

Maria Cecília de Moura¹ 

Desirée De Vit Begrow² 

Adriana Di Donato Chaves³ 

Cíntia Alves Salgado Azoni⁴ 

Language therapy, sign language and bilingualism for the deaf

Fonoaudiologia, língua de sinais e bilinguismo para surdos

Speech-language therapy is historically linked to deafness and the deaf person. This is explained on the origin of the profession marked by the imposition of social management that aimed to unify the forms of expression used in Brazil⁽¹⁾. Thus, making sure that those who did not hear or heard badly could adapt to the norms of the language, was configured as an ideal field of work in Speech-Language Therapy. The initial actions, in the 20th century, of a marked oralist nature, extended from the clinic to the school, and the teachers were taught to work with deaf students and every effort was made so that they could adapt to the norms of the oral language in intensive clinical work.

This scenario could be found until the 1980s, when Brazilian researchers, including Yoshioka et al.⁽²⁾ and Ciccone⁽³⁾, fundamentally based on the works published in the United States, brought a new philosophy to the work with the deaf, called Total Communication. Such a philosophy introduces the use of linguistic signs endorsed both by the Sign Language (SL) of Brazil and the United States. Initially, indicated for the deaf with unsuccessful oralization, Total Communication is then adopted by people with different levels and types of hearing loss⁽⁴⁾.

In 1990, the focus turned to bilingualism for the deaf. Speech-language therapist-researchers started to use interventions based on a gestural-visual modality, centered on the principles of linguistic minority rights, contemplating the sign languages^(5,6).

During the 21st century, what has come to be called Bilingual Speech-Language Therapy for the Deaf has taken shape with the development of researches and the consequent expansion of scientific production in the area⁽⁷⁻¹²⁾.

The Brazilian Speech, Language and Hearing Society (*Sociedade Brasileira de Fonoaudiologia* - SBFa), an internationally recognized institution, that has as one of its objectives to disseminate and discuss scientific production, approved in 2019 the Sign Language and Bilingualism Committee for the Deaf allocated within the Department of Language, endorsing it in 2020.

This committee, connected to the contemporary precepts of inclusion and diversity in communication, aims to integrate the professionals of Speech-Language Therapy who work in the area of language related to sign languages, used by deaf or hearing people. Having this conception, the knowledge of the human communication area is deepened, for the realization of new researches that support the use of the gestural-visual modality in speech-language therapy work. Furthermore, it seeks to promote discussion and collaborate in the construction and improvement of public policies related to the deaf signing community^(13,14).

At the same time, new objectives are raised for Speech-Language Therapy 4.0, such as: expanding the knowledge of professionals about acting with deaf people based on LIBRAS (Brazilian Sign Language)/Portuguese Bilingual Speech-Language Therapy; clearly delineate the field of action of the speech-language therapist who works with Sign Language; provide the development of intervention strategies in which the speech-language therapist, using sign language, can plan and carry out his work to achieve the intended objectives; discuss public policies that take into account aspects related to Sign Language interpreters, technical issues of communicational accessibility, digital inclusion;

Correspondence address:

Desirée De Vit Begrow
Departamento de Fonoaudiologia,
Instituto de Ciências da Saúde,
Universidade Federal da Bahia – UFBA
Av. Reitor Miguel Calmon, s/n, Vale do
Canela, Salvador (BA), Brasil, CEP:
40110-100.
E-mail: desiree@ufba.br

Received: September 22, 2020

Accepted: September 22, 2020

¹ Departamento de Teorias e Métodos da Fisioterapia e Fonoaudiologia, Pontifícia Universidade Católica de São Paulo – PUC - São Paulo (SP), Brasil.

² Departamento de Fonoaudiologia, Universidade Federal da Bahia – UFBA - Salvador (BA), Brasil.

³ Departamento de Fonoaudiologia, Universidade Federal de Pernambuco – UFPE - Recife (PE), Brasil.

⁴ Departamento de Fonoaudiologia, Universidade Federal do Rio Grande do Norte – UFRN - Natal (RN), Brasil.

Financial support: nothing to declare.

Conflict of interests: nothing to declare.



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to propose spaces for discussion at municipal, state and federal levels regarding the insertion and the role of the Speech-Language Therapist in working with deaf/hearing impaired individuals and SL; encourage scientific production in Speech-Language Therapy and SL.

SBFa's Sign Language and Bilingualism for the Deaf Committee consolidates the scientific space for speech-language therapists, reaches other audiences, such as the deaf/hearing impaired people themselves, SL translators and interpreters, educators and other listening users (family members, friends, etc.). There are three dimensions of sign language in Speech-Language Therapy: (1) typical SL acquisition; (2) educational bilingualism for deaf learners and (3) atypia in SL.

The first dimension contemplates the typical acquisition of SL as a first language (L1), acting in the prevention of language disorders in childhood in SL and in providing guidance and accompaniment to family members. Early identification and intervention are of utmost importance. The speech-language therapist works in the development of intervention strategies so that, in the occurrence of a disorder in the deaf child, it can be minimized or completely overcome^(15,16).

The second dimension proposes acting in the educational field to contribute to literacy in the first language (L1) and second language (L2), facilitating the contact of the deaf child with the Portuguese language as L2, always mediated by SL. Given the characteristics of innovation and scientific experimentation of learning spaces, several Speech-Language Therapy school clinics in Brazil, over the last decades, have been developing teaching, research and extension activities aimed at educational bilingualism for deaf learners, as is the case of PUC/SP, Santa Casa de Misericórdia/SP, UFPE, UFBA, among others.

Finally, the third dimension refers to the performance of the speech-language therapist in the face of atypia in SL, at the prevention and intervention in different life cycles.

The term atypical sign language can be used for any manifestation of communication disorder expressed in sign languages, according to the definitions proposed by Andrade (1996), applicable to developmental disorders, such as those generated by delayed acquisition or acquired disorders, which may be the result of a primary deficit (a disease that is not a consequence of another) or a secondary deficit (occurring as a consequence of another pathology)^(17,749).

When acting with bilingual competence in face of deaf people, speech-language therapy intervention will obey "[...] the same conceptual principles that support clinical practice in the rehabilitation of language disorders in oral languages"⁽¹⁷⁾.

Therefore, a new look of speech-language therapy⁽¹⁸⁾ for the deaf person at different times and situations and in different life cycles is evidenced and this performance may prove to be fundamental since it respects the heterogeneity of the deaf and their linguistic uniqueness.

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Author contributions

MCM participated in the idealization of the study and preparation and writing of the article; DDVB participated in the idealization of the study and preparation and writing of the article; ADDC participated in the idealization of the study and preparation and writing of the article; CASA participated in the idealization of the study and preparation and writing of the article.