

A Phenomenology of the Speech-Language Pathologist's Coming to a Diagnosis in the Early Years

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Abstract

For most of us, learning to communicate is as effortless as breathing, and like air, communication skills are elemental; integral to our human existence in this world. Our communicative competencies might be seen as a bridge, facilitating our relationship with the world we are immersed in. But what happens when a child has difficulty learning to communicate effectively? What happens when their most basic messages of hunger or thirst fail to be understood or they are unable to jointly share in everyday experiences of curiosity, joy, frustration, or anger? In these situations, it is the role of the Speech-Language Pathologist (SLP) to span the distance between a child and their family, a child and the world, building a route for life experiences and understandings to cross over. An SLP often begins with assessment and after a brief interaction, an SLP may come to a 'naming' such as *delay* or *disorder*. While the caring professional may intend this naming to be helpful in better understanding a child or facilitating access to valuable support, this naming may also place an immeasurable weight upon the child and their family. The act of naming is therefore an ethical concern. Through observation and interviews, this paper explores SLP's experiences of coming to a diagnosis through the human lens of phenomenological inquiry. It seeks to enhance thoughtful and conscientious practice by considering the 'ethical experience of caring responsibility' as applied to SLP (van Manen, 2016).

Keywords: Speech-language pathology, child, assessment, diagnosis, naming, ethics, phenomenology

Introduction

We can hope that the conception of a child triggers a series of events, undertaken in the interest of bringing a child's life to a good start: regular visits to the doctor or midwife, increased intake of folic acid, and preparing our version of a safe and stimulating place for the newborn. Amongst these practices is the naming of the child. Belief, religion, tradition, and emotion are but a few influencers. For some, a name is chosen before the child is born; others may want to wait until the new life has entered into the world outside of the womb, opting to see what name might emerge from the child themselves. A name may have a familial significance, chosen to

strengthen a link to a beloved relation, or to carry on a family tradition. Sometimes a name may simply be chosen for its aesthetic appeal. There are few other naming processes that are given so much thought, deliberation, or intention than that of the child's naming. We might wonder why it matters, why one might take such care in giving a name? Perhaps because we inherently recognize the weight of a name and its potential to shape a future. Is a name a beacon that shines, guiding one toward a particular direction? Do we grow into our names, or do they grow on us, or perhaps even through us? We recognize how over time, the child begins to become the name, or perhaps the name becomes the child: A family may gaze in awe upon *Aria*'s impossibly tiny toes, *Jacob*'s precisely sculpted nose, or the delicacy of *Gabe*'s cupid's bow. Over the child's first months, the family and child come to know each other. As the child grows, so might how we know their name. A child may begin to be associated with things beyond their physical features. We may come to think of them by the things they do (Autumn who is so quick to smile, or Aaron who squeals with delight) or their likes or dislikes (Scarlett the puppy lover; Nathan the picky eater).

Sometimes, in those first days, weeks, months, or years of a child's life, observations about the child may occur related to their development. Perhaps *Aria* is not responding to loud sounds at 3 months of age; *Jacob* speaks only a few words by 2; or *Gabe*, at 3 is disinterested in engaging with others. For concerns of language, speech, or overall communication such as these, children may be referred to a Speech-Language Pathologist (SLP) to query their development and potentially, be given a diagnostic name.

What ethical considerations of making and sharing speech-language pathology diagnoses exist? What does it mean to pathologize a child's unique manner of communicating with others in the world? Diagnostic names, once adhered to the child, may have life-living implications which vary pending the diagnosis itself. An optometrist diagnoses a visual impairment and Andrea becomes 'Andrea-who-can't-see', perhaps not aloud, but at least within the mental picture we have constructed in our minds. And how might Andrea-who-can't-see play out for the child? She may need a pair of glasses or she may simply require a seat closer to the front of the class. The oncologist's diagnosis, carrying a more life-threatening meaning for the child, may be accompanied with a completely different set of burdens. One can imagine that Samantha-with-leukemia is a vastly different being than Samantha-without once was, in terms of the possibilities available to her future as well as her day to day life. Will her daily existence be reduced to a series of medical appointments?

Speech, language, and communication skills, while less tangible than eyes or bones, are every much as integral a part of a child. But where do communication diagnoses fit within the spectrum of life-altering labels? And from the lens of the SLP, how might these factors impact the experience of coming to and affixing a diagnostic label? What do we hope assessment practices will reveal, and importantly, once revealed, what do we hope a diagnostic naming will achieve?

The Assessment Process

For a family plagued with worry or concern, a diagnosis may be a welcome event or a relief. In fact, it is a sense of wonder, worry, or concern that drives the initial assessment process. In most

healthcare professions it is the unusual or unexpected that becomes cause for inquiry. Visible signs such as the squinting of eyes or any apparent clumsiness may begin an optometry assessment. Noticeably excessive bleeding or loss of appetite may launch an investigation that leads to an oncologist's exam. Either way, the process stems from an initial concern that something may be wrong. In the realm of communication, once initial concerns around the absence of speech, language or relational engagement have been raised, by either a concerned family member, a watchful teacher or a SLP themselves, an assessment process is undertaken. While a congenital diagnosis may precede a speech referral, such as Down Syndrome or Cerebral Palsy, oftentimes it is a speech and language diagnosis which becomes the first step toward realizing previously hidden concomitant developmental issues (i.e., global learning delay, autism spectrum disorder, etc.).

Within all professional practices, once initial concerns have been validated, an assessment process is undertaken. For medical specialists, diagnoses may be suspected by clinical history and exam, and then confirmed by imaging, biopsy, or other objectivizing means; the tools of the trade vary greatly. The oncologist may look past flesh and bone to view the microscopic cells they are looking to assess and once seen, visibly confirm or refute a diagnosis. Similarly, the optician's lens may also discover visibly present physical abnormalities, such as a cataract or a retinopathy. In the case of visual perception however, the diagnosis may not be so certain. Using a chart and other technical equipment, the optometrist's diagnostic outcome may be a combination of objective assessment results and client response. It is this latter process that is most similar to that of an SLP.

For an SLP there is no machine that will look into the child's mind to see how they might be understanding those they interact with in the world, nor is there a simple and universal process that can determine how their expressive communication, the interface of self and world, is performing. Instead, the SLP must listen for sounds and words or look for body language that a child does use, alongside those the child does not. They might compile a list of 'can' and 'can't do' for a particular child and then compare those to the 'can and can't do' lists of others. Once these comparisons are made, a diagnosis is determined: age appropriate versus delay or disorder, typical versus atypical, normal versus abnormal. The first step however, is to meet the child.

A first meeting and an opportunity to build trust

"Hi Isabelle. My name is Natalie. We're going to play some games and read a story together, ok?"? She looks at me and I take her hand. Together we walk into the hallway where I sit in a child-sized chair at a child-sized table, positioning myself across from this 4-year-old girl. She looks at me shyly, and I lean in closer. I hunch down to her level, purposefully radiating a welcoming smile. "Do you want some bubbles?" She smiles and I make note as she nods her head. "Ok. Here come bubbles!" I take a big breath and blow - but, no bubbles. I make my exaggerated surprised/confused/what-happened-to-my-bubbles face and together we laugh at my failure. Isabelle says quietly, "again".

So begins an everyday moment in the practice of an SLP. While many assessments occur in clinical public health spaces, many, including the one above, occur in early learning education

settings. For many school-based SLPs who tend to be itinerant in nature, permanent space may not be available. It is not unusual for assessments to occur outside of classroom spaces such as in a storage area, hallway, or even on a library-room floor. It is also not unusual for an SLP to be meeting a child for the very first time. Away from the commotion of the classroom, where others compete for attention, where noise can quash a conversation, an SLP tries to establish a sphere of welcome, of openness, an invitation to connect. This exchange is different from that between a teacher and a student. Inside the classroom a teacher may greet a student one-on-one, or engage in a conversation or personal tutelage, but a teacher's natural position is one of engaging and directing the group at large, a familiar adult who holds a place of customary authority within the class. They are present every day and trusted by the children. An SLP, entering the classroom space may do so only occasionally. If the child is unfamiliar, one can imagine that simply taking them out of a classroom could pose challenges for the SLP, not to mention the child.

What is an SLP's experience of this encounter? Alone together outside of the classroom, the SLP may try to bridge the space between them, shrinking the physical distance between themselves and the child. A child may be shy or quiet by nature, difficult to elicit conversation from, difficult to hear. Sitting in a child-sized chair, at a child-sized table, an SLP may be positioning themselves to be 'as close as possible', inviting the emotional intimacy of a conversation by creating a close physical space, leaning in to listen carefully for anything that might emerge. A bubble, when blown successfully may become the back and forth of a conversational exchange: "I'll go first, ok your turn," "I'll catch yours, now you catch mine", over and over again; the volley of conversational turn taking begins – all potentially in the absence of the child's words. With this, an SLP may be hopeful that a closed door may open a tiny crack; the possibility of being invited to enter the world of the child drawn a little nearer. Once engaged in playful exchanges, the child may forget themselves, releasing a gesture, such as the nod of a head, perhaps even a sound or a word, "again". These are bits of evidence, pieces of the puzzle, that the SLP seeks out to collect, sift and sort, constantly deciphering meanings and making comparisons. Yet, what may be unknown to the child is that this sphere of intimacy is cultivated with a purpose, in order to begin to determine 'delay' or 'disorder'.

Formal Assessment

To expedite the assessment process, a formal norm-based assessment may be used to compare a child's level of ability against 'typically developing' age-same peers. Historically, assessment processes in speech-language pathology were borne out of the desire to discern the 'normal' from 'abnormal.' In the situation where an SLP chooses a formal assessment tool as a guide, the tool acts as a mediator for the interaction. Through it, the SLP focuses on specific details within an utterance; pronunciation, expressive language, receptive language, pragmatic skills, and so forth. A structured formal assessment tool is subject to strict protocols and controls. Tasks are introduced with specific scripts and have rules around acceptable responses or the number of opportunities a child has to reply.

Formal assessment tools: The mediated interaction

From behind the page of my assessment book, I tell her, "Point to, the boy has a cookie. You are such a good helper, thank you!" Isabelle smiles as I compliment

her. My eyes resume their downward gaze as I record her response on the test form. The receptive portion is complete, now for the expressive language section; My eyes continue to reference the testing booklet as I say, "Isabelle, I'm going to show you some pictures and then I'm going to say some things about them." Looking up to meet her eyes briefly with my own, I continue "I want you to help me by finishing some of the things I say, ok?"

The structured platform of a formal assessment tool with engineered opportunities for a child to showcase specific abilities makes it an efficient tool to reveal competencies and categorize them more quickly than would typically occur in a natural conversation. But do these tools enable SLPs to capture a complete picture? We can imagine how within a strict script, there is little conversational space to elicit a spontaneous contribution from the child. The space for natural reciprocal conversation to occur has been shrunk, reduced to, 'point to . . .' and 'finish my sentence.' According to Ihde, with any probe or tool we may wield, we do so at a cost; in order to achieve a clear view of the specific, we lose sight of the bigger picture (1978, p. 20). What if the child has more to offer beyond those confines; perhaps an observation, an opinion of their own, a question? Focused on adhering to the test rules, we may wonder whether we might be able to garner a big picture, rather than only the finer details of a child's skills. Needing to record responses forces the attention of the SLP onto paper; hand upon pen, eyes glancing down, what does the SLP miss of the visible communicative gestures of the child? The SLP may feel as though the record sheet creates a distance, a paper barrier between themselves and the child.

All assessment tools are designed tell a single story of a moment in time, to take a snapshot of a skill at a given moment if you will. What if, in that particular moment of time, a child is feeling shy, or suspect of the highly contrived experience and sense they are being judged? Will the SLP know that? Or perhaps a child is worried about 'being right' in the eyes of the assessor, a factor that may inhibit their responses or increase self-consciousness. We might wonder how an SLP is able to sustain a child's engagement in such a 'test-like' environment. SLP practitioners, recognizing the distance that the testing context creates, may look to ease the comfort of a child, draw out responses, or promote engagement and relational interactions with the use of compliments or other positive reinforcements. However, might these efforts artificially shape the natural communicative tendencies of the child? Regardless, there is always a risk that the child is not responding according to their true abilities, or perhaps how they actually do in everyday situations. Just as a single image is captured with each click of a camera's button, so do discrete responses to specific questions get recorded as the pages turn, and eventually come to be compiled into a single, one-dimensional picture frozen in black and white.

Given that formal assessment processes offer a single dimensional view of a child, how might an SLP more fully ascertain the multi-faceted and fully-coloured dimensions of a given child? To achieve this, an SLP may look to the relationally engaging possibilities that exist within informal assessment processes to reveal more about who the child is.

Informal Assessment

Lugones (1987) describes "playful "world"-travelling" (p.4), and "loving perception" (p. 5) as a way to come to know, understand and accept others. "World", in Lugones sense, refers to the

many worlds individuals exist within that both construct, and are constructed by, their identities; to suggest world travelling suggests the intentional exploration into the world of another. Adopting a loving perception, rather than an arrogant perception, opens the door to travel and opens ourselves to the possibilities of others being different from what we might be drawn to assume. By directly engaging in relational experiences with a child and using this attitude, the SLP may increase a sense of comfort and trust which in turn supports the child's engagement. This in turn may help the SLP in beginning to know the child.

SLP as playful translator

I ask Kyle to pass me a frying pan. He passes the tiny pan in silence and turns away from me, busying himself with the plastic food scattered about the miniature kitchen. I continue to engage; "thank you, should I make some pancakes?" I watch and wait for a response that does not come. I begin to 'make pancakes' regardless. Kyle picks up a molded clump of plastic mashed potatoes and turns toward me. Smiling, he places it on my head, and says 'Bainz!' He then takes them back and pretend-eats them, laughing all the while. Finally - a word! But what word? 'Beans?' I ask. I desperately scan the toys and wrack my brain for a clue - "Oh" I say as I grasp hold of the word, "brains! You are a Zombie! Help! There's a zombie eating my brains!" His smile is enormous – our eyes meet and he laughs even harder when I begin to contort my face, roll my eyes back into my head, and float my arms upward, "aaaack –I'm turning into a Zombiiiiie!" With stiff legs I stagger towards him. I'm flooded with a sense of relief and, smiling, I continue on with the play.

When assessing a child, the SLP may encounter children who are reluctant to engage. An SLP, attempting to connect with a 'distant' child, may encourage communicative exchanges by offering forth interactive bids that require only nonverbal or minimally verbal responses. "Pass me the frying pan" may result in a physical transaction, such as the passing of a pan. A question, such as "should I make pancakes," posed to support a verbal output by confining response parameters to that of yes/no, may fail, merely resulting in body language such as a head nod or shake. In typical adult conversation, if one person failed to respond to another, the speaker might repeat themselves, assuming they have not been heard, or perhaps just drop the conversation altogether. In the situation where the SLP is tasked with assessing a child, the SLP may be compelled to persevere. But how might they go about this? One may think SLPs are solely interested in verbal outputs. But what might a SLP make of these non-verbal responses, or even no response at all? It may be that these are also valuable information for a SLP. A gesture or a nod may allow a SLP to determine if the child has heard and understands, despite an inability or unwillingness to speak. In situations such as these, a SLP might ask themselves: Is the child lacking the skills to communicate effectively, or are they just feeling shy? Have previous experiences of not being understood left the child feeling vulnerable about expressing themselves? Does the child perhaps feel a lack of trust in a listener's ability, willingness, or patience to persevere in decoding their thoughts? Perhaps they do not wish to place themselves in the position of feeling frustrated. An SLP might look for the answers to these questions as important pieces of the diagnostic puzzle as well as the way forward to discovering more; what might help facilitate further interactions versus what might shut them down.

An SLP may use quiet spaces as a tool; intuiting the child's emotional needs, they may wish to create relational space or reduce communicative pressures in the interaction. Increased wait times between communication attempts, less talking overall or perhaps parallel play may become tools that an SLP uses to achieve this goal. By not bombarding the child with questions repeatedly, instead accepting the silence while continuing to make gentle bids for nonverbal engagement, such as "pass the frying pan", the SLP may support the child in feeling accepted 'as is' and ease any sense of pressure. Eventually, the offering of gentle and quiet acceptance, respectful space and increased time may be reciprocated with the gift of a child's trust. It is out of this trust that a single word may emerge, such as "bainz,"; not just a single word, but once interpreted correctly, a moment of shared understanding. While one can imagine the sense of relief an SLP might feel when a successful interpretation of unclear speech such as this does occur, the benefit can go far beyond checking the box on a standardized test form. A thoughtful interpretation may extend beyond the tangibly available into the abstract. A single word, such as 'brains' may be an invitation to enter into the world of a child's mind. The result may recruit an SLP into a rich back and forth play script as 'brains,' become not *just* 'brains', but 'brains' *being eaten*, an animated and dramatic event imagined in the mind of the child. The SLP may experience a privileged sense of closeness with the child, unique to one adept at seeking out the worlds of others. Building on a child's playful invitations may be seen as similar to 'getting' an inside joke shared by a good friend in that it elicits a sense of closeness, a special connection, a meeting of the eyes and perhaps the minds. During such an interaction, both child and SLP may see themselves as co-explorers of a shared world.

What of the experience of an SLP, whose very job is to translate, not understanding the words? What if the word, 'brains' had never been realized by the professional? Would the SLP bounce back after this lost opportunity? Would the child resign themselves to playing silently, alone? How might the SLP, struggling to understand a child whose words are unclear and under pressure to judge their skills within a constrained time frame interpret the child? In this case, if the entire world of thought slipped past unseen, surely the child would have been seen as simply unintelligible, rather than a purveyor of complex creative play works. While a diagnosis that points to unintelligible speech may certainly garner the desired outcome of support, what might a more rich a portrait of a child add to the diagnosis. Immersing themselves in play may allow the SLP a greater opportunity to understand and interpret the child in ways that a distant stance of objective observation does not afford. Furthermore, the playfulness of the process itself may also lead to a sense of relational closeness. Through this closeness, the SLP may experience an enhanced responsibility to that child, an amplified desire to help them.

Diagnosis

"[T]o know thoroughly" or "know apart (from another)," . . . "to learn, to come to know"

- Online Etymology Dictionary

Once clinical observations, either objectively or subjectively acquired have been collected, a judgement will be made: is the child's communication system developing as expected? If not, what labels can and should be applied, and perhaps most importantly, why? Recently, an international study was conducted to determine a conventional name for developmental language learning difficulties. Since many children were failing to receive adequate treatment, the label *Developmental Language Disorder* (DLD) was chosen. This was to ensure adequate attention

was drawn to the severity of the condition (Bishop et. al., 2017). “Not only do we make things recognizable by naming them, but also we make them real somehow” (van Manen, McClelland, & Plihal, 2007, p. 85).

Diagnosis as access

As an SLP, I think I did 40 or 50 assessments for schools this September. There are kids who are very straight forward, and then there are kids who are not. I had a few kids who were normal or only mild on assessment scores alone, and I still diagnosed them as moderate or severe. If they had seen someone else, they might not have gotten funding.

However, the SLP responsible for determining diagnostic outcomes for large caseloads, may be required to assess many children in a short amount of time. What might it be like, to assess child after child after child? Sometimes the SLP may feel the process is straightforward, even easy. Perhaps in these situations, a child’s communication challenges may be easily evidenced, making an extended exploration into the world of the child seemingly unnecessary. At other times, assessing a child may be difficult. Their communication difficulties may be imperceptible to the naked eye and go undetected by the formal assessment tool as well. Given adequate time, a clinician may take a prolonged and playful excursion into the world of the child to come to know them, and when they do, sometimes the diagnosis is justifiably different than the standard score might suggest. A ‘moderate’ diagnosis at first glance may transform into ‘severe.’ As with any professional judgment call, each SLP may have a different interpretation based on their perceptions or priorities, or perhaps the amount of time they have been allocated to come to a diagnosis. One may wonder though, if the SLP has time to adopt a sense of playfulness or immerse themselves into each and every child’s unique world? If they don’t are they able to gather enough pieces to create a meaningful picture of a given child? It is in these situations that misdiagnoses occur, and disorders in children either fail to be detected, or benign communication differences, dialectical or otherwise, are misinterpreted as delays.

One can see that affixing a diagnostic label is oftentimes done as a caring gesture. A SLP whose interests seem to point toward obtaining funding for a child, might be doing so with the aim of gaining access to supports such as specialized programming or treatment plans. A difference between moderate and severe may be a single percentile on a chart, but could be the difference between accessing publicly funded therapy or not. It may be the hope of the SLP that the child will then benefit from these supports, thereby bridging the distance between the child and their family, indeed, between the child and world at large. After all, if communication skills are the portal by which worlds in the universe connect, is the child without funding and its related supports not akin to a child lost in space?

Affixing the label, my heart sinks

I add up Isabelle’s correct responses and trace my finger along the row to the correct column for her age, it lands on .01. My heart sinks further as my judgment is confirmed. On the form with her name at the top, I write the words, ‘Severe

Developmental Language Disorder'. I pause for a moment as I wonder about how these words will live with this child.

After completing the formal assessment, the SLP comes to a diagnosis by adding up the child's correct responses. The SLP then traces a finger along the rows of numbers, each one representing the performance of anonymous cohorts of children, against which this one child, the one she does know, will be measured. Perhaps the SLP pauses to wonder about these anonymous others. *Were the children similar enough to Isabelle to make an accurate comparison with?* The SLP, whose ethos of practice is one of a caring professional, may further question: *Was the brief amount of time spent with Isabelle enough to surmise that her results accurately reflect her abilities?* What is determined by the charts provided is, that compared to these unknown others, and more specifically, the ones considered 'typically developing,' the one she does know falls short. This child is categorized as 'severely delayed.'

What may cause a heart to sink when the SLP must have had some idea that this diagnosis would be realized? By assigning a label, the SLP may well open the possibility of extra funding for the school or the family, and thus additional support for the child. However, "words become artifices, the replacements for the things they name" (van Manen, 2002, p. 248). As with most things, a label may become a double-edged sword; intended to help, it also has the power to harm. The SLP's label may come to displace the name of the child. "Isabelle" may no longer be just "Isabelle," but "Isabelle" with a *Severe Disorder*. Isabelle alone is a child to discover: Isabelle with a delay has been named; no further query deemed necessary. Will a teacher reading her class roster see the name Isabelle, or the word *disorder* that follows?

Once I call a child "attention deficit disorder," once I see a child as a "behaviour problem" or a "low-achiever," or once I refer to him or her as someone who has a specific learning style," a particular mode of "cognitive functioning," then I am inclined immediately to reach into my portfolio of professional tricks for a specific instructional intervention, or a behavioural therapy, or a medical solution. What happens then is that I forego the possibility of truly listening to and seeing the specific child. Instead, I put the child away in categorical language. This language is as constraining as a real prison. Putting children away by means of technical diagnostic, or instrumental language is really a kind of spiritual abandonment (van Manen, 2016, p. 26).

The SLP writes the words, 'Severe Developmental Disorder,' and the assessment form becomes permanently changed. Simultaneously, the child has been imprinted with an indelible stamp. For once written, the diagnosis has been 'given;' passed on to administrators, educators, family members and others. It will be entered into systemic charts, and may follow the child indefinitely. And how will Isabelle herself feel about this 'gift'? For this reason, just as an educator may struggle with the notion of applying a substandard grade to a child, an SLP affixing a qualifying label to a child's communication difficulties may experience moral conflict. How will the diagnostic words live with the child, or more accurately, how will they come to be in the life of a child? A diagnosis is not simply a word, delay or disorder in isolation; there is a living world that emerges from that word. The diagnosis may come with a series of life altering events. For some children, accessing funding may mean a treatment block or two spanning a few months of their life; for others, it may mean intensive – weekly or more frequent – sessions that

go on for 2, 3, or even ten or more years. Some will need to see an SLP at school; a few minutes pulled aside or outside of the classroom. For others, added support could mean a steady stream of strangers becoming part of the family home. What might a lifetime of therapy be like for the child, and for the family? Furthermore, if a view of Isabelle as abnormal is the view that others reflect back upon her, is this how she will come to know herself? As one who is not able or who requires one-on-one support to exist in the world of others? Words do not merely designate material objects, “words. . . are a mode of practice, and they construct their objects. A child with “special needs” thus *becomes* such a child precisely because it is said of that child” (Ellison, 2008, p. 8).

After an exchange of, 'point to' and 'good job' the SLP will trace her fingers along rows of numbers that interpret responses, determining the presence of a delay or disorder. She will write these words, along with 'mild', 'moderate' or 'severe'. And although one may pause to wonder, it is impossible to know how these words will live with the child, for "once we have put our word in print we have lost control over its fate" (van Manen, 2002, p. 248).

Considerations for Practice

The word pathologist is derived from the Greek word, *pathos*, which originates from Greek and means 'suffering' (Oxford Dictionary of English, 2010, p. 1302). A pathologist is a person who pathologizes. To pathologize is to "regard or treat as psychologically abnormal" (p. 1301). It is the role of the SLP, through clinical judgment, to determine who is suffering the experience of abnormal in the realm of human communication. In giving a diagnosis, the intention of the SLP is to identify the abnormality. But what else occurs in the giving of a diagnostic name? One can imagine that the professional experiences of assessing and diagnosing a child carry with them ethical weight, albeit different pending the particular diagnosis's potential impact on the life of the child. Indeed, from cataracts to cancer, a diagnosis may have varying degrees of difficulty to deliver and to receive, as some diagnoses have only short-term, repairable, or simply inconvenient impacts upon the child, while others may be so extreme as to threaten, modify or even permanently alter a child's life-trajectory. How does one share such diagnoses with families, and in time the children? Will the child remain the same or be forever changed? Will they be treated differently, judged or categorically defined, by others such as peers or teachers?

Communication skills provide bi-directional access to those living in shared worlds. Like a bridge, they connect us to one another and allow us to share in everyday experiences such as love and joy, laughter and disappointment, anger and pain. There is so much more to communication than pronunciation; communication is how we come to understand the world and ourselves, how we define and shape our relationships. Language itself impacts our identities, our cognition and our outlook on life. It may be critical then, to accurately and timely identify legitimate deficits in communication skills and then work to remediate them. SLPs exhibit a caring responsibility in their interest to attend to each child, but time is often not afforded, and is rushing through assessments in order to come to a diagnosis appropriate? What if an SLP slows down, but then fails to get through the required number of assessments in time for the funding deadline, and some children fail to receive the much-needed help they require? If good communication could be said to contribute to a good life, what if we fail to be able to provide the services a child might need? Isn't this the same as failing to provide a safe and nurturing space for the child to grow?

And if the services that justified that diagnostic naming fail to be received, will the burden of that name have been placed upon the child in vain? It stands to reason that if one is required to be named, then the benefits of expected support should be received. Unfortunately, this is not always realized. These are but a few of the ethical considerations that SLPs are faced with when coming to a diagnostic name.

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