

~~~~~

## Be Miss Cox: Lessons from 1942 for 2018

*This handout was prepared to accompany a presentation made at the Annual Convention of the Georgia Speech-Language-Hearing Association*

Friday, February 9, 2018

Anne K. Marcotte, Ph.D.  
University of Georgia  
[abothe@uga.edu](mailto:abothe@uga.edu)

~~~~~

Disclosures:

- I have no relevant financial relationships to disclose with respect to this material.
 - I do have relevant nonfinancial relationships to disclose, in the form of my love and admiration for the people I will be discussing today. I am sharing their stories in what has already become a public form and/or with their permission. (I will also be changing a few of the details in a couple of the composite people I will use as examples, but most of these people are wonderfully real.)
- ~~~~~

Please note, if you are reading this handout before or after the presentation:

- This handout is black-and-white text, full of words. It captures some of the relevant background and some of the major points that will come up during the presentation. The presentation itself will be mostly colorful pictures, full of real stories and real life and real people – and real questions about how we as service providers can do our best to be brave on someone else’s behalf.
- ~~~~~

Objectives:

My goals for this session include that we might each be able to

- reflect on how ***our personal experiences affect our ability to envisage or provide culturally and linguistically appropriate services***
- identify ***specific actions we could take in our own work settings*** to advocate for fair and equitable services for all individuals, especially the most vulnerable
- prepare to ***advocate for culturally and linguistically appropriate services in collaboration with other professionals and communities***
- ***take one step*** toward better incorporating the principles of diversity, equity, and inclusion into our work in all domains of professional practice (not just service

delivery, but also advocacy and outreach, supervision, education, research, and administration and leadership)

~~~~~

Question: Where did all the words in the session objectives come from?

- Answer: Directly from the 2016 ASHA Scope of Practice and from ASHA’s “Cultural Competence” webpages. Providing culturally and linguistically appropriate services to clients, and performing culturally and linguistically appropriately in all other domains of our professional lives, are not just possible options that we can choose to consider if we feel like it. ASHA tells us that “professional competence **requires**...audiologists and SLPs [to] practice in a manner that considers the impact of cultural variables as well as language exposure and acquisition on their clients/patients and their family” (ASHA, Cultural Competence, n.d.; emphasis added).

~~~~~

I want to! I’m trying! What should I do?

~~~~~

**Know yourself.**

Most resources about how to include cultural issues in your professional practice start in the same place: Know yourself. Be aware of your views, your assumptions, and your preferences. Think about the people and the experiences that have been part of your life, because they have shaped you. Be aware of how they have shaped you. Enjoy and appreciate who you are and the people who have shaped you.

***We will talk about***

*Anne’s grandparents, Carl and Syble  
Anne’s mom, Margaret  
Margaret’s friends, Ron and Audrey*

**Remember that “different” does not mean “better” or “worse.” Accept and then fight your tendency to rank differences.**

The most important reason to be aware of your own cultural assumptions and preferences is that human beings tend to see their own beliefs and actions as correct and most other beliefs and actions as incorrect. We just do. Accept that we all have this tendency. Accept that this tendency has led historically to some groups claiming power over other groups. Then fight it. Actively fight it, every day.

***We will talk about***

*Ketchup*

**Recognize how wrong your assumptions are, about who is “the same” as you and who is “different” from you.**

People you think of as being “the same” as you might actually be very different from you, in ways that you don’t know about yet. Equally, people you think of as being “different” from you might be very much the same as you, also in ways that you don’t know about yet. Sit back and enjoy and appreciate the many complexities this all raises, as to who could possibly be described as “better” or “worse” or “more deserving of power” than whom.

***We will talk about***

*Anne’s grandparents, Carl and Syble  
Margaret’s brother, Anne’s Uncle Charles  
Ron’s parents, Shinji and Tomomi*

**Grant other cultures and other people the same autonomy and respect that you would grant almost anything else.**

You see a bird. Do you belittle it because it is not a chair, or do you celebrate that it is a bird? If you put a chair into a lake, do you expect it to turn into a fish? If an artist tells you that her painting of a chair represents sadness, do you tell her that she is wrong about her own painting?

***We will talk about***

*Anne, Charlotte, Karrington, Margaret, Charles, and Ron*

**Mostly, be brave on someone else’s behalf. Or, to turn it around into an “I” statement: I am trying to be brave on behalf of other people.**

I’m trying to be brave in my thinking. I’m trying to get past the easy, facile statements and trying to work very hard on the more complex ideas.

I’m trying to be brave in accepting these ideas as responsibilities. For us as clinical service professionals who aspire to ASHA’s ideals, as expressed in our Code of Ethics and in our Scope of Practice, discussions of culture are never about our own rights. ASHA encourages us to focus on our **responsibilities** to other people, including focusing on what our clients need in their own lives and what our society needs more generally.

*To be clear: If you are a member of a group that has historically been treated badly in our society, this idea does not for a moment mean that you cannot and should not be focused on asserting your own rights or the rights of people that you would describe as “like you.” It just means that all of us, as clinicians, also have responsibilities to focus on the rights of our clients. I am aware that many of the intersecting groups I belong to (educated, white, cisgender, heterosexual, monolingual-English-speaking) have traditionally had power in our society, but my role as a clinician and as a professor is not to defend educated, white, cisgender, heterosexual, monolingual speakers of English. My role is to work on behalf of the principle that all people deserve support and respect for their goals and their lives and their views of themselves, within the boundaries*

*defined by a few unassailable universal values, regardless of whether I would describe those people as "like me" or "not like me."*

I'm trying to be brave in my actions. Have I really worked with my students and my clients to develop person-centered functional goals for them, not only respecting their current environmental and personal factors but also keeping in mind all of the rights, opportunities, and possibilities that I would grant to any other student or client? What else could I do, for them and for the public, in ways that I have been afraid to try, or didn't even know were possible? Will anyone read my story in 75 years and be inspired?

***We will talk about***

*Miss Cox*

*Pastor Duncan*

*Miss Catherine Embree, and Dr. and Mrs. Embree*

*Miss Goldie Nicholson, and Mr. and Mrs. Nicholson*

***And we will talk about  
what we could do at work next week.***



## References and Resources

- American Speech-Language-Hearing Association. (2016). *Scope of practice in speech-language pathology* [Scope of Practice]. Available from [www.asha.org/policy/](http://www.asha.org/policy/).
- American Speech-Language-Hearing Association. (not dated). *Multicultural Affairs and Resources*. <http://www.asha.org/Practice/multicultural/>
- Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed*. Washington, DC: CAASP Technical Assistance Center, Georgetown University Child Development Center. Available at <https://files.eric.ed.gov/fulltext/ED330171.pdf>  
[Note: Cross et al.'s (1989) original uses some now-dated language and was focused on mental health systems and structures. Nevertheless, its Chapter II, which describes a continuum of cultural competence that starts at "cultural destructiveness" and ends with "cultural proficiency," might be the best 6 pages ever written about work that genuinely supports and values all human cultures.]
- Hofstede, G. (2011). Dimensionalizing cultures: The Hofstede model in context. *Online Readings in Psychology and Culture*, 2 (1). Retrieved from [dx.doi.org/10.9707/2307-0919.1014](http://dx.doi.org/10.9707/2307-0919.1014)
- Sato, K. (2009). *Kiyo's story: A Japanese-American family's quest for the American dream*. New York: Soho Press.