

Original Article

A Qualitative Approach to the Conceptual Diversity of Communication: Disciplinary Challenges for Speech Therapy

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ABSTRACT

Communication is a dynamic and complex process influenced by social and contextual factors, extending beyond the mere transmission of information. The field of Speech Therapy studies how these elements impact verbal and non-verbal interaction, as well as the disorders that may arise within this process, aiming to enhance both the quality of individuals' communication and their overall quality of life. The objective of this research was to analyze the meanings that speech therapists attribute to communication and dialogue. A qualitative approach was employed through semi-structured interviews conducted with speech therapists (n=14). The results indicate that the subjects have varying perceptions of what is understood by communication, revealing the need to unify disciplinary criteria regarding this matter. This research highlights the necessity to update concepts around communication in the field of Speech Therapy. In conclusion, it is essential to establish greater reflective foundations for the concept of communication, the core subject of the discipline, considering that the concept itself has evolved in recent times in light of constant social changes. It is crucial to update and broaden this concept in order to strengthen the professional identity of speech therapists.

Keywords:

Speech Therapy;
Communication;
Dialogue; Professional
Role; Ethos;
Intersubjectivity

Aproximación cualitativa a la diversidad conceptual de la comunicación: Desafíos disciplinares para la Fonoaudiología

RESUMEN

La comunicación es un proceso dinámico y complejo, influenciado por factores sociales y contextuales, que trasciende de la mera transmisión de información. En el campo de la Fonoaudiología, se estudia cómo estos elementos afectan la interacción verbal y no verbal, así como los trastornos que pueden surgir en este proceso, buscando mejorar la calidad de la comunicación y la calidad de vida de las personas. El objetivo de esta investigación fue analizar los significados atribuidos por los profesionales de la Fonoaudiología a la comunicación y al diálogo. Método: Se utiliza un enfoque cualitativo a través de entrevistas semiestructuradas a fonoaudiólogos y fonoaudiólogas (n=14). Resultados: Se observan distintas percepciones respecto a lo que se entiende por comunicación, lo que revela la necesidad de aunar criterios disciplinares respecto a las temáticas en estudio. El aporte de la investigación se sitúa en la necesidad de actualizar conceptos en torno a la comunicación dentro la disciplina fonoaudiológica. Se concluye que es necesario otorgar mayores fundamentos reflexivos al concepto de comunicación, objeto de estudio de la disciplina, considerando que el concepto en sí mismo ha sufrido modificaciones en el último tiempo a la luz de los constantes cambios sociales. Es importante la actualización y ampliación del concepto para fortalecer la identidad profesional del fonoaudiólogo.

Palabras clave:

Fonoaudiología;
Comunicación; Diálogo;
Rol Profesional; Ethos;
Intersubjetividad

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INTRODUCTION

Over time, various scholars have contributed to the establishment of epistemological foundations that facilitate the understanding of communication. This process, driven by the interest of numerous researchers, has solidified the groundwork for comprehending the communication phenomenon. It is crucial to highlight that these foundations not only focus on technical aspects but also offer a fundamental epistemological perspective for understanding the communication process (Karam, 2005).

Communication is a social phenomenon co-constructed by interlocutors through the use of symbolic and non-symbolic, linguistic and non-linguistic, verbal and non-verbal forms. It is a dynamic and complex process that transcends the mere transference of information (Herrera-Lillo & Leal-Kaymalyz, 2023). According to Bernal Rodríguez et al. (2018), communication extends to a broader analysis unit, involving the activation of each participant's abilities to interact and express themselves across various modalities (oral, written, non-verbal, visual, gestural) within a sociocultural and historical context.

Different disciplines, such as Language Pedagogy and Journalism, engage in the study and practice related to communication. On its part, Speech-Language Therapy is particularly known for its focus on communication and its potential disorders. This is a fundamental pillar in the training and professional practice of speech-language therapists.

Communication, therefore, should be understood as a broader field of study and knowledge rather than merely a discipline. Approaching it in this manner promotes reflection on how complex it is to give it a single, standardized definition.

This research aims to explore and analyze how Speech-Language Therapy professionals approach and define communication and dialogue. These concepts are examined separately but are interconnected. This is to delve into the perspective provided by moral philosophy on dialogue as an axis for constructing intersubjectivity within the communication process. The goal is to observe the foundations from which these concepts are approached and how this epistemological process becomes a fundamental element of professional ethos in Speech-Language Therapy.

In order to explore issues related to communication as a multidisciplinary field and simultaneously a subject of study within Speech-Language Therapy, the research briefly presents some descriptive models of communication.

Tomasello (2013) proposes a model centered on cooperation and collaboration in human communication. Communication arises from social interaction, where participants jointly construct meanings. The author posits that human communication has biological roots adapted to cooperative social interaction, with its linguistic dimension based on cultural conventions specific to particular groups. According to Tomasello (2013), human communication begins with the ability to share intentions, where both the sender and the receiver strive to understand each other's intentions. This process is seen as a joint action, emphasizing cooperation to achieve shared goals. Mutual understanding, essential for successful communication, involves a common grasp of meanings and objectives. Tomasello acknowledges the importance of language but emphasizes that human communication is forged through social interaction, imitation, empathy, and the sharing of intentions, thereby transcending linguistic boundaries.

Conversely, Escandell-Vidal (2021) offers a model of communication that focuses on interaction and the crucial role of context in the communicative process. Her approach highlights pragmatics, which examines the use of language in real situations to understand how meaning is constructed in communication. The author addresses both linguistic and contextual aspects, aiming to comprehend the production and understanding of discourse. She has specialized in speech act theory, particularly in how words are used to perform actions within communicative contexts. This involves analyzing how context influences the interpretation of communicative intentions. Additionally, Escandell-Vidal has made significant contributions to discourse analysis through research on the construction of meanings in specific interactions. This analysis considers extralinguistic elements such as the communicative situation and the roles of participants. Her comprehensive model encompasses various communicative functions, highlighting how communication serves diverse roles, from informing and persuading to establishing social relationships and expressing identities.

The Systemic Model of Interpersonal Human Communication (MSCHI for its acronym in Spanish, *Modelo Sistémico de la Comunicación Humana Interpersonal*), developed by Bernal Rodríguez (2020), aims to understand interpersonal communication from a comprehensive and systemic perspective. It acknowledges the connections between the intrapersonal, interpersonal, and sociocultural dimensions, as well as the relevant variables during interaction (Bernal Rodríguez, 2020). The MSCHI views communication as a complex system with various interacting elements, and it examines the interplay of these components and their impact on the communication process.

This model focuses on the context of interpersonal communication, recognizing the influence of the environment, culture, time, and space on the interpretation and exchange of messages. Additionally, it highlights the relevance of the relationship between interlocutors, analyzing how these are constructed and maintained and how they affect message transmission and reception. The model considers both verbal and non-verbal elements, exploring how verbal language, non-verbal communication, and physical expressions influence message comprehension and interpretation. Moreover, it regards feedback as an essential process in interpersonal communication, analyzing how feedback responses and exchanges affect the clarity and adaptability of communication. In summary, the MSCHI provides a holistic approach that integrates systemic, contextual, relational, and feedback elements to understand the complexity of communication between individuals.

These proposals offer perspectives on human communication that encompass sociocultural, biological, and pragmatic dimensions. Tomasello (2013) emphasizes the biological dimension by exploring cooperation and the construction of meaning. His approach is grounded in how cognitive and social capacities that are unique to humans (such as altruism and collaboration) developed during biological evolution, influencing how human beings construct meanings and communicate. Escandell-Vidal (2021) emphasizes context and pragmatics in interpreting meaning, while the MSCHI explores the relationships between communicative dimensions. These previous models enrich the understanding of human communication, which is highly relevant to speech-language therapy.

The explanations of the proposals for understanding communication represent one facet of the multifaceted nature of communication, which can be enriched by incorporating perspectives from other disciplines that offer reflection on the communicative phenomenon. For instance, Moral Philosophy (Giannini, 2007), concerning language, provides an analytical foundation that establishes the connection between communication and dialogue. From this perspective, communication transcends the sender by including intersubjectivity and dialogue. Acknowledging the other is fundamental to defining communication, creating a symbolic space, the "between," within communicative interaction. In this space, subjectivities are shaped and the world is configured, constructed through words, and enriched with meaningful experiences. This "between" space corresponds to intersubjectivity, where civil and moral experiences are forged, fostering the development of autonomies found at a given moment. According to Giannini (2007), each act of

communication has a moral dimension, and every moral experience involves some form of communicative act.

In the field of Speech-Language Therapy, it is crucial to delve into how specialists understand the concepts of "communication" and "dialogue." Some communication models do not treat dialogue as a distinct aspect of communication, but dialogue is essential for constructing intersubjectivity (Giannini, 2007). For this research, dialogue is a critical axis of analysis as it facilitates the development of moral autonomy and the recognition of the other as a valid interlocutor. Both concepts are vital for language development, social interaction, and overall communicative health. Clear definitions of these concepts enable speech-language therapists to effectively address challenges, identify specific areas for improvement, and design intervention strategies tailored to individual needs.

For speech-language therapists, cultivating a conducive communicative environment is essential for establishing a strong therapeutic relationship and promoting the active participation of the patient in their own rehabilitation or communicative development process. Since dialogue and communication are central to the construction of intersubjectivity, it is crucial to understand how these professionals engage with these concepts. It is especially important to determine whether they approach these notions merely from a standard definition or whether they engage in meta-observation and develop epistemological foundations, which in turn would lead them to explore the symbolic boundaries they attribute to dialogue and communication, recognizing shared conceptual disciplinary bases in their definitions. The aforementioned aspects may be fundamental for the construction of identity within the discipline, considering moral dialogue and communication as components of the speech-language therapy ethos.

This research explores dialogue and communication as distinct yet interconnected concepts to address how speech-language therapists define both communication and dialogue. It is anticipated that the findings will facilitate a reflective exchange among various stakeholders within the discipline, enabling them to broaden their perspectives by acknowledging that the concepts of communication and dialogue evolve with new social paradigms, thereby presenting emerging challenges for the field of speech-language therapy.

METHOD

This research was approved by the Ethics Committee of Universidad de Viña del Mar (CEC-UVM 06-21). The study was conducted using a qualitative, descriptive design. A constructivist approach was adopted to interpret the perceptions of a group of speech-language therapists regarding concepts such as communication, dialogue, therapeutic space, and their own communication skills. Semi-structured interviews were conducted with 14 speech-language therapists, selected through convenience sampling. The participants' quotes, extracted from the interviews, were established as the analysis units, with the sampling units being the participants themselves. Additionally, the following selection criteria were applied: (1) holding a degree in speech-language therapy from a national or foreign university, (2) having at least one year of work experience in the country, and (3) practicing speech-language therapy freely within the national territory, irrespective of the contractual status of the professional at the time of the interview. Participants ranged in age from 25 to

70 years. Interviews were conducted online via video conferencing using the Zoom platform due to the COVID-19 pandemic. Each participant's interview was scheduled individually, and sessions were recorded for subsequent transcription and analysis. Only the main researcher had access to the interviews and analyses. Figure 1 illustrates the process of carrying out this study, from the development of the thematic guide to the analysis of the qualitative data.

Instrument

A thematic guide was developed for data collection, which considered three domains: (1) professional principles such as values, professional ethics, autonomy, and moral development (Ethos/being), (2) information regarding role and field of action (doing), and (3) knowledge of the theoretical field and objectives (professional endeavor). For this study, only the domain related to professional endeavor was selected, as it explicitly addresses communication.

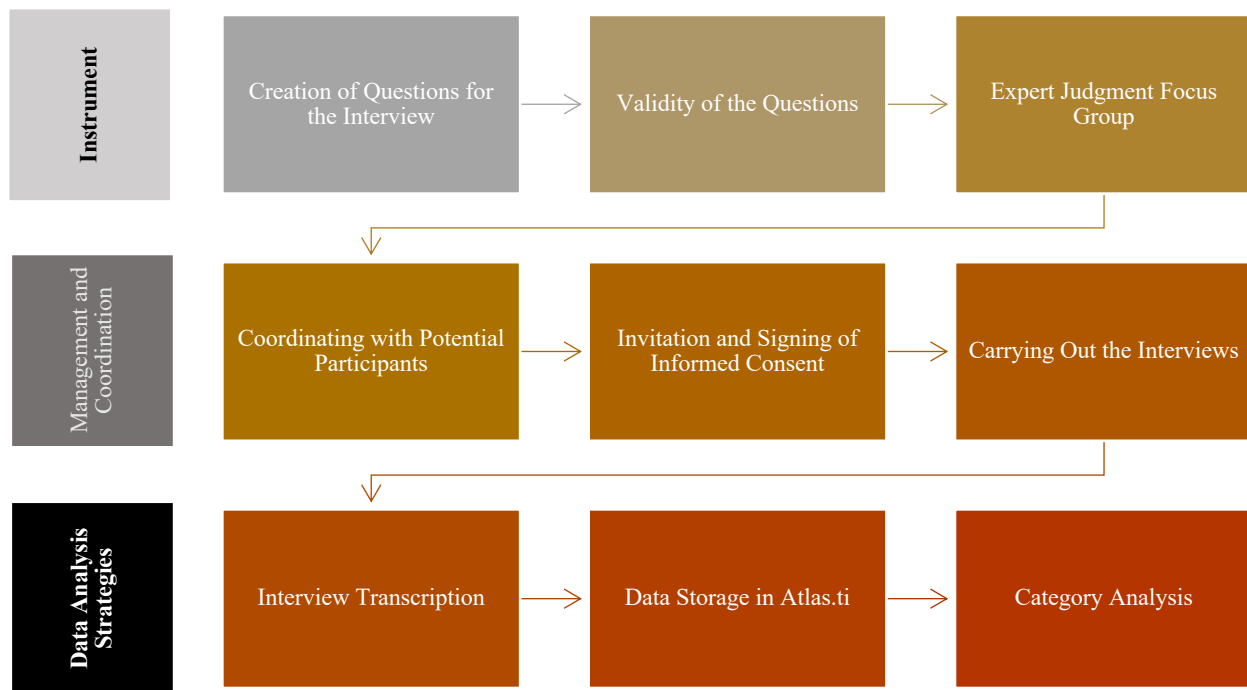


Figure 1. Process of Instrument Development, Interview Management and Coordination, and Data Analysis Strategy. Source: Created by the authors.

The questions were designed to elicit definitions and expressions of meanings related to themes such as communication, dialogue, the characteristics attributed to the intervention space, and intersubjectivity. To ensure the validity of the questions, the Question Appraisal System (QAS) (Willis & Lessler, 2023) was

used. The QAS was adapted to evaluate the following aspects: 1) Oral Comprehension, referring to difficulties in formulating the main question or the absence of information within the question, 2) Explanations (addresses whether the questions are conflicting,

imprecise, or complicated), 3) Clarity (technical terminology or whether the question is vague or unclear), and 4) Other comments.

A panel of three expert professionals in the fields of ethics and communication was asked to apply this system virtually. They were required to rate each aspect with a score of one if there was any issue, and zero otherwise. Additionally, each rating was accompanied by comments regarding the question. The experts were selected based on two criteria: (1) professional training in bioethics and/or communication areas and (2) experience as academics in higher education.

Management and Coordination for Data Collection

Potential participants were contacted via email to explain various aspects of the interviews, including their objectives, format, estimated duration, and scheduling. Following this, participants signed an informed consent form, which indicated that their participation was voluntary and they could withdraw from the study at any time. The electronic document clarified the research objective and informed participants that the sessions would be recorded. Based on the saturation criterion agreed upon by the research team, a total of 14 interviews were included in the study.

Duration, Transcription, Recording, and Analysis of Qualitative Data from Interviews

The interviews lasted between 45 and 60 minutes. Each interview was then transcribed verbatim and assigned an alphanumeric code to protect participant confidentiality. The letter indicated the week (A, B, C, D, E), and the number referred to the order of the interviews within that week. The analysis method followed the thematic analysis steps outlined by Flick (2013). This process involved listening to each interview twice: first, to become familiar with the activity and the topic, and second, to transcribe the interview in Word, which was then exported to the qualitative data analysis software Atlas.ti. Additionally, interview records were supplemented with notes in a field journal.

The transcribed interviews were analyzed through iterative processes of conceptual emergence as described by Hernandez Gamundi et al. (2020). This began with extracting meaning units and then identifying and grouping units from each discourse that shared common themes. Finally, themes were defined and interpreted. For category analysis, qualitative content analysis as outlined by Krippendorff (2013) with an inductive approach was employed. Data were subjected to matrices of analysis or codes, which served as the starting point for the codification process.

The first step involved open codification, which entailed segmenting the information and assigning codes. This procedure was applied to each sample obtained from the interviews. The aim during the process was to reach saturation—the point at which the information emerging from the data becomes repetitive or irrelevant for the research based on the participants' inputs (Corbin & Strauss, 2014). Subsequently, emerging categories were prioritized and established as the analytical focus under exploration.

Throughout the consultation process with professionals, participants were interviewed on various aspects. The most relevant topics included: the definition and quality of communication, the definition of dialogue, and the relationship between communication and the therapeutic space.

RESULTS

Based on the participants' accounts, four categories emerged, which were organized and presented in a matrix for analysis. These categories were predefined based on the thematic guide. However, new categories emerged from the interviewees' narratives that were not preconceived, resulting in a blend of emergent and predefined categories. Each category presents conceptual distinctions related to the phenomenon of communication, addressing more reflective and abstract aspects.

Table 1 presents the categories and their corresponding definitions.

The results of different discourses are presented below, organized according to the study dimensions: (a) communication, (b) dialogue, (c) communicative therapeutic space, and (d) professional communicator.

The study was guided by a thematic script that defined the categories of communication and dialogue. However, during the interviews, professionals provided new information based on their experiences, sometimes diverging from theoretical approaches and reflecting on their role as communicators. This led to the emergence of two new categories: "communicative therapeutic space" and "professional communicator." These categories complement the predefined ones, enriching the overall analysis.

Table 1. Presentation and Definition of Categories for Qualitative Data Analysis

Category	Operationalization
Dialogue (D)	Interaction where both parties recognize each other as valid interlocutors. It facilitates the creation of civil and intersubjective spaces.
Communication (C)	A fundamental process in human development that fosters moral autonomy through interaction between interlocutors and the use of the civic space.
Communicative Therapeutic Space (C.T.S)	A symbolic space that should emerge within speech-language therapy. It enables the communicative empowerment of the client.
Professional Communicator (P.C)	The characteristics and skills necessary for speech-language therapists to create spaces of intersubjectivity in interaction with others, considering their context.

Category 1: Communication

In this first category, participants exhibit varying approaches to defining communication, revealing different conceptualizations. From a cognitive perspective, some participants express: “Communication is this faculty that all living beings develop for social interaction” (D1). Others view it as contingent upon language: “Communication pertains to an area that unites processes, transmitting signals in the same code” (A1). Conversely, some offer a more generic definition: “Communication is more of a global framework... Dialogue is what you and I do, this interaction in the transfer of more intimate information, and communication is a huge framework, verbal or non-verbal” (B2). Additionally, deeper conceptualizations are observed, related to the need to connect with others: “To me, communication is connecting with another, regardless of how it is done, connecting with others whether one or many. For me, that is communication: Connecting to share things, to receive things, to accompany... yes, it is about connecting, which is why there are different types of communication, not only verbal communication... like one can connect with a look...” (E3). The varied definitions of communication provided by the interviewees highlight the complexity and diversity inherent in conceptualizing this phenomenon. Each participant presents their perspective and understanding of communication, both in their daily life and interactions. This is illustrated in statements such as D1’s, where a discrepancy is perceived between the conceptual idea and the

professional's lived experience. This discrepancy between ideal conceptions and reality may reflect a contradiction within the same individual regarding their object of study and experience. Such discrepancies might be indicative of the different conceptions that speech-language therapists have about communication, underscoring the inherent complexity of the field and the necessity to address these discrepancies for effective and coherent practice.

The diverse definitions of communication provided by the participants reveal its subjective nature, influenced by factors such as culture, education, personal experiences, and social roles. There is not always a direct connection with the theoretical models or philosophical conceptions introduced in this research. Some view it as information transmission, while others focus on emotional, interpersonal, or artistic aspects. These definitions are not mutually exclusive, emphasizing the complexity and continuous evolution of communication. Respecting these perspectives enhances our communicative skills and interactions. The variability of narratives among speech-language professionals within the same country suggests that communication encompasses a broad and complex field that is in constant evolution and change. The main challenge is to question whether a common epistemological foundation should be established for educational and disciplinary purposes, to facilitate training processes and construct perspectives associated with various educational currents. This poses a challenge for schools of Speech-Language Therapy to search for a point of convergence in the professional training they offer.

Category 2: Dialogue

Similar to the previous category, participants exhibit diverse conceptions of dialogue. For instance, some participants view dialogue as a component of conversation: “Dialogue is the part of the conversation that occurs within a specific communicative context, where there is a listener or receiver. In dialogue, the roles can change; that is, the sender becomes the receiver, and vice versa” (E2). Other participants relate the concept of dialogue to understanding: “For me, dialogue is more about understanding; it's the ability to comprehend one another. That’s what I see as dialogue” (F1). Additionally, dialogue is associated with emotional aspects of the communication process: “Dialogue is like the most sensitive part of communication; it’s the simplest, the most expressive, the most important part of communication, especially in our field, which is so intimate regarding language alteration. What we offer people in rehabilitation is essentially access to that dialogue because initially, what we aim for in rehabilitation is to exchange information with another... I would

say that dialogue is crucial in clinical practice because it often starts with basic, utilitarian exchanges in the consultation room, but gradually evolves to levels of emotion and cognition” (F3). This highlights the multidimensional nature of speech-language therapy, encompassing fields such as Linguistics, Psychology, and Neuroscience. The importance of integrating multiple perspectives to fully understand and address human communication is highlighted

Category 3: The Concept of Communicative Therapeutic Space

This category emerged from the information provided by the interviewees and pertains to how professionals conceptualize communication, dialogue, communicative action, and their relationship within the speech-language therapeutic setting. The personal experiences of therapists shape their understanding and construction of the therapeutic space. For instance, one participant remarked, "Yes, therapy is indeed a dialogical space, so it must be respected greatly, and if one is not honest in the processes, it can cause significant harm. Responsibility and honesty are essential" (A1). Each therapist has a unique approach to interacting with the client, reflecting biases about certain areas where dialogue might be less prominent, due to the type of therapeutic context: "I think so, yes um...I'm not clear if this applies to all areas of speech-language therapy, I'm thinking, I don't know, of more procedure-based areas like Audiology, where it might be minimal or not be there at all, but in the rest of the areas, I believe there is (dialogue)" (B2). Another relevant aspect is the possibility that the therapeutic setting is constructed as a dialogical space conditioned by the communicative limitations of the patient: "It depends on what type of therapies we are discussing because usually, speech-language therapy at its core is designed for severe or moderate disorders. However, if we consider speech-language therapy in a therapeutic setting for disorders that are somewhat less severe, it could be" (B1). Although it is mentioned that the therapeutic space is a dialogical space, it is unclear whether professionals consider it applicable to the full diversity of service users, diagnoses, and age ranges typically encountered in therapeutic processes.

Analyzing the various definitions of "communicative therapeutic space" provided by the interviewees leads to the conclusion that this concept is highly subjective and adapts to the individual perspectives and clinical approaches of each professional. The diversity of definitions highlights the richness and complexity of this space, as it is seen as a place of intervention and collaboration between the speech-language therapist and the individual. Different approaches within the field of speech-language therapy

impact how professionals define the therapeutic space. Some analyze the structure and dynamics of communicative interaction during therapy because their approach focuses on reinforcing therapeutic goals, implementing strategies, and assessing progress. Other speech-language therapists view the therapeutic space as a setting where knowledge is co-constructed with the patient. In this perspective, the role of the speech-language therapist extends beyond merely providing solutions and strategies, thus acting as a facilitator and guide for the patient's learning. This entails creating an environment of trust and collaboration, valuing the patient's experiences, prior knowledge, skills, goals, and aspirations. Therefore, co-constructing knowledge becomes a dynamic process of exchanging ideas, information, and experiences between the professional and the patient. This approach represents a paradigm shift towards a more collaborative, inclusive, and patient-centered practice in the field of speech-language therapy. Moreover, it promotes empowerment, strengthens the therapeutic relationship, and optimizes long-term therapy outcomes.

Category 4: Professional Communicator

This category explores the meanings and ideas that speech-language therapists have regarding their communication style and quality when interacting with their interlocutors. The interviews reveal a discrepancy regarding how effectively these professionals perceive their own communication skills. For instance, one participant stated, "It is not easy to talk about communication when we are not specialists in it, we boast about being specialists, but in our daily lives, we are not always clear in our expressions. And we see this every day" (D1). Another interviewee states, "I think we are not good communicators, not as much as we claim or as we say because we often rely on the fact that we are communication professionals, but sometimes our communication is not as good as one would expect from a communication professional, and I include myself..." (E2). However, another professional observed, "speech-language therapists have a good theoretical foundation for effective communication, but when it comes to dialogue, I am not sure how humanized we are in our approach to the client," emphasizing the importance of client interaction (A3). In response to this view, another participant noted, "I think general communication is acceptable in training, but the other part of humanization, like taking the time not to rush and explaining why, is sometimes lacking" (B1). Finally, one interviewee commented on the influence of generational changes, stating, "speech-language therapists are not immune to contemporary issues and these changes have occurred throughout society. I think respect or courtesy, in pragmatic terms of language and communication, has

also significantly changed. For instance, the use of informal address has become widespread, and the formal ‘you’ is sometimes seen as outdated. I have never used informal address with my patients; I always address them formally, and this has not created distance, quite the opposite...” (G1).

The perceptions of speech-language therapists regarding their communicative role are diverse, reflecting the complexity of communication in their practice. Each professional has a unique perspective influenced by their professional training, clinical experience, and work context. Some view communication as a technical skill for conveying clear information about procedures. Others value active listening and empathy, understanding that therapeutic communication extends beyond merely informing, as it involves establishing an emotional connection that facilitates effective intervention.

DISCUSSION

Conceptualizing communication and dialogue is crucial within the ethical domain of speech-language therapy (Sandoval Ramírez & Bratz, 2017). It contributes to the creation of professional ethos, meaning it structures the values and principles that characterize those practicing this profession. By adopting these concepts, professionals shape both their essence and their practice, thus it is essential to understand how these concepts are perceived and conceptualized within the discipline. Based on the above, this study explored the connection between the definitions of communication and dialogue and examined how they contribute to the therapeutic space and the professional communicator. This aims to evaluate whether these concepts are essential elements of professional ethos.

The results were categorized into four areas. In the first category, it was found that speech-language therapists have varied conceptions of communication, with limited theoretical grounding for their definitions. This finding aligns with authors such as Barnes & Bloch (2019), who note the absence of a theory of communication to support practice and research in speech-language therapy. Therefore, the precise and empirical measurement of communication remains limited, representing a challenge for both practice and research in this field (Muñoz-Lizana, 2022).

According to Muñoz-Lizana (2022), the field of speech-language therapy in Chile also faces challenges in defining communication. The interpretations provided by the interviewees reflect their experiences and subjectivities, which are valuable from a lived

experience perspective. However, they fail to establish connections with theoretical aspects or disciplinary viewpoints. This hinders the connection between experience and theory, especially when applied to university education, as the models presented to students may differ based on the instructors’ personal criteria, including their views on communication.

According to Giannini (2007), communicative action is central to the experience of the other, as it represents an encounter where identities converge. Communication is conceived as a vital ethical aspect, leading to reflections on the role of speech-language therapy. As a discipline, it must foster intersubjectivity and assume the crucial responsibility of training or restoring the essential component of the human moral experience, which is to consider communication beyond its biological dimension. This perspective aligns with Gould (2009), who observes that while speech-language therapists use descriptive linguistics to explain specific components of the communication system, it often ends up as a means to define communication in biological terms.

In the second category, the analysis focused on how professionals conceptualize dialogue and its relationship with communication. The variety of definitions proposed by the interviewees may reflect different theoretical and methodological approaches in clinical practice. Some speech-language therapists view dialogue from a more linguistic and cognitive perspective, while others consider emotional and social aspects. The data underscore how relevant it is to integrate this aspect into professional training for two main reasons: the subjective nature of current definitions and the need to establish a specific foundation for speech-language therapy. This is a challenging task as it involves more than presenting a brief definition; it entails problematizing, reflecting, and establishing epistemological foundations. These actions are essential for enriching the ethos of the discipline, considering ongoing and future challenges.

By examining how professionals understand dialogue and communication, this research highlights the need for discussing and sharing definitions and epistemological foundations to guide professional training that enriches professional ethos. The variety of definitions can enhance the field of speech-language therapy as long as it is grounded in a theoretical framework, impacting both patient care and the selection of assessment and intervention approaches. Dialogue is crucial for developing civic space and moral autonomy. When establishing a relationship with the discipline of speech-language therapy, it can be observed that this field aims to address communication disorders by providing tools for patients to regain their ability to engage in civic life. That space helps construct citizenship, recognize human rights, and

consider others as valid interlocutors. Authors such as Giannini (2007) and Ordóñez (2017) propose that civil space and democratic moral competence are constructed from dialogue.

The diverse definitions of dialogue extracted from the interviews could be a reflection of the different specializations within the profession, each influencing the understanding and application of dialogue. Thus, conceptualizing and working with dialogue should be central to therapeutic processes. The field research revealed a wide range of meanings associated with communication and dialogue and an unclear understanding of their potential in human life. This underscores the need to revisit technical and disciplinary standards in training to align with Barreiro & Castorina (2022), who argue that defining our contributions to societal construction is a challenge of the discipline.

The third analyzed the relationship between communication, dialogue, and therapeutic space. The value assigned to this symbolic space needs further examination. Health professions often reduce clinical interaction to a biological concept, leading to a linear, pathology-centered, and biological approach (Sandoval Ramírez & Bratz, 2017). Similarly, speech-language therapy has sometimes stripped communication of its subjectivity, objectifying clients and focusing narrowly on communicative efficiency and how much the person can communicate (Sandoval Ramírez & Bratz, 2017). This reductionist view promotes a healthy/sick dichotomy, standardizing the therapeutic space and hindering self-determination, which in turn limits and undermines autonomy and dignity (Peñaloza et al., 2022).

Speech-language therapists should not only observe the individual but also self-observe and examine the effects of the interaction in the therapeutic encounter (Barreiro & Castorina, 2022). This highlights a critical axis, reflecting a gap in linking communication and dialogue, particularly by not clearly defining the therapeutic space as a dimension of intersubjectivity (Munévar et al., 2022). Drawing on Giannini (2007), it is evident that studying and attempting to address human communication involves understanding that every therapeutic act in this domain becomes an ethical-political action, as the communicative action constructs the civil space (Cabra-Torres, 2010). Therefore, communication therapy represents a space for the development of moral autonomy and democratic moral competence, facilitating the experience of citizenship and human rights (Meza Pardo et al., 2016).

Finally, Category 4, which emerged during the research process, revealed that speech-language professionals often lack awareness

of their success in the communication process. Communication and dialogue are crucial for consolidating a moral experience that, once reflected upon, enables progression to deeper moral stages. This allows individuals to move beyond self-referential, instrumental, and punitive mental operations that do not recognize others as valid interlocutors. Consequently, the speech-language therapeutic space is a moral experience that can be pivotal for developing a subject's moral autonomy (Meza Pardo et al., 2016).

Based on the interviewees' perceptions of their communicative practices, it is concluded that improving communication skills should not only focus on the form of communication but also essential aspects such as dialogue and intersubjectivity. These should be considered fundamental in the training of speech-language professionals. Speech-language therapists must acquire and develop effective communication skills, as their role involves enabling and rehabilitating communication. For this, they must serve as models of communication, have a solid conceptual foundation, and apply their skills. Additionally, they should clearly and precisely convey evaluation results and diagnoses, communicate intervention options, and collaborate harmoniously with families and interdisciplinary teams to enhance the quality of life for speech-language therapy patients (Sandoval Ramírez & Bratz, 2017).

The absence of information on how speech-language therapists understand and apply concepts of communication and dialogue is a critical concern, as it suggests a lack of clarity in the main object of study of the discipline, thereby affecting professional identity. This emphasizes the urgent need to progress to a new stage that moves beyond merely reproducing models, as evidenced by the generic definitions provided by participants. Thus, it is imperative to establish a reflective foundation of understanding communication from a speech-language perspective. This aligns with Ribeiro de Araújo et al. (2022), who advocate for reinventing speech-language therapy by assuming its responsibility in strengthening the democratic field within health, which is currently a pressing need in Brazil and across Latin America.

In summary, the findings of this study indicate significant heterogeneity in the underlying ideas regarding the analyzed concepts. This underscores the need to investigate and analyze the professional training of speech-language therapists who are educators in various speech-language therapy programs. Additionally, it is crucial to create reflective spaces that foster interest in deepening core concepts central to the professional identity of speech-language therapists.

Given that this study uses a qualitative methodology, the results cannot be generalized. However, they provide initial input for initiating a research line aimed at enriching the professional training of speech-language therapists. To expand and facilitate new findings on this topic, it is recommended to begin developing theoretical proposals related to communication and dialogue within the therapeutic space from the perspective of the profession. Finally, this research encourages a process that moves from meta-observation to metacommunication within the therapeutic space, thereby seeking greater reflective development of the speech-language therapist's ethos.

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