

THE HOLOPHRASTIC SPEECH OF A TEENAGER: A CASE REPORT

A fala holofrásica de uma adolescente: relato de caso

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ABSTRACT

This case report aimed at clinical and theoretical issues about the holophrastic speech of a teenager. Its objective is to investigate the structure and function of this holophrastic speech on speech and language clinic. The speech data of this teenager were extracted from clinical material of therapy sessions and the theoretical model of multi layering of the language symptoms has subsidized its analysis. In particular, we observed the raising, by the speech therapist, of the metaprocedure of the sanction in their impact on the recognition or denial of the subject and the significant, coupled with listening to the speech of the teenager. The holophrastic speech had its enigmatic specificity questioned from the uniqueness of the clinical material, whether in the literalness of the data, or by listening to the sound and amorphous mass that constitutes it. The results support the hypothesis that the holophrastic speech would be a language symptom constituted by the agglutination of unintelligible segments that are presented as sonorous and amorphous mass formed by a mixing of significant, heard as distorted, soldered or without pause between them. Despite its functional and structural specificity, holophrastic speech has its own functioning subjected to the proper order of language, in articulation to the individual event of the speech of the subject.

KEYWORDS: Case Study; Language Therapy; Speech Language and Hearing Sciences

■ INTRODUCTION

The speech function of a mentally challenged teenager has become the subject of this case study when the analysis of her speech showed the prevalence and overlap of the metonymic pole over the metaphorical pole, even though both poles were in their own way, present in the teenager speech. A brief look at the literature, allowed us to identify and name this peculiarity, hence the term holophrase. Another aspect observed in this material relates to the speech of this teenager in the dialogical logic, since the link between the utterances produced by her and those produced by the speech therapist was not visible, which pointed out an apparent inefficiency in the organization of the dialogical pair. A third feature was the presence of fragments that showed repetitions in the other's speech, as in: "cê tá rindo?" (Are ya laughing?); "cê quer fazer xixi?" (Do ya want to pee?); "cê quer beber água?" (Do

ya want to drink water?), "que música que é esse?" (What music is this?). The other's speech because it presents itself in the third person singular, with marked vocal intonation characterized by the interrogative, alternating the speech rate, at times increasing or decreasing, but without distortion, and accompanied by laughter, screams, whispers and murmurs, alternating with the body swings and hand movements.

It is noteworthy that the observations arising from the analysis of the clinical material of this child speech led us to consult the literature in order to deepen our understanding of the phenomenon known as *holophrase*. Therefore, this article will address the clinical case of Melina, an adolescent girl whose speech structure and functioning challenge us.

As a starting point, it is necessary to use a theoretical model to answer the following questions:

- (1) Would the holophrastic speech be Melina's speech repetition, the other's speech, or even Melina's own speech plus the other's?
- (2) What would the operation of the metaphoric and metonymic processes in Melina's holophrastic speech look like?

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- (3) How would the holophrastic speech make sense (or not) as it relates to the other?

To accomplish this, the dialogue between the speech therapist and Lacanian psychoanalysis is useful, because the latter sees *holophrase* as an impediment to the function of the signifier in representing the subject to another signifier in the speech chain and be constituted in and by language¹. In this sense, *holophrase*, when it manifests itself in the clinical field, either by condensation, agglutination or non-displacement of the signifier in the speech chain, it opens up the possibility of asserting that it is up to the speech therapist at the speech clinic, to sanction the emergence of any symptom of speech in order to make it something distinctive and a part of the therapeutic speech dimension.

To better understanding of what would be 'to sanction', or rather sanctioning as a therapeutic act, read the article² in which the authors affirm that the sanction or the establishment of laws among the speakers, is marked when it validates or recognizes "a speech act, a discursive production, or formation of language"², (p. 24). These laws are valid on the axis of speech, language, writing, metaphor, metonymy, and of the subject, and are the key points to consolidate the structure and functioning of the theoretical model of multi-stratification of language symptoms.

As far as the axis are concerned, another author points out that the axis of **writing** is characterized by the primacy of the trace and characterized by the alienation of the speaker to the metonymic fragments of the other, in which he has his body language seen by the other. The axis of the **language** is manifested by the primacy of the linguistic code in a way that involves the subject alienating and separating himself from the other's speech because it "operates in the overlap between the division of the subject and the signifier"², (p.19/20). The axis of **speech** would be determined by the primacy of the signifier, which involves the dialectics between speaker and listener and is characterized by the occurrence of redefinitions proportioned by the sanction of recognition, be it in the subject, or in the signifier². The sanction operation conducted by the hearing and speech therapist under such axis of language "would represent a differential perspective on the symptom of language and speech"² (p. 07), since the sanction would aid in the reflection of what is prescribed and permitted by language and that which is manifested in speech.

There are three different strategies used to sanction or inscribe a speech symptom - translation, transcription and transliteration - which are responsible for the inclusion of the symptom in speech, for the function of authorship, for the subject effect,

and for the enunciative position. The translation strategy would be when the symptom occurs by the passage of one signifier to another, maintaining the same meaning, for example, when the speaker says "*manana*" instead of "*banana*". This strategy seeks to stabilize the relationship between concept and referent.

The axis that would represent the translational sanction would be speech because changes in speech could manifest themselves when the speech therapist interrogates it and finds it strange, since the subject with speech symptoms could hear the language, but not the speech of the other or their own speech and vice versa, because there would be a peculiar relationship between language and the functioning of the individual event of that speech².

In transcription strategy reference is made to the transfer from a language system to another system of signs: verbal, acoustic, visual and mnemonic. Therefore, the transcriptional sanction presents a difference operating in the language axis². Making use of this strategy the speech therapist could operate so as not to translate the speech of the person who says "*pato*" instead of "*prato*" (plate). Thus, the therapist can operate by using the sanction of strangeness of the signifier "*pato*" when conducting interrogations involving placing that signifier in another text, different from the one the child manifested by his language. In other words, it would be up to the speech therapist to sanction instead of the language, so that the subject will change, combining and replacing linguistic elements. Starting from the subject's relation to the language, the speech therapist could work in a dialectic game between what does not make sense with what might make sense in the subject's syntax chain.

Finally, the strategy of transliteration is characterized by the change of one writing system to another. It should be emphasized that the writing mentioned here is not the one done on paper, but one that would be composed of identity, blotting, erasure, and continuity, and that is prior to the emergence of the signifier because it would be inscribed in the body².

Another author⁴ describes in his article that the transliteration operation is permitted in speech therapy practice when it changes "gestures in signifiers that will allow the arrival of the demand (in the presence or absence of speech) to the other." The effects of this type of sanction would enable the transition between two systems; for example, the subject inserts himself in the symbolic and begins talking about a particular object without the object being present. In this case, there is authorial function presentification as a result from the effects of the language axes.

The sanction metaprocedure, besides the strategies presented above, operates on the axes of language - language, speech, and writing. Understanding the operation of these axes would assist the investigation of the onset of speech symptoms because it would indicate where the structural problem is located. This structural problem would make reference both to the metaprocedure of sanction between one speech axis and another, and to the recognition between the subject and speech, to the subjective position of this subject in dialectics and listening to their own speech in the language².

In this way the speech therapist could hypothesize the presence of the symptom of language in a certain axis, be it writing, language, or even speech. If the structural problem manifests itself in the axes of speech and language, the speech therapist would intervene clinically on the writing axis in order to make displacements on these axes².

It is true that the emergence of the speech symptom is told by the clinical and symbolic history originating from the subject's imaginary about his/her own speech, and especially of how he/she is spoken of by others and how he/she relates to language and speech.

■ CASE PRESENTATION

This research was conducted within ethical principles and followed the established norm for research involving human beings, as postulated by the Ethics and Research Committee at PUC/SP, which follows the ethical principles established by the Comissão Nacional de Ética em Pesquisa - CONEP (National Commission for Ethics in Research).

Melina's parents signed a free consent form after being informed about the origin of the research, as well as the confidentiality of the identity of their daughter's protection.

Data collection

Speech therapy sessions were audio and video taped, and transcribed in normal spelling form, according to the standards proposed by the Banco de Dados Fala e Escrita (Writing and Speech Database). In the transcripts, Melina is identified by a capital letter (**M**), the speech therapist by (**F**), and (**F1**) indicates who filmed. For this account some episodes of Melina's speech will be used. Analysis of Melina's speech episodes was based on the theoretical model of organization of speech symptoms to observe displacements or subjective crystallizations due to the effects of the therapist's speech on Melina's speech and vice versa.

Language episodes: analysis and discussion

During the data analysis we intend to focus on episodes of Melina's speech to discuss its structure and function, as well as Melina's individual speech events.

Before presenting the data from the clinical material, it is worth emphasizing that the literalness of Melina's speech episodes allows us to show the reader the movements on the language axes of this adolescent subject, as to the strati of language, speech and writing. However, this literalness, in and of itself, would not be sufficient to describe the peculiarities regarding the quality of this speech, which brings with it aspects of distortion, strangeness, enigma, interrogation and lack of understanding by the speech therapist during the clinical episodes. According to this reasoning, sticking blindly to the literalness of the clinical data leaves destitute that which is amorphous in the sonorous mass, at times non-interrogative, and at times unquestionable, and would therefore remain unconsidered if the amorphous data were simply marked by the symbol (SI) – non-analyzable data. In this way, the statute of unintelligible segment would not be questioned and any possibility of language would be discarded, when it is removed from the clinical interpretation in the dialogic logic game.

Therefore, how does one turn the opacity that causes the enigma in the unintelligible segment (SI) into something that could contribute to a possible reading on holophrastic speech in speech therapy clinic?

Listening to the amorphous mass in the speech chain led to *encadear*, *encandear*, *incandescer* and *encandeiar* in the holophrastic speech "na luz de candeia pra nunca se apagar" (in the lantern light to never be extinguished). Below follows the first clinical episode, which will serve as an example of Melina's holophrastic speech in this "luz(SI) de candeia pra nunca se apagar".

■ RESULTS

First Episode:

The fragment was taken from a speech therapy session in which (**F**) and (**M**) participated in a game that involves stacking colored cups for the construction of a castle, in an alternating fashion in which the therapist stacks a cup and Melina stacks another. During this game, Melina starts a dialogue:

(...)

(23) M: Aavódenessi (increased and accelerated speech rate with distortion).

(24) F: A vó de quem? (Whose grandmother?)

(25) M: Avódenessi. (increased and accelerated speech rate with distortion).

(26) F: Não sei... não tô entendendo... O que você falou? (I don't know ... I didn't get it... What did you say?)

(27) M: Avódenessi? (increased and accelerated speech rate with distortion).

(28) F: Não entendi... ó... {vamos voltar prá cá. (I didn't understand it ... look ... {let's go back. ((referring to the playful activity)))}

(...)

(342) M: Apãdenessi. (increased and accelerated speech rate with distortion).

(...)

(354) M: Abenessi no banheiro (Abenessi in the bathroom (increased and accelerated speech rate with distortion).

Melina's lines, highlighted in bold, were transcribed initially as unintelligible segments (SI). Something sounded incompatible when the therapist was reading the transcripts of Melina's speech or listened to the recording of her speech without looking at what she had transcribed. For this reason, the recordings of Melina's speech were listened to again. This time it was observed that there was something of Melina behind the (SI), giving the impression of speech composed of noise, but capable of being heard, even in those segments that could appear to be a mistake of not being subjected to the language.

At first, the speech segments that were composed by noise and that gave them characteristics of non-analyzable data were destined to be deleted from the speech chain. Under closer analysis, listening to the recordings of Melina's speech made it possible for these segments to be analyzed and it was observed that they sounded distorted and appeared blended, which gave the impression that they lacked pauses between the segments that made up the chain of speech. Therefore, such unintelligible segments resurfaced as a possible place of the origin of the problem. This brings up the question of what the therapist should do when confronted with these segments. Should the unlearned remain under the erasure of the dialogical logic?

It is worth clarifying that the "unsaid" in speech, because of its aspect of unintelligibility and distortion is a place where the peculiarity of a person is manifested in language. Could this "unsaid", formed by amorphous sound mass that manifests itself in unintelligible segments be designated as holophrastic speech? And if so, could it be chosen as the place for the speech therapist to sanction

and recognize the possibility of the transformation of trace in signifier?

Thus, faced with speech with amorphous and/or sonorous mass aspect there is room for the incidence of speech sanction that moves the subject in dialogical logic - dialectical movement between the speaker and the listener.

Speech holophrastic should be taken not as a place of silencing and erasure, but as a place in which the speech therapist, in dialogical logic, would not pass up his/her turn or shut out the possibility in giving the speaking-subject a turn. To do so, it is worth noting that in some clinical situations, when the therapist did not seize the unintelligible segments, he/she remained paralyzed and would allow his/her turn to slip by in the dialogical logic because in denying Melina's unintelligible speech segments one denies the subject and the signifier.

Returning to episode 1:

(1) M: Avóetágritrando.

(Grandmotherisscreaming)

((M. speaks in low vocal intensity)).

(2) F: Olha que legal que tá ficando (Look how nice this is becoming)

((referring to the play cups)).

(3) M: Quem gritou? Avóetágritrando?

(Who screamed? Grandmotherscreaming?)

((M. speaks in low vocal intensity)).

(4) F: Não entendi o que você falou. (I didn't understand what you said)

(5) M: Avóetágritrando

(Grandmotherisscreaming)

((speaks in low vocal intensity)).

(6) F: Ahn? Você gritou? (Ahn? Did you scream?)

(7) M: ((she laughs))

(8) F: O que, Melina? (What, Melina?)

(9) M: Ela gostou? (Did she like it?)

(10) F: A avó? (Grandmother?)

(11) M: Ela gostou ... ela elagritrou:: (She liked it ... she shescreamed)

(12) F: Quem que gritou? (Who screamed?)

(13) M: A mãe. (The mother)

(14) F: A mãe de quem? (Whose mother?)

(15) M: ((Ri)) **pegou** ((ri novamente)) ((she laughs)) (took it)

((she laughs again)).

(16) F: Hein? (Huh?)

(17) M: Pegou de chinela ... pegou ... Cadê a vó? (Got with flip-flops ... got

...Where's grandma?) ((speaks in increased and accelerated speed)).

(18) F: Não sei ... Cadê a vó? (I don't know ... Where's grandma?)

(19) **M: De sus no cachorro** ((speaks in increased and accelerated speed)).

Ga(ve) sca(re) to dog (She gave the dog a scare)

(20) **F:** Oi? (What?)

(21) **M: Por que deu um susto?** (Why gave a scare?)

(22) **F:** Também não ... ó que bonito que tá ficando ... Você vai me ajudar a montar? (No... look how nice it's turning out...Aren't you going to help me make it?)

(23) **M: Aaavódenessi** (Grandmotherofnessi) ((increased and accelerated rate of speech with distortion. This statement was previously indicated by (S1))).

(24) **F:** A vó de quem? (Whose grandma?)

(25) **M: Avódenessi.** (Grandmotherofnessi) ((increased and accelerated rate of speech with distortion. This statement was previously indicated by (S1)))

(26) **F:** Não sei ... não tô entendendo ... O que você falou? (I don't know ... I'm not understanding ... What did you say?)

(27) **M: Avódenessi.** (Grandmotherofnessi) ((increased and accelerated rate of speech with distortion. This statement was previously indicated by (S1))).

(28) **F:** (Não entendi ... ó ... {vamos voltar pra cá. (I didn't understand it ... look! ... {let's go back) ((referring to the playful activity)).

In the statement (4) **F:** I didn't understand what you said; and the statement (26) **F:** I don't know ... I'm not understanding ... What did you say? the speech therapist, when denying Melina's unintelligible speech segments, closes the possibility of Melina's returning an inverted message, which can be respectively observed in (5) **M:** *Avóetagrítantro* and (27) **M:** *Avódenessi*? These two statements suffer the refractory effect of: (1) **M:** *Avóetagrítando* and (3) **M:** Who cried *Avóetae* of (23) **M:** *Aaavódenessi* and (25) **M:** *Avódenessi*. The repetition that is seen in these statements, during the speech chain, shows the refractory effect as deadlock for possible displacements in speech. Therefore, the clinical hypothesis that is resumed here presents the listening and recognition of unintelligible segments as a possible place for speech therapy management, which should be accomplished through the dialectic between recognition and negation of the subject and the signifier to support and sustain displacements in holophrastic speech.

It should be observed that (1) **M** opens the dialogical logic with a metonymic slippage, while in (2) **F** remains focused on the game that both are playing. In (3) **M** resumes the previous subject and

in (4) **F** introduces a sanction of denial but there is no displacement of **M** in (5). In (6) **F** introduces an interrogative sanction and directs the message to the subject and **M** in (7), returns the message by the trace of laughter. In (8) **F** maintains the interrogative sanction and **M** does not define the subject behind this message. **F** in (10) translates *avóeta* as *grandmother* and once again uses the interrogative sanction concerning **M**'s speech, but she remains under the influence of her own speech, without engaging in dialogical logic. The speech therapist attempts to resituate the subject and **M** replaces *grandmother*, which had been translated by the speech therapist as the signifier *mother*. And, from this point on, in (17), **M** opens the metonymic chain with the phrase "where's grandma?" Then, in statement (23), holophrastic speech from **M** appears where *avóeta* and/or *avoe* become *aaaavódenesse* with increased speech rate and distortion hindering the intelligibility of the chain. In (23) and (25) the *avódenesse* remains without displacement and in (27) this *avódenesse* repeats itself.

Returning to statement (33) of episode 1:

(33) **M:** (S.I.) *Asichissi.*

(34) **F:** Ó ... Põe aqui nesse também, mas ao contrário. (Look ... Put it on this one also, but the other way around.)

(35) **M:** *Ichi:::*

(36) **F:** *Ichi::* aí. (there)

(37) **M:** *Avóeavóe da Adria estourou a bexiga* (grandmothergrandmother of Adria popped the balloon) ((fast talking with increased speed)).

(38) **F:** Who popped the balloon?

(39) **M:** *Avóe do Adlan* ((talking with increased speed))

(40) **F:** Adrian's grandmother popped the balloon ... is that it?

(41) **M:** *Mine* (S.I.) ((speech with a low vocal intensity with distortion. This statement was previously called (S.I.))) *avóetaichego*. ((this statement was previously called (S.I.))).

(42) **F:** No, I don't understand it, Melina.

(...)

(342) **M:** *Apādenessi.* ((speech rate increased rapidly with distortion. This statement was previously called (S.I.))).

(...)

(354) **M:** *Abenessino banheiro* (*Abenessiin* bathroom) ((speech rate increased rapidly with distortion. This statement was previously called (S.I.))).

In (33), "*Asichissi*" manifests itself when **F** calls **M** to return to the game of assembling cups. Still

in the same statement (33), the movements of **M** can be observed in the axes of language, speech and writing, and what before brought distortion, strangeness, and enigma, in the clinical environment seems headed for its manifestation as signifier.

Thus, this segment (33) slides to “*Ichiii*” in **M**’s speech, in statement (35). So, in (37) **M**: “*Avóe avó da Adria estourou a bexiga*”; “*avóe*” takes signifier character in the string and slides metonymically without distorting speech or saving and/or pasting the signifiers. Furthermore, there are occurrences of reformulation in (39) and (40), from the interrogative sanction which leads **M**’s speech to new miscegenation between segments in statements (41) *avóetaaaaichego* and near the end of the session, statements (342) **M**: *apãdenessie* (354) **M**: *Abenessino banheiro*. Note that the displacement of the segment *Avódenessi*, in which the therapist interprets part of this agglutination and gives it the interrogative sanction turning it into the signifier “*grandma*” turns out to be transformed by **M** into the signifier *mother*. Then, segment “*avódenesse*” coalesces again in **M**’s speech and “*avóe*” is replaced by “*apã*”, becoming “*apãdenessi*” and, finally, “*Tidenéssô*” as though it were an agglutination of subject and object that resembles the signifier *tio Donelson (Uncle Donelson)*. Finally, **M** opens the metonymic chain and “*abenessi*” manifests itself linked to the signifier “no banheiro” (*in the bathroom*), that is, “*abenesssi no banheiro*” (*abenesssi in the bathroom*). It should, therefore, be noted that the holophrastic speech repeats itself in these statements, but there is a displacement within the very structural constitution that makes up **M**’s speech, which is under the effect of the Other. Therefore, it is necessary to seek a structural lever led by clinical practice that can be explained by means of the speech itself. In other words, it uses the interrogative and responsive sanction to the other’s speech, but also permits this speech, since the subjective displacements occur through sanctioning, instead of motor exercise, since the subject can only present itself as a speaking subject in relation to the Other.

About this practice of using the interrogative and permissive sanctions, the article⁵ highlights the sanction of the subject’s speech as a necessary act in the practice of speech therapy. This should not be forgotten during the preliminary interviews and in this way be able to hear beyond the readymade statements that stand out in what the mother says. For example, in the case presented by the authors, the mother highlights the brain injury and the need to feed her daughter, Sabrina, the main research subject of these authors. The authors highlight the expectation brought by what the mother says,

emphasizing that the therapist goes beyond what is said, when querying the parents about Sabrina’s speech. The father seems to become mute and gives an answer, which appears to be more of a question to himself: “*a fala?*” (the speech?), creating an effect of surprise in the father’s speech as he is confronted with the unpredictability that language has in itself, and the alienation effect to the sanction of the Other’s speech appears as a translation sanction when he says that his daughter’s speech is a succession of “*ééé*” sounds when she wants something to eat. This speech seems to be identified by the parents at trace level rather than the signifier. Therefore, the parents seem unaware of the presence of a speaking subject.

Having the first observations from the preliminary interviews in hand, the therapist acts with a permissive sanction of Sabrina’s dialogic activity so that she will combine and substitute the elements of speech, independently of the motor impediments caused by the brain lesion.

For this type of speech therapy, the use of the dialectics between recognition and negation of the subject and of the signifier is necessary to give support and sustain the speech displacements, especially holophrastic speech.

Second Episode:

The following fragment was taken from a playful activity involving the making of bracelets and necklaces. Close to the end of the session, **F** talks to **M** and asks her to say good-bye, but **M** continues her own dialogic text and takes time to respond to **F**’s request to say good-bye and leave.

The fragment follows:

(1) **F**: Deixa eu ver que horas são. (Let me see what time it is)

(2) **M**: *Quebou*. (broke)

(3) **F**: Ih Melina ... Já passou da hora da gente ir embora. (Ih, Melina ... It is past time for us to go.)

(4) **M**: *Queboua (S.I.) da tia* ... (S.I.) of Aunt

(5) **F**: Ó, dá tchau ali pra tia Natália (Look, say good-bye to Aunt Natália)

(6) **M**: ((A child walks in the clinic hall crying)) *Tá chorando* (Is crying) ((laughs)).

(7) **F**: É, alguém tá chorando lá fora ... Tchau tia Natália. (That’s right. Somebody is crying outside...Bye, Aunt Natália)

(8) **M**: *Tchautia Rosi* ... *Tchau*. (Bye aunt Rosi ... Bye)

(9) **F**: Tchau, Linda ... Mas é para a tia Natália. (Good-bye, beautiful... But it is for Aunt Natália)

(10) **F1**: É pra mim, Melina ... Você não vai falar tchau? (It's for me, Melina ... Aren't you going to tell me Bye?)

(11) **M**: *Tá canta tá cantan tá cantando na tia.* (Is sin is sing is singing at Aunt's)

(12) **F1**: Cê não vai falar tchau pra mim, Melina? (Aren't ya gonna tell me Bye, Melina?)

(13) **M**: *Tá cantando nos bus* (Is singing in the bus)... ((starts to sing a song similar to "oi tuntun, bate coração, oi tun")) tãntã.

(14) **F**: Fala tchau pra tia ali, ó. (Say good-bye to Aunt, over there, look)

(15) **M**: *Tãn.*

(16) **F1**: Tô esperando você falar tchau pra mim, Melina. (I'm waiting for you to tell me Bye, Melina)

(17) **F**: Tchau, Natália. (Good-bye, Natália)

(18) **M**: *Vai com Deuso ... Joga beso.* (literally, "Go with God" ... blow kiss)

(19) **F**: Ó (Look!) ((**F** blows kisses to **F1**)).

(20) **M**: ((**M** manda beijo para **F**)) ((**M** blows a kiss to **F**)) *Tchau ... Vai com Deus, Natália.* (Bye! ... Go with God, Natália).

(21) **F**: ((ri)) ((laughs)).

(22) **F1**: Fica com Deus também, Melina ... Tchau. (literally, Be with God, too, Melina ... Bye!)

(23) **M**: *Quebouquebouquebou o copo.* (Bwokebwokebwoke the glass)

On the speech movements of **M**, and on those of **F**, we notice that in (1) there is migration of "eu" (me) and "que" (what), as metonymic remains of **M**'s speech to form the signifier "quebou" (broke) in (2), which came from other situations experienced by **M**. This signifier "quebou" moves along the dialogical logic, sometimes presenting itself in the speech of **M**, other times in the speech of **F**. However, *quebou* is a signifier that remains under the effect of repetition in **M**'s speech when combining with other signifiers, such as: "quebou o da igueja", "quebou a pêssera", "quebou o lósculo", "ósculo quebou?", among others, which are present in the speech of **M** as **F** uses interrogative sanctions to convoke **M**'s speech. It is also noteworthy that in (4) there is a sliding of the signifier in **M**'s speech, and, in (7), **F** goes back to the previous dialogic event in which the farewell and the end of the session occur. Thus, it is observed that the speech of **F** in (7) results in a metaphorical opening in the speech of **M** in (8). In (9) **F** recognizes this metaphorical opening and the subject, but not the message. In (10), however, there is recognition of the subject and an interrogative sanction of on the line where **M** is asked to say goodbye, which continues the previous dialogic

situation about singing. In this sense, **M** resumes the statement (11) "Tá canta tá cantan tá cantando na tia" (Is sin is sing is singing at Aunt) and performs a sonorous succession that opens the metonymic chain and the possibility for reformulation. In (12), **F** insists on the previous situation, that is, sticks to the fact that **M** needs to say good-bye to **F** and **F1** and does not listen to this speech, neither the beginning of a new dialogic situation in which **M** starts to sing a song from the fragment *tãn*. In (14) **F** employs deictic and ostensive designation, which does not cause a displacement effect in (15). However, in (17), **F** recognizes the message of **F1**. This recognition opens the metonymic chain in (18), where the rhyme "Deuzo" and "bezo" happens. Still on line (18) there is condensation of **M** to the signifier of the other, which shows her alienation to the speech of the Other and her submission to this speech when the reference revolves around the farewell. In (19) **F1** recognizes the speech of the other as equivalent to the farewell and in (20) **M** blows a kiss to **F**, and sends the message to **F1** when she says "vai" (go), while **F1** receives the message in an inverted form and says "fica" (stay), or, in other words, she denotes **M**'s position of someone who stays at the clinic, while the position of the therapist is that of someone who comes to the clinic and then leaves. In (23) there is metonymic sliding and resumption of the dialogic situation that was started by **M** in (2) that is, the "copo quebou" (glass/cup broke).

Looking at it from another angle, in the fragment above, it is worth noting that **M** seemed to resist the end of the session, and the hypothesis would be that this resistance would be connected to the fact of bearing the separation of the other's field. At the beginning of the speech therapy, **M** would get the colored crayons from the table and throw them on the floor, and would go towards the door as if she wanted to leave, saying: "ir na mãe?" (go to mother's?), as a way of ending the session.

In the course of the sessions, **M** started bonding with **F**, but no cut off nor limits for ending the sessions were established, because **M** constantly refused to leave at the end of the therapy. Changes related to the end of the sessions were gradually established when **F** started prohibiting **M**'s stay after the end of the session and after the time of **M**'s sessions was adjusted.

This is the reason, **F** informed **M**: "Melina, our time for today has ended, but next week we will continue", and this way **M** started to accept **F**'s request and would put up the toys used during that time. **F** defined the end of that session, but stressed its continuity the following week. And so, **M** would stand up, open the door, and go home. Informing **M** that the end of the session would not be permanent

had effects over the displacements in relation to **M**'s "choice" as a result of the bond established with the other. The contract made with **M** concerning the therapeutic speech therapy session strengthened with this transfer and without a chronological time rule, so that the bond could be established.

The study of other authors⁶ motivates us to grant special treatment to the transfer during therapy, be it collective or individual, since its occurrence in this clinic is unique due to the fact that the effects of the therapist's speech only happen due to transfer. In the speech therapy clinic this transfer happens between the subject – or subjects, in the case of a group therapy – and the therapist, with one difference: in group therapy this transfer tends to contaminate the speech of all the members of the group. However, in both cases – individual or group – transfer is mutually developed between the therapist and the subject(s) and suffers the effects of speech and hearing, in a dialogical logic, enabling the circulation, the combining, and the substitution of signifiers in this clinical environment.

Another important aspect was the therapeutic task of **M**'s spatial and body containment which were not favorable to the dialogical relationship, because **M** would arrive to the sessions and walked from one side of the room to the other, get up on the table, raise her legs up, cross them in the air, and start laughing, screaming and coughing. Other times she wanted to remain laying on the mat, and at other times her "other" would be an empty balloon that **M** would throw up in the air without giving **F** a chance to focus on the speech or on the relationship which **M** was establishing with that empty balloon.

To accomplish this, cuts and boundaries were set in the sessions. After three or four sessions, **M** came in the therapy room and went in the direction of the mat that was moved to a corner of the room by **F**, who told her: "*Não, Melina, hoje você ficará sentada nesta cadeira e do meu lado*" (No, Melina, today you will sit in this chair and stay here beside me). This was accepted by **M**, because when both of them came in the room, **M** would go straight to the chair, sit in it, and the session would start. Both would engage in a conversation and, over time, the empty balloon could be exchanged for other objects, and the cut in the session could be established.

After a period of time, when the therapist had already established a pattern of informing her about the end of the session and then ending it, an incident takes place in which Joana, **M**'s mother, starts a conversation with the therapist and tries to follow them to the therapy room, but is stopped in the hallway by what **M** says: "*tchau, tchau, Melina.*" (Bye, bye, Melina). The mother, contradicting what Melina had said, insists in going with them, but **M**

grabs the therapist's arm and once again says, "*tchau*" (bye) to the mother and walks towards the therapy room. Joana returns to the waiting room and stays there until **M** comes back at the end of the therapy session.

When both return to the waiting room the mother asks the therapist if **M** behaved herself, because lately she "was misbehaving and getting into mischief". The therapist asks the mother to ask her daughter directly and mentions that **M**, even though making use of the speech of the other to talk about herself, when she said "*tchau tchau Melina*", she was making a choice and it would be good for **M** to establish relationships other than just with her mother, since "a signifier becomes meaningful through the presence of an absence"⁴. The mother smiles a little and says that she understood what the therapist said, mentioning again that **M** was misbehaving a lot lately, and wanting more freedom.

Third episode:

During a playful activity involving making bracelets, the therapist has another motive for concern about **M**'s speech: Why is it that the fluctuation in her speech creates a meaningless effect to the other, to the one receiving the message?

At this point it is important to mention that at the beginning of her treatment, **M** would suddenly change subjects and at each interrogative sanction she would come up with a new chain to fill in the dialogical logic, but a chain that betrayed the repetition of the other's speech, incorporated into the verbal chain by phrases such as, "*cê qué fazê xixi? ê qué ir banheiro?*" (Do you wanna pee? Do you wanna go potty?). On the other hand, throughout **M**'s therapy one can observe that, in her own way, she begins sustaining the dialogical logic, in which the transcriptive literalness stands out through her flowing dialogue when she tries to narrate something to the therapist. In other words, there is a concatenation in **M**'s narrative that gives the therapist a possibility of observing that there are protagonists in this story: cousins – Felipe and Renan. There is also an episode in the story where they fell off a wall. There were consequences: they were reprimanded by an uncle, probably Uncle Donelson, and somebody may have received a spanking on the buttocks, and it may have been the boys or she, or the uncle, among other possibilities. It is important to point out the way she maneuvers in the language so as to not be at the mercy of the dialogical logic and how, in her own way, she tries to create text following this logic, which denotes movement in the language in which the phrases were not completely adrift.

(...)

(23) F: Não, eu tô te fazendo uma pergunta. Quem foi que bateu na bunda do tio? (No, I'm asking you a question. Who was it that spanked uncle's rear end?)

(24) M: *Otiiriiriibagunçocalto?* (Otiiriiriimessinthebedroom) ((increased and accelerated rate of speech, distorted voice))

(25) F: O que aconteceu? (What happened?)

(26) M: *Otiriiribagunçocalto.* (Theunclemessinthebedroom) ((decreased and accelerated rate of speech, distorted voice))

(27) F: Fala mais alto ... Não tô entendendo. (Speak louder ... I'm not understanding)

(28) M: *O ti fez bagunça no cato.* (The uncle made mess in the bedroom) ((continues in a low voice))

(29) F: Quem que fez bagunça no quarto? (Who made a mess in the bedroom?)

(30) M: *O tio.* (The uncle)

(31) F: O tio ... Esse teu tio que fez bagunça no quarto ... E aí ele ... E aí bateram na bunda ... ou não? (The uncle ... That uncle of yours who made a mess in the bedroom ... And then he ... And then someone gave him a spanking on the hear end ... or not?)

(32) M: *Oi aí bagunça ivriivirii sai sai.* (Hey there mess ivriivirii get out get out) ((laughs and speaks simultaneously)) ((low intonation speech, with prosodic change))

(33) F: Eu não sei ... Cê que vai ter que contar. (I don't know ... You are the one who will have to tell)

(34) M: *Sai daí Felipe.* (Get out of there, Phillip) ((low intonation speech, with prosodic change))

(35) F: Ah, tá. ... Então o tio falou isso pro Felipe? (Oh, I see ... So uncle said that to Felipe?)

(36) M: *Sai daí.* (Get ou of there) ((low intonation speech, with prosodic change))

(37) F: Falou assim ... desse jeito que cê tá falando? (Said it this way ... the way you're saying?)

(38) M: *o tidenéso bagunça no calto.* (the uncledenéso mess in the bewroom)

In this analysis we want to point out that the unintelligible segments and those agglutinated to other signifiers are being affected by the dialogical logic. What at first was miscegenation of trace and/or economy of signifiers begins to change in the speech. Therefore, the holophrastic speech undergoes displacements that make it more

similar to language. **M**, in (24), makes a crystalized statement made up of sonorous and distorted succession, in a mixture of trace and signifier in the interrogative form. In (25), **F** makes an interrogative sanction and **M** reacts in (26) using the affirmative. In (28) we notice that the unintelligible segments in the phrase and that have a distorted aspect undergo displacements when **F** gives her a command in (27) on. Still in (28) it seems like **M** pauses between the mixed signifiers reformulating them and opening them metonymically in the chain of speech, which catches the therapist's attention. In (29), **F** uses both the interrogative sanction in **M**'s speech as well as the translation sanction of "calto", "cato" for "quarto" (bedroom). What seemed to be mixed and distorted segments in the composition of the holophrastic speech became the signifier in **M**'s verbal chain in (30).

Fourth Episode:

The following fragment was taken from a speech therapy session where the therapist asks **M** about a pair of scissors to cut the string used in the bracelets:

(1) F: Cadê a tesoura, Melina? (Where are the scissors, Melina?)

(2) M: *Ela deixou a tesoura.* (She left the scissors)

(3) F: Ela quem? (She, who?)

(4) M: *Deixou lá* (S.I.) (Left there)

(5) F: Deixou onde? ... Cadê a tesoura? ... Uhn? (Left where? ... Where the scissors? ... Huh?)

(6) M: *Perdi ... A Melina matou de ri.* (I lost ... Melina killed of laughin)

(7) F: A Melina fez o quê? ... Se matou de ri. (Melina did what? Killed herself of laughin)

(8) M: *Maoudeiiinocalto.* ((distorted and unintelligible speech))

(9) F: No quê? ... De quê? (In what? Of what?)

(10) M: *Matou de ri no calto.* (Killed of laughin in the bedroom) ((distorted and unintelligible speech, but with pauses between signifiers))

In (1) **F** initiates a metonymical chain with the interrogativity sanction summoning the subject and, in (2) **M** slides metonymically from the effect of this type of sanction and introduces the pronoun "she" in place of a subject. In (3) **F** once again uses the interrogativity so that **M** can identify the subject of the message. In (4) **M** sees herself in the place of the subject and object linked together. In (5) **F** calls for the placement of the subject and then asks for the

placement of the object. In (6) **M** includes herself as a subject but then this subject immediately escapes and drifts. In (7) **F** continues to use the interrogativity sanction but acknowledges the message and then calls for the placement of the speaking subject. In response, in (8), *Maoudeiiinocalto* – **M**'s speech manifests itself with increased speed, no pauses, and with noise, which could suggest the manifestation of a bloc of succession of sounds. In (9), however, **F** uses the interrogativity sanction as a request to the subject to rephrase its message. In (10), **M** already changes the phrase (8) and opens up the metonymic chain pausing between the signifiers. Following this reasoning, beginning with statement (10), the movement of change or rephrasing occurs in **M**'s speech as can be observed in:

- (8) **M**: *Maoudeiiinocalto*.
(Killedoflaughiniinthebedroom)
(10) **M**: *Matou de ri no calto*. (Killed of laughing in the bedroom)
(12) **M**: *Car de ri no calto*. (Fell down from laughing in the bedroom)
(14) **M**: *Quem fez bagunça no cato?* (Who made a mess in the bedroom?)
(16) **M**: *Alguém fez bagunça no quarto*. (Somebody made a mess in the bedroom)

It should be observed that there are changes in the individual event of Melina's speech. This event is captured by language in a dialectic movement divided between hearing and speech. **M** is seized by the language and is not aware that she knows the language and doesn't even have previous knowledge of this language, because in **M**'s chain of speech her subjugation to the functioning of the language itself is noticeable.

It is worth noting the statement that "the replacement and the difference reveal an open position in which the expected and the unexpected can collide and, in this collision, shift the subject to a listening position."⁷ **M** focuses on her own speech, the therapist's, and on the other's speech to manifest herself as subject submitted to a structural effect, be it by change from trace to signifier, by fluctuations, mistakes, reformulations, and self-corrections that happen in her unique speech.

It is important to note that the structural effect in **M**'s speech, emphasized above, may be considered as parallelism that would not be limited only to the process of language acquisition but also to the language symptom determined by its own structure which, instead of tending toward drifting, causes a retroactive effect of the unexpected, appointed in the speech chain. Therefore, **M** aligns an event

in her speech during the narration of a story and places herself before the Other in her specific way of functioning.

Fifth Episode:

The following fragment was taken from a playful activity involving making bracelets. It will be used to show a change in **M**'s position before **F**, as it relates to designation, that is, the act of the subject calling the other by his/her own name. **M** was used to calling women "aunts" and men "uncles". Her own therapist was called "Aunt". **M** did not make the connection of the person to the name, because she repeated her mother's speech and missed inverting the subject's position, maintaining herself as object. Fragment follows:

- (1) **M**: ((Ri)) *você dá risada*. ((laughs)) (You laugh)
(2) **F**: *Ó péra aí ... segura esse aqui ... não não não solta um pouquinho*. ((both of them placing beads through a string to make a bracelet)) (Hey, wait ... hold this one ... no, no, no, let it go a little bit.)
(3) **M**: *Ah não Roosiii*. (Oh, no, Roosiii)
(4) **F**: *Ai Melina, eu não acredito que você tá desmanchando a pulseira*. (Melina, I can't believe you are taking the bracelet apart!)
(5) **M**: *Quebrou*. (Broke)
(6) **F**: *Quebrou? ((ri)) caiu tudo*. (Broke? ((laughs)) everything fell out)
(7) **M**: *Foi você*. (It was you)

In (1) **M** initiates the metonymic chain making use of repetition, "*você dá risada*" (you laugh) to speak of herself. This speech showed up in the laugh sequence, marked here as a trace. In (2), **F** makes excessive usage of deitics "ó" (short form for "look!"), "aí" (there, then), "esse" (this, this one), and "aqui" (here), and does not consider **M**'s speech in (1) as being addressed to her, and, therefore, erasing the subject and the signifier. In (3), **M**'s speech presents two simultaneous mechanisms: denial and designation. In (4), however, **F** recognizes **M** as subject when she names her and when she sends back the inverted message (from R to Melina). Therefore, when **F**'s speech is characterized, not by interrogativity, but by the movement of concatenation and the act of affirmation, it appears that in **M**'s statement (7) there is a gesture of recognition of the other, "foi você" - "it was you".

Sixth Episode:

The fragment was taken from a session involving the making of bracelets and necklaces. It is noticeable that **M** seems to enjoy this activity. When

she brought some already finished she immediately would announce, “fazêpêsseeeraaa” “fazêpêsseeeraaa” (makebraceeeeeeet, makebraceeeeeeet), and then would offer to string the beads on the cord held by the therapist, leaving the finished ones aside, on the table.

In the first phase of the session **M** would use the therapist’s hand to make the bracelets. The therapist would take them to the session, already finished. In a second phase, due to the confidence that the therapist had in **M**, **M** started to make her own bracelets and necklaces. **M**’s desire in wanting to create her own jewelry had repercussions in dialogical logic because the “I”, transcribed in bold, started, every once in a while, to circulate through her speech, since **M** designated herself to the other only by using pronouns in the third person singular or by the repetition of her own name, in disconnected conjunctions in the position of subject.

(1) **M**: ((Pulls the box that is on the table. In the box are materials for making bracelets.))

(2) **F**: Você puxou a caixa porque quer ver o que tem dentro, né? (You got the box because you wanted to see what is inside, didn’t you?)

(3) **M**: *péra tia*. (wait, Aunt.) ((She puts her hand inside the box))

(4) **F**: Ó ... Aqui Melina ... Tem um monte de coisa que eu sei que cê gosta. (Look... Here, Melina ... There is a bunch of stuff that I know you like.

(5) **M**: ((Puts her hand inside the box)). ***Eu go das coisas. (I li (like) the things)***

(6) **F**: Você gosta das coisas, é? (You like the things, don’t you?)

(7) **M**: *Ah ... ai u liu* ((Laughs)). (Ah... then I laughed)

(8) **F**: Isso mesmo, Melina ... É assim que se fala ... Eu gosto das coisas ... É assim que se fala. (That’s it, Melina ... That’s the way to say it ... I like the things ... That’s the way to say it.)

According to Benveniste⁸ it is in language and through language that man constitutes himself as subject. Benveniste considers the speaker as the center of reference because it is in the relationship between the subject and the other that this subject can be linguistically and subjectively defined. The author states that the opposition between the “I” and the “you” makes it possible to speak of one’s self, that is, the “I” only acquires value when in opposition to the “you” and “he”.

To exemplify Benveniste’s point of view, I’ll refer to an article⁹ on the clinical case of Luiz, a child presenting speech symptoms – repetitions,

stereotypes and succession of prolonged /a/ -, Fragile- X Syndrome, and autistic traces. When the therapist based himself on the sanction of permissivity and in the belief that there was a speaker inside Luiz, a position that is recognized by the clinic of speech and subjectivity, the presence of the “I” in Luiz’ speech is observable. To these authors the presence of the “I” reveals itself as a questioning of the hegemonic standardizations that consider the presence of pronominal inversion as a diagnostic factor, or in other words, to refer to self in the third person in the speech of subjects with autistic traces.

Considering the possibility of resubjectivation the authors affirm that the presence of the “I” during the act of sanctioning speech through permissivity discourse generates a questioning of the veracity of these standardizations, since Luiz’ speech differentiates itself from a diagnostic criteria of autism and shows us that the presence of a subjective constitution may be tied to what is unique produced from the effects of language, writing, and speech.

Returning to the discussion of Melina’s case, we can observe that the “I” in her speech comes from statement (4), where the therapist employs the sanction of recognition of the subject over the message when she said that there, in that box, there was something she would be able to identify. **M**, in (5), puts her hand inside the box and affirms the therapist’s message. On the other hand, in (7), **M** produces a segment of sonorous succession and the therapist, in (8), recognizes **M**’s speech in (5), but in doing so, she erases the trace of speech sounds, substitute it for the senseless, or for what doesn’t produce text. So, in (8), she returns to the previous speech pronounced in (5) and, later, fluctuates to the other speech, without being caught by **F**’s speech. This episode brings to memory as it relates to the fluctuations or unconnected conjunctions that during the session **M** talked and laughed and laughed and cried at the same time, especially when crossing distinct scenes in the same statement. **M** would pronounce the phrase: “cachorrinho vai voltar?” (puppy will come back?) (her eyes becoming teary) and, right after that, she would start to laugh out loud and say, “ela gostô video cassetada?” (“she liked video cassetada?”, referring respectively, to the fact that her dog had run away from home, and to some subject related to a TV show) It is worth noting that to place several scenes experienced in distinct situations in the same sentence did not present itself only in the chain of syntax and in the senses, but also reached the physical body.

In another clinical episode, **M** says, “*não bate na tia*” (don’t hit Aunt), “*não pode bater na tia*” (can’t hit Aunt), employing her mother’s prosodic elements in pronouncing them. Then she hits the therapist’s leg

and/or hits her own. The therapist corrects **M** saying that she doesn't accept that **M** hits her and, then, **M** pronounces in a sequential form: "*não bate na tia*" ... "*a menina quer chorar*" ... "*a menina tá chorando*" ... "*chora não meeeninaaaa*". (don't hit Aunt ... girl wants to cry ... girl is crying ... cry not, giiirlll.) At that moment her eyes become teary. This scene of **M**'s crying seems to be related to the story told by the mother, about a student at APAE, and **M**'s colleague at that pedagogical institution, who was crying and how much **M** enjoyed repeating the crying episode. Due to that fact, the therapist sanctions **M** saying that that subject was already past and that she could tell it without having to act out the crying and the rest of the scene in order for others to understand her. **M** starts to laugh. From that point on it seems that **M** makes use of her theatrical body movements united to the signifier to, in her own way, transit (or not) through speech.

■ DISCUSSION

The episodes of speech: closing

The analyses of **M**'s speech episodes indicates her alienation to the speech fragments of the Other presenting itself in the form of enigmas that demonstrate her unique way of transiting through the language. First, one questions the statute of the holophrastic speech, with its characteristic of distortion, pause, fraying, condensation, or agglutination, which would be a place of dead-lock for the dialogic logic to have any support within a speech that is situated in time and space¹⁰. Next, one observes a hole in the dialogic logic due to a lack of alternating between the words of **M** and those of the therapist. In this impermeability to listening to the speech of the Other, there are moments in the dialogical logic when **M** allows an opening for the therapist to intervene and interpret her speech in addition to making use of somebody else's speech to speak of herself. One way of filling in the dialogical logic is through repetition of statements made by the other, especially when interrogated or summoned to emerge as a speaking subject. The repetition is highlighted by the configuration of prosodic elements of the other's speech. It is, however, worth noting that it could give an outlet to the emergence of the speaking subject in hesitations, reformulations, mistakes, or in the intonation that is distinct from the one made by the other, even though the statement is the same.

One finds that the repetition of the other's speech is an aspect that also manifests itself as holophrastic speech, but this repetition is a peculiar one, especially the way it is constituted with miscegenation between **M**'s signifiers and those of the

other in the chain of syntax and meanings. This chain manifests a distorted speech that comes from its structure of unintelligible segments, such as, "*Sitchoooazê*", as an answer to the sanction of interrogativity: "*O que que cê quer fazer?*" (What do ya wanna do?), by the therapist. There is repetition of the speech of the other, but it is not confounded with those in which the prosodic elements manifest themselves as intelligible signifiers, clipped from the others and, therefore, there is a distinction of the amorphous and sonorous mass that characterizes the holophrastic speech.

Due to its agglutinated aspect in the chain, the amorphous mass that constitutes the unintelligible could be manifested by its presence among the intelligible segments of that chain of speech, as in, "*quem gritou? avôetagrirantrô*" (who screamed? grandmaiscreaming), or "*abedenessi no banheiro*" (abedenessi in the bathroom). These could relate to speech remnants from previous events or even from the current speech therapy session and, as previously noted, could develop, organize, and become structured during the dialogical logic in spite of the mental handicap. In this way, the holophrastic speech is, here, considered as the unintelligible segment itself, constituted of an amorphous mass that would be submissive to the organization of language since there is a specific way of functioning of the language that, in a way, opens possibilities for the therapeutic management when the dialectic between the sanction of speech and the listening to that speech is at stake. Listening is a type of therapist displacement so that he/she will not be bound by what the transcribed data literalness shows, reaching a point of forgetting his/her function as an interpreter, one that can address the speech enigma and listen to it by means of the act of sanctioning and recognize the subject and signifier.

Concerning the language axes – writing, language, and speech – it is worth saying that **M**'s alienation of the Other's speech would indicate the place where the Other is spoken of, which indicates that the manifestation of the language symptom occurs at the writing stratum. This can be glimpsed in the repetition "*cê tá rindo?*" (are ya laughing?) that, as in many other repetitions, is defined by the trace, that is, laughter followed by speech. It is also noticed when she cries and says, "*ela chora*" (she cries); "*não chora, já passou*" (don't cry, it's all gone), or still, when she hits her body or the other person's body and then says, "*não pode bater na tia*" (can not hit Aunt) or "*não bate menina*" (don't hit, girl), followed by "*não bate na tia, não pode bater na tia*" (don't hit Aunt, may not hit Aunt). The trace is shown as a mark of "inscription of the signifier letter on the body"².

The language stratum, another place of inscription of **M**'s symptom, functions in the significant chain demonstrated by the non-sliding of sayings in the metonymic axis, as well as by the overlap of the metaphoric axis. For this reason, there is no separation between the subject's speech and the Other's speech, due to the fact that by erasing subject and signifier, the marks and particularities of the structure and of the functioning of **M**'s language are erased.

Finally, the structural problem manifests itself in the speech stratus in which the dialogical logic - between **M** and the other - takes place. That stratus points out the place of the inscription of **M**'s symptoms. The symptoms function in the stratus of writing and language, but are visible in the stratus of speech.

M's impermeable hearing could be sign of a lack of the functioning of language in the reversibility play between metaphoric and metonymic processes. The repetition of the other's speech, followed by a trace, would be a manifestation of the trace in the place of the signifier or even before it. To investigate the symptom of speech, using language itself, starting with the interpretation that the structure of writing, speech, and language strati permit, opens up possibilities for a clinical practice to confront the enigma produced by the holophrastic speech. What is most important is to give this speech its clinical recognition, because it has something to say about the relation between subject and language.

Anyway, it is essential to acknowledge the anteriority of the strati of writing, language, and speech to the subject in order to manage the reversibility of the holophrastic speech symptoms that demand a hearing from the subjectivity clinic. The changes in **M**'s holophrastic speech are proof that the repetitions of the other's speech can be remedied when the subject is included in the intertwining of the language, speech, and writing strati. Therefore, to notice that intertwining allows one to question the therapist's position, as well as that of **M**'s in the dialogical logic. Changes can be seen when the therapist gives permissivity to **M**'s speech and recognizes it as a speaker through the sanction of that speech. **M**'s case presentation is a unique one, but our intention is that from it, holophrastic speech will achieve its deserved singularity in language and in the clinical practice of speech therapy.

■ FINAL OBSERVATIONS

The holophrastic speech may be studied in its structure and unique functioning beginning with the careful hearing proposed by the theoretical approach. It was possible to identify it as

miscegenation of signifiers, produced mostly with an accelerated rhythm or whispered voice. We can also verify that its definition in other fields is not relevant since its role in clinical speech therapy is unique. This is about questioning the holophrastic speech from the clinical point of view as a language symptom. In relation to the holophrastic speech and the emergence of meaning in relationship to the other, the therapist, when paying attention to the dialectical interplay between what does not make sense in the subject syntax chain and what may make sense, opens up the possibility for subjective displacements from the incidence of the therapeutic action upon the miscegenation of signifiers.

Then, from the consideration of the writing, language, and speech axes, it is up to the therapist to recognize the presence of a speaking subject in between the intermingled masses, raising the meta-procedure of sanction to undo the miscegenation of the holophrastic speech, dislocate repetitions, and affect the intermingling of **M**'s holophrastic speech and that of the other. This intermingling refers to the structure in and through language, and would be defined by what is or is not said by and about that subject. Such structure should be elevated to its own clinical and symbolic history that concerns the uniqueness of the holophrastic speech itself and bring understanding to the therapist in his/her clinical practice.

And finally, this article advocates a clinical language and speech therapy based on the individual occurrence of holophrastic speech, in which the therapist listens to, looks at, and addresses that speech, based on the principles of the theoretical model of multi-stratification of the language symptoms to be able to deal with the heterogeneous and to sanction the language symptom which affects the subject's holophrastic speech through transliteration, translation, and transcription of that speech so it can be transformed. This happens when a language and speech therapy is adopted which is based on the dialectic between the recognition of the subject and the signifier to guide the emergence of the speaking subject, led by the functioning of the language, and handle the heterogeneous and the symptoms of the individual event of the speech in a mentally challenged subject.

In closing, it should be cautioned that a case study has its limitations and should be treated within the limitations of this kind of analysis, but it can be a first glance into the holophrasis that supersedes the descriptive and then recognizes an area of openness for the input of the therapist's speech, in a clear action of therapeutic transformation.

RESUMO

Este relato de caso volta-se a questões teóricas e clínicas sobre a fala holofrástica de uma adolescente e tem, como objetivo, investigar a estrutura e o funcionamento dessa fala. Os dados de fala da adolescente mencionada foram extraídos do material clínico de sessões terapêuticas e sua análise foi subsidiada pelo modelo teórico de organização dos sintomas de linguagem. Em particular, observou-se o alçamento, pelo fonoaudiólogo, do metaprocedimento da sanção, em sua incidência sobre o reconhecimento ou negação do sujeito e do significante, aliado à escuta da fala da adolescente. Por essa via, a fala holofrástica teve sua especificidade enigmática interrogada a partir da singularidade do material clínico, seja na literalidade do dado, seja na escuta à massa amorfa e sonora que a constitui. Os resultados dão suporte à hipótese de que a fala holofrástica seria um sintoma de linguagem e se constituiria pela aglutinação de segmentos ininteligíveis apresentados como massa amorfa e sonora formada por uma miscigenação de significantes, escutados como distorcidos, soldados ou sem pausa entre si. Apesar de sua especificidade funcional e estrutural, a fala holofrástica tem seu funcionamento submetido à ordem própria da língua, em articulação ao acontecimento individual da fala do sujeito.

DESCRITORES: Estudo de Caso; Terapia da Linguagem; Fonoaudiologia

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