Teaching Sociology Within The Speech And Language Therapy Curriculum
Sarah Earle

ABSTRACT

In the United Kingdom, the Royal College of Speech and Language Therapists suggests that sociology should be included within the speech and language therapy curriculum. However, in spite of this, sociology is seldom given priority. Although the role of sociology with the curricula of other professions has been discussed, the role of sociology within speech and language therapy has not. Given the contemporary climate of competence-based training, the position of subjects such as sociology is being compromised. This paper sets out three reasons in support of including sociology within speech and language therapy by drawing on the distinction between a 'personal education' and a 'semantic conjunction' model of the relationship between theory and professional practice. Firstly, it is argued that sociology makes a valid contribution to an holistic approach to care – which is rapidly becoming the cornerstone of speech and language therapy practice. Secondly, this paper suggests that the inherent reflexivity within the discipline provides health professionals with an invaluable tool with which to engage in reflexive practice. Finally, it is argued that given the global emphasis on evidence-based practice, the study of sociology and sociological research methods equips therapists to interpret and conduct empirical research. This paper concludes by arguing that sociology should be viewed as an essential component of the speech and language therapy curriculum.

Key words: teaching sociology; speech and language therapy curriculum; reflexivity; sociological imagination; personal education; semantic conjunction.

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Introduction

The question of whether we should teach sociology to health professionals has already been explored in detail within the literature. The value of including sociology within the medical curriculum (Friedson, 1988; Guidotti, 1998) and within nursing education has been extensively discussed (for example, see Cooke, 1993; Porter, 1995; 1996;) and although hotly contested (Sharp, 1994; 1995; 1996) the professions themselves seem largely in favour (Mullholland, 1997). However, although all the professions make a collective contribution to the health, social care and welfare of people, each profession provides a distinct and complementary service.

The aim of this paper is to explore whether we should teach sociology to speech and language therapists, which until now has been overlooked, and to offer a number of explanations in support of its inclusion within the curriculum. To provide a response to this question, this paper will explore three specific issues. Firstly, this paper will define speech and language therapy and describe the activities of those registered within this profession; it is important to understand what speech and language therapists do and to understand the context within which speech and language therapists work in order to evaluate what should and should not be included within the curriculum. Secondly, this paper will explore the discipline of sociology and set out what sociology can provide for the health professions. Having done this, the final section of this paper will offer a number of explanations for why we should teach sociology to speech and language therapists.

What is speech and language therapy?

Speech and language therapy is a member of the "therapy professions", which includes occupational therapy, physiotherapy, as well as speech and language therapy. The Royal College of Speech & Language Therapists (RCSLT, 1997a), which maintains a register of practising members in the United Kingdom (UK), defines speech and language therapy as,

> *the process of enabling people to communicate to the best of their ability.*

Client groups include those with physical, sensory or mental impairments, children with disordered or delayed language, and those who have acquired communication difficulties as a result of trauma, illness or injury. Typically, speech and language therapists in the UK work within the National Health Service, although some work in independent practice, in schools, within the community, and within research and education. Speech and language therapists are trained to assess and treat a wide variety of both developmental and acquired disorders. However, their role is not 'just' to assess disorders and provide effective treatment, but to offer advice and support, and to engage in consultation, education and prevention.

To do this most effectively, the speech and language therapist adopts an holistic view of the client. In line with the World Health Organisation's definition of health, the therapist aims to engender 'a state of complete physical, mental and social well-being' (Seedhouse 1986 p. 31). To achieve this, the speech and language therapy curriculum consists of subjects such as language pathology and behavioural and bio-medical sciences. In addition, the RCSLT (1997b) suggests that other subjects, such as

psychology and sociology, should be studied. Although psychology is prominent in the curricula of all sixteen UK providers of speech and language therapy education, sociology is not. The same seems to be the case in the United States, Australasia and the rest of Europe. Before going on to discuss why sociology should be specifically included within the speech and language therapy curriculum, this paper will now address the question: what is sociology?

What is sociology?

This is a notoriously difficult question to answer because there is, in fact, no *one* answer. Sociology is multi-paradigmatic; that is, sociology consists of a variety of competing 'paradigms' (Kuhn, 1962) which exist to explain any number of phenomena. To illustrate this point it is useful to take one example: how would sociologists explain the emergence of formal health care systems in modern Western societies?

For Functionalists, social structures and systems help to maintain order and control within society. Health care systems serve to maintain social order by regulating who is, or is not, sick. Talcott Parsons (1951) developed the concept of the 'sick role' to explain how individuals come to be labelled as 'legitimately' ill, arguing that only those who are labelled as such are exempt from the workforce. Health care systems serve to label people as ill, thus allowing them to legitimately enter the sick role, and arguably discouraging the development of a 'subculture of malingerers' (Senior & Viveash, 1998, p310). Consequently, the emergence of a health care system is beneficial to both the individual and society.

In contrast to this, Marxists propose a different theory to explain the emergence of health care systems. For Marxists, economic systems form the basis of society, which

consist of the bourgeoisie (those who own the means of production) and the proletariat (the working-class). According to Marxists, health care systems emerged as a way of ensuring that the working-class would remain fit to work, thus ensuring the continuation of capitalism. Other Marxists believe that the emergence of formal health care systems constitutes a victory for the working-class who struggled for access to health care services (McKinlay, 1977).

So, whilst each of these theories are 'correct' in themselves, they are not 'correct' in relation to each other. This is why sociology is described as multiparadigmatic and why it is so difficult to answer the question: what is sociology?

In 1959 C. Wright Mills coined the now well-known phrase, 'the sociological imagination'. This is a good way in which to understand sociology, as it refers to the way in which sociologists 'question familiar expectations and assumptions' (Cooke, 1993). The sociological imagination also refers to the way in which the personal is seen to be influenced by the social, the political and the economic. Mills (1959) explains this with reference to what he calls private 'troubles' and public 'issues'. For example, if we take the problem of stammering, we can see that it is both a private 'problem' and a public 'issue', because whilst stammering is a 'private' problem for the individual, the disabling attitudes of society towards people with speech impairments is very much a public 'issue'. Thus, by engaging with sociology and developing a sociological imagination, students can learn to understand and make better sense of society.

Why should we teach sociology?

A useful way of exploring the relevance of sociology to speech and language therapy is to consider the distinction between a 'personal education' and a 'semantic conjunction'

model of the relationship between academic theory and professional practice (Ellis, 1992). The personal education model embraces the view that the study of any academic discipline is a useful preparation for professional practice. Sharp (1994, p391) summarises the value of the personal education model,

> *[sociology] inculcates in the student certain general intellectual and problem-solving skills, which will be transferred to the professional setting.*

In contrast, the semantic conjunction model holds that it is the 'substantive subject matter of the discipline concerned which is of relevance to the problems faced by professionals' (Sharp, 1994, p391) or, in other words, the substantive topics that are taught within the curriculum (Table 1). By drawing on both models, the next section of this paper outlines a number of reasons why sociology should be seen as an essential component of the speech and language therapy curriculum.

Table 1 **Teaching sociology: suggested topics**
• *Sociological theories of structure and action* • *Agencies of socialisation* • *Health inequalities* • *Disability and the social model* • *Illness behaviour and becoming a patient* • *Health care systems* • *Power and professionalisation* • *Interpreting and doing research*

Holistic care and the sociological imagination

Sociology comprises a range of competing paradigms which enable us to make sense of the social world. It is often this multi-paradigmatic approach which makes students question the value of sociology, as there is no one dominant theoretical paradigm to provide a straightforward 'blue-print' for understanding social behaviour. However, sociology does help us to see the individual within his or her wider social context, and this is an important aspect of holistic therapy. To explore this point more fully, please consider some examples.

Incidents of illness, accident and death are widely regarded as related to social divisions such as gender, class and ethnicity (DoH, 1999). Sociology can help us explore the way in which these incidents are related to differences in access to health care, differences in lifestyle and behaviour, as well as to differences in attitudes and perceptions of health. In the *Health and Lifestyle* survey, Mildred Blaxter (1990) discovered that individuals have many different definitions of health. For example, she discovered that whilst some individuals could be suffering from, say, arthritis they might still consider themselves 'healthy'.

An understanding of concepts such as 'health', 'illness' and disability' is an important step forward in measuring, preventing and making sense of ill-health. Within everyday practice, speech and language therapists deal with individual communication difficulties. To assess, treat and prevent such difficulties it is important for therapists to appreciate the wider social structures and the social processes which influence the ability of each client to deal with his or her difficulty. However, just as there is not always a straightforward clinical explanation to enable therapists to treat clients (Patrick

and Atherden, 2001), sociology does not always provide a straightforward explanation to help place communication difficulties within a wider social context.

In terms of providing a 'personal education' (Ellis, 1992; Sharp, 1994), sociology enables students to develop a 'sociological imagination' which, in turn, helps them treat clients within a holistic framework. The substantive subject matter of sociology (Table 1), a concern with the relationship between the individual and society, also makes a contribution to the therapist's understanding of the client within his/her social world.

Education, sociology and the therapist

Becoming a speech and language therapist does not solely concern the acquisition of clinical knowledge and the test of clinical competence. As with other health care professions, the adoption of a holistic approach marks a shift towards a more humanistic concern with communication. Within this shift, sociology should be seen as central in enabling the therapist to deal with the whole client. As 'the science of society' (Cotgrove, 1967), sociology is a rigorous intellectual discipline which, following a personal education model, should convey to students a range of valuable, transferable skills.

The multi-paradigmatic nature of sociology creates an inherent reflexivity within the discipline which entails a 'continual reflection on its own grounds' (Sharp, 1994, p394). In simple terms, reflexivity refers to the ability of the therapist to be,

> *part of the social world, but able to develop the ability to stand back and*
> *reflect upon themselves and the activities of that world.*
>
> [Hunt and Symonds, 1995, p40]

Although by no means consensual, the past few years has seen a shift towards a more reflexive practice within speech and language therapy whereby therapists have been able to question the validity of therapies (Enderby and Emerson, 1996) and have acknowledged the more 'tacit' aspects of dealing with communication difficulties (Mobley, 2000). The implicit reflexivity found within sociology can inspire speech and language therapy to question commonly held assumptions about their everyday practice. Together with subjects such as psychology and education, the study of sociology should help students develop a rigorously intellectual approach to understanding communication difficulties.

Sociology and evidence-based practice

Evidence-based practice is becoming increasingly significant within speech and language therapy. The Position Statement on research and development in the therapies stresses the increasing role of research as a means of 'improving the nation's health and quality of life' (DoH 1995, p1) and the recent national RCSLT conference, *Sharing Communication,* stressed this by arguing that speech and language therapy should not be an 'evidence-free zone'. This is underpinned by the National Institute for Clinical Excellence which encourages an evidence base in *all* areas of clinical practice. However, as argued elsewhere (Earle, 2001) whilst newly qualified students will have some basic grounding in research skills, the professions recognise the importance of developing a much stronger research base, arguing that,

Therapists, like nurses, are in the best position to generate their own research questions and to investigate their own practice...This early exposure to research aims to foster critical consumers of research who are capable of evaluating their own practices against reliable up to date evidence.

[DoH, 1995, p4]

With specific reference to speech and language therapy, Mobley (2000, p7) suggests that,

speech and language therapists have an academic training and spend their working life analysing problems and trying to resolve them. We are, therefore, well placed to formulate research questions.

The study of sociology makes a unique contribution to evidence-based practice in two distinct ways.

Firstly, sociological analyses underpin both qualitative and quantitative research in relation to the study of human beings and offer a rich and well developed set of methodologies. As Mobley (2000) has suggested, speech and language therapists have traditionally employed a very limited range of methodologies, many of which are not wholly suited to the study of adults and children with communication difficulties (see also, Code, 2000; Greener, 2000). The study of sociological research methods can be used to help speech and language therapy students to understand and interpret research findings.

Secondly, sociological research provides the therapist with a wealth of empirical data to help understand clients' needs in a more holistic way. Indeed, Williams *et al.,* (1998, pxii-xiii) suggest that, 'sociology can help us to question our beliefs by presenting us with empirical data which challenges the orthodox view of an issue'. Sociological data can enable therapists to understand an issue from a different perspective, such as, for example, that of their clients' or their clients' carers.

Whilst sociological methods of enquiry have their limitations, they also possess an undisputed number of benefits. The collection of empirical data can be used to make more rational judgements upon practical issues, which is a significant aspect of evidence-based practice. Secondly, empirical data can be used to make reasonable predictions; this can be helpful in the planning and delivery of therapy services. Lastly, it is possible to use empirical data to explain social phenomena; that is, 'to subsume statements about them under more general statements' (Bottomore, 1962, p55). This too is helpful as it enables speech and language therapists to understand their clients' needs more holistically and within a wider socio-economic framework.

Conclusions

The aim of this paper has been to explain why we should teach sociology to speech and language therapists. There seems to be an extremely valid rationale for teaching sociology, *vis à vis* both personal education and semantic conjunction models. That is, the study of sociology provides students with a rigorous academic training that is invaluable to professional practice in addition to a useful, substantive subject matter. In summary, I suggest that there are three main reasons to include sociology within the speech and language therapy curriculum.

- Speech and language therapists are involved in the provision of holistic care. The development of a 'sociological imagination' enables students to appreciate how personal difficulties are mediated through the social environment.

- The multi-paradigmatic and inherently reflexive nature of sociology provides speech and language therapy students with a useful training in reflexivity, allowing them to question the validity of therapies and encouraging them to recognise the tacit nature of their practice, thus allowing them to become more effective, reflexive therapists.

- Sociology helps speech and language therapy students to understand and engage in research; a valuable, transferable skill.

To conclude, teaching sociology within the therapies will never be an easy task and given the current global climate of competence-based training, this is set to continue. However, it has been argued that speech and language therapy should 'embrace science, the arts and the humanities' (Mobley, 2000, p7). The purpose of this paper has been to show that sociology is a valuable subject and that it should be included as an essential component of the speech and language therapy curriculum.

Acknowledgements

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