

Original Article

# The power of clinical diagnosis in the practices of occupational therapists working in educational contexts

*O poder do diagnóstico clínico nas práticas de terapeutas ocupacionais que atuam em contextos educacionais*

*El poder del diagnóstico clínico en las prácticas de terapeutas ocupacionales que trabajan en contextos educativos*

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## Abstract

Occupational Therapy is an emerging discipline within multidisciplinary educational teams, therefore, it's relevant to inquire about its role in the Chilean educational context. This article presents research whose aim was to analyze, from a critical perspective, how clinical diagnosis influences the practices of occupational therapists that work in the school system, considering as the main axes for research, the normative framework that governs the educational system in Chile, the discourse of occupational therapists on their practices and the relationships established with the diagnosis in this context. The sample was ten occupational therapists who work in schools from the south of Chile, to whom semi-structured interviews were applied. The results allow us to visualize that educational policies significantly influence the practices of occupational therapists, even when the regulations do not specify the disciplinary role. In addition, clinical diagnosis emerges strongly in the discourse of occupational therapists, functioning as a device of power within professional practices, especially to validate the professional role within the educational context. The use of diagnosis concerning the professional identity and the effects it has on the people they work with is discussed. This article concludes with the proposal of adopting a critical vision of the discipline's task, based on the transformative action that it seeks to generate through practice.

**Keywords:** School Inclusion, Diagnosis, Educational Policies, Discourse, Power, Occupational Therapy..

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### ***Resumo***

A Terapia Ocupacional é uma profissão emergente nas equipes educacionais multidisciplinares, portanto, é relevante indagar sobre seu papel, no âmbito educacional, em contexto chileno. Este artigo apresenta uma pesquisa qualitativa cujo objetivo foi analisar, a partir de uma perspectiva crítica, como o diagnóstico clínico influencia nas práticas de terapeutas ocupacionais que atuam em contextos educacionais, considerando como eixos principais para a pesquisa, o marco normativo de inclusão vigente no Chile, o discurso dos profissionais sobre suas práticas e as relações estabelecidas com o diagnóstico clínico. A amostra foi composta de dez terapeutas ocupacionais que atuam em estabelecimentos de ensino no sul do Chile, aos quais foram aplicadas entrevistas semiestruturadas. Os resultados demonstraram que as políticas educacionais influenciam significativamente as práticas dos terapeutas ocupacionais, mesmo quando os regulamentos não especificam seu papel disciplinar. Além disso, o diagnóstico circula fortemente no discurso dos terapeutas ocupacionais, atuando como um dispositivo de poder nas práticas profissionais, com o objetivo de validar o papel profissional no contexto educacional. Discute-se sobre o uso do diagnóstico em relação à identidade profissional e seus efeitos nos sujeitos da intervenção. O artigo conclui com a proposta de adotar uma visão crítica do próprio papel do terapeuta ocupacional, a partir da ação transformadora que esta profissional busca gerar através da prática.

**Palavras-chave:** Inclusão escolar, Diagnóstico, Políticas educacionais, Discurso, Poder, Terapia Ocupacional.

### ***Resumen***

La Terapia Ocupacional es una disciplina emergente dentro de los equipos educativos multidisciplinares, por lo que, resulta relevante indagar sobre su rol dentro del contexto educativo chileno. Este artículo presenta una investigación cualitativa cuyo objetivo es analizar desde una perspectiva crítica, cómo influye el diagnóstico clínico en las prácticas de terapeutas ocupacionales que trabajan en contextos educativos, considerando como ejes principales para la investigación, el marco normativo inclusivo vigente en Chile, el discurso de terapeutas ocupacionales a cerca de sus prácticas y las relaciones que se establecen con el diagnóstico clínico en este contexto. La muestra corresponde a diez terapeutas ocupacionales que se desempeñan en establecimientos educativos del sur de Chile, a quienes se les aplicaron entrevistas semi-estructuradas. Los resultados permiten visualizar que las políticas educativas influyen significativamente en las prácticas de terapeutas ocupacionales, aún cuando la normativa no especifica el rol disciplinar. Además, el diagnóstico circula fuertemente en el discurso de terapeutas ocupacionales, funcionando como un dispositivo de poder al interior de las prácticas profesionales, especialmente con el fin de validar el rol profesional dentro del contexto educativo. Se discute el uso del diagnóstico en relación a la identidad profesional y los efectos que tiene sobre los sujetos de intervención. El artículo concluye con la propuesta de adoptar una visión crítica del propio quehacer de la disciplina, basándose en la acción transformadora que ésta busca generar a través de la práctica.

**Palabras-clave:** Inclusión Escolar, Diagnóstico, Políticas Educativas, Discurso, Poder, Terapia Ocupacional.

## Introduction

Through the General Education Law and the School Inclusion Law, the Chilean educational system seeks to guarantee the principles of equity, inclusion, and quality in the educational services implemented (Chile, 2009, 2015a). To comply with the proposed objectives and following the guidelines of international organizations such as the World Bank and the United Nations Educational, Scientific and Cultural Organization (UNESCO) (Rizvi & Lingard, 2009), in recent decades, Chile has implemented a series of affirmative policies aimed at favoring the participation of historically disadvantaged groups.

One of the main strategies is the School Integration Program (SIP), whose purpose is to provide specific educational support for students classified under the category of Special Educational Needs (SEN) (Chile, 2010a, 2020).

Currently, the SIP is considered one of the main resources of financial support, specifically to schools that receive state subsidies since it operates through the amount of an extraordinary subsidy directed to students with SEN. In this way, schools incorporate health professionals into their technical teams, such as psychologists, differential educators, speech-language therapists, and occupational therapists (OT) to supply the specific educational support required by their students (Chile, 2013).

Now, the access to the SIP, and therefore to the State subsidy, is regulated by the requirements established by Decree 170 (Chile, 2010b), with the clinical diagnosis being the cornerstone.

The interrelation between diagnosis and SEN is framed in the dimensions established by the International Classification of the Functioning of Disability and Health (ICF). In this way, the determination of SEN is made from the correlation between the type and degree of deficit, the student's functioning concerning the physical component, the activities that he is capable of developing, and the possibilities of effective participation in the school environment; as well as the environmental and personal contextual factors that interact with the student (Chile, 2010b).

In 2015, Decree 83 (Chile, 2015b) was implemented, which clarifies the criteria and guidelines for curricular adjustments, guaranteeing their flexibility and promoting the implementation of effective inclusive strategies that favor the access and progression of students with SEN, about their curriculum.

Finally, in 2015, the Law of School Inclusion is enacted (Chile, 2015a), which eliminates access barriers to the Chilean educational system, through three principles; end to shared financing between the State and families (eliminates the co-payment of families), prohibition of profit in the establishments that receive state contributions and end to the arbitrary selection of students. Regarding the last one, any type of selection mechanism that conditions the enrollment of students is prohibited, such as selection for school performance, academic performance tests, interviews with families, evaluations of abilities and skills, diagnoses, health conditions, among others.

Despite the systemic view that the regulations try to promote during the latest reforms, it is maintained that the delivery of resources is conditioned to the fulfillment of diagnostic criteria, based on the ICD-10 (International Classification of Diseases) and the DSM-V (Diagnostic and Statistical Manual of Mental Disorders). Likewise, the regulations determine the type of professional who will obtain authorization to evaluate

and diagnose SEN in a differentiated way (Chile, 2010b), generating in practice a reduced look at biomedical diagnosis.

Focusing inclusion policies on biomedical criteria generates innumerable effects that have been widely documented in the scientific literature and indicated as one of the main causes, which explain the intensification of diagnoses in school contexts, over the processes of educational and social participation (Baquero, 2001; Yuing, 2013; Infante et al., 2011).

This is named by Baker (2002) as the “verbiage of acronyms”, referring to the overuse of acronyms associated with the biomedical diagnosis. In the Chilean case and following the SIP regulations, schools have developed a prolific technical jargon associated with SEN: ASD (for autism spectrum disorder), BIF (for borderline intellectual functioning), MIL (for mild intellectual disability), SLD (for specific language disorder), etc. Baker attributes this effect to the fact that schools evaluate more frequently and at an earlier age to obtain greater financial resources.

On the other hand, Baker (2002) analyzes the effect of the use of diagnosis in school contexts, concluding that its application, based on normality criteria based on the students' abilities, forms a practice focused on eugenic discourses. The identification of students, their categorization, and subsequent intervention, under the figure of the diagnosis about disability, would configure a form of quality control in the student population. In other words, by building schools on the assumption of a model student, based on a standard of abilities and behaviors, they will require special services for students who do not respond to standardized learning criteria, to certain abilities and behaviors, differentiating them of the ideal student.

In this way, classificatory practices have permeated the school space, where the label on students is generated to provide special services and redirect the school population towards government purposes focused on performance and productivity. This results in certain ways of configuring the student subject with SEN, under parameters of “ability” and “normality”, assuming a priori, expectations, and forecasts about their educational processes. (Matus Cánova & Haya Molina, 2015).

In Chile, this process of diagnosis and intervention is in charge of multidisciplinary teams hired by the schools, in which OTs participate. These have been progressively incorporated into the educational system for several decades, initially through special schools and later, from 2000 through the SIP (Araya Orellana et al., 2006). As in other countries, OTs who work in school contexts must frame their work according to the regulations and laws established in each country (Bazyk & Case-Smith, 2010), with the biomedical approach being an axial element of the professional practice in the Chilean case (Chile, 2013; Apablaza, 2018).

In the competent professionals to carry out the diagnostic evaluation, the OTs are not considered; however, the Technical Guidelines for the Implementation of Decree 170 (Chile, 2010b, 2013) include the occupational therapist as an actor who supports inclusive educational processes.

Regarding the role of the occupational therapist in education, the WFOT (World Federation of Occupational Therapists) recognizes the profession within this field, indicating that “[...] occupational therapy (here in after OT) is a profession that strives to enable individuals to achieve their potential, develop the meaning of life and advocate for the achievement of skills” (World Federation of Occupational Therapists, 2008).

Also, the College of OT in Chile and the universities that teach the degree, have recognized the importance of OT in the educational field. At first, this field was restricted to special schools. Then, with the entry into force of the Inclusion Law for Persons with Disabilities (Chile, 2010a) and the creation of the SIPs, the OT college and universities incorporated the educational field as a professional field (Araya Orellana et al., 2006). Today, all universities, in their study plans, consider school inclusion as part of their professional fields. However, most of them include mainstream school inclusion discourses, over and above the critical view of the knowledge.

In the scientific literature, the OT and education interrelation has focused on describing the work and role of OTs in the school context from a perspective focused on technical rationality. That is, most of the research focuses on the technical and functional nature of disciplinary work. Specifically, research has been interested in characterizing the population to which professional actions are directed (Araya Orellana et al., 2006; Ángulo & Arenas, 2016), in the theoretical foundations that support practices in educational contexts (Guerra, 2015; Véliz & Uribe-Echeverría, 2009), in the intervention strategies implemented (Gimeno et al., 2009; Nabiço et al., 2016), in the proposed objectives (Cardozo, 2014; Costa da Rosa et al., 2014; Villagra, 2019), in the role that corresponds to the discipline regarding inclusive practices in school environments (Pires et al., 2018) and in collaborative work with the actors of the school context (Villeneuve & Hutchinson, 2012; Benson et al., 2016).

Although this evidence constitutes a valuable contribution to the discipline, it is necessary to deepen from a reflective and critical approach, regarding the assumptions that guide these practices and the effects they have, both for the intervention subjects and the school contexts; in the understanding that the practices respond to regimes of knowledge and therefore constitute forms of exercising power (Foucault, 2002).

Thus, from a critical perspective, some investigations have recently been developed. Prado (2018) analyzes OT in education from different categories, emphasizing disciplinary practice, specifically regarding certain considerations and opportunities for its development, both in Brazil and in the world. Among them, he points out the importance of considering the political-historical conditions of the country, since, from there, the foundations of the school institution are projected and it is also from where the sources of social exclusion can be generated. Therefore, he highlights the importance of analyzing student problems, considering the context and political structures in a situated way to develop inclusion strategies through collective empowerment.

On the other hand, Apablaza (2018), analyzes from an occupational justice framework and governmentality studies, Chilean inclusion policies. On one hand, their results reveal that the rationale for the government that underlies inclusion policies focuses on the calculation of economic resources and accountability. On the other hand, he exposes situations of marginalization and occupational apartheid that show the scant questioning about the discourses of normality and difference, which circulate in the educational context.

Consequently, and under a critical eye, this research focuses on tracking the effects of clinical diagnosis on OT practices performed in school contexts. Specifically, in this research, we question disciplinary practices regarding how does the diagnosis influence OT practices? In this way, we will problematize how OTs use diagnosis, its relevance in therapeutic intervention, and how it circulates within school contexts.

The importance of exploring the influence of diagnosis on disciplinary practices is related to adopting a critical view of one's work, since, if we think of OT as a discipline that seeks to generate a transforming action (Whalley Hammell, 2015), we must be capable of problematizing how our practices produce and reproduce ways of thinking the intervention subjects and subsequently, the effects in the different contexts in which they are immersed.

For Foucault (2003), diagnosis is one of the most significant technologies in biomedical sciences<sup>1</sup>. This functions as a category of intellection, not only of the diseased body, but also of behavior today and, therefore, constitutes regimes of knowledge-power and subjectivation. In this way, the biomedical analysis regarding conduct, behavior, and the human body responds to a set of rules or criteria, previously established as forms of truth. Thus, the diagnosis becomes relevant in the educational context, functioning as government technology (Apablaza, 2017), that is, as a strategy for demarcation and differentiation of the student population, under criteria of health and disease, and that aim to identify the population that deviates from certain performance and behavior parameters, and then intervenes and redirects it.

Thus, considering the relevance of clinical diagnosis in the Chilean school environment and the growing incorporation of OT into the school context, we are interested in analyzing how these power relationships manifest in the professional practice of OTs. For our purpose, we have organized the article into three sections. Initially, we will expose the research design and methodology. Later, we will present the results and their discussion. Finally, we conclude with the projections and disciplinary challenges that derive from our research.

## Methodology

### Research design and analysis methodology

This research is framed within the qualitative paradigm, whose assumptions, according to Denzin & Lincoln (2012), focus on assuming reality as a process of social construction, recognizing the implication between the researcher and the phenomenon of study and assessing the character situated of the context in which it is investigated, factors that as a whole influence the production of knowledge that results from our research. The importance of following this framework lies in problematizing certain regimes of knowledge that, given their stability over time, have been assumed as natural and stable truths and, therefore, without the possibility of questioning.

Based on the studies of governmentality and the idea of the device proposed by Michel Foucault, we analyze the rationales that sustain the practices, strategies, and driving mechanisms that operate as technologies of government within the school

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<sup>1</sup> For the purposes of this research, we assume the diagnosis under the notion of device, proposed by Michel Foucault (1992), that is, as a heterogeneous network that includes discourses, institutions, systems of rules, knowledge, architectural facilities, laws, what has been said and the unsaid (Castro, 2018) and whose central property is the relationship established between its elements, rather than the elements themselves, to respond to an event or urgency, that is, it has a strategic function. In this line, clinical diagnosis applied to the school context constitutes a heterogeneous network composed of laws, decrees, regulations, technical guidelines, subjects (both professionals, students and families), virtual platforms, biomedical knowledge and 'psi' knowledge, certifications, assessment instruments, professional practices, among other elements.

context. The notion of governmentality refers to the mentality of government understood as a specific form of conduction (Foucault, 2006). It would be about the various tactics and strategies that in an articulated and calculated way, institutions and actors, including the State, seek to direct the conduct of the individuals, towards a previously established end (Baez, 2014, p. 6). This form of government requires particular rationality, a logic based on the calculation of the way to drive towards certain behaviors, where its novelty would be given by the mentality that it installs in individuals, through the use of certain logics (technologies), turning them into individuals of self-government (Baez, 2014; Lemke, 2011; Rose, 1990, 1998, 2007). Therefore, the exercise of power would be given by the 'conduct of conducts' under a specific administration of possibilities (Foucault, 2008; Lemke, 2011).

On the other hand, the articulation between power and subjectivation is understood as a continuum, in which the technologies of the self and in our case, the 'psi' technologies where the clinical diagnosis is situated, are considered as the new tool that neoliberal governments, such as the Chilean, put into action to ensure the leadership of individuals. The idea of the technology proposed by Foucault (2008) refers to that set of practices and artifacts structured from practical rationality and that have a more or less conscious objective (Rose, 1996 apud Hall & Du Gay, 2011). In other words, it produces modes of existence since its effective management would be given by the application of certain strategies, elaborated based on a calculation system that guides its choice (Castro-Gómez, 2010). Specifically, "Technologies are hybrid assemblages of knowledge, instruments, people, judgment systems, buildings and spaces, underpinned in the programmatic plan by certain prior assumptions about human beings and by goals for them" (Rose, 1996 apud Hall & Du Gay, 2011, p. 221).

Likewise, the idea of the device forms a heterogeneous set of a network whose power is focused on the nature of the relationships established between the elements that make it up, its strategic operation, and its ability to adjust and respond to an event or emergency, are the key analytical elements that guide the treatment of the research material prepared.

In this line, the clinical diagnosis makes up our study device, whose way of functioning and circulation generates an interesting singularity to examine in the school context and specifically, configures, elaborates, and deploys, that is agency certain practices in the OT who work on the school grounds.

### **Corpus of analysis and participants**

The corpus of analysis was prepared based on current regulations related to diagnosis in school contexts, Decree 170 and Decree 83 (Chile, 2010b, 2015b), and the application of semi-structured individual interviews, recorded through audio recording and later transcribed. Since our interest was to track the uses and importance of clinical diagnosis, the topics of the interview focused on the professional trajectory, the relevance of the legal regulations in the practices, the techniques and therapeutic approaches used, and the characterization of the intervention subjects.

The criteria for the selection of the participants were: OTs with at least one year of professional experience in the educational field, who work in schools of municipal dependency or subsidized by the State, located between the X region of Los Lagos and

XIV region of Los Ríos in Chile. These criteria were established to decentralize academic research and build knowledge from other territories; considering also that our research aims to deepen the analysis of the phenomenon, over generating generalizable and comparative results.

For the selection of participants, we used the avalanche methodology, which according to Salamanca & Martín-Crespo (2007), consists of the informants recommending other participants, generating a chain of contacts between researchers and participants. Also, the invitation was extended to different OT networks in the south, a database of graduates from regional universities, and direct contact with professionals.

Finally, we interviewed ten female OTs, who work in schools located in the cities of Valdivia, San José, Río Bueno, Osorno, Puerto Montt, and Ancud. The schools in which they work are municipal and private subsidized. Only one occupational therapist works in a rural school, while the other professionals work in an urban context. Regarding the interviewees, they are graduates of different universities and work in the respective SIPs with a professional career between one and seven years.

All the participants voluntarily agreed to be part of this research, after reading and signing the informed consent form, which was intended to inform about the research and safeguard the confidentiality and voluntariness of those who participate in the research. Since it is a non-vulnerable population, according to Laws 25,585 and 20,120 of Chile, it is not necessary to submit this documentation to an institutional scientific ethical committee evaluation.

## Results

### Decree 170: who governs whom?

As we pointed out previously, current regulations are one of the elements of the device that positions diagnosis as a central requirement within the educational context. Therefore, tracking the effect of clinical diagnosis in the practice of OT forces us to analyze the link between the regulations and the work of professionals.

As the importance of the regulations for the interviewees, they state that in general, it is not something that determines their actions, since the role of the OT is not specified in the regulations, so they do not see their practices subject to this, but rather, as a space of greater freedom. This can be seen reflected in the following quote:

*[...] the role of the occupational therapist is not established or determined in the laws, so you play your role (Therapist 2).*

In contrast to this, the law, embodied in Decree 170 (Chile, 2010b), takes on a preponderant and reiterative role within the discourse of professionals.

*[...] I would love for the decrees to include the work of the OT, because it doesn't appear anywhere, [...] when I just started working, it was complicated because I was very adrift, very lost, asking for help from other colleagues from other schools (Therapist 3).*



Within the regulations, all the actions that other professionals such as a psychologist, speech-language pathologist, differential educator, and doctor with their respective specialties must carry out are described, except OT. The requirements or goals to be achieved and the evaluation instruments to be used are carefully highlighted. This is evidenced in the following extract from Decree 170 (Chile, 2010b):

These regulations regulate the requirements, instruments, diagnostic tests, and the profile of the competent professionals who must apply them to identify students with Special Educational Needs and therefore the benefit of the State subsidy for special education.

Therefore, each professional mentioned in the Decree must comply with certain commitments or goals related to specific evaluation processes, several hours of attention according to the type of SEN, quotas of students with SEN per room, work objectives, attendance, preparation of reports, a compilation of documents and updating of the virtual platform, within established periods (Ministerio de Educación de Chile, 2013). In this sense, the law undoubtedly has the authority to guide the practices of professionals, in coherence with management logic based on accountability.

Referring to the technologies proposed by Foucault (1992), the decree governs the conduct of professionals from a distance, causing them to constantly review their practices to see if they conform or not to the goals that are requested of them since in addition, their results are conditioned to the delivery of economic resources and if they do not comply with the provisions of the regulations, they risk losing state funding, a situation that would harm diagnosed students, who would no longer receive specialized support.

Along these lines, Foucault (2009) points out that the effectiveness of the forms of government that characterize neoliberal societies - unlike disciplinary governments - is that they point to individual subjectivity, that is, self-government, rather than the body. In other words, the power of the government mentality, in this case of neoliberal states, is given by the ability to guide the behavior of individuals, maintaining the maximum possible freedom (Foucault, 2006). This is evidenced in the close relationship established between the regulation and OT practice. Although the OTs do not have a defined role in Decree 170, they are involved in a work team and a program that requires them to meet goals and that, although their actions are not described, they must adjust their practices in contribution to team objectives. For instance:

*There is a lot of bureaucracy [...] paperwork, legal terms that we have to comply with because there is a subsidy, an associated payment [...] one is trapped (Therapist 10).*

One of how the mentality of the central government makes effective the way of leading the practices of professionals towards certain ends is to condition the delivery of economic resources to certain actions that each school must implement. In this sense, the economic criterion is superimposed on the safeguarding of the right to quality education for all students, leaving the individuals of school inclusion subject to compliance with bureaucratic requirements and control of resources. In effect, the way

to access state resources is through the categorization of students based on clinical diagnoses that have been listed and described in the regulations. This is reflected in the following extract from the Law:

Beneficiaries of the temporary special educational needs subsidy will be those who, under a diagnosis made by a competent professional, under the rules of this regulation, present some of the following deficits or disabilities... [continues to list all transitory SEN] (Chile, 2010b).

This is problematic when determining the type of student who will be subject to inclusion, since, on one hand, the Decree only considers a clinical diagnosis, based on health and disease criteria, as a requirement, and therefore leaves a space of exclusion, to those students who require specialized support due to other factors, such as migration. Specifically, the Chilean school inclusion regulations do not consider as SEN the situation of foreign students who do not master the Spanish language (Haitian, Palestinian, Chinese students, to name a few), or the impact that cultural and educational change produces on their school performance.

On the other hand, the use of the diagnosis constitutes the final element that determines the entry of a type of student to the SIP and therefore accesses to the provision of the necessary resources for their education, leaving aside other students who likewise require support, such as the case of migrant students and the effects that such uprooting produces in the processes of occupational adaptation, in the relationship with their peers, in the sense of belonging to a new culture, etc. It also determines in a centralized way (without considering the context of each school) who are the ideal professionals to give each diagnosis to a type of student determined arbitrarily and under criteria established a priori.

As Foucault (2002) points out, through the law, the diagnosis would operate as a hegemonic discursive practice that organizes, orders, commands, and determines bodies since the student subject to inclusion and the professional mandated to carry out the diagnosis will be reduced to a biomedical or 'psi'<sup>2</sup> category, either who carries the label (as a student) or who exercises the function of labeling (the professional).

### **Protagonism of diagnosis in practice**

Diagnosis, as a device, circulates among the practices of the OT occupying different positions that cross discourses and intermingle rationalities oriented to an inclusive transformative action and at the same time focused on categorizing biomedical knowledge, which ends up essentializing the inclusion subjects that they try to represent.

In a transformative sense, the interviewees initially declared that the clinical diagnosis has no relevance within their practices since it is not necessary to define or guide their interventions, considering it as something merely bureaucratic. When describing the role of OT in school contexts from a general perspective, the professionals refer to

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<sup>2</sup> In relation to 'psi' practices, we take Rose's proposal (1998) who refers to 'psi' as the set of knowledge produced by the psychological and psychiatric sciences and its effects on the practices that they interweave and sustain and on the processes of subjectivation that they produce in their framework. Thinking education in a 'psi' key is a way of thinking of the subject, whether students and their families, as an object of study, diagnosis, and intervention by disciplinary knowledge from the social and medical sciences, especially from the field of psychology and psychiatry (Arensburg & Birth, 2002).

inclusion from a broad perspective and characterize the problems by their effects on occupational participation and not by the diagnosis.

*For me, the diagnosis is something purely bureaucratic because I feel that from our discipline it is not necessary to have a diagnosis at all to intervene [...] but, if the child does not have a diagnosis, they cannot get on the platform [and does not enter the SIP] (Therapist 9).*

*[...] our focus is not much on the diagnosis, so rather than focusing on or turning the technicalities of the pathology further, we focus more than anything on the performance of the students and their needs (Therapist 4).*

When specifying their lines of intervention and work objectives, that is, talking about their daily work and no longer from a general perspective, the professionals cross the diagnosis between speeches, whose focus of interest is centered on the needs of each student and the performance difficulties they present in the school context. Therefore, the discourse changes, maintaining that the diagnosis does influence; however, they internalize it as a tool that allows establishing intervention and work guidelines, along with guiding the approach of therapeutic objectives. Seen this way, the diagnosis would operate in OT practices, through elusive uses.

*[about the diagnosis] they are certain characteristics or a set of characteristics or indicators [...]. The diagnosis would not limit, but what it can do is guide the intervention, to contextualize one based on what needs are roughly detected and also a vision for the future about the projections that we have with that child, the expectations that can also generate (Therapist 10).*

Even when the discourse of the OT focuses on inclusion as the guiding principle of their professional work, the clinical diagnosis as a unitary category and focused on the deficit, taking a center stage in a transversal way, being used to name students and establish entry criteria for the OT area. In this sense, using the diagnosis as a condition for providing OT services in the school context is based on the need to delimit the population that requires care, in the absence of requirements established in current regulations. Therefore, the disciplinary absence in the regulations, even when it is interpreted as a vacuum that grants greater possibilities, the government mentality becomes effective such as the OTs that reproduce and internalize in their practices, ties, and restraints that the law does not contemplate, unlike psychologists and speech-language therapists whose practices are carefully established and delimited in the law.

*[...] in general, my attention list is almost pure permanent children, they are a few transitory ones and within the transitory ones are, for example, intellectual disability, borderline students or attention deficit (Therapist 6).*

*There are ASD [autist spectrum disorder] children who are high functioning, who are all in a course... which is the award-winning course (Therapist 3).*

*[...] many come from very vulnerable sectors, terms are still used, I have heard it myself, the children say 'why are these children in this room, they are sick', the common vocabulary 'he is stupid, that's why it costs', terms that deep down you can associate them with a diagnosis (Therapist 7).*

Although the participants recognize that the diagnosis stigmatizes, in a daily and naturalized way they use it to name the subjects of intervention. Thus, we see how the diagnosis takes center stage and acts in a performative sense. That is to say, the recursive circulation of the diagnosis in the discourse of the OT when referring to its users, ends up manufacturing types of students whose subjectivity is reduced to the diagnostic label.

### **The risks of a vague identity**

The absence of the regulations added to a diffuse professional identity (Turner & Knight, 2015; Mackey, 2007), generates discomfort among the OTs who work in the school context. Most of the interviewees agree that by not participating in the diagnostic process, nor stipulating the role of the OTs in the regulations, these are conditions that are internalized as a devaluation of the discipline, in whose response various practices are deployed to validate their role vis-à-vis other professionals, especially teachers. This situation, intensified by the lack of knowledge that still exists among professional teams regarding the discipline and its own vague identity (Turner & Knight, 2015), strongly challenges the disciplinary professional identity, especially when carrying out therapeutic interventions and be linked with classroom teachers, since teachers are reluctant concerning the work carried out by OTs in the educational context, as shown in the following interviewees:

*It has both sides, the positive side is that you can mold yourself to your style of work, but the negative side is that your diagnosis, your elements, the characteristics that you notice do not assimilate, it is not something that is considered, and this takes away the validity of the career and the professional (Therapist 1).*

*[About the teacher] The fact that the child is removed from the classroom is not that he is going to learn something else, it is not that he is going to develop other skills, but that you interrupt his class and that the child is going to play in my room and that is another difficulty [...] so there you have to be validating yourself (Therapist 2).*

*Within my diagnoses, I work on them myself, because I still try to explain to the teachers, but the teachers are super reluctant to what one says to them if I don't walk around in a white coat and with a stethoscope, I think that they don't get it (Therapist 8).*

In response to the interpellation of professional identity, the OTs resort to biomedical discourses and especially to diagnosis, as a validation strategy in front of other professionals. This practical use of diagnosis for trade union purposes is effective in the school context. On one hand, to the status of authority enjoyed by biomedical knowledge over pedagogical knowledge and, on the other hand, due to the objective

rationality that sustains the diagnosis in their categorization of behaviors that deviate from the norm.

Foucault (1992), already anticipated that the use of diagnosis gains power in schools in a performative sense, that is, as they name, identify and objectify individuals, and then intervene and remedy them. Therefore, those school needs that are not categorized under the diagnostic label will not be considered for the delivery of supports. In this way, OTs take refuge in clinical diagnosis to validate disciplinary practice.

This effect of the diagnosis on professional identity is problematic since its use for union purposes focuses the attention of the subject that it claims to represent, both in the inclusion policy and in the guiding principles of the discipline. Even though we agree that the response displayed by the OTs is not isolated or disconnected from the historical tradition of the OT.

## Discussion

In this article, we have described and analyzed the functioning of clinical diagnosis and its effects on OTs practices performed in school contexts. From the idea of the device, we trace and problematize the relationships that the diagnosis intertwines with the regulations, the function of subjectivation not only towards students but also of the OTs themselves, the effects it generates in the forms of disciplinary intervention, and finally the uses that it has on the professional identity, especially in the validation of the professional role.

An element that we find interesting to analyze and stress is the appropriation and internalization of biomedical language and 'psi' through diagnosis as a form of validation of professional identity. Throughout the study, we observed that for the OTs, it has been a great challenge to join the educational space, both due to the constant need for validation and the continued ignorance of the role played by the discipline and that very few educational actors manage to visualize it as a need. This imperative of validation intermingles with a diffuse and hybrid identity typical of OT.

In this inter game, a blurred area is revealed, not very clear where OTs deploy our practices; a situation that, in our opinion, allows a greater scope of action than a restriction or limitation of professional practice. On the one hand, this diffuse space provides conditions of possibilities with a broad field of action greater in comparison with other professions, but in turn, makes it difficult for other professionals in the educational field to be able to visualize the role of OT and its contribution in work teams.

Clough (2019) in his interest in exploring the decisions and forms of intervention that American OTs put into practice in school contexts, shows that the interventions are characterized by using traditional disciplinary models, focused on the development of skills, over the occupation-centered practice.

On one hand, our findings coincide in identifying the ignorance of other professionals about the role of OTs, as one of the central factors that impact the type of intervention that takes place in educational contexts. However, our results differ in the prominence acquired by biomedical diagnosis and 'psi' in the practice of OTs in the Chilean context. We should highlight that one of the differences between the Chilean and the US regulations is that the role of OTs in the US has been specified and strongly

regulated for several decades. Examples of this are the IDEA (Individual with Disabilities Education Act), ADA (Americans with Disabilities Act,) and article 504 of the Rehabilitation Law that includes OTs (Swinth, 2016).

We could reaffirm that the appropriation and use of clinical diagnosis are due to the absence of the role in the legal regulations, this loses force when comparing our results with the research of Clough (2019). Regardless of whether the role of OTs is legally regulated, the need for disciplinary validation remains in both contexts. Therefore, we can conclude that the need for professional validation is a factor that influences the types of approaches and how the discipline is exercised in educational contexts, generating, on the one hand, a practice focused on the development of skills and abilities and the other hand, a practice focused on biomedical and 'psi' knowledge, both far from contemporary disciplinary frameworks, where the focus on occupation or inclusion is key.

Therefore, when comparing our results with the literature, it leads us to infer that the appropriation of clinical diagnosis in the practice of OTs in Chilean school contexts, responds more to the use of the device as an exercise of power to be validated among professionals from different areas, more than to a technical foundation centered on the users they claim to represent, which brings with it effects that in our opinion need to be problematized.

One of the effects is related to the intervention subjects and the forms of subjectivation that generate professional decisions regarding the use of the diagnosis. Baker (2002) warns us that the diagnosis assumes the condition of a "disease" in the school child, since the label, in this case, linked to disability or SEN, is configured from the absence or deficit of certain skills required for successful performance in the school environment.

Linked to existing regulations, laws or decrees not only structure practices but also shape the behavior of what is expected and what is not expected in a student, which is why professionals must always consider the power that speech -in both practical-generated within the intervention spaces. We agree with Baker (2002), who argues that the new disability nomenclatures are not only ways of talking about children and adults, they represent what Franklin (1994) has argued, as a change in the moralization of the disability to the medicalization of disability.

On the other hand, Clough (2019) alerts us to the impact that using biomedical language in school contexts has on our discipline, warning that the risk is that other professions reduce discipline to treatment and skill development and do not recognize the potential of our work on occupation and inclusion processes.

In this sense, although we recognize the role that OT has positioned in Chilean educational contexts, we believe it is necessary to face new challenges and position our practices in school contexts based on intervention frameworks focused on occupation and social transformation (Turner & Knight, 2015; Mackey, 2007; Wilding & Whiteford, 2008). Therefore, it seems necessary to distance ourselves from a practice focused on knowledge that reduces the individual to a diagnosis and rather occupies that gap or space of flight, as a field of action whose novelty makes inclusive school environments possible.

Thus, we highlight the importance of responsibly assuming the use of clinical discourse and being critical about it, since it implies a series of forms of power that

influence subjects, being able to determine, differentiate, marginalize, and even exclude them. Also, it seems relevant to us that our practices in school contexts stress the use of diagnosis, as a technology that allows access to professional services since, at the same time, it categorizes and segregates them in their contexts of participation. For this reason, professionals must be careful with how we name and understand our subjects of intervention, so as not to continue reproducing practices and languages that promote forms of marginalization and exclusion.

Finally, we reiterate the conditions of possibility that OTs have in the educational context, since that hybrid, confusing, and often uncomfortable identity, precisely seems to us a virtuous attribute to exercise other forms of transformation or resistance. Therefore, the call is not to get caught up in the traditional ways of understanding the other, not to reproduce practices that reduce students to a diagnostic category. In the words of Kumashiro (2000), generate critical practices that transform not only the possibilities of “others” but also destabilize oppressively or marginalizing ways of exercising power.

### **Final considerations**

To contribute to the field covered by OTs in educational contexts and to decentralize our clinical diagnosis practices, we believe it is pertinent to refer to the scope of our research and also delineate new possibilities for future research.

Our research focused on the OT speeches. In this sense, we believe it is necessary to analyze other materialities of discourse, such as observations of therapeutic interventions, review of evaluation instruments used, intervention records, among others, which could provide significant data regarding the criteria used by professionals.

On the other hand, it is interesting to know the teachers' perception regarding the influence of clinical diagnosis on their practices in the classroom, visualizing how these impact the inclusion processes and what the contribution of the OTs may be in this area.

Therefore, there is a question open to this investigation. If OT were validated within the school space, with a defined role and with the approval of the professionals, would action be expected from the occupational and pedagogical aspects, detaching from the clinical, or will this discourse always prevail for the professionals, as a form of understanding their intervention subjects?

From a critical perspective, we propose to reorient our practices towards the philosophical bases that underpin our discipline. Specifically, we propose to focus the actions of the OTs who work in school contexts, in promoting more democratic school spaces, based on the perspective of rights and occupational participation. For this, we suggest decentralizing the interventions on the individual subject with SEN and their abilities, and to generate actions on the school culture, by facilitating spaces for reflection that challenge and analyze the practices of those who make up the school community and empower families and students to generate and occupy spaces for meaningful participation within their school contexts.

Finally, a call is made to universities to incorporate into their study plans, critical perspectives on school inclusion since if a training focused exclusively on biomedical

approaches persists, there is little possibility that future OTs will develop practices that favor real processes of school inclusion.

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