Scotland’s voices:
stories from the past; stories for the future

Oral histories of speech and language therapists

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RCSLT conference
Glasgow
September 2017
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SLT oral history: presentation aims

1. To explore the issues when SLT professionals ‘do history’.

2. To explore methodological issues.

3. To present results from the first group of Scottish SLT participants.
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SLT oral history: background

Research in history is contentious

- Sourcing
- Selection
- Triangulation
- Interpretation

Oral history can be even more contentious.
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SLT oral history: background

Written histories of the UK profession
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SLT oral history: background

Autobiographies of SLTs
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SLT oral history: methodological challenges

Possible focus of an oral history study:

– very narrow (thematic) v. wide (life story)
– consensus v. different experiences
– continuity v. contradiction
– change over time.
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SLT oral history: procedural challenges

- audio-recorded (semi-structured?) interview?
- video-recorded (semi-structured?) interview?
- Skype (semi-structured?) interview?
- written narratives?
- survey/questionnaire?
- focus groups?
- supply photos, archive material in support?
- add quantitative data?
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SLT oral history: ethical challenges

Interviewer: insider or outsider?
Participant selection and recruitment
Informed consent (for what?)
Naming, pseudonyms or anonymity?
Trust
Time commitment
Sharing authority vs triangulation of information
Member checking – or not?

Respect for and representation of stories
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SLT oral history: practical challenges

Funding
Working technology (and competent user)
Memory
Post hoc justifications?
Transcription
Editing
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SLT oral history: decisions

Focus: life story
Interviewer: insider
Participants: SLTs qualifying before 1970
Recruitment: SASTA and snowballing
Topic guide sent in advance
Audio-recorded (semi-structured) interview
Thematic network analysis
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SLT oral history: the story so far

Ethical approval from MMU.

Eight participants from Scotland to date, all women, all retired (and more now volunteered)

All educated at Scottish ‘training schools’

4 Glasgow, 4 Edinburgh

Classes of: 1948-51 through to 1965-68

Many had located archive materials relating to their careers.
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SLT oral history: the stories so far

Why speech and language therapy?

‘Speech therapy was unheard of in 1948’
‘I wanted to be a nurse or an almoner’
‘I didn’t want to be a speech therapist, I wanted to go on the stage’

‘My father phoned Miss Morrison’ [Edinburgh School of Speech Therapy]
‘My mother interviewed Dr Anne [McAllister, Glasgow School of Speech Therapy]’
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SLT oral history: the stories so far

College life

‘It was like finishing school – had a uniform, grey blazer, grey and purple scarf’
‘No real collegiate life’

‘2 dropped out, one to become a model’
‘One left early, one eloped’

‘Lectures all over the place’
‘The library was one shelf of books. There were no tests’
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SLT oral history: the stories so far

College curriculum

‘Language had not been invented’ (Edinburgh, early 1950s)
Physics of sound, anatomy and physiology, child development, neurology, phonetics, psychology.
‘Normal voice and speech and relaxation. I liked that’

‘lectures on a Saturday morning’ (Glasgow, late 1960s)
‘A full day of clinical placements then lectures at 5pm.’
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Memorable mentors

Dr Anne [McAllister] ‘I didn’t see her as formidable, but…’

Edna Butfield ‘brilliant clinician’

Miss [Kay] Morrison ‘wicked towards people with a regional accent’

Muriel Morley ‘would come to clinics if in difficulty’

Dr Tom T S Ingram [paediatric neurologist] ‘made you learn’

Moira McGovern ‘a breath of fresh air’

Christine Allen (now Skinner) ‘inspirational’

And many more
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SLT oral history: the stories so far

**Early careers and challenges**

‘interview – “when can you start?” – ’ (1950s and 1960s)

‘went on push bike with wicker basket, hand mirrors and straws’ (1950s)

‘[re sailors from Leith docks] I have ability to diagnose syphilis’ (1950s)

‘I was the first qualified therapist in the [learning disability] hospital’ (1960s)

‘had to work out ferry timetables to get to the islands [Mull, Coll, Tyree]’ (1960s)

‘in at the deep end – glass on the road, not safe, learned how the community functioned’ (1960s)
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Mid careers and challenges

‘I was busy being married’ (1950s)

‘then worked part time, thank goodness for the grandparents’ (1960s)

‘went off to have babies…worked as long as I could before the baby and had to leave’ (1960s)

‘[husband’s job moved and when an SLT post came up] had to go back full time’ (1970s)

‘encouraged to work a half day a week so I didn’t have to leave’ (1980s)
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Specialists and generalists

‘mostly child speech’,
‘cleft palate team, saw children at an early age’
‘voice and Parkinson’s’
‘learning disability hospital – some shouldn’t have been there, several had severe hearing impairment’
‘surgical neurology – before seatbelts were compulsory’

‘In a rural area I was a specialist generalist!’
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**Learning on and off the job (CPD)**

‘learned to sign [from teacher of the deaf] along with the children’

‘went to [acute hospital] for observations of specialist clinics’

‘sself taught about language’

‘sset up a book group [to keep up to date]’

‘sstudy days in Edinburgh - had to set off by 6am’

‘did an OU degree’

‘I saw an ad for the MSc - sold my mini [to fund studies]’
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Worst of SLT…

Pay, pay, pay

‘I opened my first pay slip and cried’
‘£720 a year in 1969’
‘Agenda for Change’

Professional colleagues

‘consultants’ lack of recognition of our knowledge and skills’
‘teachers who don’t “get” communication’

Clients/service users

‘frustration when parents not willing to do the work’
‘sometimes you could see them far enough’
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…and the best of SLT

Experiences
‘The autonomy’
‘Variety – never bored’
‘[- started with 3 therapists] now 36 FTE and 6 assistants’

Professional colleagues
‘excellent [multi-disciplinary] team’
‘having my work recognised’

Clients/ service users
‘Seeing the kids you have worked with, how they’ve come on’
‘patients are the best thing’
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SLT oral history: the story so far
(with apologies to male colleagues)

“History is her-story too”
Anonymous
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SLT oral history: acknowledgements

Funding support
Royal College of Speech and Language Therapists
International Association of Logopaedics and Phoniatriecs
Edinburgh Trust
Manchester Metropolitan University

Training
Scottish Oral History Centre, University of Strathclyde
Centre for the History of Medicine, University of Glasgow

*Participants for sharing their stories*