

Introduction to Special Issue: Speech-Language Therapy Services in the Arab World and the Diaspora

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This special issue of the *Arab Journal of Applied Linguistics* sheds light on speech and language therapy services provided to Arabic-speaking individuals in the Arab World and beyond. Within the Arab World, the contexts are so different and diverse mainly because of the difference in linguistic and economic situations in many of these countries. Sometimes, even within the same country, there are major variations (the example of Morocco described by Boueddine and Boulahna in this issue). Despite this diversity and variation, the present issue aims to explore service delivery practices in the Arab World and the Diaspora (represented by North America) by bringing together practitioners to promote greater communication and collaboration to better serve the individuals who need these services.

On Speech and Language Therapy Terminology

It is probably appropriate to start with the terminology used in the different parts of the Arab World to refer to the field of speech and language therapy. In the Arab World, there are two main specialties that manage speech, language, and swallowing disorders. The first one is phoniatrics, which is defined as the medical specialty that manages speech, language, and swallowing disorders (European Union of Phoniatrians, n.d.). The other one is speech-language therapy (pathology), which is considered an allied health profession and it is the main focus of most of the papers published in this issue.

The title of the speech-language therapist (SLT) or pathologist (SLP) differs in various countries. While in English speaking countries, both these terms are used interchangeably, in France, the term “orthophonist” is used, while some other European countries use variant forms of the word ‘logopedist.’ In Arabic, we found many terms commonly used to describe this profession. While ‘phoniatics’ is frequently translated as *tib al taxatub* طب التخاطب (literally, medicine of communication) and the phoniatician is referred to as *tabeeb taxatub* طبيب تخاطب. When it comes to speech-language therapy and its practitioners, we came across many titles. The following words or their combinations used to describe the profession: *taxatub* تخاطب (communication), *nutq (wa lugha)* (ولغة) نطق (speech (and language)), and *kalaam* كلام (speech). In Algeria, they use ‘orthophony’ *الارطوفونيا* to describe the field of speech-language therapy. As for the titles of the speech-language therapist, we came across: *?axissa?i* أخصائي (specialist), *?ixtissasi* اختصاصي (specialist), *mu’3alij* معالج (therapist), and *mumaris* ممارس (practitioner). The words *kalaam* (speech) and *taxatub* (derived from ‘*xitaab*’ “discourse/speech”) are loaded with many connotations related to ‘discourse’ and Muslim philosophy (*film al kalaam*). We, therefore, prefer the terms ‘*nutq wa lugha*’ (speech and language) because they capture the two prominent aspects of the profession. Although the word *?axissa?i* is incorrect according to the standards of Arabic morphology, it has proven very popular and commonly used by most people and across different medical specialties, unlike the correct word *?ixtissasi*.

Therefore, we think that *?axissa?i /?ixtissas nutq wa lughā* seems a very appropriate title to describe this profession and its practitioners.

The history of speech and language therapy profession in the Arab World

Despite the nascent nature of the field of speech-language therapy, there is a long history of literature on speech and language deficits called ‘*speech impediments*’ عيوب الكلام that can be found in the Arabic literature since the eighth century. Al Khalil Bin Ahmed Al Farahidi (718-786 CE), the prominent Arab lexicographer who wrote the first Arabic dictionary, organized his *Al Ain* book كتاب العين based on places of articulation of Arabic sounds. In the introduction to this book, he described speech organs and was one of the first to refer to speech deficits and he used the terms *lathqa* لثغة (articulation deficit), *ʕugda* عُقدة (a type of motor speech disorder), *khanna* خنة (nasality), *taʕtaʕa* تعتعة (fluency disorder) in his dictionary (see Al Samoukhli, 2022). Following Al Khalil Bin Ahmed, more Arabic philologists and scientists like Al-Jahiz (776-869), Al-Mubarad (826-298), Ibn Qutaybah (828-889), Al Kindi (801-873), Ibn Sina (known in English as Avicenna, 980-1037), and Ibn Jinni (934-1002) wrote chapters or books on speech deficits. Moreover, at least two books were dedicated to studying speech disorders in ancient Arabic literature. Ibn Sina’s booklet *Asbaab Huduth Al Horu:f* أسباب حدوث الحروف (How speech sounds are produced) can be considered one of the earliest books dedicated to the study of speech-language pathology, where he talked about the physics of sound production, the anatomy of the

tongue and the larynx, and the phonetic properties of each of the Arabic sounds. Ibn Al Banna's (1006-1078 CE) book *Bayan al ʿayoub Allati Yajib ʿan Yajtanibuha al Quraʿ*? بيان العيوب التي يجب أن يجتنبها القراء (The speech deficits that Quran reciters should avoid), was dedicated to explaining various speech sounds disorders and gave some exercises on how to correct these speech deficits.

The modern science of speech-language therapy started to gain ground in the Arab World in the second half of the 20th century. For example, Abou-Elsaad, in this issue, reports that the medical specialty of phoniatics was started in Egypt in 1974 by Professor Nasser Kotby, who established the first phoniatics program in Egypt at Ain Shams University. However, the first known modern SLT in Egypt was a Danish clinician who practiced in the 1930s (Abou-Elsaad, 2022). The specialty of phoniatics is currently available for medical doctors in all Egyptian public universities (Abou-Elsaad, 2022).

As for speech-language therapy, some countries, like Morocco, started by providing this training at vocational training institutions in the 1980s. Some of the countries that currently offer degree-level training in speech-language therapy include Algeria which started its programs in the 1980's; Saudi Arabia in 1985 (Alakeel, 2022); Jordan in 1992 (Al Saabi, 2022); Lebanon (1995); Kuwait (2004), Palestine (2011), and Morocco in 2013 (Boueddine & Boulahna, 2022). There are also bachelor's and/or master's degree programs available in Syria and Tunisia. In 2021, the UAE became the latest

country to offer a speech-language therapy program when it launched its first program at the UAE University. Doctoral programs in phoniatrics and speech therapy are offered in Egypt and Algeria, respectively. We are unaware of any university programs in speech-language therapy in the other member countries of the Arab League with a majority of Arabic-speaking populations, namely Bahrain, Iraq, Libya, Mauritania, Oman, Qatar, Sudan, Libya, and Yemen.

The present status of speech-language therapy in the Arab World and the Diaspora

The papers in this special issue of AJAL provide valuable information on the present status of speech-language therapy services, training, and clinical practice in the Arab World. The Arabic-speaking diaspora is represented by a paper by Khamis-Dakwar and Marzouqah (2022) who focus on North America.

Boueddine and Boulahna (2022) present a very comprehensive overview of the practice of speech language therapy in Morocco and the challenges facing the profession. They surveyed and interviewed 112 SLTs in Morocco, and the results are of great significance to the profession in Morocco and the Arab World. The information on their demographics, pay structure (salaries), clinical settings, and the fees paid by speech and language clients will be of great interest to many readers.

Khwaileh & Hamouda (2022) conducted a comprehensive review of the studies on acquired communication disorders (such as aphasia, traumatic brain disorders, and other adult neurogenic communication disorders) in Arabic speaking countries in general and in Qatar in particular, and they found a handful of studies showing the scarcity of research studies on the assessment and intervention of acquired communication disorders in Arabic.

Mohammed and Alkoheji (2022) administered a survey with 59 SLTs practicing in Bahrain. They found that most of these SLTs were female, young Bahrainis, indicating the rapid increase in the number of SLTs in Bahrain. They reported that in the general speech outpatient clinic of one of the biggest hospitals in Bahrain, most of the clients were children with developmental language disorders, followed by those with speech sound disorders. Mohammed and Alkoheji (2022) reported that most government schools with inclusion services are provided with school-based SLTs, which shows great recognition of this specialty in special education settings.

The paper by Alakeel (2022) chronicles the progress of the training and licensing of SLTs in Saudi Arabia, which started its first university program in 1985 and expanded significantly in the last 15 years to include bachelor and graduate programs in five universities. Alakeel (2022) discusses the plan to start a sub-specialty program in speech,

language, and swallowing disorders at the Saudi Commission for Health Specialties (SCFHS) that aims to provide competency based clinical training for practicing SLTs.

Al Sabi (2022) reviews the university programs available at the bachelor's and master's levels and the regulations organizing the profession of speech therapy and audiology in Jordan. Despite the presence of the profession for more than 30 years, he mentions that there is no official body representing SLTs in Jordan, and the university programs need more support in the areas of clinical supervision and research funding.

Abou-Elsaad (2022) starts his paper with an introduction to the history of phoniatrics and speech therapy in Egypt, and he explains the clinical training that all phoniatricians receive before qualifying. He also lists some of the published tests developed at Mansoura University in the areas of speech language pathology.

Khamis-Dakwar and Marzouqah provide a comprehensive overview of the state of the profession of SLP in the diaspora, taking into consideration the perspective of SLP professionals and the end users (clients of Arabic heritage in the US). Although the Arabic speaking SLPs in the US and Canada share many common challenges with their peers in the Arab World (namely, lack of assessment tools, lack of research data on typical and atypical speech and language development, and the low ratio of SLPs to the general population), they also have unique challenges, such as the fact they deal with a plethora of Arabic dialects in the US, some of which are not mutually intelligible, the challenge of

being recognized by the regulatory bodies in the US and Canada, and the challenge of working in an environment where standards are set primarily by white, western standards. Therefore, Khamis-Dakwar & Marzouqah (2022) are very critical of the current approaches in the assessment and treatment of speech and language disorders are based on the positivist medical model, which do not pay enough attention to the psychosocial needs of some populations, such as refugees and asylum seekers.

Opportunities and Challenges

Despite the individual differences among countries, some common themes emerged in terms of the challenges facing the profession of SLT and its practitioners, such as the lack of access to speech, language, and swallowing services, and some countries do not have any services in entirety, insufficient number of SLTs available in educational and medical settings, the dire need for assessment and intervention resources that meet the cultural and linguistic needs of each country and its subcultures, the lack of research in typical and atypical speech, language, and swallowing development, and poor clinical supervision or the severe shortage in continuing professional development in this field. Yet, one can notice some up-and-coming trends, such as the increase in the number of SLTs and university programs that educate and train SLTs in the Arab World. We also witnessed an increase in the efforts to regulate the profession in countries like Saudi Arabia, Jordan, Morocco, and UAE and the establishment of some professional

organizations representing SLTs, such as the case in Saudi Arabia, Lebanon, and UAE, although these bodies typically do not have executive power and not always consulted by regulatory bodies in their countries. Therefore, more efforts are needed to lobby and advocate for the best interest of SLTs and their clients.

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