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Review Article

Intersectional Speech-Language Therapy: Toward a Holistic Understanding of Embodiment and Communication

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ABSTRACT

Access to healthcare has historically been influenced by political, economic, and social factors, resulting in disparities in availability and quality. Although public health models have advanced towards preventive and community-based approaches, structural barriers persist that render the needs of marginalized and oppressed populations invisible. In this context, speech-language therapy—a discipline focused on communication and oral feeding—has been influenced by a biomedical paradigm that often pathologizes bodily and communicative diversity. This article examines the relevance of intersectionality as an analytical framework for understanding how gender, social class, race, and disability intersect to influence speech-language therapy services. The concept of intersectionality and its application in healthcare are reviewed, highlighting its potential to reveal structural inequalities. Moreover, the need to rethink speech-language therapy to prevent the reproduction of hegemonic norms and exclusions is critically discussed. It is posited that this framework not only contributes to a more equitable and context-sensitive practice but also strengthens professional training and promotes knowledge production within critical and co-constructed paradigms. Finally, concrete strategies are proposed for an intersectional approach to speech-language therapy care, fostering affirmative practices that are sensitive to body diversity.

Keywords:
Intersectionality; Speech-Language Therapy; Health Equity; Social Determinants; Diversity

Fonoaudiología con un enfoque interseccional: hacia una mirada integral de las corporalidades y su comunicación

RESUMEN

El acceso a la salud ha estado históricamente determinado por condiciones políticas, económicas y sociales, lo que ha generado inequidades en su disponibilidad y calidad. Si bien los modelos de salud pública han avanzado hacia un enfoque preventivo y comunitario, persisten barreras estructurales que invisibilizan las necesidades de poblaciones marginalizadas y oprimidas. En este contexto, la fonoaudiología, como disciplina orientada a la comunicación y la alimentación oral, ha sido influenciada por un paradigma biomédico que tiende a patologizar la diversidad corporal y comunicativa. Este artículo explora la pertinencia de la interseccionalidad como enfoque para analizar cómo las categorías de género, clase social, raza, etnia y discapacidad influyen en la atención fonoaudiológica. Se revisa el concepto de interseccionalidad y su aplicación en salud, destacando su potencial para evidenciar desigualdades estructurales. Desde una perspectiva crítica, se discute la necesidad de repensar la disciplina fonoaudiológica para evitar la reproducción de normas hegemónicas y exclusiones. Se propone que la integración de este enfoque no solo contribuye a una práctica más equitativa y contextualizada, sino que también fortalece la formación profesional e impulsa la producción de conocimiento bajo paradigmas críticos y co-construidos. Finalmente, se presentan estrategias concretas para aplicar un enfoque interseccional en la atención fonoaudiológica, promoviendo prácticas afirmativas y sensibles a la diversidad de corporalidades.

Palabras clave:
Interseccionalidad; Fonoaudiología; Equidad en Salud; Determinantes Sociales; Diversidad

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INTRODUCTION

Political, economic, and social conditions have historically influenced access to healthcare, resulting in inequalities in the experience of this fundamental right (Pan American Health Organization [PAHO], n.d.; González & Quintero, 2024). However, public health has recently evolved to promote prevention- and community-based healthcare models, which have directly impacted how health is conceptualized across the continent (Couto et al., 2019; Pernalete, 2015). Although these strategies have sought to homogenize people's experiences, they continue to obscure the ones of underrepresented corporealities whose needs may differ substantially from those of the general population (Bauer, 2014; Bowleg, 2012; Vázquez-Mandujano & Trujano-Ruíz, 2022).

Ensuring equitable and universal access to healthcare has always been a crucial objective. Nevertheless, inequities persist, necessitating a critical reflection on healthcare models and their ongoing reproduction of structural inequalities (PAHO, n.d.; González & Quintero, 2024). Within this frame, speech-language therapy has evolved as a discipline dedicated to the prevention, promotion, evaluation, and support of communication and oral feeding (American Speech-Language-Hearing Association [ASHA], 2004). Its development has been closely linked to fields such as physics, linguistics, and neuroscience, among others, expanding its scope of practice and establishing evidence-based approaches. Nevertheless, communication and feeding processes should not be reduced to a purely biomedical perspective, as they are profoundly shaped by social, cultural, and political constructs that influence the diverse experiences of people seeking speech-language therapy services (Connell, 2002; Crenshaw, 1989).

The biomedical model tends to pathologize communication and oral feeding, reinforcing normative standards that dictate what is considered "adequate" or "expected" for various bodily functions (Oliver, 1990). Challenging these conceptions and advancing person-centered approaches—where diverse embodiments, experiences, and subjectivities are recognized as inherent to speech-language therapy (Téllez et al., 2020)—is fundamental for fostering a more holistic vision of the field. This approach not only questions the current training processes in our country but also demands the transformation of social health care structures and the epistemological foundations that underpin the discipline (Freire, 1970; Hankivsky, 2014).

This work aims to explore the relevance of implementing an intersectional framework within speech-language therapy, analyzing how it can contribute to more equitable and context-sensitive care. Specifically, it will address the intersections of gender, social class, race, and disability, considering their impact on clinical practice and on the construction of norms that are not universally applicable across bodies. Moreover, the article will discuss the opportunities and challenges posed by this approach to promote a speech-language therapy practice that is responsive to the diversity of human experiences. Finally, concrete strategies will be proposed for applying an intersectional lens to speech-language therapy—and, more broadly, to healthcare.

Intersectionality: Ethiology and Concept

The term "intersectionality" was coined by Kimberlé Crenshaw in 1989. Crenshaw, who specialises in Critical Race Theory, used this concept to explain the various experiences of oppression and privilege that people go through based on the combination of factors such as gender, race, and location. Authors such as Patricia Hill Collins (1990) and María Lugones (2007) have later explored this concept, considering aspects like social class, sexual orientation, and disability, among others. Thus, intersectionality examines how different systems of oppression–such as racism, classism, sexism, and homophobia–create structural inequalities that hinder people's access to fundamental rights. This includes access to healthcare. Intersectionality is a critical way of understanding social inequality and its impact on people's life course (Bowleg, 2012). Therefore, comprehending this concept allows us to recognise how various intersections can condition access to essential resources for human development, such as health, housing, and employment, among others.

Health and Intersectionality

In the field of health, intersectionality plays a crucial role in either facilitating or constraining access to health services (Crenshaw, 1989). For instance, an intersectional analysis that considers social class can show how people belonging to higher social classes (with greater economic resources or access to influential networks) will be able to receive care that is timely, more readily available, and often of higher quality compared to those from lower social classes (with fewer financial resources and limited access to such networks). These dynamics often result in delayed diagnoses and poorer health outcomes (Pernalete, 2015; González & Quintero, 2024).

The World Health Organization (WHO, n.d.) has recognized that economic inequalities and discrimination, as social determinants of health, can create significant gaps in accessing healthcare. Gender also influences health perceptions, access to resources, and the urgency of healthcare needs, particularly in relation to risk exposure throughout the life course (Matud-Aznar, 2008). In

other words, how individuals seek medical care, engage with services, and respond to health interventions is shaped by social norms perpetuated by structural and contextual factors. From an intersectional perspective, health policies must not only acknowledge diversity in its broadest sense (gender, race, ethnicity, disability, etc.) but also address the social structures that sustain inequities and restrict access to health (Sen, 2002).

Speech-Language Therapy and Intersectionality

Speech-language therapy, as a scientific discipline, addresses communication and oral feeding (swallowing) needs across the lifespan (ASHA, 2004). This job poses a dual challenge: it requires technical expertise while also demanding a comprehensive understanding of individual needs, including their impact on various life domains (Hancock & Haskin, 2015). Consequently, speech-language therapists should integrate knowledge from other disciplines to enrich their professional practice. The social sciences, in particular, provide critical perspectives for understanding corporealities as social beings embedded in sociopolitical systems that can influence, shape, or restrict their opportunities—for example, health-related needs and their ability to address them effectively and promptly across the life course (Foucault, 1978; Hill-Collins, 1990).

From an intersectional standpoint, identities do not operate in isolation. Instead, they are interwoven with elements that shape different lived experiences across the life course, including access to and experiences of health. Incorporating an intersectional approach into speech-language therapy practices involves recognizing how gender, ethnicity, social class, disability, and other categories or systems of oppression interact to create barriers and opportunities. Thus, the challenge is not limited to how services are delivered, nor is it solely the responsibility of unchangeable social structures. It also requires critically rethinking our professional practices to avoid reproducing stereotypes and norms that perpetuate exclusion and may interfere with the effectiveness of speech-language therapy services.

We know that communication development, form, and acquisition can be influenced by a range of factors specific to each embodiment, including neurobiological, anatomical, and motor control aspects; this also includes external factors such as social context (McLeod et al., 2013; Verdon et al., 2016). External factors are often beyond people's control and, in many cases, even beyond the scope of speech-language therapists. This is because the context's influence on corporealities is mediated by complex structural systems that perpetuate privilege and oppression, which in turn shape social and political norms throughout the life course (Foucault, 1978). Nevertheless, the extent to which professionals cultivate awareness of these dynamics—and how such awareness informs personal and professional practices—profoundly impacts the ability to understand the needs of people requiring speech-language therapy services. From this viewpoint, adopting an intersectional approach within clinical practice is both a necessary and pressing challenge for delivering effective, individualized care. Such practice demands competent, affirmative, and diversity-sensitive approaches that tend to the multiplicity of embodied experiences.

In light of the above, it is pertinent to argue that the profession should advance toward an intersectional framework. This shift poses challenges for speech-language therapists, as creating spaces that acknowledge the diverse intersections impacting professional practice requires additional effort and commitment. At the same time, it is an opportunity to develop research that transcends dominant and biomedical paradigms. Applied research rooted in a critical-constructivist epistemological stance (Berger & Luckmann, 1966; Foucault, 1992; Haraway, 1988; Hill-Collins, 1990) is a promising path forward. Such an approach would orient inquiry toward co-constructing knowledge through dialogic engagement with participants, elevating their voices and perspectives as legitimate and rich sources of knowledge.

Opportunities for Access to Speech-Language Therapy Services

Professional biases in the face of patient needs can hinder the timely and accurate delivery of services. Gender, as a social category, is particularly influential in shaping the quality of health care (Butler, 1990; Crenshaw, 1989; Hill-Collins, 1990; Doyal, 2001). This dimension of analysis is especially conditioned by the androcentric sex/gender system that underpins our society, wherein cisgender heterosexual male bodies are regarded as the normative reference point for social life, including health care. Such bias, embedded within structural social arrangements, systematically erases the experiences of bodies that deviate from the normative ideal, thereby producing disparities in health practices (Beauvoir, 1949; Courtenay, 2000). This not only affects perceptions and experiences around health but also undermines the quality of care provided to identities outside the dominant norm. For example, trans and gender-nonconforming people, immigrants, racialized populations, and people from lower social classes often face significant barriers to accessing health professionals who are both competent and sensitive to diversity. These barriers hinder their possibilities to receive consistent, systematic support that could improve health outcomes and reduce unmet needs (Castañeda, 2010; Rebolledo & Galaz, 2022).

Gender Norms and Stereotypes in the Comprehensive Understanding of Communication

Gender norms and stereotypes can directly shape how health needs are identified and addressed (Butler, 1990; Connell, 2002). In viewing gender as a social construct that dictates behavioral expectations, communication itself can be seen as a socially-regulated domain (Butler, 1993). Speech-language therapy studies and clinical practices often assign gendered roles to communicative features such as voice, morphosyntactic structures, and prosody, among others (Henton & Bladon, 1985; Holmes, 2014; Gumperz, 2009; Simpson, 2009; Tannen, 1994). This illustrates how deeply ingrained these norms are in shaping our understanding of human communication and how they are perpetuated in professional practice, thereby reproducing forms of oppression.

Research in phonetics and sociolinguistics highlights how communicative elements (e.g., voice) are perceived, showing how such perceptions are conditioned by normative frameworks that often constrain and guide clinical practices (Butler, 1990; Crisafulli et al., 2019; Zimman, 2018). A salient example is voice therapy for trans and gender-nonconforming people. In these cases, professionals frequently operate within binary normative frameworks, aiming to shape transmasculine or transfeminine voices toward stereotypically "masculine" or "feminine" parameters. This process often involves adjusting vocal features to fit within cisgender categories, without first identifying the patient's needs or engaging in ongoing monitoring throughout the intervention. Such practices reflect an emphasis on "communicative normativity" rather than a comprehensive understanding of embodied subjectivity.

In this context, how speech-language therapy services are provided to populations that have been marginalized or rendered invisible (such as the LGBTQIA+ community) must take into account the specific needs of each group. However, empathizing with these needs can be challenging due to our own perceptions, oppressions, and biases that may surface within clinical practice.

Moreover, societal structures—and the ways they operate regarding trans and gender-nonconforming people—tend to uphold the masculine/feminine binary as the reference point for rights and privileges. This dynamic often pressures individuals exploring or identifying with non-cisgender identities to pursue *cis-passing* (a term describing the ability of trans and nonbinary people to be socially perceived as cisgender). This expectation can profoundly influence access to health care and preventive services, while also affecting mental health and social development (Vázquez-Mandujano & Trujano-Ruíz, 2022).

Speech-language therapy—and health professions more broadly—exhibit a significant gap in addressing the needs of minoritized populations, particularly gender-dissident communities. Existing studies are limited, and the current evidence does not sufficiently support practices that effectively respond to their needs. The level of knowledge in Chile across both public and private healthcare services, as well as the various levels of healthcare, remains insufficient (Estay et al., 2020). This situation often perpetuates practices that promote discrimination, gender-based violence, and systemic oppression, leading to incomplete medical and clinical processes, mistrust, and social isolation.

Foucault (1978) and Wittig (1992) have analyzed how power discourses are produced and maintained through social and health-related norms. This is particularly relevant for examining the concept of "speech-language therapy intervention," which is frequently shaped by social and biomedical standards that constrain the development of a holistic and intersectional perspective. The problem lies not in the existence of such social norms—which are often deeply embedded within societies and therefore complex to modify—but in the ability of professionals to cultivate critical awareness of their own practices. A related trend is the reinforcement of "communicative normativity" based on dominant standards, which often excludes individual needs. This issue spans multiple areas of speech-language therapy, underscoring the transversal nature of the issue. The following examples illustrate forms of oppression that may emerge in professional practice due to a lack of intersectional understanding:

- Child and youth populations. Children are sometimes assumed to have developmental language difficulties without considering their socioeconomic status, family, and cultural context. Here, the absence of an intersectional analysis of race, class, and disability can result in mischaracterization. Another example is migrant children whose native language differs from Chilean Spanish. In such cases, an inadequate initial evaluation may lead to an incorrect interpretation of communicative features, reinforcing mislabeling that fails to account for cultural and linguistic diversity.
- Adult populations. A lack of intersectional practices may also occur when working with adults who have communicative difficulties and belong to Indigenous, racialized, or lower socioeconomic communities. Effective speech-language therapy for these populations entails recognizing their cultural and social burdens, as well as the multiple oppressions shaping

their lived experiences. Another example is the underestimation of the needs of older adults. When aging is approached without an intersectional lens, speech-language therapy services risk perpetuating oppression by failing to address communicative and swallowing difficulties in ways that are responsive to older corporealities.

- Audiology. In this area, the absence of an intersectional approach may lead to a lack of adapted practices for Deaf people from Indigenous or migrant communities who use distinct sign languages. Without recognizing these as legitimate forms of communication, speech-language therapy can generate barriers to care. Similarly, the stigmatization and exclusion of people from rural areas or lower socioeconomic groups in accessing hearing devices or rehabilitation highlights a lack of intersectionality. While some programs have made progress in providing technical aids and follow-up, structural barriers such as demand exceeding capacity often limit adequate service delivery.

The challenge for speech-language therapists must include respecting individual identities, diversity, and personal experiences (Doyal, 2001). In this sense, working with client expectations should be an inherent part of both the initial assessment process and the intervention, by (re)confirming expectations and needs and creating a space that allows for adjustments throughout the therapeutic relationship (Crisafulli et al., 2019).

Strategies for Applying an Intersectional Approach

Throughout this article, we have highlighted the challenges that applied intersectionality poses for professional practice. However, recognizing the impact and responsibility of health professionals requires approaches that are comprehensive, reflective, and respectful. Below, we outline several strategies that speech-language therapists (and health professionals in general) may employ to offer an intersectional practice:

- Use of inclusive and affirming language. As communication specialists, the use of inclusive language that respects diversity and self-identification should be a central element of professional services. Such language use, across contexts and life stages, can foster trust and build strong therapeutic alliances with patients (ASHA, n.d.).
- Adapted assessment tools and protocols. Many of the tools and protocols used by speech-language therapists across the lifespan remain inadequately adapted to cultural and linguistic contexts, including those specific to Chile. It is therefore critical to adapt professional tools to reflect these contexts and to more accurately address patient needs (Verdon et al., 2016).
- Depathologization of communicative diversity. Acknowledging communicative diversity in professional practice is essential for incorporating an intersectional lens. Moving away from dominant biomedical frameworks enables a broader social and cultural understanding (Zimman, 2018) that better captures the variability in human expression and communication.
- Cultural sensitization to diversity. Continuous and updated professional training is necessary to critically examine biases that perpetuate oppression (Hancock & Haskin, 2015), thereby creating affirmative practices and enhancing cultural competence. This involves professionals recognizing both their privileges and oppressions within personal and professional contexts (Hankivsky, 2014), and reflecting on how these dynamics shape their clinical practice.
- Gender-informed care. Validating patients' experiences ensures more meaningful and needs-based therapeutic processes. Professionals should act as facilitators, rather than “experts” who reinforce asymmetries in care. Adapting practice to account for gender perspectives is fundamental to applying an intersectional approach that promotes psychological, social, and identity well-being while validating diverse embodied experiences (Crenshaw, 1989; Bauer, 2014).
- Continuous professional development. Higher education institutions, faculty, and clinicians must engage in continuous reflection and a critical analysis of how speech-language therapists are being trained regarding gender-sensitive practices, as well as psychosocial and community aspects. Programs should integrate knowledge related not only to gender diversity but also to feminism, masculinities, colonialism, social determinants of health, and inclusion, among other topics impacting development (Matud-Aznar, 2008).
- Intersectional projects. Public policies have a direct impact on healthcare practices (OPS, n.d.). Therefore, policies and projects must ensure accessible speech-language therapy services that accommodate diverse individuals, including their unique identities, distinct needs, and varied experiences. Such initiatives should address the multiple intersecting factors that shape patient realities and transform structural health determinants that reinforce social oppression. Discipline-specific research should prioritize local needs and amplify specific narratives and voices. This means focusing not only on the general population but also on corporealities that are marginalized and rendered invisible, in order to advance

effective and contextually relevant policies (Rebolledo & Galaz, 2022).

FINAL REFLECTIONS

The application of an intersectional approach in speech-language therapy represents a significant challenge, as it requires changes not only from professionals but also at the structural and systemic levels. This invites us to (re)consider how we understand health, the services we provide, the quality of our professional support, and the impact of the lived experiences of those who seek our care.

We recognize that the traditional biomedical model of health education is insufficient, as it promotes a universalist view that focuses on diagnosis rather than the person and their context. Such an approach overlooks critical categories for analyzing embodied experiences. Moving toward intersectional professional training, therefore, is the path forward for developing health services that are truly person-centered, responsive to individual needs, and attentive to personal and environmental experiences in health processes.

The lack of knowledge and training on topics related to the social determinants of health, intersectionality, and gender perspectives remains one of the primary challenges to be addressed. Nonetheless, incorporating strategies into our professional practices and pursuing training in psychosocial and community-based approaches enables a more comprehensive understanding of communication and its diverse manifestations.

Intersectional speech-language therapy should not be understood solely as a matter of social justice, but also as an ethical and professional responsibility. Recognizing, creating space for, and becoming aware of the multiple identities, privileges, and oppressions that shape the experiences of service users allows us to provide care that is more precise, personalized, and respectful. We must continue working toward a health system that is more inclusive and equitable for all corporealities and their communicative practices.

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