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Original Article

Life Course Perspective: Thoughts and Challenges for a Transformative Speech-Language Therapy

Christian Peñaloza [a,*], Nelson Muñoz-Lizana [a] and Jenan Mohammad-Jiménez [a]

[a] *Departamento de Fonoaudiología, Facultad de Medicina, Universidad de Chile, Chile.*

ABSTRACT

Building a transformative speech-language therapy that is situated in the historical, social, and political contexts of Latin America, and of Chile in particular, requires questioning the epistemic, political, and ethical foundations on which professional work is based. We suggest that the life course perspective (LCP) offers approaches and tools to address this issue. The LCP is an interdisciplinary perspective that studies human development as a complex phenomenon in which individual lives interrelate with the socio-historical context. International public policies have adopted this approach and incorporated it into health care strategies. However, the dominant speech-language therapy in Latin America is far from adopting an LCP, despite the relevance it has both for the study of human development and for health research and care. In this essay, we discuss three areas of discussion that we consider fundamental to propose speech-language therapy practices based on the LCP. First, questioning the notion of the life cycle on which the vision of human development is based in the hegemonic speech-language therapy; second, recognizing and discussing the influence of the biomedical model on both research and current professional practices; third, to raise, from an ethical and political stance, the relevance of agency in the relationship with people and/or communities. Although we recognize a series of limitations in the approach, these three proposed areas offer reflections on issues that are key to overcoming the current hegemonic model and building speech-language therapy practices that are at the service of transformation and social justice in Latin America.

Keywords:
Life course perspective; Speech-Language Therapies; Critical perspectives; Agency

Enfoque do curso de vida: reflexões e desafios para uma fonoaudiologia transformadora

RESUMO

A construção da Fonoaudiologia transformadora localizada no contexto histórico, social e político da América Latina, e do Chile em particular, requer questionar com perspectivas críticas às bases epistêmicas, políticas e éticas em que se baseia o trabalho profissional. Propomos que o enfoque do curso da vida (ECV) ofereça ferramentas para abordar essa questão. O ECV é uma corrente interdisciplinar que estuda o desenvolvimento humano como um fenômeno complexo no qual as vidas dos indivíduos estão inter-relacionadas com o contexto sócio-histórico. Políticas públicas internacionais e nacionais adotaram esse enfoque e o incorporaram às estratégias de saúde. No entanto, a fonoaudiologia hegemônica latino-americana está longe de adotar um ECV, apesar de sua relevância tanto para o estudo do desenvolvimento humano quanto para o cuidado à saúde. Neste ensaio, discutimos três eixos que nos parecem fundamentais para propor a Fonoaudiologia a partir de um ECV. Primeiramente, questionar a noção de ciclo vital em que se fundamenta a visão do desenvolvimento humano na terapia fonoaudiológica hegemônica. Em segundo lugar, reconhecer e discutir a influência do modelo biomédico tanto na formação como nas práticas profissionais atuais. Terceiro, coloque os desafios que a adoção dessa abordagem apresenta na prática profissional. Embora reconheçamos uma série de limitações na abordagem, essas três áreas propostas fornecem reflexões sobre questões-chave para superar o modelo hegemônico atual e construir fonoaudiologias a serviço da transformação e da justiça social na América Latina.

Palavras-chave:
Enfoque do curso da vida; Fonoaudiologia; Perspectivas críticas; Agência

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Enfoque de curso de vida: reflexiones y desafíos para fonoaudiologías transformadoras

ABSTRACT

Construir fonoaudiologías transformadoras situadas en el contexto histórico, social y político de América Latina, y de Chile en particular, requiere cuestionar las bases epistémicas, políticas y éticas en las que se sustenta el quehacer profesional. Proponemos que el enfoque de curso de vida (ECV) ofrece planteamientos y herramientas para abordar dicha cuestión. El ECV es una corriente interdisciplinaria que estudia el desarrollo humano como un fenómeno complejo en el cual se interrelacionan las vidas individuales con el contexto socio histórico. Las políticas públicas internacionales han adoptado este enfoque y lo han incorporado en las estrategias de salud. Sin embargo, la fonoaudiología hegemónica latinoamericana está lejos de adoptar un ECV, a pesar de la relevancia que tiene tanto para el estudio del desarrollo humano como para la investigación y atención en salud. En este ensayo discutimos tres ámbitos que nos parecen fundamentales para plantear fonoaudiologías desde el ECV. Primero, cuestionar la noción de ciclo vital en la que se sustenta la visión de desarrollo humano en la fonoaudiología hegemónica. Segundo, reconocer y discutir la influencia del modelo biomédico tanto en la investigación como en las prácticas profesionales actuales. Tercero, plantear la importancia de la agencia desde una postura ético-política en la vinculación con personas y/o comunidades. Si bien reconocemos una serie de limitaciones en el enfoque, estos tres ámbitos propuestos aportan reflexiones sobre cuestiones clave para superar el modelo hegemónico actual y construir unas fonoaudiologías al servicio de la transformación y la justicia social en América Latina.

Palabras clave:
Enfoque de curso de vida;
Fonoaudiología;
Perspectivas críticas;
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**Corresponding Author:* Christian Peñaloza
E-mail: *cpenaloza@uchile.cl*

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INTRODUCTION

The life course perspective (hereafter, LCP) has become an important approach for understanding human development as a complex phenomenon, experienced by interdependent actors and shaped by interactions in multiple life domains over time (Bernardi et al., 2019). This approach is part of critical tendencies that have questioned the foundations of the numerous disciplinary spheres that inform speech-language therapy. Moreover, the current national health system in Chile declares being built with a perspective that considers social determinants and a life course approach, which is manifested in its plans and programs, in line with the adoption of this approach by the World Health Organization (WHO) (PAHO, 2021). In other words, LCP is an epistemic, methodological, and political cornerstone of both the disciplines that study human development and current global and national health strategies. However, LCP is not a commonly implemented approach or one that guides the discussion on human communication when approached from the perspective of health or development. It is absent from the majority of the university curricula, research articles in the field, and professional definitions. Furthermore, although the phrase "throughout the life course" appears in several statements, working with the LCP is not merely an act of labeling the concept of “life cycle” differently, but of reconsidering certain disciplinary and professional baseline suppositions.

The need to position oneself within a life course perspective is relevant when considering the regional context in which we find ourselves. We live in a continent marked by deep social issues that are linked to structural inequalities, such as the increase in poverty, income concentration, social exclusion, inter-ethnic conflicts, femicides, or paramilitary presence (ECLAC, 2016; Cociña et al., 2017; Kliksberg, 2000). In this scenario, it becomes necessary to carry out a profound and critical review of social and political actions that allow reversing these conditions of social injustice and inequity, especially because these inequalities are present and have a significant impact on relevant contexts such as health, education, care, and human development.

In the case of speech-language therapy in Latin America, we believe this assessment is urgent and necessary and implies examining the foundations that have sustained training, research, and professional actions up to this day. In recent years, emergent voices have expressed the need for this transformation to go beyond a simple declaration, whether it is to work with people

with disabilities in a relevant, respectful, and meaningful manner (Bermúdez, 2012; Quintero & Montoya, 2018), to contribute to complex social and political processes, such as the Colombian peace process (Satizabel & Aguilar, 2019), or to promote the rights of migrant children (Calixto et al., 2013). Although these contexts have already been addressed critically, the hegemonic speech-language therapy in Latin America continues to work predominantly from perspectives that hinder an understanding of communication and human development guided by the specific needs of the continent and the possibility of fulfilling them. Therefore, we propose that one action that could help transform speech-language therapy in a comprehensive and complex manner in terms of equity and social justice is incorporating the LCP, with the commitment to consider its principles and recognize its strengths and limitations.

In this essay, we propose three challenges that the incorporation of LCP poses for speech-language therapy in Latin America: first, to consider the implications of breaking with the dominant linear, individual, biologist, cognitivist-Eurocentric vision of human development; second, to reflect on the biomedical reductionism that has prevailed in the profession regarding the communication process in the context of health; third, to conceive speech therapists as members of a historical-social context that is characteristic of their region and time, who have the ability to recognize the agency of the people and communities with whom they interact. We understand that these three challenges are not the only ones that an LCP poses to speech therapists, however, we consider them key to a transformative path. On the other hand, although we acknowledge that incorporating the LCP implies a transdisciplinary and multi-professional approach, this work is limited to the scope of speech-language therapy, for reasons that are explored throughout the essay.

It should be noted that these reflections do not originate solely from an intellectual exercise or an isolated theoretical discussion, but they have been achieved through multiple collective discussions, including a study circle, carried out in 2020 with students and professionals from Chile and Colombia, belonging to various health care professions. Before addressing each of the three suggested areas of discussion, we will summarize below the central elements of the proposals that converge in the life course perspective.

What is the life course perspective?

The LCP emerged from social sciences in the USA in the mid-twentieth century, as an interdisciplinary approach that seeks to understand human development as a process in deep interaction with social and historical contexts (Blanco, 2011). It arose as an effort to overcome the canonical limitations within which the social sciences had understood the different areas of human development up to that time, and has been enriched by perspectives that incorporate a critical view, going beyond the mere description of processes from a multi-level perspective. According to this approach, people's life course is seen as inserted in multiple interconnected pathways, which develop within several temporal and spatial frameworks (Burton-Jeangros et al., 2015; Tabilo Prieto, 2020), and add different possibilities and constraints in participation (Ulrich Mayer, 2004) and health trajectories (Burton-Jeangros et al., 2015). As an initial referent of this approach, we can find the theoretical proposal of development as life course by Glen H. Elder (Elder, 1994, 1998).

Multiple disciplines and diverse epistemic stances converge in the LCP. Depending on which author is consulted, its bases are found in the bioecological model (Bronfenbrenner, 1979, 1994; Bronfenbrenner & Morris, 2006), the lifespan approach (Baltes, 1987), ecosocial epidemiology (Krieger, 2001; Palm et al., 2013), social demography (Saraví, 2009), structuration theory (Giddens, 1984), and phenomenology (Schutz & Luckmann, 2004), among others. These bases, different from each other, agree in rejecting purely mechanistic explanations of human development (Gebauer, 1998) that translate into a linear and universalistic understanding consisting of stages and components more or less independent from each other and unrelated to social and historical contexts, and with an epistemic and historical origin situated in European positivism, characterized as colonial and patriarchal (Dussel, 2005; Harding, 1996). In contrast, the proposals of the LCP attempt to explain how in contemporary societies, some people have trajectories that do not always respond to the normative expectations considered typical, desirable, or normal, which questions hegemonic discourses and, at the same time, demands a more complex approach to human development, in order to avoid reductionist and determinist views.

There is a significant and growing interest in Latin America to adopt an LCP to understand multiple conditions, experiences, and trajectories, which is manifested in a diversification of the methodologies used to approach different phenomena (Tabilo Prieto, 2020). For this reason, quantitative and qualitative studies, as well as sociological, ethnographic, biographical, and epidemiological studies coexist. A pioneering study that reflects the above is the research carried out by the international network of Changes and Events in the Course of Life (CEVI, *Changements et événements au cours de la vie*) in Geneva in 2003, and led by Christian Lalive d'Espinay and Stefano Cavalli. This study is influential for those who have contributed to the development of

this subject in the region, and it has been extended to 14 countries, including Argentina (2004), Mexico (2005), Chile (2008), Brazil (2010), Uruguay (2012), Colombia (2017), and El Salvador (2019) (CEVI, 2015). Based on these data, research teams from the aforementioned countries have developed a wide variety of studies (Concha et al., 2009; Concha & Henríquez, 2011; Gastrón & Lacasa, 2009; Guichard et al., 2013; Oddone & Lynch, 2008; Oddone & Gastrón, 2008; Silva et al., 2015), whose common ground is studying the relationship between the development of individual lives and the socio-historical dynamics of the place in which they are inserted, as well as the changes perceived by people during the course of life (Cavalli & D'epinay, 2008).

Numerous studies adopt the LCP from a situated point of view (Haraway, 1995) of the issues present in the Latin American territories, such as social inequality or poverty, which has made it possible to understand, in a complex and dynamic way, processes such as old age/aging (Lynch & Oddone, 2017), teenage pregnancy (Monrroy, 2019), employment history (Letelier et al., 2021), processes of disadvantage accumulation and social exclusion (Saraví, 2020), or the history of socially excluded indigenous women (Miranda, 2018), among others. Accordingly, and although the majority of referents of the LCP are based in the English-speaking world, there has been a conceptual and empirical development of this approach unique to Latin America, consistent with the principles of the LCP, that has also been influential.

In the health care field, there has been a different path to include the LCP. Based on the epistemological debates proposed by epidemiology and public health by the end of the 20th century, research teams from the global north incorporated the LCP into their work, in order to comprehend the changes in people's lives and their influence on the health/disease process (Blane et al., 2007). This was achieved by including biological and social dimensions to explain the causes of diseases (Halfon et al., 2014; Pollitt et al., 2005), the mechanisms involved in the population health outcomes (Kuh et al., 2003), the expression of health inequities (Krieger, 2001), and health planning (Halfon, 2014).

This approach is still incipient in health care in Latin America, possibly because obtaining information from cohorts in Latin American countries poses a methodological challenge, despite the advance in the availability of information sources and data processing (Cenobio-Narcizo et al., 2019). However, the influence of institutions such as the Pan American Health Organization, World Health Organization (PAHO/WHO) (PAHO, 2021), and the Economic Commission for Latin America and the Caribbean (ECLAC) (ECLAC, 2017) has allowed including the LCP in health strategies based on recommendations provided for the states of the region. Thus, various public institutions, in Chile (MINSAL, 2022), Bolivia (MINSALUD, 2013), Paraguay (MSPyBS, 2019), and Peru (MINSA, 2021), propose the LCP as a pivotal approach to the development of their health care programs, and promote its inclusion in the design and implementation of research, albeit from perspectives that could be defined as “more practical”.

These paths converge when considering the LCP as a framework for training, research, and professional practice. Hence, it is necessary to recognize the emphases that each of them put on different principles and elements of the approach. As a way of undertaking this challenge, we propose the following three areas of discussion for a speech-language therapy that is built from a complex view of human development, in which the best interest is placed on the transformation of conditions that generate exclusion and social injustice in our continent.

TOWARDS SPEECH-LANGUAGE THERAPY WITH A LIFE-COURSE PERSPECTIVE

Questioning the idea of the life cycle

The first area to be questioned is the development of the hegemonic speech therapy of Latin America based on the idea of the life cycle. This is reflected in a conception of human development as an individual and linear process that is universalized and framed within classical developmental psychology, which in turn centers the dichotomy between the individual and society (Baltes, 1987). The concept of life cycle, which emerged as part of Freud’s work but has been profoundly reworked by referents such as Piaget, or even Chomsky and his concept of maturation and critical periods, poses a concept of development that is divided into areas (biological, cognitive, emotional, etc.), is individualistic, universalized (Villar, 2005), and centered on normativity.

According to the life cycle perspective, there are skills gained during childhood that reach their optimal expression in adolescence or young adulthood, to then enter a period of decline and loss. Therefore, human development would take the shape of an inverted U, in which continuous and differentiated stages would take place from birth to old age (Dulcey-Ruiz & Uribe, 2002). Although they are presented as relevant, at the core of this proposal there is a disconnection with the sociocultural, historical, and political contexts in which people are situated, and individuals

are characterized homogeneously according to normative expectations associated with chronological age.

In the face of this linear vision of development, since the end of the 20th century, there has been a process of updating these views, particularly from the psychology of aging and gerontology, resulting in an approach known as “timing” (Baltes, 1987; Baltes et al., 2006), influenced by Lev Vygotski's proposals (Villar, 2005). According to the lifespan paradigm, development is multidimensional and multidirectional, it unfolds from birth to death, and at every stage, there are gains and losses to which people adapt (Alwin, 2012; Dulcey-Ruiz & Uribe, 2002). However, despite the efforts to refrain from the universalized biologistic and cognitive perspective, the role that the context plays continues to be conceived as unidirectional and focused on individual actions, and normative traits prevail (Dulcey-Ruiz & Uribe, 2002).

In contrast, the LCP questions the static and segmented models of human development, it recognizes that the temporal dimension is experienced in multiple ways (Mariluz, 2015) and that people relationally build their life course, according to their stories, motives, and shared resources, among others. Therefore, it is argued that the experience of time is diverse; not only is there a chronological, linear perception of time, but also a subjectified time that is experienced dynamically by individuals, in the form of stability, changes, bifurcations, crisis, etc., and an intersubjective, shared time that guides expectations and the diversity of socially possible or preferred paths, as well as the possibility of agency (Bessin, 2020; Mariluz, 2015; Miranda, 2018). With this, the characterization of development as a series of distinct, linear, and highly normative stages (Dulcey-Ruiz & Uribe, 2002) that is adult-centered and focused solely on the age of individuals (Dulcey-Ruiz, 2010) is avoided. Furthermore, the ideas of agency and interconnected lives become central to the approach and must be studied together (Blanco, 2011; Landes & Settersten, 2019; Miranda, 2018).

The above implies rethinking our understanding of how the same event will affect one person or another, which is known as the principle of “timing” (Blanco, 2011). Social structures shape the different roles associated with age, gender, class, ethnicity, and occupation and, consequently, events have different impacts on individuals in their multiple spaces of participation (Oddone & Gastrón, 2008). The LCP strives to understand the synchronicity between different timings (e.g., of each member of a family, or the same individual in their multiple spaces of participation), which entails considering the interdependence between people’s lives (Blanco, 2011; Burton-Jeangros et al., 2015). Although it is recognized that capitalist societies in recent decades have tended to an increase in individualization, manifested as an appreciation of the individual capacity for cognitive plasticity and productivity (Bessin, 2020; Mbembe, 2016; Tabilo Prieto, 2020), the LCP stresses that we are always inserted in networks of reciprocal and interdependent relationships, evident in collective dynamics where there is mutual influence (family, work, school, age groups, etc.). Thus, it is acknowledged that the life course, at its base, is the product of the interaction between the micro and the macro-systemic and that individual trajectories are embedded in the time and place where each person lives (Blanco, 2011), which is materialized in processes of embodiment (Bronfenbrenner & Morris, 2006; Krieger, 2001).

In this context, the idea of cohort and generation becomes highly relevant as representations of patterns of experience, production, and reproduction, and possibilities and restrictions shared by a determined group. This principle, key to adopting an LCP, is usually mentioned but not always operationalized in studies, especially in the field of health (Burton-Jeangros et al., 2015). On the other hand, studies that do include an analysis of cohorts and generations provide not only theoretical criticism of the static nature of the life cycle, but also empirical support, through longitudinal studies that integrate environmental, social, and historical variables as opposed to traditional cross-sectional studies (Dulcey-Ruiz, 2010).

From life course epidemiology (Kuh et al., 2003), efforts have been made to develop hypotheses that elucidate the different configurations of individual and cohort trajectories. These hypotheses are supported by three trajectory models: the critical (sensitive) period model, the accumulation model, and the chain of risk model (Burton-Jeangros et al., 2015). The first assumes that part of the health inequalities observed between different social groups is explained by differential exposures occurring in specific periods of development. However, it suggests that such exposures do not necessarily result in irreversible damage, thus distancing itself from the biological determinism of the critical period model. On its part, the second model states that individual trajectories are shaped by the exposure to risks that are accumulated during the course of life, by the available resources, perceived trajectories, and agency, with the sum of exposures and adversities influencing the health outcomes of people over time. Dannefer (2003) argues that people who have baseline advantages tend to experience advantageous trajectories that improve over time, compared to disadvantaged groups. Finally, the pathway model focuses on the multiple factors that throughout the course of life can act as mediators between the initial social conditions and health outcomes in adulthood. These mediators can be

structural (access –or a lack of it– to formal education, for example), normative transitions, or circumstances that change throughout life and that result in specific trajectories.

All these considerations regarding the different conceptions of time, sociohistorical construction of normative expectations, and trajectory models pose important questions for the dominant speech-language therapy. Firstly, the undergraduate programs in most Latin American countries present a curricular structure predominantly built around exclusive stages of development, according to normative and age-related milestones. These milestones organize the description of lives in a compartmentalized manner, according to the areas of professional action (Arancibia et al., 2015; Universidad de Chile, n.d.; Universidad de Valparaíso, n.d.; Universidade de Sao Paulo, n.d.; Universidad Nacional de Colombia, 2013; Universidad Nacional de Rosario, 2017). Courses about human development, developmental psycholinguistics, or developmental psychology usually follow the structure of the life cycle, strongly centered around development milestones and normative phenomena, which are never situated in historical or political contexts, although some space is made for partially including participation.

Concerning linguistic, psychomotor, sociocognitive, and communicative development, it is clear that the predominant perspective is a normative one, devoid of any cultural or social framework, in which the socioeconomic level or gender of children are the only "external factors" to consider, albeit as uniform and static variables. When explaining the bases of these developmental processes, it is usually the internal resources of people that are highlighted, in a universal manner and understood as biologically predetermined systems, where functional divergence is mostly interpreted as a deficit or disorder (Toboso et al., 2010). The environment or experiences are positioned as relevant factors that would help define said functionality, but in practice, they are not coherently integrated into research designs, curricula, or therapeutic processes. Moreover, the capitalist framework that gives sense to this normalizing functionality is hardly made explicit (Maldonado, 2020).

For example, in research on developmental language disorder (DLD), the identification and definition of certain linguistic features are guided by a normative perspective, resulting in an assumption of homogeneity and encapsulation of linguistic development. In this context, the prevailing description of neuropsychological resources portrays them as self-sufficient systems, and research designs incorporate an extensive list of exclusion criteria that dismisses the life story of individuals. Only recently have some studies with Spanish-speaking children explored the relationship between the manifestation of language difficulties and certain environmental factors (Ferinu et al., 2021; Peñaloza, 2018), but still without integrating them as interdependent and dynamic variables (Bronfenbrenner, 1979; Krieger, 2001).

We perceive that the complex description of developmental trajectories is practically non-existent in studies on children with DLD and, where included, there is an emphasis on deficit rather than on the idea of a trajectory with its own timings, also leaving out the multiple family trajectories with which they coexist. Furthermore, there is a lack of reflection on the extent to which the current capitalist system imposes the pressure of productivity on children through standardized tests (Assael et al., 2018), which ultimately translates into a series of exclusive and invisibilized dichotomies: typical/atypical, proficient/non-proficient, adequate/inadequate, productive/non-productive. Finally, the powerful impact that these labels have on the life course of children when diagnosed with a disorder that stigmatizes them in educational settings, goes unacknowledged (Darragh & Valoyes-Chávez, 2019).

Our proposal poses the challenge of incorporating concepts from different fields of knowledge (social theory, anthropology, genetics, demography, epidemiology) to work synergistically, in order to emphasize facets that have been excluded by the hegemonic vision (for example, the influence of the family in the course of life, the accumulation of structural disadvantage, and differential exposure to risk, among others). Additionally, it entails rethinking the concept of human development, and recognizing and including social and historical contexts alongside people's life trajectories. Furthermore, it poses challenges for research in speech-language therapy, with the imperative of integrating diverse disciplinary perspectives in order to address the interrelation of the domains and levels that make up the phenomena of communicative development.

Questioning the Biomedical Foundations in Health Care

A second area of discussion is the review of the epistemological foundations and of the paradigms that underlie academic and professional practices. In Latin America, speech-language therapy emerged as a para-medical profession, with a rehabilitative nature (Maggiolo & Schwalm, 1999; Martínez et al., 2006), and a strong influence by the biomedical model that continues to this day. Therefore, discussing the implications of the said model for the profession becomes necessary. This model views mental and communicative phenomena from a biological perspective, meaning they are understood as cognitive phenomena limited to a

mechanical explanation and with an anatomical base (Gebauer, 1998; Martínez Hernáez, 2011), that are modifiable through individual treatments.

In this way, the communicative phenomena are presented as neutral and aseptic, and there is an emphasis on interpreting the symptoms as univocal signs whose origin –probably unknown, but not impossible to know– is found in individuals without a history or biography, without social interactions or cultural practices (Martínez Hernáez, 2011). From positivism, the life model of post-industrial, urban, and middle-class Western societies is adopted as a universal reference for development (Ochs & Schieffelin, 2010). Hence, diversity is pathologized and social life medicalized (Di Liscia, 2005; Ossa et al., 2005), which maintains a concept of a human being –understood as an individual free from their own history– who is capable of constructing independently and who is pressured to exist in a permanent state of success (Han, 2017; Mbembe, 2016). This restricts or denies the condition of "human" to those who live outside the margins of production considered normal (Landes & Settersten, 2019; Pfeiffer, 2002; Santos, 2011).

In addition, the influence of the biomedical model leads to a homogenization of health care and its reduction to standardized procedures. Although some professions have gradually been incorporated into primary health care (PHC) and community rehabilitation centers (CCR for its initials in Spanish, *Centros Comunitarios de Rehabilitación*) in Chile, there has not been a break with biomedical practices in these spaces (Silva et al., 2020; Silva, Rojas, et al., 2018). Speech therapists working in PHC perceive that professional training is strongly oriented toward clinical practices, under a positivist scientific paradigm, so knowledge about PHC and the approaches that sustain it, including LCP, is limited (Tapia & Muñoz, 2021). Therefore, despite the attempts to include other health care strategies that transform the classical vision of the health-disease-care process, direct work with people and communities continues to be framed within a rehabilitative approach, centered on clinical care. Generally, it is argued that the difficulty to transition to a different approach is due to institutional barriers present in the university curricula and the workplace, without acknowledging the possibility of transformation in the professional practice.

Attempts have been made in recent years to overcome the predominance of the biomedical model, in order to transition to a biopsychosocial approach (Tapia-Saavedra et al., 2021). Considering the above, and beyond its discourse, the biopsychosocial approach fails to solve the problem of biomedical positivism since it maintains a similar hierarchy of knowledge, where the biological prevails over social participation, which is placed in a secondary role and understood in individual terms (Martínez Hernáez, 2011). In contrast, the convergence of epistemic approaches in LCP promotes a view that includes an analysis of the interaction and mutual, synergistic, non-hierarchical influence between the biological and the social, as well as between the micro and macro, to understand health/disease conditions (Burton-Jeangros et al., 2015; Krieger, 2012).

Halfon & Hochstein (2002) proposed the Life Course Health Development Framework, to explain how the health trajectories of people develop and, with this, give way to new approaches to research and public health policies. This framework brings together models coming from epigenetics and human development theories, and it asserts that health development is a dynamic and adaptive process, a product of the interaction of exposure, resistance, and susceptibility at the genetic, biological, behavioral, sociocultural, economic, and historical levels in multiple ecological niches (Kuh, 2003; Halfon, 2014). According to Kuh (2003). The key concepts of the LCP have helped structure theoretical models for health care, as well as their operationalization in the form of demonstrable hypotheses, analytical strategies, and the use of appropriate statistical techniques. This has particularly been done around the causal pathways of disease in relation to time (accumulation, risk chain, trajectory), the timing of the causal actions (birth cohorts, critical and sensitive periods, induction and latency periods), and the mechanisms that interfere in the health-disease process (embodiment, mediating and modifying factors, resilience, susceptibility, and vulnerability). Therefore, from the perspective of life course epidemiology, the causal explanations of health and disease conditions are considered to be multifactorial (Halfon & Hochstein, 2002; Kuh, 2003).

In 1995, the World Health Organization (WHO) formally adopted the LCP, with the creation of the Ageing and Health Program. Since then, it has been introduced into multiple strategies and recommendations, including the Global Status Report on Noncommunicable Diseases (WHO, 2014), the World Report on Ageing and Health (WHO, 2015), the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), the report of the Commission on Social Determinants of Health (WHO, 2008), and the Building Health Throughout the Life Course guide (PAHO, 2021) framed by the 2030 Agenda for Sustainable Development. They show that health inequities (Kuh, 2003; Blane, 2007) are not limited to isolated problems nor are confined to temporarily restricted settings, but rather exert their deleterious effects at a general and intergenerational level (PAHO, 2017, 2021). It is for this reason that, according to these reports,

the strategies that seek to reduce inequity should be aimed at the social factors that underlie the health gaps, namely differences in income and labor rights and discriminatory actions based on gender, ethnicity, and nationality, among others (WHO, 2008). However, the reports do not clearly denounce the neoliberal framework within which these inequities exist.

At the national level, the current health system in Chile –reformed in 2005– claims to be built with an approach based on social determinants and LCP. This comes from the incorporation of this framework into the construction of theoretical models, technical guidelines, and public policies at the international level. The inclusion of this approach is made explicit through a series of national programs and technical standards: *Programa nacional de salud de la infancia con enfoque integral* (MINSAL, 2013), *Programa Nacional de salud de las personas mayores* (MINSAL, 2014), *Orientación técnica sobre Visita Domiciliaria Integral* (MINSAL, 2018b), and *Política Nacional de Salud Sexual y Salud Reproductiva* (MINSAL, 2018a), among others. In other words, the LCP has positioned itself as a key approach in the research and planning of health strategies at a global, regional, and national level. Therefore, speech-language therapy should not be exempt from including this perspective if it aims to contribute to the population's health through public health strategies.

An area from which the dominant speech-language therapy could significantly learn is the one that studies dementia, which currently works from an LCP. In effect, the disadvantage accumulation and pathways models are highly appropriate for analyzing the incidence of dementia based on its risk factors. There is evidence that the presence of modifiable risk factors increases the probability of developing dementia, which in turn decreases the specific incidence of age as a predisposing factor to this major neurocognitive disorder. Aspects considered potentially modifiable risk factors are: a low educational level, hypertension, hearing loss, smoking, obesity, depression, lack of physical activity, diabetes, low social interaction, head trauma, and environmental pollution (Livingston et al., 2020).

Aditionally, a model of disadvantage accumulation allows us to explain why the number of people with dementia in low- and middle-income countries is not only higher compared to high-income countries but also is increasing rapidly (Parra et al., 2021). In Latin America, and Chile in particular, education, health, and the environment are degraded by a neoliberal system that allows the implementation of mercantile and extractivist policies (Alister et al., 2021; Slachevsky, 2015). In this sense, socially marginalized people have less access to and show a lower permanence in the educational system, they experience inequities in their access to health, and live in sacrifice zones or areas with high environmental pollution (Alister et al., 2021). On the other hand, the so-called "healthy lifestyle" is strongly associated with structural factors (Álvarez, 2012) that condition the possibility of maintaining a healthy diet, physical and social activity, and leisure time, much needed for maintaining cognitive health (Yevchak et al., 2008).

Despite the development that life course epidemiology and health policies offer to research, the speech therapy literature in Latin America does not seem to apply this approach. Moreover, there is still a reductionist and monodisciplinary vision (Tapia & Muñoz, 2021), with little participation in intersectoral, multi-professional, and interdisciplinary spaces (Vega et al., 2017), contrary to what is observed in international and national documents. that promote the LCP. Therefore, the dominance of the scientific, biomedical, and neurocognitive positivism in speech-language therapy knowledge and practices should be analyzed with honesty, acknowledging that a biomedical perspective of the health-disease-care process has prevailed regarding communicative health, with its most prominent characteristics being its naturalistic approach to understanding health, the Cartesian separation between body and mind, the understanding of the body in dichotomous (healthy/sick) and fragmented biological terms (Baeta, 2015), and the pathologization of diversity (Botelho & Oliveira, 2020; Torres et al., 2018). This approach is often unnoticed, in such a way that it appears even in the practices of those who declare themselves against its basic principles (Silva et al., 2018; Silva et al., 2020).

The challenge of agency for professional practice

We suggest, as a third area of discussion, providing speech-language therapy with a political stance. Some of the efforts made towards this objective in the global south propose a) that speech-language therapy distances itself from the reductionist biomedical or biopsychosocial perspectives, where the professional practice is structured mainly around people labeled with a "disorder" (addressed in point 2.2), and b) a recognition of people's knowledge and decision-making capacities regarding health, that significantly permeates and guides the therapeutic process.

In many cases, when the principles of the LCP are applied, we can place speech therapy interventions at a point after an event that changes the person's life course has occurred, which could be understood as a "turning point" (Blanco, 2011; Fuentes-García & Osorio-Parraguez, 2020). In this understanding, therapy practices based on an LCP should recognize that the person has a diverse life history that is rich in trajectories, processes occurring at

different stages of development, and levels of participation and connection with other individuals, groups, and networks (section 2.1). Any approach to these biographies as part of the health care process should be based on respect, consideration, and dignity, understanding individuals with their complexity and diversity.

Acknowledging the person without separating them from their history also implies viewing agency as a continuous, interpersonal action, which is challenged in therapy spaces. Agency is conceived as a form of power that, as such, manifests itself gradually and unequally, according to the life scenarios or moments in which the person finds themself and to social categorization by age, gender, class, race, physical or psychological condition, or any other social determinant (Landes & Settersten, 2019). From this perspective, agency is not understood as free will, in the Christian sense of the term, but as a power limited –or not– by social restrictions present in life trajectories (Landes & Settersten, 2019).

It should be borne in mind that, according to the classical theory, agency is conceived as the individual capacity to rationalize practices and rules, meaning that "ignorant", "passive", or "helpless" people would not display agency (Landes & Settersten, 2019). This view positions said people at the edge of the human condition since agency is considered an inherent feature of the human being, a perspective that has been criticized for its ethical and political implications. We believe that this rationalistic and exclusive approach to agency should be examined if and when present at the base of speech therapy practices, in order to detect actions or omissions that assume a limited degree of agency in the people who seek therapeutic accompaniment. Assessing the history of people includes understanding their motivations and decisions concerning the imminence of life course transitions or the occurrence of unexpected events. Individuals are not passive entities in the face of structural barriers; they build their lives, and they contribute to the transformation of said structures through their actions (Ulrich Mayer, 2004). This act of building their lives is not entirely individual, because it exists in a network of interdependent relationships in which the person participates (Landes & Settersten, 2019), and within a structure of sociohistorical opportunities and limitations.

Therefore, upholding agency poses an imperative to move away from the welfare, paternalistic, and vertical practices that are found when accompanying people from historically vulnerable communities. Speech-language therapy in Latin America must deeply review the representations, actions, and omissions, both in teaching, research, and professional practice, present in their relationship with members of groups such as children, women, migrants, neurodivergent people, or gender nonconforming people, whose power of decision and action are constantly diminished. It is most likely that, in these relationships, there are practices that hinder the autonomy of people and that are invisibilized and naturalized. These actions are often well-intentioned, but they probably stem from an unconscious manifestation of power and result in a covert dehumanization of the individual. The imposition of therapeutic decisions or standardized normative criteria, the implementation of informed consent as a mere bureaucratic formality, and the consolidation of the idea of the superiority of medical power and academic knowledge, are common practices that are detrimental to the agency of individuals and groups. Of course, this discussion transcends the traditional limits of bioethics (Carreño & Enrique, 2021; Urrego-Mendoza et al., 2017).

Therefore, acknowledging vulnerability and social exclusion should not excuse denying people and communities of their agency, since by doing so we deny the person themself and reduce them to their condition and conditioning factors. This is manifested in the paternalistic approach that places the professional as someone qualified to make decisions about the well-being of the other. The decision-making power and autonomy of a person cannot be reduced to the practices that the therapist requires for the "success" of their intervention or the fulfillment of their therapeutic objectives. Furthermore, spaces where the narrative is constructed around "ceding power" so that the person has an active role in their therapeutic process should be agreed upon from the beginning of the process and based on a horizontal relationship, and not "negotiated" from a vertical interaction protected by the power that the professional role provides. Speech-language therapy practices that consider themselves transformative must abandon welfare practices and recognize every person with dignity, autonomy, and rights.

The approach with which speech therapists work could prevent people from exercising their agency when the professional practice is determined by the biomedical model, the power relationship between "therapist and patient" and the standardization of people without acknowledging their history. If we consider agency as inherent to the human condition, any practice that hinders or invalidates it will undermine dignity and autonomy.

IN CONCLUSION

Latin America in general –and Chile in particular– are experiencing complex processes of change and tension. On the

one hand, important dominant sectors insist on deepening a social, cultural, and economic model based on the depredation of the environment, radical individualization, and the denial and commodification of rights. On the other hand, multiple social movements are fighting to stop the advance of said model and transform the foundations of development. This tension necessarily implies implementing changes in all systems: in the organization of the social security system, in territorial processes, in expectations of individual development, civil liberties, and collective symbolic referents. Consequently, it becomes urgent and necessary to understand these changes and tensions as situated in epistemic and sociohistorical contexts, in order to pursue training, research, and professional practices that contribute to deepening democracy and a full exercise of individual and collective rights, particularly those of historically vulnerable and excluded communities.

Naturally, this poses a challenge for speech-language therapy in Latin America. The supremacy of the biomedical model, often normalized, together with the neoliberal commodification of education and health, have led to the adoption of decontextualized and depoliticized training, research, and professional practices in which collective reflection is not favored, and where constructing academic and professional pathways that are committed to the processes of social transformation is seen as arduous, if not impossible.

To counteract this tendency, we propose that Latin American speech-language therapy should undergo a thorough revision of its epistemic, ethical, and political postulates, and we consider the LCP a useful tool to underpin this process. The principles of the LCP, the emphasis that has been given to this approach in Latin America, and its incorporation into health care allow addressing key issues about communication, human development, and professional practice, to challenge and rebuild them from a multifaceted and comprehensive framework.

Throughout this journey, we have proposed three areas of discussion: the questioning of the idea of the life cycle, the biomedical foundations in health care, and the challenge posed by the notion of agency for research and professional practices. Overall, these three areas of discussion aim to center a concept of person that transcends the individual limitations prevailing in training programs and the profession, and that categorize communicative needs into areas and lives into normative stages of development, devoid of stories, lacking interconnected trajectories, and with limited agency. We suggest that incorporating the LCP would allow breaking with this reduced vision of the human being.

Concerning the above, it is necessary to highlight some reflections. In the first place, we insist that incorporating an LCP is not merely a matter of labels, but of changing the perception of the phenomena that are addressed, be it human communication, health, or development. Thus, it implies transformation processes in knowledge and practices that, ultimately, promote recognition of epistemic and political postures.

Secondly, we understand that these three areas of discussion do not completely resolve the challenges posed by the LCP to the hegemonic practices of speech therapy in Latin America. The exclusive professional definitions, essentialist notions of culture, the predominance of neurosciences, or the absence of a discussion about the profession within the neoliberal framework imposed in the region in the last forty years, are other possible focal points that can be approached critically from the proposals of LCP.

As a third consideration, we observe that adopting an LCP does not automatically reconcile the contradictions present in other approaches, such as the aforementioned biopsychosocial approach. The risk of, for example, tackling social aspects as mere static and decontextualized factors is always present, especially in research, as already warned by Urie Bronfenbrenner regarding studies on human development that include the categories of social class and gender as mere markers for differentiation (Bronfenbrenner, 1979). Similar observations are found in the proposals by Nancy Krieger (Krieger, 2001; Palm et al., 2013). For this reason, it is required that the responses are neither monodisciplinary nor uniprofessional. The LCP requires transdisciplinary, multidisciplinary work that is open to dialogue with the communities and their life narrations. This essay focuses on speech-language therapy, both because it is our primary area of academic and professional activity and because of the absence of a model from which to develop practices beyond current professional limits, with the probable exception of the accumulated experience and reflections around community rehabilitation (García-Ruiz et al., 2019; Grech, 2015; Soto, 2014). However, we acknowledge the limitations of this approach, typical of an exploratory proposal like this one.

Similarly, and as a fourth consideration, the LCP is not enough by itself to undertake these processes of reflection and transformation and it clearly needs to be complemented with other critical approaches, such as historical materialism or critical positions from interculturality and feminism, which in turn would lead to a greater discussion regarding the hierarchy as well as the epistemic and political interaction between these different perspectives. In this sense, this essay is an initial proposal on how to address these issues, written with an awareness of its exploratory nature and

with the hope to contribute to a discussion that is emerging in different points of the global south (Torres & Aguilar, 2020; Wylie et al. al., 2016).

As a fifth and last thought, the suggestions in this essay do not arise from a morally superior perception, nor do they attribute a bad intention or a lack of capacity to the historical practices in which we have all participated. In line with the principles of the model, we understand that the limitations and omissions that can be observed in the hegemonic speech-language therapy are explained by its socio-historical evolution within social, economic, and political contexts that have framed academic and professional practices in Western positivism and globalized neoliberalism (Santos, 2007), and that have resulted, among other consequences, in a weakening of the discipline's foundations. The enormous effort historically put by speech-language therapists in Latin America to overcome the paramedical model from which it was born is undeniable, as the profession has grown amid complex processes of resistance to military dictatorships and the dismantling of public health, education, and social security. However, it is equally clear that the imposition of neoliberalism in our continent has consolidated a practice that deepens the individualization and standardization of development trajectories, as well as the privatization, precariousness, and hyperspecialization of the profession. Faced with this issue, it is urgent to offer a response that has an epistemic, ethical, and political nature and that removes the future of speech therapy from the monocultural, patriarchal, and colonial bases of neoliberalism.

Incorporating the LCP into the teaching, research, and professional practice of speech-language therapy implies integrating a set of concepts, principles, and levels of analysis into how we understand communication and human development, including biological and cognitive aspects in interaction with social and historical ones, the interconnection between the lives of people and their agency, their trajectories in multiple temporal planes, and their complexity and diversity that resist the reductionism coming from positivism. For this reason, it challenges the hegemonic speech-language therapy and encourages it to defy and transform its basic suppositions, not as a mere theoretical exercise or as a way of modifying labels, but as an epistemic, ethical, and political commitment to Latin American populations and communities, whose history of rights violations, exclusion, resistance, and development of autonomy requires a critical, relevant, and constantly revised perspective that contributes to their processes of transformation and social justice.

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