Colonialism in speech-language pathology: Moving forward

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How we communicate is one way through which we tell the world who we are. The vocabulary, syntax, and speech sounds we use tell others where we are from, our age, our gender, our socioeconomic background, and our cultural associations. The language learning process initiates us into our communities by implicitly teaching us the norms and values of our society. It has, therefore, also been used as a tool for colonialization; disrupting the transfer of indigenous cultures across generations. Those with communication disorders in the majority world face further difficulties when attempting to learn language. While the number of people with communication disorders worldwide is unknown, the WHO estimates that ~15% of the world's population is experiencing a disability that may affect how they communicate. People in low- and middle income countries (LMICs) are at a higher risk for speech and language disorders due to an increased rate of infectious disease, consanguinity, and reduced access to healthcare and education.

Speech-language pathologists (SLPs) are medical professionals serving patients who are experiencing difficulties in communicating. They typically provide individualised assessment and care to patients of all ages in medical and educational settings. The interventions they provide are primarily developed in high income countries, based on research conducted in the minority world, and provided by white women with graduate degrees. Therefore, there is likely a gap between the communication norms of the providers and the majority of people who benefit from their expertise. This gap may negatively influence the effectiveness of intervention and impede the patients' ability to fully integrate into their communities.

In an effort to decolonize speech and language intervention, SLPs have suggested viewing speech and language interventions through the framework of Critical Social Theory in order to couch the understanding of treatment in an interconnected, historical, and transdisciplinary knowledge base. Moving away from the colonialist view of language intervention would fundamentally change how clinicians are taught to view people experiencing communication disorders, the lens through which research questions are designed, and the manner in which the population can participate within interventions. Such a shift must centre clinicians from the majority world and develop population-based interventions. Meeting the needs of the majority world will require a re-evaluation of speech-language pathology on all levels and the reflections of professionals, researchers and patients from a much wider community than we currently have.

Speech-language pathology is rarely discussed within the broad context of global health and it is crucial for the global health community of scholars and SLPs to come together to understand, explore, and reflect upon the concept further. In our view there are four ways in which practitioners, researchers, and policy-makers can move forward:

1. There is a critical need to re-examine assumptions and practices underpinning partnerships between institutions in the global south, that were previously colonized, and the global north, that were the

colonisers. Authorship must represent equity between partners and research and academic training conducted in the global south should be contextualized for the benefit of local communities.

2. Education and training for SLPs with an aim to develop and retain a local workforce with the skills required for service provision, research and practice is urgent and should be supplemented with the support of trained community health workers to more efficiently meet the needs of large populations. Demand-driven education to nurture talent and inspire careers in speech-language pathology that can create the capacity to stand shoulder-to-shoulder with colleagues globally and determine a course towards a joint global future is key for equity.
3. Countries and experts in the global south should be empowered to lead more international partnerships to build local sustainable capacity, expertise and communities in practice, and research to address the legacies of colonialism, all with an intersectional lens to potentially inform traditional practice.
4. Inherent hierarchies within accessible healthcare in LMICs can marginalize the communities which are meant to be served. Involving those communities and embracing their culture, language, and practices regarding the development of speech and language can prevent intervention itself from becoming a barrier to adoption.

It will take a communal commitment to promote a transformative approach to service delivery that is driven by decolonizing attitudes and practices. Speech-language pathology must acknowledge historical, sociopolitical, linguistic, and family contexts as a framework for understanding and creating better intervention systems. These new structures will help to enable communication for communities in the global south. Equality and equity in communication will take global solidarity and, together, we can get it done.

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