior (Martin, 1926). In addition, the dialects of Americans not seen as “cultured” were treated as problematic, including that of speakers of AAE (Thomas, 1945).

Another impetus driving the founders of our profession in the United States was a concern about quackery, especially in the treatment of stuttering (Werner, 1881). Many practitioners of no particular training or background promised to cure stuttering (Bluemel, 1913; Werner, 1881), with a range of patented “cures.” Those seeking to establish scientifically grounded and ethical practice sought a means to distinguish themselves from the quacks and looked to establish fundamental scientific research parameters for the investigation of speech.

Many of those whom our founders considered to be quacks called themselves elocutionists (ASHA Archives, 1925; Russell, 1941). Elocutionists of late 19th and early 20th centuries drew from traditions of rhetoric and literature, more than from the science of speech (Conquergood, 2000; Duchan, n.d.). The charter members of the American Academy of Speech Correction sought to ensure that the emerging field of speech correction was guided by scientific research in areas such as experimental phonetics, standardized testing, child development, and brain studies—knowledge and research that set them apart from the elocutionists as well as from the peddlers of nostrums.

Membership requirements of the new organization were rigorous and exclusive. Candidates for membership were required to demonstrate active professional participation in some aspect of speech correction, to hold a graduate degree during which the prospective member had studied speech correction/speech science, to have authored scholarly publications, and to adhere to ethical standards (e.g., avoiding any promises of “cures”; ASHA Constitution, 1927). Moreover, only five members could be admitted in a single year. The American Academy of Speech Correction was clearly an elite organization, not one that represented all practitioners and certainly not one that allowed for input from their clientele with communication disabilities.

A number of the founders were active writers who published journal articles and books that conveyed their attitudes toward the issues of their time. A select sampling and analysis of their writings about their professional roles, immigrants, race, regional and class differences, and communication disability is presented in Table 1 and described in the sections below. **T1**

Elitism

The exclusivity of membership in the early days of our professional association reflects a more general belief that an elite group is responsible for ensuring that the profession adheres to correct notions. Just as the elocutionists set themselves up as arbiters of how people should speak, the founders of our profession in the United States set themselves up as arbiters of correctness in professional

Table 1. A sampling of attitudes of American Speech-Language-Hearing Association’s (ASHA’s) charter members.

Type of bias	Charter member’s expressions of bias	Quotes illustrating biased attitudes
Elitism	M. Blanton and S. Blanton denigrating clients	Poor tone, inflection, and certain usages of the voice [that] inevitably disclose a lack of breeding. (M. Blanton & Blanton, 1919/1920, p. 20)
	Borden and Busse on need for keeping up “national speech standards”	Nasality; harsh, unpleasant production of tone; slovenly, indistinct articulation of sound units; enunciation distorted by organic malformations and diseases; provincial and foreign dialect; lisping; mouthing; stammering—all contribute to the lowering of our national speech standards. (Borden & Busse, 1925, p. iii)
	West taking issue with the profession’s exclusionary practices (tongue-in-cheek)	The organizers of our Association thought of it as a group of Academicians who would gather once a year on some mountain top to discuss with each other topics that were so technical, so profound, and so esoteric in technology that only in such a group could real communication be achieved. (West, 1960, p. 9)
	Minutes of the first meeting of ASHA	...to form a special group of those primarily interested in the elimination and correction of speech defects, rather than speech on the artistic side. (ASHA Archives, 1925)
Anti-immigrant bias	Borden & Busse on dialect differences as defects	The characteristic defects of foreign dialect include (a) sound unit substitutions, (b) sound unit additions, (c) sound unit omissions, (d) misplaced stress, and (e) incorrect intonation. (Borden & Busse, 1925, p. 160)
Racism	S. Blanton, Ogilvie, Robbins, Stinchfield-Hawk, and Dorsey on terminology used in diagnostic taxonomies	<i>The racist terms used in the taxonomies of these authors are not quoted here, as they are too offensive.</i> (S. Blanton, 1916a; Ogilvie, 1942; Blanton, ; Robbins & Stinchfield, 1931; Stinchfield & Dorsey, 1926)
Regionalism and classism	Borden and Busse on dialect differences	All speech defects that occur as symptoms of eccentric language developments within a given nation’s borders may be conveniently classified under the general heading DEFECTS OF PROVINCIAL DIALECT. (Borden & Busse, 1925, p. 129)
	Gifford on elimination of accents	Speech should not announce one’s birthplace nor consign a person to any particular class. (Gifford, 1933, p. 6)
	Stinchfield-Hawk on dialect superiority	If we should develop an international vocabulary, we might hope to reach some agreement as to what constitutes the most agreeable pronunciation, intonation, stress, accent, slang, and customary usage, even though we might prefer at another time, to express ourselves in a simpler, more colloquial language. (Stinchfield, 1933, p. 16)
	Thomas on dialect diversity	Every section of the country has its good speech and its bad speech, its good voices and its bad voices. Some bad qualities are more characteristic of one section than others, some are general. All can be improved without leaving the framework of good speech in the section in which the speaker lives. (Thomas, 1947/1958, p. 4)
Ableism	Camp on speech differences as symptoms	As we attempt to...look not only for such symptoms as express themselves in speech, but also for such other symptomatic defects as may appear in the personality of the child. (Camp, 1921, p. 120)
	Camp on inferiority of children born with communication disabilities	All over the country, an attempt is being made to give these children, unequally born, equal opportunity with the more fortunate to receive the training that will best fit them for life... (Camp, 1923, p. 280)
	Gifford on the medical model	The two main aspects of the work of the speech correctionist are diagnosing the speech defects and providing therapy for the student to help him correct his handicap. (Gifford, 1949, p. 22)

(table continues)

Table 1. (Continued).

Type of bias	Charter member's expressions of bias	Quotes illustrating biased attitudes
	Stinchfield-Hawk on the medical model	For this reason, it is exceedingly important that all workers in the speech pathology field should be trained in the minimum essentials of the pathology of speech, diseases in which speech disorders occur, conditions and causes of the handicap, speech symptoms present, and prognosis with some suggestions as to treatment. (Stinchfield, 1933, p. 77)
	Travis on impairment	To the extent that a child or an adult is crippled in the act of forming his speech sounds, uttered singly or in connected speech to the same extent is he crippled in his personality. (Travis, 1936, p. 60)

thought. Certain assumptions were shared among the various groups concerned with speech, for example, that stuttering is inherently bad and in need of treatment and that certain speech styles are “correct,” others are “lazy” (Scripture, 1912) or “degenerate.” Stinchfield (1926) connected the need for speech “correction” with emotional disturbance. In this sense, racism and ableism were baked into the profession of speech-language pathology from the start.

It comes as no surprise to find that the founders of the field espoused beliefs and used language that we would find abhorrent today, since anti-immigrant sentiment and anti-Black racism were rampant at that time. Verbal performance and oral proficiency of the “correct” type were valued. Speech that did not adhere to norms espoused by elites was seen not only as substandard but also as a bad influence on the language as a whole. Two charter members of ASHA, Borden and Busse, wrote in their manual *Speech Correction* (1925): “Good speech is universally recognized today as an economic, social, and cultural asset of the first rank. Yet in the United States the problem of defective speech grows daily more acute.” The sense of crisis implied by the language used in this quote was widespread. Margaret Blanton and Smiley Blanton (both founding members of ASHA) in their 1919/1920 work *Speech Training for Children: The Hygiene of Speech* strike a note of *noblesse oblige*:

This is often obvious in the deliberate use of slang and poor English by people who are socially acceptable. It is often observed that poorly constructed English and faulty pronunciation do not conceal true culture; whereas, poor tone, inflection, and certain usages of the voice inevitably disclose a lack of breeding. In a democratic nation, therefore, our present neglect of speech training becomes almost antisocial. It is a remnant of autocracy whereby we say that the child has only a right to that which it inherits. (M. Blanton & Blanton, 1919/1920, p. 20)

In the Blantons’ view, social progress is inhibited when portions of society continue to speak differently

from those who have “breeding,” that is, who come from upper social classes. Similarly, Stinchfield (1926) argued that uncorrected speech defects, including “regional dialect,” have a negative impact on suitability for employment. The writings of these and other founding members demonstrate that they held the belief that those aspiring to better their social lot must learn to adhere to the speech patterns of “cultured” persons.

Anti-Immigrant Bias

Among the “defects” that were part of the taxonomies promoted by the founders were “foreign dialect” (Robbins & Stinchfield, 1931; Stinchfield & Dorsey, 1926; summarized in Ogilvie, 1942). They also saw speech correction as a means of cultural assimilation and cultural advancement for those with speech differences. Publications of a number of charter members show that they consistently chose the more negatively biased stances toward their clientele over more positive ones (see Table 1). Speech correction manuals published in the early 1920s referred to the deleterious effects on the speech of native-born Americans from exposure to speech patterns of immigrants. Manuals outlining best practices in speech correction, such as Frederick Martin’s (1945; originally published in 1926), listed “foreign accent” among “speech defects.” Martin was prominent in speech correction, having served as the founding head of speech correction in the New York City public schools and later as the first director of an early speech correction department at Ithaca College (founded in 1921). Martin’s chapter on foreign accent lists speech sounds that might be produced incorrectly in the speech of non-native speakers (the chapter was published separately as a manual distributed in the New York City public schools). He asserts that the pronunciation of the word “civil” with a schwa in the second syllable can be attributed to influences from immigrant speech. His manual has a section on “Jewish” speech, prefaced by a comment that it is more difficult to remediate than other accents. A quite similar chapter appears in a text produced by one of his students, Helen Peppard, in

her manual, *The Correction of Speech Defects* (Peppard, 1925). An anecdote regarding Robert West, first president of ASHA, shared by Bloodstein (1999), asserted that West was denied the chairmanship of his department because he did not agree with correcting New York City dialect features. Comments about productions seen as corruptions include references to carelessness and the lack of discipline (Martin, 1926/1945) in using forms such as “gimme” for “give me.” The linkage of “laziness” with foreign accent is not overt, but the concepts are discussed within the same chapter.

Racism

The ascription of certain speech variants to a supposed “laziness” is not far from the racist attribution of this characteristic to Black people. In fact, a term cited in reference works of the time used a racial slur to describe a particular style of speech defect. The phrase in question is so offensive that it will not be repeated here. In Ogilvie’s dissertation (1912; published in 1942) *Terminology and Definitions of Speech Defects*, the phrase is cross-referenced with “bradylalia” and “cluttering,” thus associated with both abnormally slow and abnormally rapid speech. The term “Negro speech” is listed in the same volume, with cross-reference to slurring. Stinchfield and Dorsey (1926) also listed the offensive phrase in their classification of terms used in the field, under a list related to “Oral Inaccuracy” (p. 3). The list also included terms such as “lethargic speech”; “slovenly speech”; “negligent speech”; and, in line with the works by Martin (1926/1945) and Peppard (1925) discussed above, “foreign accent.” S. Blanton (1921) also mentions the racist term and describes it as “indistinct speech.” S. Blanton, Stinchfield-Hawk, and Dorsey were all charter members of ASHA, placing them squarely among the founders of our field. That terms with overtly racist words could be used in professional and technical works, even if only to be cited, shows the degree to which racist views were, if not espoused, at least left unchallenged. Such usages demonstrate that the link between “lazy speech” and “lazy people” was present in people’s minds and that AAE was often viewed not as a dialect variant but as a speech pattern whose perceived defects were caused by inherent racial inferiorities that were assumed to exist. In this manner, variants of speech that were spoken by minoritized populations were pathologized and classed with other physical and mental deficiencies that racist academics of the time believed must exist.

Regionalism and Classism

The founders advocated correctness in speech, with many regional dialects seen as incorrect. They promoted a

prescriptivist stance that saw dialects not conforming to those of the upper classes as being inferior and substandard (Duchan, 2008). Stinchfield (1926) supervised a program at Mount Holyoke College, a private women’s college in Massachusetts, wherein all first-year students were screened and sorted into categories based on speech, with mandatory speech remediation for those not passing. One reason for failing the screening was “regional dialect.” Gifford (1933) wrote: “Speech should not announce ones birthplace nor consign a person to any particular class” (p. 6). This example shows that, while the founders of the field attempted to use a scientific method to classification of speech, the application of the method resulted in elitism and classism. This choice led to their treating communication differences as deficits.

Ableism

There was little representation of the voice of the communicatively disabled in the writings or membership of the charter group. Two were known to stutter (Gifford and Robbins), but their personal accounts were not part of this early literature (but see Pronovost’s 1965 interview of Robbins, at a later time, for an exception), nor were perspectives of those who were targeted for “speech correction” services presented in our founders’ early documents or published work (e.g., ASHA Archives, 1925; S. Blanton, 1916a, 1916b). In addition, the group, as a whole, presumed that professionals who carried out speech correction services were the ones who should decide what services were needed and what people should receive those services. They based the perceived needs of services on survey data available at the time (e.g., S. Blanton, 1916a; Stinchfield, 1925) and on whether the prospective clients fit into predetermined diagnostic categories associated with speech disorders (Robbins & Stinchfield, 1931; Stinchfield & Dorsey, 1926). Their stance was not a collaborative one; it was an elitist one that assumed that professionals know what is best for their clientele.

As noted above in our discussion of the medical model and elitism, authoritarianism undergirds approaches to clinical work based on the assumptions that the professionals are the ones to dispense clinical knowledge and standards to patients/clients. The unequal status between patients and clinicians is inherent in many of our practice models; the inequality of the “patient” versus the “expert” was presumed by the early speech correctionists. Indeed, the name “American Academy of Speech Correction” embeds the word “correction” in it, reflecting the elitist stance that members of the academy espoused.

Another development with ableist implications in the early 20th century was the child guidance movement. This movement was particularly influential among founding

members of ASHA. Indeed, two of ASHA's founders, Smiley Blanton and Margaret Blanton, opened a child guidance clinic in Minneapolis, Minnesota, and wrote a book on child guidance methods (S. Blanton & Blanton, 1927). The child guidance movement can, in some sense, be seen as a descendant of the 19th century normal school movement. The normal school concept came to the United States from France, where standards of educational practice or *école normale* were being developed. The standards involved teacher training and model classrooms to improve and regularize curricula. As Wright (1930) describes it, the state of public education in the early years of the 19th century in the United States was seen as deplorable, and reformers sought to import the concept of the normal school by founding teacher training academies. Standardization of educational practice was seen as key to developing a robust and consistent public education system. The child guidance movement took the concern with consistency in education beyond the curriculum into the home. At the time, there was substantial concern with juvenile delinquency, and the child guidance proponents believed that mental health and social adjustment difficulties of juveniles stemmed from childhood experiences (Horn, 1989). The movement sought to promote and establish norms for child-rearing practices. Child guidance clinics such as that established by Smiley Blanton and Margaret Blanton provided early intervention services, teaching families child-rearing techniques, such as feeding schedules and how to administer discipline (M. Blanton & Blanton, 1919/1920). The child guidance movement sought to establish professionals as decision makers for what behavior is acceptable and what types of practices foster desired developmental outcomes. The attitudes toward the clientele in these community clinics can be logically linked to ableist views of neurodiversity, class-biased views of parenting styles, and authoritarian practices where the professional holds the power.

Countervailing Forces

One explanation for the biases expressed in the writings and actions of ASHA's founders is that they had no alternatives available to them. Elitist attitudes were omnipresent in the culture of the early 20th century, so the thinking might go, and our predecessors had no other choice. As we have argued above, that was not the case; there were countervailing forces and alternative views available. This period of history, at the turn of the 20th century, was called the progressive era, and while many forces were at play, there were numerous voices calling for more acceptance of marginalized groups. In this section, we discuss contemporaries who espoused these more egalitarian views, demonstrating that these ideas were available to founders of the field.

A notable model that existed at the time for the charter members came from the work of Hallie Quinn Brown, an African American elocutionist who was a successful orator and teacher. Brown published a set of practice readings for training her students in oral performance. Among the extracts were examples in AAE, presented in a positive light, without apology (Brown, 1880). Brown, the daughter of enslaved people, taught oral speech and literacy to students on southern plantations. In her role as a public performer, she often used material written in African American dialect by Paul Dunbar and performed by Brown in dialect. Later, Brown became the Dean of Women at Tuskegee Institute, in Alabama, working with Booker T. Washington. Brown became a popular public figure, performing often and highly regarded by both Black and White audiences (National Park Service, n.d.). Her efforts to promote acceptance of dialect difference were not acknowledged or emulated by ASHA's founders. Instead, they saw no legitimate use of the dialect, described it as "un-American," and treated those speaking the dialect as speech defective (see Table 1).

Another countervailing force to the biased approaches of our predecessors came from the newly developing field of phonetics. Many phoneticians were engaged in the study of American dialects, working to identify areas of dialect difference and characteristics of the different American dialects. A dissertation produced by Pardoe (1937), for example, investigated the influences on and development of AAE, treating it as a rule-governed dialect and not merely a defective language form. Indeed, Robert West, a founding member and the first president of ASHA, showed some acceptance of dialect difference, indicating that nonpathological attitudes toward dialect were held by at least one of the founders (Bloodstein, 1999).

The early 20th century also witnessed a push toward a more inclusive society by the settlement house movement. This movement promoted the idea of social inclusion for all community members, explicitly including those with disabilities (Whelan-Jackson, 2020). Leaders of the settlement house movement, especially Jane Addams, had a strong influence on other professionals who were practicing at that time. Furthermore, it was the elitist child guidance movement that was favored by founders such as the Blantons (S. Blanton & Blanton, 1927) and Stinchfield-Hawk (Stinchfield, 1927), not the settlement house movement.

It was also the case that counters to the medical model of disability existed at the time. Pratt (2016), for example, describes a Marxist analysis of disability forwarded by Helen Keller, in which she argues that capitalism is a primary cause of disability. She believed that disability arose frequently from the poor conditions for

AQ9

workers, contributing to their poverty and social isolation. One of ASHA's founding members, Sina Fladeland Waterhouse, was blind as well as an admirer and acquaintance of Keller, so there was potentially a direct conduit for ideas that would have challenged the prevailing ableist attitudes (Waterhouse, 1970).

These views promoting justice and equity for language difference and disorder were not espoused by ASHA's charter members. The social model of disability suggested by Keller was nowhere present: Research efforts in these early years of the profession looked for physical and mental causes of speech problems, using medical model practices. Several founders published diagnostic manuals, handbooks, and articles locating speech problems in the person (Stinchfield, 1926; Travis, 1957; West, 1936). Their writings emphasized that it was the duty of the profession to work toward eliminating stigmatized speech patterns, including disvalued dialects, stuttering, and any other ways of speaking not conforming to their ideas of correctness. Speech correction efforts were viewed as critical to improving society and combating threats to the social order (see Table 1).

Current Countervailing Forces

AQ10 The historical moment in which movements evolve makes its mark on them, and the founding of the discipline of communication sciences and disorders is no exception. In recent years, ASHA and other professional organizations have turned greater attention to issues of bias, which persist to this day. Following negative feedback on their initial statement in response to the protests and unrest following the murder of George Floyd, ASHA has worked to enhance dialogue and provide more explicitly anti-racist resources. *The ASHA Leader* has published columns by Black speech-language pathologists sharing their experiences with microaggressions, for example (Desormes, 2020). Views promoting neurodiversity and objecting to purely pathological views of autism are also finding their way into ASHA publications (Santhanam & Bellon-Harn, 2021). Similarly, recent publications call for combating ableism in how speech-language pathologists support the stuttering community (Gerlach-Houck & Constantino, 2022). The role of speech-language pathologists in working with accents has also been critiqued, highlighting the concern with pathologizing normal differences (Müller et al., 2000; Yu et al., 2022). The use of "essential functions" documents (Jackson et al., 2008), provided to all students at the beginning of their graduate program and stipulating required physical, mental, and linguistic abilities for success as clinicians, has been criticized as ableist and racist (Newkirk-Turner et al., 2021; Yu et al.,

2021). Programs are moving to eliminate the use of this document (Quam et al., 2022), and the Council of Academic Programs in Communication Sciences and Disorders has formed a working group to reexamine the concept of essential functions. The strength of the movement is reflected in the recent founding of a new journal, *Journal of Critical Study of Communication and Disability*. This journal aims "to advocate for linguistic justice, equity, and access for diverse communicators," providing a forum for "using critical science related to people and groups who are marginalized and/or pathologized for their languaging and ways of communicating" (Journal of Critical Study of Communication and Disability, 2022).

As our field evolves to reject views and practices that have come down to us from our ancestors, ongoing reflection on bias and how to combat it remains a critical issue and an important part of ethical practice (ASHA, 2017). The track of new ideas leaves its trace in terminology for example, terms relating to culture have changed from "cultural and linguistic difference" to "cultural diversity" to "cultural competence" to "cultural humility" and "culturally responsive practice." This change in terminology reveals an evolution, starting from the cultural and linguistic difference perspective, which had an unspoken presumption that White European Americans are the norm against which "difference" must be measured. Moving away from the focus on "difference," the profession went through a phase where clinical "competence" was considered possible to achieve via study and careful attention. The notion that there is an end point to combating bias is implied by the term "competence." Because there is no end point to developing and growing in cultural knowledge, we have arrived at the contemporary concept of culturally responsive/culturally reflective practice, where clinicians are enjoined to be aware of their own biases and cultural milieu and to maintain a growth mind-set, striving always to learn how best to serve each client, taking into account their cultural background and individual needs (Hamilton, 2021). In another area of terminology, ableist language is being criticized—unquestioned acceptance of person-first language is no longer the norm. Until recently, ASHA journals required person-first language, in line with American Psychological Association (APA) style. With a new recognition that many disabled people find it offensive, in that it implies that the disability is not a core part of the person's identity, ASHA publications accept identity-first language, now that APA style has changed (APA, 2022). We have a way yet to go in rooting out ableist language from the profession. For example, a tool for early identification of autism is called the Systematic Observation of Red Flags of autism spectrum disorder (Wetherby et al., 2020). The rather dramatic term "red flags" implies danger and negativity, associating autism

with bad things versus a more neutral term such as “signs” (Encompass, 2020). These changes in terminology are more than window dressing—they represent a substantially different stance, reflecting the positive impact of careful examination of received ideas. A further sign of movement toward systemic change is the launching of explicit anti-racism efforts (ASHA, 2021), with an active stance, going beyond deploring racism, to actively combating it, via efforts to remove structural issues maintaining it.

Finally, the characterization of speech differences based on language background as pathological is explicitly rejected by the discipline today. In contrast, the pathologizing of other speech pattern differences is still commonly accepted; stuttering is classified as a disorder on the ASHA Practice Portal (ASHA, n.d.). The early history of the field is replete with works on stuttering (Bluemel, 1913; Colombat de Isère, 1849; Ogilvie, 1942), with a wide variety of viewpoints on its causes and treatment. What was not questioned was whether stuttering is itself a problem, a view that has begun to emerge recently. Recent writers on the topic reject the notion of stuttering as a disorder. The Did I Stutter Project (Did I Stutter, n.d.) states:

Following the disability rights movement that took hold in the 60s, we understand disability and stuttering not as an individual defect, but first and foremost as a social discrimination against certain forms of human speaking.... An arbitrary line has been drawn around “normal” speech, and that line is forcefully defended.

The challenge posed to normative constructions by the Did I Stutter Project is parallel to earlier challenges to racist and ethnocentric views of correct speech forwarded by the founders of our profession. The evolution of the field toward inclusion and respect for human diversity is not inevitable; it is a struggle to overcome received notions that are part of the social structure within which our professions have evolved.

Recounting the errors and injustices of the past helps clarify where positive steps can be taken toward a better future. We have referenced many of these above and below list some additional concrete suggestions:

- Replace ableist language with positive and empowering, strengths-based terms. For example, remove use of the term “fluency disorder” and refer simply to “stuttering” (Tichenor et al., 2022). This change recognizes that stuttering is not just about fluency while also removing the stigmatizing language of “disorder.” As another example, discuss “signs” of autism, not “red flags,” using a neutral term for

these early indicators. Avoid medicalized terms such as “comorbidities” when describing additional challenges faced by autistic individuals (Bottema-Beutel, 2021).

- Seek opportunities for social justice learning and action, such as attending continuing education events fostering equity and/or joining ASHA caucuses for marginalized populations; ASHA Special Interest Group 14, Cultural and Linguistic Diversity; and/or national organizations such as the National Black Association for Speech-Language and Hearing.
- Learn directly from communities affected by inequity, such as by following the writings of self-advocates regarding neurodiversity and disability.
- Employ the social and client-centered model of disability in your practice, for example, recognizing the role the double empathy problem plays in the construction of social communication impairment (Milton, 2018) or the roles that cultural differences and racism play in pathologizing modes of discourse (Hamilton & DeThorne, 2021; Stanford, 2019). **AQ11**
- Advocate for holistic admissions and inclusive learning environments to improve representation of minoritized populations (Mahendra & Kashinath, 2022) and first-generation college students (Longwell-Grice et al., 2016) in the profession. **AQ12**

Conclusions

Recognizing the contemporary and ongoing impact of historical forces in perpetuating bias and inequality is essential to efforts to combat them (Hannah-Jones, 2021; Kendi, 2019). Some of the beliefs of our forebears may seem ludicrous to us today, such as that “incorrect speech” somehow constitutes a drain on society as a whole. In addition, it seems unimaginable that they tacitly endorsed the use of racial slurs to label a type of speech pattern. However, this is not the distant past; it is only in relatively recent years that the field has begun to come to grips with the legacy conveyed by our forebears. As the discipline of communication sciences and disorders moves toward increasing justice, equity, inclusion, access, and belonging for all, revisiting our history has a role to play in informed efforts to right the wrongs of the past. The founders of ASHA were part of a movement to launch a profession dedicated to the study and understanding of speech and language. We owe them a debt for their vision and work to found an organization in the United States dedicated to fostering understanding of communicative disorders. The founders’ efforts reflected their chosen stance on the issues of their times, leading them to promote negatively biased ideas and practices. Their choices

shaped our field and have influenced subsequent generations. Recognition of this reality provides clarity as we face our own choices today, in our contemporary work to remove and reform these practices. We have a duty to understand our history in its full reality, including uncomfortable truths, lest we perpetuate the injustices of the past.

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