



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Social Dialects

Committee on the Status of Racial Minorities

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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 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

Reference this material as: Social dialects. (1983, September). *Asha*, 25, p. 23-27.

Index terms: Social dialects (see dialects), linguistic variation, language difference, multicultural, Black English, role of speech-language pathologist, minorities, ebonics

*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.

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.