appropriate for the task. A phenomenological, in contrast to a positivist, research paradigm assumes that the world is socially construed and therefore all truth is subjective and relative (Newman, 1997). Combining research along the continuum of the positivist and phenomenological extremes, investigating both abstract and concrete concepts to describe, solve, understand and explore professional practice and client profiles is therefore warranted. This holistic or eclectic approach can provide a richer body of professional knowledge that produces scientific fact within an understanding of the subjective realities of the sociocultural populations which we serve. It is therefore not a matter of abandoning old methods but rather of embracing new ones alongside traditional research methods. To an increasing extent, this has been a trend in recent studies conducted by the professions in South Africa (Louw & Avenant, 2002; van Dijk, 2003; Swanepoel et al., 2005).

Whilst it is necessary and useful to critically consider the research paradigms to be employed by the professions of audiology and speech-language pathology, on a more practical level it is essential that whatever the research being pursued, it must ultimately be published. Research conducted by our professions in South Africa unfortunately, remains unpublished in the overwhelming majority of cases. A marginal number of publications, and especially international publications, have emerged from the respective fields of audiology and speech-language pathology since the establishment of the professions in South Africa over five decades ago (Swanepoel, 2006). Credence and advocacy for our services rely in large part on the recognition of the research we conduct. This is especially true in an era where evidence-based practice has become a core principle of professional practice. It is therefore of great importance that we not only ensure the use of an holistic paradigm in our research but that we demonstrate the worth of our efforts by bringing them to fruition in the form of internationally recognized peer-reviewed publications. The collective responsibility for establishing world-class research outputs that are locally relevant rests on the profession as a whole, and in particular on the academics and postgraduate students at tertiary institutions for audiology and speech-language pathology.

"Sociopolitical changes have come and gone, but the challenge for the profession has remained the same - to provide accountable services to the entire population based on quality training and contextual research efforts" (Swanepoel, 2006, p.266). Improving the relevance of the research and practice of the professions of audiology and speech-language pathology in South Africa, as argued in response to the issues raised by Kathard et al., therefore relies on 1) the clear recognition of the professions as sciences reliant on research development; 2) the adherence to basic principles of human dignity and respect for all persons instead of political ideologies; 3) the engagement of social justice and equity in our professional capacity only as these principles relate to scope of practice and the populations which we serve; 4) the utilization of holistic research paradigms by embracing phenomenological methods alongside existing positivist methods; 5) the culmination of research efforts being acknowledged in internationally recognized publications which serve an advocacy function in respect of the professions and the respective services they render to the broader South African population.


Response: Erna Alant

Director: Centre for Alternative and Augmentative Communication, University of Pretoria, SA.

About being relevant: a comment on Kathard, Naude, Pillay & Ross (2007).

I accepted the invitation to respond to this paper with pleasure, not only because I welcomed the critical thinking reflected in the paper, but also because I think the issues raised are vital to the long-term sustainability of the professions of SLP/Audiology in this country. Like others, I also have been deeply concerned about the profession and its future within the African continent. This concern is not based on a belief that the profession is irrelevant or peripheral to local development, but rather on the complexities of the issues facing the field of Speech-Language Pathology and Audiology as well as other rehabilitation professions within poverty contexts.

Kathard et al. (2007) raises important issues upon which I would like to comment and include:
• the issue of relevance and different types of research,
• the role of evidence-based practice and finally,
• intervention in poverty contexts.

For a long time, the western world has dominated the profession of Speech-Language Pathology and Audiology for good reasons. However, as the developing countries come into their own, the realization dawns that we can not translate strategies used in
industrialized contexts to developing contexts in uncritical ways. Similarly, the knowledge-base of the western world is equally limited in addressing issues of poverty and diversity. We know that a significant proportion of what we have learned and successfully applied in this country is based (at least partly) on what our international counterparts have developed. Many of the intervention issues that parents and professionals in the western countries experience are similar. However, on a continuum many of these issues are intensified within poverty contexts. The issue of HIV/AIDS certainly adds a further critical dimension. An example is the fragmentation of services relating to early childhood intervention, which is a major problem in many countries. In South Africa where parents have lack of access to services to start off with, fragmentation of services can have a pronounced impact on families in poverty and their ability to participate in intervention, particularly also in the context of HIV/AIDS. The average more educated parent has significantly more resources in coping with diverse messages impacting from different professional angles. How do we manage an effective intervention service to young children in a country that rates low (UNICEF, 2006) in terms of provision of health and education to children? What is the responsibility of the profession in the face of these issues? Do we ignore them, or actively engage with them? Do we really have a choice?

Whilst this is not a profession-specific problem, the issue of transdisciplinary service provision clearly is an important consideration. Why when we know that community-based intervention in homes is more effective than institution-based intervention are most of our interventions still in hospitals and school clinics? The CAAC recently conducted a nationwide survey with some of our multi-professional graduates (Speech-Language Pathology, Audiology, Occupational Therapy, etc.) on the location of where services are rendered. Just about all the therapy was focused on multi-disciplinary, institution based models of intervention. These practice contexts prompt questions such as the following: In SA, are we getting better at addressing the issues we face when providing young children in need with access to therapy? Are we planning and training for impact if we promote multidisciplinary service models in contexts where there seldom are rehabilitation professionals to fill a team? Let me admit that I do understand (and have been reluctantly involved in) the professional boundary issues in relation to what is Occupational Therapy, Speech-Language Therapy/Audiology and physiotherapy domains. Does this type of "professional protection" really advance our services to those in need? Are we moving forward by systematically building a bigger private practice speech/language therapy and audiology professional base? When is our commitment to our profession more overtly going to focus on government support and liaisons to develop service and intervention models that could work for rehabilitation in our country?

One of the present-day realities for any profession focuses on the accountability of the outcomes of services — and not only outcomes, also impact. Kathard et al. (2007) refer to the UN Millennium Development Goals to alleviate poverty and state that we should be guided by priorities to create a more equitable world. This point highlights the issue of sustainability of our intervention outcomes over time (Alant, 2005). Is it enough to prove effectiveness? What about long-term efficacy and sustainability of change? The authors continue by stating that "the use of highly valued empirical research methodologies has functioned to develop our professional interest" and then proceed to question the social validity of these processes. Towards the end of the paper they also argue for the development of ecological frameworks of practice. These issues are indeed relevant, as, regardless of methodologies used, one needs to ask how findings and data translate into the improvement of everyday working reality for those in need.

There is a significant difference between research approaches focused on identification of generalities, i.e. the notion of context-free laboratory-type experiments, and those interested in understanding phenomena entrenched within the social context of living. As we know, these are not mutually exclusive but both form an important part of development of knowledge and applications in any field. However, good research or high level evidence is, as we know, not determined by the methods used, but by the degree to which the processes and recording show a high regard for issues relating to trustworthiness or validity. The real issue therefore is not so much whether we need to use different research approaches in answering different questions essential to improving practice, but a deep commitment towards making sure that the methods used are credible in the data and interpretations proposed.

Having said that, it is important to ensure that we ask relevant questions in guiding practice and that we do allow different researchers to add to the existing body of knowledge by not imposing pre-conceived notions of what is "good research" on the process. In this regard David Beukelman (2001), based on the work of Boyers and Rice (1990), identifies at least five different types of researchers necessary to expand a field, which include researchers focused on the representation of knowledge, integration of knowledge, advancement of generalized knowledge and application of knowledge. All these different types of researchers are important to develop a field and we need to remain cognizant of the importance of encouraging different ways of inquiry to add to the richness in understanding complex phenomena of the field.

Can research findings, however, dictate decisions on clinical practice? How do we decide on what is the best intervention approach to take with a specific client? Schlosser and Raghavendra (2004) outlined what they describe as the process of evidence-based practice in Augmentative and Alternative Communication as focusing on three factors, i.e. best and current research evidence, clinical/educational expertise and thirdly relevant stakeholder perspectives. From this model it is clear that an evidence-based practice does not mean the abandonment of stakeholder involvement or clinical and educational expertise, but rather the incorporation of these in the process of sound decision-making relating to a specific client and context. Evidence-based practice thus implies that the clinician is not only able to search and access relevant research findings, but also that s/he is able to meaningfully interpret these findings within his/her own working context/expertise together with a sound understanding and interaction with the client s/he serves. The responsibility that lies with the speech-language pathologist/audiologist thus remains one of integrating the research evidence with the professional expertise and consultation with the client served. Herein lies a major ethical and professional responsibility — not just to use the therapeutic approaches best known to the speech-language pathologist/audiologist, but to ensure that the choice of strategies applied are those most relevant to the client!

The authors ask the question "Can we rely on an empirical science to enable us to adequately engage what are issues of social justice?" Clearly, one can never replace human responsibility with scientific processes. Clinical expertise of the interventionists, their understanding and caring will always remain pivotal to the process of meaningful intervention.

The challenge is to explore the relationship between the part and the whole, the individual and the system or context without confusing them as being the same or inter-
changeable. We have to understand what is going on in the whole system to understand the individual just as we need to inquire about the individual to learn about the whole. As we listen to the stories of individuals and families in distress, we also need to "be-in-the-world" (Heidegger's concept of "da-sein", 1996) which implies an openness and understanding of possibilities within the world. This will enable us to pick up impressions and ideas and explore these with our clients and families in moving towards discovering ways to assist them not only to cope and survive, but live. Speech-language pathologists/audiologists need to be conscious enough of their own assumptions to ensure that these do not become an imposition on others. Only by realizing one's own limitations and prejudices can one move forward in understanding and meaningfully assist those who live in society's "black holes". This idea is best expressed in the words of Eudora Welty, quoted by Margaret Wheatly (1999, p. vi) "My continuing passion is to part a curtain, that invisible shadow that falls between people, the veil of indifference to each other's presence, each other's wonder, each other's human plight".

Response: Claire Penn

School of Human and Community Development, University of the Witwatersrand, SA.

"Don't give me the theory, just tell me what to do in therapy!":
The slippery slope challenge for the South African professions of Speech-Language Pathology and Audiology

The above frequent plea of the clinician attending a refresher course has resonated in my ears over the years. In this paper I address the reasons and frustrations caused by this enjoinder and in responding to the lead article, will reconsider priorities of our discipline and its implications for selection, training, funding and practice. I will argue that the discipline in this country is at an important crossroads and that future flourishing will depend on a proactive and firmly grounded commitment to scientific research.

Regardless of context, the twin disciplines of Speech-language Pathology and Audiology have always fought for scientific identity. The reasons for this have been multiple. The fact that their subject matter - human communication - is an interdisciplinary one has required a grounding in several main and historically secure fields: medicine, psychology, linguistics and physics to mention a few. Thus methods used for research in our disciplines have often been those borrowed from such fields and include a range of clinically based observations, experimental and descriptive designs. While there has been a historical effort to establish a unique identity for the disciplines, as reflected in some interesting debates on this topic, we are not yet there (Ringel, Trachtman, & Prutting, 1984; Perkins, 1985; Siegel, 1987; Siegel & Ingham, 1987).

The discipline in this country is 70 years old and this makes it a mere teenager in relation to some of its parents and like a teenager, possibly still uncertain of its identity and autonomy and of which route to take towards this. If one looks at the history of our discipline, both here and elsewhere, we have followed and not taken the lead. Thus there has been a tendency to follow the current zeitgeist of medicine, psychology, and linguistics when searching for methods and explanatory frameworks. We take others' methods and theories and adapt them. In order to play the grant game and the publications game in research, this adherence to mainstream enables funding, acknowledgement, promotion and recognition. When you live at the cusp of another discipline you won't be noticed until you play that game and speak their language.

An example is offered from the field of aphasia, my own specialization, which can be characterized as having a number of distinct phases. Starting in the field of neurology with a strong tradition of case studies one can trace the influences of psychology, the preference for large scale group studies and the influences of early linguistic theory and the behavioural approach to communication of the 1960s. Pragmatics dominated the 1980s leading to current social approaches and we now see a return to the neural model with the advent of advanced functional neuroimaging. The influence of the WHO framework has been pervasive and is also mentioned in the lead article (see Penn, 2004a and Penn, 2005 for further consideration of these issues).

Any scholar of aphasia who is caught unawares and proposes a non-mainstream idea during a particular era has a challenging time getting an audience or arguing their case. Non mainstream ideas are tolerated or perhaps used as a platform for dialogue and debate. Those who work and think outside the box certainly add texture and depth to the discipline and serve (if a political analogy is allowed) as a type of opposition party in order to refresh and remind those who are heading towards a dictatorship. Often such streams of thought are published in different journals and at best attend parallel sessions at the same conferences. But such argument and debate we are told is essential for paradigm change and no discipline can thrive or grow without such mechanisms (Kuhn, 1970).

The search for a scientific and research identity and autonomy in our disciplines has been difficult, and remains in my opinion, elusive. The first reason may be because of the profoundly complex domain of study. Human behaviour is unpredictable and is influenced each day by a myriad of factors, as the lead article makes explicit. The influence of gender, race, poverty and socio political history have profound effects.