

## Commentary

# Personal reflections: Golden anniversary retrospective

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### Suggested Citation

Barrett, R. H. (1988). Personal reflections: Golden anniversary retrospective. *International Journal of Orofacial Myology*, 14(3), 3-7.

DOI: <https://doi.org/10.52010/ijom.1988.14.3.1>



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## **PERSONAL REFLECTIONS: GOLDEN ANNIVERSARY RETROSPECTIVE<sup>1</sup>**

Richard H. Barrett, M.Ed.

*Editor Emeritus*

I have never considered myself a particular favorite of Lady Luck. I rarely draw pat hands, nor fill straights and flushes with astonishing frequency. Yet, in this rear-view-mirror glance at my career in orofacial myology, sheer luck appears to be a major factor. I was lucky to be in the right place, at a particular time, with a certain orientation, and in circumstances which, back at the outset, seemed deceptively unfortunate.

It should be noted as prologue that the luckiest thing I ever did was to marry Anita. She has held steady in uncertain times, bolstered a somewhat fragile ego, earned our living while I dallied with graduate courses, laughed away disaster and despair, guided us at unmarked crossroads, listened and contributed solutions when I agonized over professional problems. She has been a partner in everything that I have done during the fifty years of our marriage.

I arrived in Tucson, Arizona in 1935 with a background in the field of speech as it was then understood. That is, a drama-tinged mixture of rhetoric, oral interpretation of literature, phonetics, and a smattering of speech correction. The larger concern was enunciation rather than articulation. The professional publication was *The Quarterly Journal of Speech*, for the *Journal of Speech and Hearing Disorders* was yet unborn.

Not surprisingly, the dental specialty of orthodontics experienced a more or less contemporary germination phase. Dental schools did not offer formal courses in *orthodontia*; instead, the profession was propagated on a *preceptorship* basis. A handful of outstanding and mostly self-taught orthodontists were designated as accredited preceptors. Dentists wishing to enter the field spent from one to three years working with (or for) a preceptor. Fees and schedules were left entirely to teacher and trainee; some preceptors charged a fee, others paid a small stipend instead. The student became an orthodontist when the preceptor said so, and when the aspirant presented to an examining board the full records on a sufficient number of successfully treated cases. In this era, the *Angle Orthodontist* was the primary journal; the *American Journal of Orthodontics* came later.

Neither speech pathology nor orthodontics actually blossomed until after World War II. I was exceedingly lucky to be present at the unfolding of both blooms.

I met Anita on the last day of 1937, at a New Year's

Eve party. We were married six months later. My training in speech had no cash value then, and I drifted from one unedifying job to another, convinced that civilization had reached its apex, that all ideas had already been thought, all opportunities exploited, leaving no remaining niche for me.

Finally, in near-desperation, I enrolled at the University of Arizona in 1948. I joined the still-young American Speech and Hearing Association (ASHA) and the still-newer Western Speech Association. I took again many courses that I had had 13 or 14 years before, plus the more recent speech areas that were then developing. Unfortunately, these were all undergraduate courses, whereas I now aspired to something more. Hoping to teach public speaking at the high school level, I completed a Master's degree in Education. However, more and more public schools were hiring speech "correctionists," so I narrowed down to Special Education and embarked on a doctorate.

One summer, Dr. Harold Westlake, of Northwestern University, came to Tucson for a workshop on cerebral palsy. I was fascinated. I did some work with the Easter Seal Society on a cerebral palsy team. Incidentally, our neighbors and dear friends at that time were Jay and Roberta Howenstine; years earlier, while still in Pennsylvania, Jay had originally thought up Easter Seals.

Two things happened almost simultaneously. First, reason grasped me by an obscure neuron and convinced me that one more education course would result in death by suffocation. Second, I was offered the dual positions of Executive Director and speech therapist at the Cerebral Palsy Foundation of Southern Arizona. I salvaged my painful parting from the doctoral program with promises to return, dropped out and went to work. Minimal salary, but in *my field!*

In the spring of 1954 I resigned from the Foundation. I had a contract with the Tucson schools to establish the first public school speech correction program in the southern half of the state. Our daughters were 13 and 10 years of age, and Anita was expecting our third child. The Rh blood factor had not been discovered when the girls were born; now it was known, but much was still not understood. We were tested: me, positive; Nita, negative-- the bad combination. The antibodies build up in the mother's blood, they had found, and often affected the third birth. The cerebral palsy of several of the

1. Evoked by the "Golden Harvest," International Association of Orofacial Myology Convention, 1988.

children with whom I had been working was now being attributed to mothers who were Rh negative.

We spent the summer in Prescott, Arizona, helping to staff one last State Easter Seal cerebral palsy project. Actually, we spent the summer looking from one child to the next, wondering which one ours would resemble, and reminding each other of how well prepared we were to deal with a handicapped child. On October 1, with a team of physicians standing by, prepared for multiple blood exchanges if necessary, our son was born in perfect health. That evened up years later, when our oldest daughter died of cancer. Luck has its limits.

My first year in the school position was a learning experience for everyone concerned. There were 36 elementary schools-- and me. The second year, I was allowed to hire two more speech correctionists. I took a deep breath and actually began to see the children in my care.

There were two boys, in widely separated schools, who appeared to have similar disorders, but one with which I was not acquainted. They seemed to distort almost every consonant sound; their tongues flailed about, at times seeming nearly beyond voluntary control; their response to correction was poor, and progress only temporary. I did not know what to do with them, since I had no idea what I was dealing with. I searched the literature in vain. I checked their posture, intelligence and a dozen other false leads. I could think of only one possibility. Athetosis is one of the major forms of cerebral palsy; it is characterized by constant snake-like movement of legs, arms, head and tongue. I had found athetoid tongues attached to kids who did not have cerebral palsy!

Before I started preparing a paper for publication announcing my discovery, I began to notice other cases, primarily among the lispers, who displayed similar though milder forms of the strange Joe-Juan syndrome. I tried to find common threads. One seemed to be crooked teeth. I checked with Dr. Charles Tweed, the renowned orthodontist who had volunteered his services to some of the children at the C.P. Foundation during my tenure there. He thought about it, but found no answer. I had one girl who was wearing braces, learned the name of her orthodontist and called on Dr. Robert Felix; Bob was even more puzzled.

This narrative deserves a paragraph or so on the Tucson orthodontic community of the 1950's; there were eight men, five of whom are now deceased. Dr. Tweed personally deserves a volume, but it has already been written by others and in several languages. Expelled from the American Dental Association for advocating some procedures repugnant to the dental overlords, forced to leave Phoenix and start over in Tucson, he was later proven correct in the first place and reinstated with highest honors. The Charles H. Tweed International Foundation for Orthodontic Research still occupies his old office--two one-story barracks moved from the air base after W.W. II, placed parallel about 30 feet apart and an enclosed "patio" built between. Charley was the preceptor, the one who had trained each of the other seven. A short, pudgy body filled to the bursting point with vitality, wisdom and ego. I was fantastically lucky to live at

the same time and in the same place with him, and to have his advice and sponsorship.

This small circle was divided into four cliques, no two of which would interact. Two men shared Charley Tweed's building, men he had befriended far beyond professional limits. Two others had offices on the other side of Broadway; they could never say Charley's name, referring to him only as "the little tin god across the street." Farther east were two others, one of whom was Charley's younger brother, Dr. William "Ted" Tweed. Their mother lived more than 100 years, but even when simultaneously present on her birthdays, neither brother would acknowledge the other's existence. The eighth orthodontist was Dr. John E. Robson, who kept his own counsel and avoided conflicts; Jack was my most consistent supporter from the beginning, and became one of my best friends. Nevertheless, the stress of dealing with these individuals on a daily basis for two-and-half decades was appreciable. I was lucky to survive.

Also in the early 1950's, and again almost simultaneously, new terminology was being thrust upon a couple of reluctant professions. The name *speech pathology* was being heard, but we were not sure what it meant. Suddenly, its use became a condition of membership in ASHA. Those of us who held either of the certification levels, Basic or Advanced, were now *speech pathologists*. In dentistry, meanwhile, the battle was being waged to exterminate the word *orthodontia* and replace it with *orthodontics* as the official title of both the profession and the work that was done therein.

I had opened a tiny office in 1955, my second year with the schools, and begun my private practice, after school and on Saturday. To avoid conflict of interest I saw only adults there, or children from other districts. I continued to battle out-of-control tongues, but only in the school setting and with only limited success. Early in 1957, I received an excited call from Dr. Felix.

He had discovered the basis for my pseudoathetoid tongues! He had been to Phoenix and heard a presentation by Dr. Walter Straub. He had brought back a label, "perverted swallow," and a syllabus that he wished me to examine. I felt great disappointment when I saw what he had; with no other information to guide me, I could not see the value in having kids report "Peacefully sliding down the Mississippi," when they could not even produce an acceptable /s/ sound.

I soon got a second call from Bob Felix. Dealing through receptionists and dental assistants, he had arranged for every orthodontist in Tucson to assemble in Charley Tweed's "patio" to discuss a proposal with me. It is still a source of pride and amazement for me that the meeting actually took place! And, no blood was spilled. It was the last time, perhaps the *only* time, that that group was gathered face to face under the same roof.

There was discussion, each contribution directed toward the overhead light fixture. The deal emerged that they would each contribute to a fund to send me to San Mateo for Dr. Straub's course. In return, I would resign from the schools on the spot, enlarge my office and, incorporating Straub's techniques, treat their reverse-swallowing patients. Several different levels of enthusiasm

were evident. I had a contract with the schools until June; some compromises were made. I would be happy for Straub's training; I would do the best I could until the end of school; I would then take a one-year leave of absence and devote full time to the problem of perverted swallowing. At the end of that period, if there was general agreement that adequate progress had been made, I would stay with it; otherwise, I would return to the schools. In reality, I was so overwhelmed by their interest and attention that I was not sure what had been said until I got home and calmed down.

Also in reality, I had an ulterior motive. I still ached for a doctorate. The speech department had by now been upgraded to the Master's level, but the psychology department had a newly established *doctoral* program. I had taken some "psych" courses and wanted others. I rented an office five blocks from the university, where I could quickly get to class and back between appointments. After the two summer sessions in 1957, I had disposed of remaining prerequisites and was well into the graduate courses. In another year, not stopping for another Master's, I felt that I was really on my way. That was when the department brought in a young chap who had just received his Ph.D. from Harvard. He was placed in charge of the area of clinical psychology, and would thus take over as the chairman of my committee. We were enemies from the moment we met, one of the few that I have ever known. It became obvious that he would make every effort to see that I did not complete the program. In part, it was for that reason that I switched over to UCLA in 1962. That same year, Arizona discharged the despised professor. Gratifying, but not helpful. Still, had I persisted in psychology, I might well have turned my back on speech and orofacial myology alike. Just lucky.

I returned from Dr. Straub's course ablaze with enthusiasm. Within weeks, the fire began to flicker when I observed the results of my efforts: Nothing was happening. The magic did not come off. However, without realizing it, I had been given an invaluable gift. Straub had supplied me with an entirely new direction, a different frame of reference. Since this had been identified as a *swallowing* problem, I began to think in terms of muscle function, not speech production--despite the fact that Straub's therapy was based almost entirely on articulation drill. I began to see that many of the techniques I had employed previously were as ineffective and nonsensical as Straub's proposals.

It may be noted once again that my primitive training in speech correction had predated the profession as it is known today. There were no accepted procedures or tested theories. I was taught that the essence of therapy, regardless of the number of books one had read, boiled down to the skill and ingenuity of the therapist pitted against the problem, whatever its nature, presented at this moment by the client across the table. There were no speech games or other supportive items manufactured for sale. Any desired motivational materials, articulation tests or therapy supplies were self-invented and homemade. One learned to improvise. I was enormously lucky to have that orientation to guide me.

My efforts for a time were trial and error. I was open to all suggestions. I began to dig into dentistry, borrowing books, asking questions, watching over shoulders as the local dentists worked. They were patient with me. I was so lucky to have had that group available!

Things began to happen in therapy, once I established new goals. Patients and parents made helpful suggestions. Momentum started to build. And, I successfully treated the granddaughter of Dr. Charles Tweed.

One of the greatest passions in Charley's life centered around his grandchildren. One girl, Jakie, had a malocclusion that was frustrating her grandfather severely. He had kept her in fullbanded treatment for what he felt was an excessive time. In retention, she started to regress. He gave her an active retainer, briefly, but soon went back to full bands. While I was talking to him one day, it occurred to him that perhaps Jakie swallowed wrong. This was confirmed and she was scheduled at my office--but only during Charley's free time. His daughter, Jakie's mother, attended the sessions, but Charley sat closer to the table, his pudgy arms folded across his chest, his frown sometimes changing to a quizzical smile. Jakie's teeth moved into place. The retainer came off, and they held. Charley became a vocal advocate, telling his friends, some of the country's finest orthodontists, about his experience. That was when I started getting requests from a few people who wanted to come to Tucson and look over *my* shoulder.

As therapy successes mounted, so did my missionary zeal: I wanted every speech therapist in the world to share in my newfound knowledge. I had noticed that applications to articulation therapy were dramatic. During 1958-59 I welcomed a few small groups consisting of 4 or 5 clinicians; each spent a week learning what I had been doing. Recognizable names among the students of that era include Marvin Hanson, Bill Zickefoose and Dan Garliner.

Also in this period came my first major speaking invitation. Dr. Herbert Margolis had initiated the graduate program in orthodontics at Tufts University Dental School, Boston. Now Boston University had hired him away to perform the same task again. Dr. Margolis had a home in Tucson that he and his wife occupied for a few weeks each winter. He discussed one of his concerns with his friend, Charley Tweed. Dr. Margolis wanted to do something out of the ordinary, something newsworthy that would garner some genuine publicity for his new department, rather than blandly announce the department to a blasé Boston. Among other suggestions, Charley told him of my work. Arrangements were made for me to give a much-trumpeted course for a maximum of 10 speech clinicians, to start concurrently with the opening of the fledgling department. Nita's expenses for the trip would also be covered.

I drew up a proposed outline of the course, listing the first day as "Background and Orientation." Dr. Margolis asked if I would object to a few dentists sitting in on this general discussion. I agreed (I would have agreed to anything, I think) and envisioned five or six people from the dental school staff.

On our arrival, I learned that the program for the first

day would be held not at the university, but at one of the most sacred spots in Boston, the Harvard Club. The next morning, I was escorted to an inner office and made an honorary member of the Harvard Club, then taken to the meeting room. A maelstrom of 80 or 90 dentists totally submerged my ten speech therapists, men from all around New England and as far away as New York. I was paralyzed by their sheer number. Also, it soon appeared that a few of them came for the sole purpose of squelching an upstart speech therapist who presumed to lecture orthodontists. Especially a Westerner, not even from New England! One in particular seemed to grow increasingly hostile; he hardly allowed me to complete a sentence, challenging statements almost before I made them. Dr. Margolis beckoned this gentleman to follow him to the back of the room, taking out his wallet on the way; he refunded the amount of the man's registration fee, helped him out the door, then returned and quietly said, "Now, Mr. Barrett, if you would like to continue...."

It was a toughening, enlightening experience, and I suppose that I was lucky to have had it -- and retain my sanity. I was never able to thank Herb Margolis adequately.

Soon after my return to Tucson, I was visited by a dynamic orthodontist from a midwestern state. He had developed--and patented--an orthodontic appliance, the marketing of which augmented his income appreciably. He had also established a training program wherein, over the span of a week or two, he instructed groups of 20 to 50 dentists in various cost-cutting techniques for their practices. His office was at the intersection where a major state highway crossed an interstate, but was additionally served by his private airstrip. Adjacent to his small auditorium he had installed a 100-seat cafeteria.

His offer to me had aspects of real brilliance. He proposed to go just across the state highway, where he already owned land, and build an office for me. Each dentist who came for his course would be required to bring along a speech therapist or reasonable substitute. I would train these masses while he was busy with the dentists, except that for one day of each course we would exchange groups, he providing dental background to the speech people while I discussed wayward swallowing and diagnostic procedures with his dentists. I would soon be wealthy and famous, citizen of a larger world.

Torn between greed and moral suasion, I promised to consider the deal. I was not sure that I wanted to place my fate in the hands of a man at once so smooth and so relentless. As soon as I thought it safe, I raced for Dr. Tweed's office. He listened soberly to the details of the plan, then looked up from the headfilm that he was tracing and merely remarked, "You know, industry lost a great man when that guy went into dentistry." I heard. Besides, my family liked Tucson. And I still feel lucky that I decided to stay there.

I was invited to present a paper at Seattle to the 1961 convention of the Pacific Coast Society of Orthodontics. It was also arranged that I would remain afterward and give a short course at the dental school of the University of Washington.

I prepared a paper that sounded much braver than I

felt, and I was certainly awed as I stood before the massed forces of the second-largest component of the American Association of Orthodontics. The only face that I recognized immediately among the hundreds that I scanned was the scowling visage of Dr. Walter Straub. Stage fright almost got me that time. Nevertheless, my paper was judged the best one presented, and as such was published as the lead article in the October, 1961, issue of the *American Journal of Orthodontics*. It was my first major publication, and it was some time before my feet touched earth again.

The three-day course was humanizing. I had again specified ten as the maximum enrollment. The office staff at the dental school was assigned the task of locating and registering prospective students. Not having previously heard of abnormal deglutition, they were not sure that ten such people could be found. They prepared and distributed a broadside announcing the course, and before anyone in authority checked, over 120 had been enrolled and their checks deposited.

Dr. Alton Moore, Dean of the Dental School, rode to the rescue. The university had an excellent closed-circuit TV system, with rooms on either side of the studio equipped with theatre-size screens at the front and other large monitors along the sides. The TV studio itself was quite small, and filled to overflowing with cameras and equipment. Nevertheless, a space was cleared for a therapy table and chairs for demonstration-type patients and parents. A few inches away, ten chairs were ranged along the wall for the favored enrollees who would watch first-hand; the remainder would view the monitors next door.

Dean Moore was keenly interested in this subject and had quizzed me for a few moments during the convention, as we steamed out to an island for a salmon bake. He wanted to attend the course, but was loath to further crowd the space. As I was unpacking my supplies the first morning, the camera man, clad in coveralls and a baseball cap, was jockeying around on a dolly. I looked at him more closely, then gaped. The camera operator was Dr. Al Moore.

The ASHA convention was in Los Angeles that winter of 1961. I attended for two reasons. One was a first-ever (for ASHA) session entitled something like "Labiolingual Muscle Pressure Imbalance Syndrome," which confirmed the state of our ignorance at that time. The other reason was to meet with the head of the speech department at University of California, Los Angeles. The medical school at UCLA had recently acquired one of the first models of cinefluoroscopic equipment; I longed to watch a few swallows therewith. It might also provide prize data for a dissertation. I had been in correspondence with the school.

It developed that I might yet earn a Ph.D., and in speech pathology, where I belonged. I would need to remain in residence for one calendar year, and take a prescribed curriculum. Once I completed the bulk of my research, the dissertation itself could be written in absentia.

In January, 1962, I started. I had two other therapists working in my office at that time. Anita stayed in Tucson

to run the office, manage the practice, and keep our kids in school. The degree was the most important thing in all our lives just then.

I went home for a visit at the end of that first semester. Referrals had dried up in my absence; one therapist was gone, the other working part-time. Anita had not wanted to distract me. Nor had she told me that she needed immediate surgery for cancer. Of all our lucky breaks, the fact that the tumor was still encapsulated, and never recurred after removal, has to rank right up there near the top. I could not return to UCLA, of course, but the significance of the degree had suddenly shrunk to a manageable disappointment.

Sometime around 1970 I received a telephone call from Bill Zickefoose; he wondered what I thought of the desirability and feasibility of forming a professional organization devoted to the concerns of myotherapy. I had once discussed this very briefly with Marv Hanson. I believe that Bill and Marv had also conferred. All of us were in favor of the idea, but none of us took any constructive action.

In 1972, Zickefoose called again. The ASHA convention was scheduled for San Francisco that year. With so many speech therapists in such a convenient spot, it seemed a logical time to finally get our organization going. Hanson was giving a one-day course on tongue thrust at the ASHA meeting, so would be in San Francisco anyway. I had stopped going to speech conventions, but felt that founding a new association warranted my attendance. Bill, in Sacramento, was near enough to handle local arrangements. He invited a few other speech clinicians, as well as two nearby orthodontists: Drs. Michael Perich and Peter Picard.

On November 20, 1972, at the Imperial Palace restaurant in San Francisco's Chinatown, the two dentists, along with Zickefoose, Hanson and Barrett, were joined by Galen Peachey, Barbara Moore, George Brown, Charlotte Cridland, and Fern Canaday. This was the original cadre of the American Association of Oral Myo Therapists, a title that endured only until the next meeting.

Of that original group, the dentists never attended another meeting, although Picard was on our program once. George Brown and the three ladies dropped along the way in piecemeal fashion. Zickefoose, Hanson, Peachey and I remain as founding grandfathers, progenitors of a super race. Super sharp, at any rate.

After organizational details were attended to, I think it significant that at this very first meeting we began discussion of certification, of competency exams, supervised training and effective experience. Living up to these concepts required some intensive soul-searching two or three years later; still, I believe that our steadfast loyalty to this original commitment has proven to be the mainstay of our strength, the justification for our endurance, the symbol of our purpose, the basis for our growth. Luck had nothing to do with this matter.

In June, 1973, the second "convention" was held. Some 25 members had joined in the intervening seven months, and about a dozen of us gathered in Las Vegas. Our name was established at that time as the International

Association of Oral Myology. The Oral element was changed to Orofacial in 1980.

The tough decisions began to be confronted in 1974, when we actually started to create and implement our certification procedures. A "Provisional" category of membership was adopted at that time; new members who qualified for certification were assigned to this classification and allotted a maximum of one year to complete the certification process. Protracted debate and philosophizing extended through those next two years, as we strove to clarify our goals and were forced thereby to choose between random growth or adherence to our standards. Our membership was increasing at a surprising rate, but many "Provisionals" made no move toward certification or sent in superficial or partial responses. They were given an additional year to shape up.

I became chairman of the Membership and Certification Committee in 1975. It thus became my harsh duty to notify the many delinquents that we could no longer accept dues from them after this extended deadline had passed. We lost one-third of the names on our roster as a result. But, the two-thirds who remained represented a solid core, the embodiment of the type of organization that we had hoped to build.

In 1977 we faced a problem with our mail delivery. Our address changed with each new Corresponding Secretary, and mail was also sent to various other officers. Some communications and inquiries were ending up in ectopic locations, and after a slate of recent electees was installed, we discovered that many letters were lost entirely. Anita volunteered to retain a post office box as a permanent address, then redistribute the mail to its proper destination.

This proved to be a great improvement. However, additional details began to pyramid at a rate no one had expected; Anita, an Associate member, was spending much of her time on IAOM affairs. In 1978, The Executive Committee named her Executive Secretary. She and I agreed that this should remain an unpaid position until my term as President expired in 1979, after which she accepted a pittance (all that the organization could afford, in those days). She has held the record for some time as the officer with the longest continuous term of service in IAOM history.

In retrospect, The International Association of Orofacial Myology has proved to be a large factor in our lives.