

Original Article

Reflections on the Conceptions of the Body in Speech-Language Therapy and the Challenges that Arise from Cripistemology

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ABSTRACT

This article proposes a critique of the truth-knowledge-power relationship that underlies the notions of the normative body established by medical knowledge since the Modern era, and that is still sustained in the present thanks to the actions of disciplines such as speech-language therapy. From this perspective, speech-language therapy is identified as a source of production and reproduction for these notions, following binary reasonings based on dualisms such as health/disease, functionality/dysfunctionality, and ability/disability. I describe Cripistemology as a new critical form of resistance to the biomedical knowledge that established these dualisms and that has maintained forms of power and entrapments of life in which people with disabilities are entrapped, excluded, and relegated. I conclude that, just as the social model of disability posed new epistemological and ethical challenges for how society should politically respond to disability at the end of the twentieth century, today, through the proposal of Cripistemology, the social movements for disability call on the biomedical knowledge and the professions that base their activities on it, to reconsider how they build, validate, and generalize knowledge about disability. Taking on this challenge will lead to transformations in speech therapy practices that involve thinking of actions, not on the body, but from the bodies, to construct knowledge situated in embodied subjects, capable of distancing themselves from the traditional, Eurocentric, English-speaking, and hegemonic biomedical knowledge.

Keywords:

Speech-Language Therapy; Cripistemology; Ableism; Disability studies

Reflexões sobre concepções de corpo no atuar fonoaudiológico e os desafios da epistemologia Crip

RESUMO

O artigo traz uma crítica à relação verdade-conhecimento-poder que fundamenta as noções do corpo normativo configuradas pelo conhecimento médico desde a modernidade e que se mantém ainda no presente graças ao atuar de profissões como a fonoaudiologia. Desde esta perspectiva, localiza-se a profissão da fonoaudiologia como fonte produtora e reprodutora das noções do corpo normativo sob lógicas binárias relacionadas com dualismos como a relação saúde\doença, funcionalidade\disfuncionalidade, e capacidade\incapacidade. A partir disso, descreve-se a epistemologia Crip como uma nova proposta crítica de resistência ao bio-conhecimento médico que configurou estes dualismos e que tem mantido formas de poder e visão da vida na qual as pessoas com incapacidade ficam atrapalhadas, excluídas e relegadas. Conclui-se que, da mesma forma que no final do século XX o modelo social da incapacidade trouxe novos desafios epistemológicos e éticos para o atuar da sociedade com relação na maneira em que se respondia politicamente à incapacidade, hoje em dia, através da sugestiva proposta da epistemologia Crip, novamente os movimentos sociais da incapacidade confrontam ao conhecimento médico e às profissões que se localizam desde esse lugar, para reconsiderar a maneira em que constroem, validam e generalizam o conhecimento sobre a incapacidade. Assumir este desafio derivará em transformações sobre o atuar fonoaudiológico que acarretam pensar num atuar, não sobre o corpo, senão desde os corpos, para construir um conhecimento situado desde um sujeito encarnado e capaz de se desencaixar do bio-conhecimento tradicional, eurocêntrico, anglofalante e hegemônico.

Palavras-chave:

Fonoaudiologia; Epistemologia Crip; Capacitismo; Estudos de incapacidade

Reflexiones sobre las concepciones del cuerpo en el actuar fonoaudiológico y los desafíos que surgen desde la epistemología *Crip*

RESUMEN

El artículo plantea una crítica a la relación verdad-saber-poder que fundamenta las nociones de cuerpo normativo, instauradas por el saber médico desde la modernidad y que se sostiene aún en el presente, gracias al actuar de profesiones como la fonoaudiología. Desde esta perspectiva, se ubica la profesión de fonoaudiología como fuente productora y reproductora de estas nociones de cuerpo normativo, bajo lógicas binarias relacionadas con dualismos como la relación salud/enfermedad, funcionalidad/disfuncionalidad y capacidad/discapacidad. Describo la epistemología *Crip* como una nueva apuesta crítica de resistencia al biosaber médico que instauró estos dualismos y que ha mantenido formas de poder y captura de la vida en las que las personas con discapacidad quedan atrapadas, excluidas y relegadas. Concluyo que, al igual que el modelo social de la discapacidad implicó nuevos retos epistemológicos y éticos para el actuar de la sociedad en relación con la forma en que se respondía políticamente a la discapacidad a finales del siglo XX, hoy en día, a través de la sugestiva propuesta de la epistemología *Crip*, nuevamente los movimientos sociales de la discapacidad confrontan al saber médico, y a las profesiones que se ubican desde allí, a reconsiderar la forma en que construyen, validan y generalizan el saber sobre la discapacidad. Asumir este reto derivará en transformaciones sobre el actuar fonoaudiológico que implican pensar un actuar, no sobre el cuerpo, sino desde los cuerpos; implica construir un saber situado desde un sujeto encarnado y capaz de desmarcarse del biosaber tradicional, eurocéntrico, angloparlante, hegemónico.

Palabras clave:

Fonoaudiología;
Epistemología *Crip*;
Capacitismo; Estudios en
discapacidad

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INTRODUCTION

From the Foucauldian propositions, it is recognized that the relationship between the subject and power is a governance relationship. Similarly, the relationship between truth and power is presented as the regime of truth. Power uses certain forms of truth as a strategy to implement forms of governance; therefore, there is a complex relationship between subject, power, and truth. In this line, and following the proposals of Agamben (2001), it becomes necessary to prioritize life over truth, since *truth* has been imposed as an ideal by forces that retain their power by restricting the freedom to create. This means that the traps currently created by the effects of political power result in dominant, sovereign ways of life which are normalized, fixed, and generate systems of oppression and exclusion for certain human groups. It is for this reason that what is at stake today is life, hence politics has become biopolitics. Accordingly, political life that is oriented towards forms of happiness implies a permanent struggle for emancipation from any form of sovereignty, in search of the possibility of non-State politics, with social power that allows the emergence of multiple forms of life.

From this critical perspective, the present article proposes the idea of the normative body as a point of problematization in which the entrapment of life is at stake. The normative body could be considered a biopolitical construct, created from dualistic ideas about health, beauty, functionality, and ability. This dualistic foundation supports hegemonic notions of the body that were constructed from normativity and installed from biomedical knowledge, and that result in techniques to govern the body that in turn become domination dynamics. These forms of hegemonic domination create a dissociation between the body and the subject and relegate the body to medical knowledge. In turn, this deprives the subject of the possibility of a subjectification that includes their corporeality as a practice of themselves, outside the limitations of the health/disease, beauty/ugliness, normality/abnormality, and ability/disability dualisms.

On this basis, the objective of this article is to analyze the relationship between the biomedical knowledge that created the normative body and the origins of speech-language therapy, revealing the place that the profession has had as a reproductive agent for essentialist notions of the body and functionality; this, in

order to reflect on the possible epistemological shifts that challenge the discipline in the 21st century, from the emerging Cripistemology.

MEDICAL KNOWLEDGE AND THE NORMATIVE BODY: THE PLACE OF SPEECH THERAPY

According to Détérez, the body is a social construct imposed by a hegemonic model that imposes identity norms, with respect to which "any deviation from the physical order results in social exclusion" (Détérez, 2017, p.159). Similarly, Butler (2002) affirms that "normative constraints not only produce but also regulate various bodily beings". In their opinion, "bodies only appear, only endure, only live within the productive constraints of certain highly gendered regulatory schemas" (Butler, 2002, p.14).

Foucault (2007) states that the birth of biopolitics in Modernity established new forms of governance of life in which medical knowledge plays a dominant role. Modern medicine favored the conception of the body-object from a mechanistic and anatomical perspective that separated the body from the subject and made it the object of science. Consequently, this is the current conception of the body that underlies medical knowledge. Thus, the positioning of science as a form of governance of the body through modern medicine becomes anatomo-politics and biopolitics, both forms of submission of bodies that place power over the individual body and the social body, respectively (Détérez, 2017).

In the context of World War II, the rehabilitation movement emerged, making way for the treatment of occupational accidents and mental and sensory disabilities, with broad implications in the educational field. The development of the rehabilitation movement marks the entrance of people with disabilities to the logic of capital, typical of liberalism. The purpose of developing rehabilitation in the second half of the 20th century was to aid individuals with disabilities to reach the highest possible functional levels through the "combined and coordinated use of medical, social, educational, and vocational measures", as indicated by International Rehabilitation in its Charter of the 80s (Aguado Díaz, 1995, p. 207). Stemming from medical knowledge, rehabilitation is validated as a bio-knowledge, based on the aforementioned ideal of normalization.

The rehabilitation movement was established as a practice that perpetuates the biopolitics of discipline and supports the logic of rehabilitation institutions as places that reproduce the hegemonic dynamics of biopower. Transnational bodies consisting of the International Labour Organization (ILO) and the United Nations Organization (UN) were decisive in the enforcement and

strengthening of the biomedical knowledge that sustained these dynamics, due to their binding nature in several Western countries, where rehabilitation was introduced as a response to the deficiencies acquired in the war (Aguado Díaz, 1995).

It was within the framework of this scientific and normative approach to body and health that, in the late 1930s, speech therapy was born in Latin America, deriving from phoniatrics as a response to the need to treat the voice and language *problems, deviations or disorders* of the time (Cuervo, 1999; Martínez et al., 2006). Due to its epistemological origin, and since its practice depended on medical orders, it was established as an auxiliary health profession at the technical level, and was mainly attached to medical schools.

This fact, as well as what professionals themselves relate regarding the profession, reveals the emphasis on normalization that epistemologically defined speech therapy from its beginnings. In Brazil, for example, it is said that the origin of the discipline lies in the need to have a profession that would manage the "language defects" that arose in the country as a result of migration at the end of the 19th century and beginning of the 20th century (Martínez et al., 2006). Similarly, the background of speech therapy in Colombia is predominantly in the education of deaf children and the "instruction of ladies and gentlemen in the refined art of verbal expression" (Cuervo, 1999). This origin in the field of education, however, did not manage to avoid the normative and disciplinary approach to the body, since the objective was "to support schoolchildren with speech difficulties and other special needs associated with communication deficiencies" (Cuervo, 1999).

Thus far, the relationship between the biomedical knowledge that emerged in Modernity and the subsequent appearance of speech therapy in the mid-20th century has been described, in order to reveal the perpetuating nature of the hegemonic model of the body based on which the profession was conceived. The concept of compulsory able-bodiedness (ableism) will be addressed now, along with its origin and what its arising implies for speech therapy.

COMPULSORY ABLE-BODIEDNESS AS A MECHANISM FOR BODY CONTROL, AND THE PRACTICE OF SPEECH THERAPY

Returning to the relationship between truth, knowledge, and power that was mentioned at the beginning of this article, ableism, or compulsory able-bodiedness, as an established truth that serves

as a form of control of bodies in the present, will be described below, and its implications regarding power will be analyzed.

From Butler's (2007) perspective, power is understood as the political interests that originate and sustain categories of identity built as a result of institutions, practices, and rationales of diverse origin, while politics is directly related to representation. In other words, legal subjects are both a discursive formation and the result of a specific version of politics that represents them, based on which relationships of domination and exclusion are involuntarily established.

At the end of the 20th century and during the first decade of the 21st century, the social model of disability was considered the most important epistemological advance in the understanding of disability as a field of study. This recognition is based on the distinction that the model makes between the structure and functionality of the body and the segregating social practices that affect individuals with disabilities. For Oliver (1998), the main exponent of this social model, disability is the failure of society to remove the barriers and social restrictions that incapacitate people with impairments. Thus, it is the disabling society that is problematic, rather than the physical condition of the subjects.

Recently, and with the emergence of the philosophy of Difference postulates, authors such as Galvin (2003) note that the social model of disability does not escape the dualistic perspective either, as it maintains a separation of the body into the social and the individual. In the author's opinion, the social model eliminates from the social sphere the deterioration, pain, and suffering that accompany the body in the experience of disability, and therefore excludes the inherently embodied experiences from the discussion. In other words, the model supports the idea that the governance of the body is inherent to medicine and its discourse, which tacitly and paradoxically reinforces the biomedical posture on disability, typical of the individualistic model it opposes (Galvin, 2003).

In response to the persistent dualism and deficient actions of inclusion –based on policies that represent people with disabilities in terms of their limitations and the need for regulation, control, and protection of their condition–, the social movements for the arts and culture of disability, derived from the philosophy of difference, reclaimed the term *Crip* as a political flag to resist ableism. According to these groups, ableism is a form of body control imposed as a method of domination in current inclusive policies.

This new political perspective that fuels the current social movements for disability borrows postulates from feminist studies and Queer theory. Its critical stance is to problematize the

epistemological and ontological status of disability. For this, it focuses the discussion on the disability/subjectivity relationship and considers it essential to reflect on and problematize the body as part of these subjective experiences (García-Santesmases, 2017).

The word *Crip* has usually been used as a slur against people with disabilities. It is precisely for this reason that it has been reclaimed as a form of identity and pride, just as Queer theory did with the term *queer*. From this perspective, the term *Crip* opposes both the traditional medical model and the social model of disability, positioning itself from a culturally and politically radical and revolutionary platform (McRuer R., 2017). Crip theory proposes to deneutralize a category that is presented as the norm: able-bodiedness (García-Santesmases, 2017). According to Crip theory, as McRuer (2006) indicates, compulsory able-bodiedness, just like compulsory heterosexuality, acts as a mechanism for body control. The Crip proposition aims to demonstrate that ability/disability, functionality/dysfunctionality, and health/disease, are not monolithic and dichotomic categories, but significations of the body through which all people move and with which they negotiate throughout their existence.

Based on this postulate, the civil rights movements for people with disabilities in the United States and the United Kingdom coined the term *ableism*, a concept that parallels *sexism* and *racism*, insofar as it "intended to highlight and combat the prejudices and discrimination towards people with disabilities, whose bodies and abilities were marked as 'deficient'." (Toboso, 2017).

According to Toboso (2017), ableism operates through a system of beliefs, processes, and practices that result in a particular type of subject, normatively projected as perfect and representative of the species. Hence, the norm or 'normative body' is defined as what is essentially and fully human and, in contrast, disability is interpreted as a devaluing or abnormal condition of the human being. Ableism is based on the ideals of productivity and economic competitiveness, which are the foundations of many social systems today, and are considered a requirement for progress. For some, the institution of ableism as a requirement of the normative body was what placed people with disabilities as an object of rehabilitation and motivated eugenic practices.

According to Campbell (2008), ableism establishes the notion of normativity and separates the human (naturalized as perfection) from the aberrant, abject, unthinkable, hybrid, and quasi-human. This separation provides a model for the labeling and marking of bodies and the hierarchical organization of their relationships. The ableist gaze assumes the normality of a set of capacities supposedly inherent to the body and establishes them with an

essentialist perspective. Thus, the normative body with its regulatory character as a norm and criterion of normality is constituted as the only possibility of functioning, despite the existence of other bodies, which are not deemed relevant.

Serving productivity and economic competitiveness, ableism is currently presented as the foundation of many societies and is considered a requirement for progress. Transhumanist ableism considers all beings who present an unimproved biological structure as lessened and deficient (Johnson & MacRuer, 2014).

Science and technology have played a leading role in the expectation of new capabilities. Accordingly, currently emerging techno-scientific fields, such as the one at the convergence of nanotechnologies, biotechnologies, information technologies, cognitive sciences, and synthetic biology, aspire to modify the appearance and operation of biological structures, including the human body and the bodies of other species, beyond their current typical forms. In this regard, Toboso and Guzmán Castillo (2010) assert that the performativity of ableism influences the production of the normative body, since

Each conflict with an environmental barrier is a performative act that reproduces the category of disability and impacts the body that is considered illegitimate, and non-functional. Similarly, language participates in this performativity in the form of pejorative names and belittling narratives, of numerous attitudinal elements, and, in general, as any action that creates the difference between abled-bodiedness and disability, the social gap between the normative body and "Other" illegitimate bodies; the centrality of the first and the peripheral and liminal position of the others (Toboso & Guzmán Castillo, 2010, p.78).

According to Soledad Arnau, the oppressive sociopolitical system of patriarchal-biomedical-ableist-disabling domination has imposed the condition of functional diversity as a deficit, as something negative. Toboso (2017) states that "this system has developed the so-called 'theory of personal tragedy', to construct a feeling of guilt linked to the possession of a defective, unpleasant, useless, lacking in beauty, sad and decrepit body" (p.77). On the other hand, Wolbring affirms that those who are marginalized by ableism can fall into the same discourse when defending themselves or demanding change, by affirming "we are as capable as you", or "with the necessary support, we can be as capable as anyone" (Wolbring, 2008).

From this critical line, the actions of speech therapy can be understood by assuming a view of technologies according to Rose (2012), that is, as technologies of life. This means considering that how they are planned and used entails much more than the ability

of health care professionals to use instruments and techniques, and rather alludes to a practical rationale sustained at the program level by assumptions regarding human beings, their functionality, and their capacities. From this understanding, it can then be affirmed that the use of technological developments in speech therapy does not escape the normalizing attempt that underlies it, as it seeks to optimize the communicative processes associated with voice, speech, swallowing, and language. Therefore, technology provides the profession with normative parameters that are more exact and easier to monitor, based on quantitative measures that facilitate the achievement of their intervention/normalization objectives.

An example of how the normalizing aim of speech therapy operates in its origins and its relationship with technologies is the deaf person. As is known, deaf people who identify as such do not assume themselves as people with a deficiency and/or disability, but as members of a linguistic community, whose form of communication is visual-gestural, and which is constituted as a culture around the world (deaf culture). Furthermore, there is extensive scientific literature today that supports the linguistic status of sign language, as well as the relevance of allowing deaf children to access this language from an early age, to prevent adverse effects on communicative and cognitive development (Perez, 2014).

Originally, the practice of speech therapy positioned the deaf person as "hearing impaired" and focused its actions on the deficiency. This implied rehabilitating the "hearing impaired" to integrate them into the world of "listeners" through processes of oralism, as oral language was considered superior to sign language. Moreover, the rehabilitation approaches used involved coercive practices, in addition to the use of specialized technologies. These practices can be defined today as communicative violence, and they included: prohibiting the use of sign language, tying the patient's hands to prevent them from using visual-gestural communication, etc. These practices of communicative violence promoted by speech therapists caused many deaf people to experience distress and oppression and gave way to the strong anti-rehabilitation movement defended by some members of the deaf community worldwide (Bermúdez et al., 2016).

Considering this perspective on speech therapy, in the context of the rehabilitation movement that gave rise to the profession and the technological developments of biomedicine and medical technologies that support normalizing and ableist practices, the foundations of Cripistemology are exposed below. These are presented as a critical stance to resist the biomedical knowledge that has maintained forms of power and visions of life in which

people with disabilities are entrapped, excluded, and relegated, and within which, unfortunately, the actions of speech therapists have played a preponderant role. Finally, based on the postulates of this theory, still under construction, some reflections are shared on the challenge that it would imply for speech therapy to respond to this epistemological transformation proposed by Cripistemology.

CRIPITEMOLOGY: THE CHALLENGES FOR SPEECH THERAPY

The influence of Queer theory on the study of disability gave rise to Crip theory. "The use of the word *Crip*, in line with the term *Queer*, seeks to reclaim the slur in order to override its insulting charge" (García-Santesmases, 2017). The main contribution of Crip theory resides in the deneutralization, not of disability, but of the category that is established as the norm and invisibilized as a neutral model: able-bodiedness (García-Santesmases, 2017).

Cripistemology is a term coined by critical disability studies theorists to refer to embodied forms of knowledge that legitimize the experiential wisdom inquiring into the relationship between epistemology and identity. It is an approach to knowledge-building performed in the first person as political action. Cripistemology is also a project to produce future knowledge that seeks to counteract traditional forms of epistemic violence to which people with disabilities are prey, since they are forced to adopt a disabled identity that excludes the possibility of imagining different physical futures.

Knowledge-building from this approach implies prioritizing subjective identities, where the experiences of physical difference and desire are the dimensions more likely to be sacrificed to attain the privilege of social and political comprehensibility. The transformational nature of this epistemological stance lies in its interest in seeking alternatives to the predominance of Western knowledge production and the English language, and to the tendency to look towards Western Europe and the United States in search of frames of modernity and progress, or what should be known about the body (McRuer & Johnson, 2014).

The emancipatory commitment of Cripistemology is to overcome the determinism of identity politics that supports inclusive actions at a global level. For Crip theorists, disability is already part of the system of inclusion and exclusion, and therefore the category *disability* creates exclusion to the same extent that it promotes it. Thus, it maintains the epistemic violence responsible for the category itself, channeled by neoliberal capital and flows of globalization (McRuer & Johnson, 2014).

Cripistemology invites to place the *Crip* at the forefront and center, and not to add disability to an intersectional matrix alongside race, gender, class, sexuality, nationality, and religion. This is not because disability should be separate from other social layers, but to enable new ways to see it. It is a bet on the intellectual, political, and affective creativity that builds Crip history, both individual and collective. This means that disability can exist outside of the general epistemic frameworks of law, medicine, government, and religion. It also implies recognizing that divergent embodied subjectivities should be instrumental, not incidental, since only in this way will it be possible for diverse subjectivities and reimagined human futures to emerge. In other words, Cripistemology does not have to reproduce the violence of the Western knowledge mandate, nor does it have to assume the epistemological corrective of intersectionality. Its function is to criticize the notion of epistemology itself and to propose a shift, both of the conventional ways of knowing and of organizing knowledge, and of the mandate to be knowledgeable itself (McRuer & Johnson, 2014).

Just as the social model of disability managed to integrate itself into the political and academic discourses around disability in Europe, North America, and Latin America at the end of the 20th century, it is likely that we are facing a similar phenomenon regarding Cripistemology. That is to say, a paradigm shift around the understanding, not only of disability and the way it operates, but also of the way we comprehend and build knowledge about the body, embodiment, and corporeality. This shift would have serious implications for the actions of healthcare professionals, among them speech therapists.

For speech therapy, accepting this epistemological challenge will necessarily have to lead to methodological transformations. In other words, it will imply thinking of actions not on the body but from the bodies; building knowledge situated in embodiment, corporeality, and incarnation, distancing itself from traditional, Eurocentric, English-speaking, and hegemonic biomedical knowledge, as well as from the notions of the normative body that guide it. Cripistemology will imply resorting to the historical consciousness of the subjects that embody what we know today as disability and amplifying their voices and accounts, since only in this way will they be able to escape the self-exile that objectifies and entraps them in the identity of disability, so as not to be left out of the narrative of politics and access to rights.

The field of speech therapy must decide which transformations it is willing to undertake and what kind of role it will play in this historical, ontological, political, and ethical transformation concerning disability. Still, there are more questions than answers left to resolve, namely: What should the role of speech therapy

and speech-language therapists be in this new epistemological paradigm? What can speech therapy do to unmark itself from the epistemic violence that it has exerted as a reproducer of the normative body? What place will they take in this historical fight undertaken by the social movements for the arts and culture of disability? Which knowledge and emerging theories will describe the embodied experience of what we know today as disability? What categories will emerge from this new perspective of the corporeal and the subjective experience of embodiment? What testaments will speech-language therapists offer in the account of this new epistemology? What story will be told in the future about the role of speech therapy in this new paradigm?

This challenge, once again proposed by the social movements for disability, implies a shift, not only epistemological but also ontological and political, since it implies understanding the indivisible link between subjectivity and embodiment. There is no subject without a body, nor a body without a subject; there is no such dualism, as the subject is produced in its embodied state. Therefore, the practice of speech therapy should integrate into its ethics and actions the awareness that other forms of existence are possible, outside the determinisms of biomedical knowledge; that life and its excesses go beyond purely governmental life, to include bodies, affections, and relationships with all living forms (Braidotti, 2000). Speech therapy will have to dismantle the existing scientific and cultural imaginary regarding the normative body, establish new paths, recover the physical roots of subjectivity, and initiate a political and epistemic project in which forms of subjectification that incorporate embodiment are developed, thus allowing people to define themselves beyond the normative body.

CONCLUSIONS

As I stated at the beginning of this article, the entrapments of life taking place today as a consequence of political power create dominant forms of life which are normalized and fixed, and that result in the oppression and exclusion of certain human groups. Additionally, I indicated that political power operates on the subject and is based on the truth-knowledge relationship. It is for this reason that when discussions arise regarding how knowledge is constructed, validated, and transformed, the implications are both epistemological and political. In the matter of people with disabilities, the problematic core of these entrapments is the normative body, since it shapes hegemonic physical notions characterized by dualism, binarism, and exclusion, which are erected from biomedical knowledge.

The profession of speech therapy, with its epistemological origin being medical knowledge, is considered a producer and reproducer of the normalizing aim that this biomedical knowledge created in Modernity. Therefore, its actions should not only be challenged in terms of the medical achievements and advances from which it benefits, but also in terms of the tensions, oppression, and errors that acting from this knowledge has generated, regarding the lives of people with disabilities, their dignity, their freedom, and their fulfillment.

The social model of disability implied new epistemological and ethical challenges for the actions of society at the end of the 20th century, concerning how it responded politically to disability. Similarly, the social movements for disability call on medical knowledge and the professions that uphold it today, through the suggestive proposal of Cripistemology, to reconsider how they build, validate, and generalize knowledge about disability.

Cripistemology is not an epistemological caprice, but rather a new ontological perspective of the human. It is a cry for liberation born from an embodied experience existing in the oppressed fringe, that claims its humanity in the face of the domination historically exercised by the cultural ideal of the normative body. It emerges as a response to politics based on a fixed identity that reproduces discrimination. It is the voice of individuals who demand to be rescued, not only from the domination of compulsory able-bodiedness, but also from oblivion.

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