

The Academic Anablep

Bonnie Brinton

A few years ago, we visited an aquarium when we were on vacation. I remember looking in a tank that had the most fascinating little fish called anableps. Anableps like to cruise the surface of the water. They are called four-eyed fish because they appear to have four eyes—two that sit above the water level and two that sit below the water level. In truth, the anablep does not have four eyes—it has two eyes that are divided to allow the fish to see things that are above it in the air as well as things that are below it in the water. Anableps are adapted to make sense of all these images, to keep track of predators above them in the air and food below them in the water at the same time—to plunge or leap accordingly.

For me, working in a religious institution allows me to be something of an academic anablep. That is, I can use information gained through spiritual means at the same time that I am observing and testing the phenomena in the world around me. I am a speech-language pathologist specializing in working with children who do not communicate well because they have language impairment, learning disabilities, autism spectrum disorder, or other challenges. I have been involved in clinical work and research here at BYU and at other universities. I am essentially in the business of trying to understand how human beings learn to communicate as they mature and how various disabling factors wreak havoc with that process. Like Dr. Slife, I am also involved in clinical work. I teach students to intervene in the lives of others in an attempt to enhance their growth patterns and change their behavior.

Intervening in the lives of others is a serious proposition—not something to be taken lightly. We cannot deny that intervention is essentially a moral endeavor. I agree with Dr. Slife in asserting that there is no



Anableps are adapted to keep track of predators above them in the air and food below them in the water at the same time. Courtesy Paddy Ryan/www.ryanphotographic.com.

value-free approach to teaching, counseling, advising, or clinically treating another person. All interventionists frame their work in terms of their perspectives, beliefs, and values, even if they do not realize it. Working in a religious institution allows us to recognize that a moral framework influences our work and encourages us consciously to define and refine that framework to reflect the mission of the university.

The value-laden nature of clinical intervention is particularly evident to speech-language pathologists. We are always in a dilemma of sorts. We work with many children who have marked disabilities in communication, learning, and behavior. These children have persistent challenges that permeate every aspect of their lives. Communication problems associated with language impairment, autism, intellectual disabilities, and so on are multifaceted and pervasive. There may be literally hundreds of areas of difficulty within a single child. And here's the dilemma—even if we worked with these children every waking hour, every day of the week, for the rest of their lives, it is unlikely that we could ameliorate all of their difficulties—we could not make the disability go away. We can help children reach their potential, however, and that is important work. But the time we can spend with an individual child is very limited; clinical services are expensive and scarce. So, how do we spend that precious intervention

time? Where do we concentrate our efforts? How do we decide what would be the most effective approaches for an individual child? How do we determine which areas demand attention and which areas we can afford to let alone? Once we decide where to focus, how do we select the most appropriate methods and procedures? These kinds of decisions are all based on values. There is no purely objective ground on which we can stand—even if we wanted to. Our professional literature recognizes these practice issues, although they are rarely described as moral decisions. But discussions of best practice, efficacy of intervention, and evidence-based practice are replete in our professional discourse. We all want to know what matters and what works.

This is where the ability to be an academic anablep comes in. The ability to employ spiritual knowledge to frame more traditional ways of knowing greatly enhances our ability to tackle complex issues in human development and behavior. Spiritual insight provides a sound value system within which we can approach our work.

Let me offer a clinical example. Over fifteen years ago, we were designing a treatment program for a five-year-old boy with language impairment. Despite the fact that he was bright, that he came from a supportive home, and that he was anxious to communicate, his ability to understand and produce language was markedly impaired. He did not understand much of what was said to him, and he struggled to express his ideas and share his thoughts. Basically, at age five, he could not communicate nearly as well as a typical three-year-old. At the time, the traditional wisdom in our field dictated that we should direct our intervention focus on helping this child learn to produce and understand language structure. That is, we should facilitate his ability to learn the grammatical morphemes to put sentences together. But we had more pressing concerns than his immature sentence structure. This child's inability to communicate made it difficult for his parents to relate to him in the same way they did to their other children. The child did not like conversation, he could not share his feelings with his family, and he could not express his ideas. He could not explain what he had done that morning when his dad got home from work. He disliked print and avoided shared book reading with his mother. Our academic anablep view of this child pushed us to concentrate not on the form of this child's language, but on his ability to use what language he had to connect with his family. From a spiritual perspective, what could be more important than enhancing this child's ability to communicate with his parents? What would matter more than this from an eternal perspective? Wouldn't the ability to communicate in order to form family relationships be paramount? We consciously let this spiritual perspective guide our scholarly

perspective when we predicted that if we could enhance this child's ability to use language to relate to his family, he would have access to interactions and contexts that would facilitate the growth of his sentence structure.

In terms of treatment methods and approaches, we took a very LDS approach. We gave this child a journal. Yes, we gave him a journal despite the fact that he didn't talk or understand well, he disliked books, and he couldn't write. We then planned and carried out interesting events with him, and chronicled those events in the journal afterwards. To do this, we had the child tell us to the best of his ability about the events he experienced and we wrote down exactly what he said. Then we sent the journal home with him, and his dad read the day's entry with him in the evening.

Within a short period of time, this child took ownership of the journal. He loved dictating entries, and he would ask us to read and re-read the entries so that he could edit them—adding details and more complex forms. We have one lovely therapy segment on tape where a student clinician is writing the child's comments in his journal, and he takes the journal out of her hands and tries to write in it himself—even though he can't form letters. He looked forward to sharing his day's events with his dad in the evening; it provided a framework for more complex and meaningful conversations than they usually had. And yes, we observed the growth in sentence form that we had hoped for.

I think the journaling did something else for this child, something one could only appreciate with an able eye. Writing down the things that this child did emphasized the idea that his life, his actions, and his choices mattered—they were important enough to capture in print and reflect on later. Although he may not have been interested in books initially, he was fascinated by his own written story. And that led him to an increasing interest in the stories of others. This was a significant breakthrough for a child with his type and level of disability.

Our approach with this child was unconventional at the time—working within an institution where we could recognize and own the values that framed our decisions made it possible for us to try something innovative. Now, fifteen years later, the approach we took is common—it is considered sound practice. But we had to recognize that our spiritual perspective underlay and supported our empirical perspective in order for our approach to make sense at the time.

Just as our clinical work and teaching have been informed by our dual vision, our research has been guided by a similar perspective. I have worked on collaborative research with my husband and colleague, Martin Fujiki, for over twenty-seven years. We have many responsibilities, and our research time is limited. We desperately want to research the questions that

will lead to better interventions for children. This means that we must constantly evaluate the focus and nature of our research program. Through the lens of the value system of this university, we try to decide what research questions are important and how they can best be addressed. More than once, a research focus has crystallized during temple worship, and we have concluded: Here is an issue that matters in the lives of children. Let's chase it down. Let's find out more. I will say that the sometimes unconventional focus of our work has required us to exercise an annoying amount of rigor and care to place our work in the mainstream literature, but that too has been a refining experience.

In summary, I think a religious university is uniquely poised to articulate and promote a set of values within which scholars can frame their work. We do not lose or devalue what might be referred to as an empirical perspective or more traditional ways of knowing. We simply build from a spiritual scaffold. It's good to be able to see both above and below the water at the same time.

Bonnie Brinton is a professor in the Department of Communication Disorders. She served as Dean of Graduate Studies at BYU from 1999 to 2009. She is a fellow of the American Speech Language Hearing Association. Brinton received her PhD and BA degrees from the University of Utah in speech pathology and audiology. Her master's degree is from San Jose State University in the same field. She is an accomplished scholar and has published extensively in the area of speech-language pathology. She collaborates and publishes jointly with her husband, Martin Fujiki, also a professor in the Department of Communication Disorders. They are known nationally for their research on language impairment and social competence in children.