

Case Report

Relato de Caso

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Keywords

Speech Language and Hearing
 Sciences
 Deafness
 Language
 Therapy

Descritores

Fonoaudiologia
 Surdez
 Linguagem
 Terapia

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Received: November 24, 2015

Accepted: February 16, 2016

Speech language therapy practice in a bilingual dialogical clinic: case report

O trabalho fonoaudiológico em uma clínica dialógica bilíngue: estudo de caso

ABSTRACT

Speech language therapies in a bilingual dialogical clinic conceive language as interaction and part of each individual's history, enabling deaf people to access Brazilian sign language and the Portuguese language. Purpose: this study aims to discuss the use of Brazilian sign language as the first language for a deaf individual going to a bilingual dialogic clinic from dialogic activities. **Methods:** This is a longitudinal study, including one deaf individual, called N, interacting with his family and speech therapists. **Results:** During the therapeutic process developed inside the bilingual dialogical clinic, N participated in interactive contexts and could constitute himself as author of his sign language texts. In addition, he started to act dialogically and use verbal and nonverbal signs. **Conclusion:** Through interactive and dialogical situations developed inside the speech language therapy clinic, this deaf participant got control of his sign language, and started to get interest in and control of the Portuguese language, especially in the written form.

RESUMO

O trabalho fonoaudiológico em uma clínica dialógica bilíngue concebe a linguagem como fruto da interação e da história de cada sujeito, possibilitando ao sujeito surdo acesso tanto à língua brasileira de sinais quanto à língua portuguesa. **Objetivo:** A presente pesquisa objetiva discutir a inserção da língua brasileira de sinais como primeira língua de um sujeito surdo que frequenta uma clínica fonoaudiológica dialógica bilíngue a partir de atividades dialógicas. Método: Trata-se de um estudo de caso em âmbito longitudinal, de um sujeito surdo reconhecido pela inicial N, em interação com sua família e também com seus fonoaudiólogos. **Resultados:** Ao longo do processo terapêutico pôde-se perceber que N, a partir da clínica fonoaudiológica dialógica bilíngue, participou de situações interativas e pôde constituir-se como sujeito autor de seus textos em língua de sinais. Além disso, ele passou a interagir dialogicamente utilizando-se de signos linguísticos verbais e não verbais. **Conclusão:** Por meio das situações interativas e dialógicas oportunizadas na clínica fonoaudiológica, o sujeito apropriou-se da língua de sinais e passou a se interessar e a se apropriar, também, da língua portuguesa, principalmente na modalidade escrita.

Study carried out at Graduate Program in Communication Disorders of Universidade Tuiuti do Paraná – UTP - Curitiba (PR), Brasil.

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Financial support: Productivity Scholarship in Research CNPq 303356/2013-8.

Conflict of interests: nothing to declare.

INTRODUCTION

In the 1960s, speech therapy began in Brazil, teaching practices related to medicine. In this way, it sought to correct certain deficits in language, which were linked to the human body, and taken as a means of communication dependent on a closed code.

So from the first speech therapy courses, an organicist vision prevailed in speech therapy, which essentially focused on rehabilitation and cures for bad habits or word defects using re-educational processes⁽¹⁾. Similarly, when dealing with deafness, speech therapy practices traditionally held an approach that usually only sought the acquisition of orality and the development of auditory skills for the deaf subject to better fit into a listener-majority community.

Until today, speech therapy work with deaf is often based on a clinical therapy view of deafness, which perceives the deaf as disabled, denying them sign language and anchoring therapy in a perspective of language focused on understanding how a system based on coding and decoding of a language can be taught with emphasis on the correction of speech deviations⁽²⁾.

Contrary to a classical approach of oralist clinical treatments, in the 1990s some speech-language pathologists started to consider deafness as a difference, and subsequently sign language began to be advocated as the first language of the deaf. This language legitimizes the deaf as an “individual with language,” being able to transform “abnormality” into “difference.”⁽³⁾

Thus, bilingual dialogical clinics use an approach that has reconsidered deafness in such a way that now a bilingual methodological proposal may be developed. This proposal can satisfy the social and linguistic needs of deaf people and, based on a socio-historical perspective of language, understand interpersonal relationships as the focal point for the appropriation of knowledge. For this, in relation to the deaf child, the adult becomes necessarily his interlocutor and sign language is the fundamental active and passive communication interaction.

In these bilingual dialogical clinics, language is taken as a discursive activity, being able to influence, and be influenced by, the subjects that operate within it. Therefore, language becomes constitutive in and of itself and for the subjects that use it. It is in this same context that interaction is conceived as the result of a constant dialogue between socially active subjects, so that speech therapy is understood as dialogic⁽⁴⁾.

A bilingual dialogic clinic understands language as a result of the interaction and the history of the subject. Thusly, it works with the deaf from two modalities of language appropriation, the first being sign language and the second being Portuguese⁽⁵⁾. And in this context, the speech therapist assumes the role of mediator in the language appropriation process, starting with sign language and moving to Portuguese.

In this bilingual proposal, the deaf must have early access to sign language, allowing them to achieve full development of the language. Furthermore, this study also recommends that the Portuguese language be taught to the deaf as a second language (L2), both in oral and written form. Thus, therapeutic practice should consider the different conditions of each language for

each deaf subject, and, through sign language, provide access to Portuguese⁽⁵⁾.

It is important to reaffirm that it will be via sign language that the speech-language therapy work with the appropriation of the Portuguese language in oral or written form. For this, we need to explain to parents that sign language is the language that allows the best chances of cognitive, linguistic and subjective gains to the deaf⁽⁵⁾.

Therefore, this paper aims to discuss the inclusion of Brazilian Sign Language (LIBRAS) as a first language for a deaf person who attends a bilingual dialogic speech therapy clinic that uses dialogic activities.

CASE REPORT

This research was approved by the Research Ethics Committee at the *Sociedade Evangélica Beneficente de Curitiba* (CAAE: 8910/11). In addition, the legal guardian responsible for the deaf participant signed a consent form.

The study was conducted in a speech language pathology teaching clinic in southern Brazil and focused on the case of a deaf subject who undergoes speech-language therapy guided from a dialogical and bilingual perspective. The speech therapy clinical process developed between March 2011 and November 2014, occurred during weekly therapy, with a duration of 40 minutes per session, in which the speech-language pathologist uses strategies based on the patient dialogic relationship with his interlocutors. It should be noted that, since this is a teaching clinic, the patient in question met with a different intern each school year.

The longitudinal analysis was performed from the data collected in the patient's clinical records during the therapeutic process: interviews; evaluation reports; daily records; bi-monthly and semi-annual reports; interdisciplinary contact reports; reports of conversations conducted with family; and complementary examinations accompanied by medical reports.

The subject of this research, who in this study will be identified by the initial “N,” is a deaf male born in March 2005 with profound bilateral congenital sensory neural hearing loss.

The family of the subject consists of two people, N and his mother, as she and her father are separated and does not live with them. Since the beginning of the therapeutic process, we talked to his mother about the possibilities for her child and about her key role as a mediator in the appropriation of language. The focus on the mother was justified because of her daily interaction with N.

In the initial interview, held in 2011, the mother's statements regarding her son were highlighted by her expectations about N's orality. In general, she showed insecurity about the possible progress of the child, because when talking to health and education professionals she stated that they focused on N's negative aspects, characterizing him as nervous, anxious, hyperactive, as well as lacking some cognitive skills. Such professionals rarely mentioned the real possibilities of her son.

It was observed that, though the mother often does not agree fully with such reports relating to her son, her vision of N was

linked to what she heard from the professionals who worked with him and that claimed he wouldn't have oral communication skills.

The mother also reported that in 2007, when N was two years old, he had a cochlear implant surgery in his right ear and that, since then, speech monitoring is performed every six months with a cochlear implant team that provides care in the city of Sao Paulo. Since eleven months of age, N used a personal sound amplification device (hearing aid) in his left ear, in addition to having the cochlear implant in his right ear. In 2013, the hearing aid broke and the mother decided not to replace it with another, because, she said, N practically heard nothing with the device.

Once N had the cochlear implant surgery, he began attending a school for the deaf with an oralist perspective, in which emphasis was given only to the development of oral language and its auditory aspects.

In 2011, at the age of six, when he started the dialogic and bilingual speech therapy on which this study is focused, N had recently changed schools. This new school, specific to the deaf, also emphasized orality. But N had sign language class only once a week, for 30 minutes, and the remaining school teachers did not use signing, so he had no interpreter to help during class. It is necessary to clarify that N had difficulty in following lessons in school because the teacher only used the oral form of the Portuguese language to interact with the students. At the age of six, N was placed in a class of 1st year of elementary school students and, according to the teacher, was linguistically and cognitively behind.

Before the bilingual dialogic clinic follow-up, interaction between mother and child occurred basically through homemade gestures and notes. This interaction, according to the mother's reports, resulted in great distress in both mother and child, and, because she insisted on the use of oral language, it was common for N not to participate effectively in family interactions.

In the first evaluation that was conducted in the bilingual dialogic clinic after the initial interview, it was noticed that N was behind in language development, since he had basically used homemade gestures, and had not been using LIBRAS; produced some sounds, most often meaningless ones; and was not able to read lips. He was a child who made little eye contact, hindering the dialogic interactions that his interlocutors sought to establish with him.

It was also observed that N had misused his residual hearing because, despite having the cochlear implant for four years, he only heard and located loud sounds and could not discriminate well between sounds. At that time, N was already six years old and had shown a certain reluctance in listening to and using oral language. So the implant team indicated that his appropriation of oral language and his residual hearing were much less than expected for a child of his age.

During this evaluation period, it was clear that N preferred to play alone, generally excluding others and stayed away from interactive processes. He did not follow dialogic changes and paid little attention to his interlocutors. Nevertheless, he tried

to communicate by making homemade gestures and pointing to toys and objects available in the therapy room.

After the evaluation, N started the therapeutic process and it was decided to work on improving his sign language skills, so that he could appropriate a language as quickly as possible and acquire the Portuguese language as a second language. At the time, the clinic's team talked with his mother about the bilingual clinic and the importance of LIBRAS. The mother then agreed with this approach and sought to appropriate this language herself, through courses, so that N could establish more effective interactions within the family.

The initial work in the bilingual dialogic clinic with N was conducted using LIBRAS and other linguistic features such as gestures, orality, drawings, lip reading, auditory resources, and written language. In therapy, language was worked on through play activities that required interaction with others, such as board games, cooking using recipes, making posters, and theater. In short, these were activities that used visual aids, since such resources are critical to the appropriation of sign language and, consequently, the Portuguese language. Thus, N could, through interaction with others, carry out conversations and take ownership of sign language that was previously unknown.

It should be noted that the therapeutic objectives for this patient were the appropriation of sign language and the Portuguese language in its oral and written form, as well as the development of listening skills. However, as this individual had had little contact with sign language at school and in clinical treatments, and did not have a deaf instructor who would serve as a linguistic model, we chose from interactions with a speech-language therapist through sign language, include the subject into practices and the language.

After N began attending bilingual speech therapy, he began to use sign language during speech language therapy, at home with his mother (who attended sign language courses), and at school with some of his deaf colleagues during break periods.

When N was 6 and a half years old, it was observed during bilingual speech therapy sessions that he was able to construct short statements through sign language, communicating as to his daily lives or telling children's stories. This communication was based on figures contained in the books used by the therapist to interact with him. Moreover, he came to understand stories narrated by the therapist through LIBRAS.

An example of the sign language appropriation process for N can be seen in the statement below. On that day, the therapist and N were creating a story from a sequence of figures, and then he created a short set of phrases to tell the story using LIBRAS:

NARRATION I (6 and a half years):

/MAN FISH. MAN SEE. SHIP NEAR MAN. MAN CATCH
FISH EAT./

In this statement, it is apparent that N has built a logical and temporal narrative through visualization of the figures he saw – caring about the discursive understanding of his interlocutor.

During the same year, aspects related to N's orality were worked on via meaningful activities. However, it was noted that there was little progress in this therapeutic goal. N produced only vocalizations that mostly were unintelligible and decontextualized. It was common for him to show discomfort when it was suggested he try to oralize.

This probably occurred due to the fact that N had studied in a oralist school that, according to the mother, used general mechanical activities that were often out of context to work on oral language. The mother said that the school's speech therapist directed her to use isolated phonemes, single words and repeating words, at home with her son, saying that it was so he would develop oral language. Thus, N's discomfort may also be related to family issues, because, as stated earlier, his mother sought orality as a means of communication with her child, asking him to use oral language through repetition of single words and production phonemes.

Regarding N's hearing abilities, it was noticed that he, at 6 and a half years old, constantly had refused to listen to environmental sounds and speech, although the therapist noted that he heard and focused his attention on environmental sounds and speech during therapy. Several times, N became angry when his attention was called to a particular sound and he did not use this feature as support in his interactions.

It was observed that N, at 7 years old, after a year of therapy, already presented a wider vocabulary of sign language when compared to the previous year. The systematization of the work took place through activities like storytelling, both fictitious and based on daily life.

At 7 and a half, it was observed that N drew the interlocutor's attention when he wanted to talk. In this way, he demonstrated that he understood how a conversational shift is necessary so that both he and his interlocutor maintain eye contact and both participate in the discursive situation so that dialogue could be effective.

Also at the same age, N came to therapy and, using LIBRAS, spontaneously narrated his weekend. The following is a narration by the patient:

NARRATION II:

/DAY GODMOTHER TRAVEL PLANE SEE MOTHER
GODMOTHER I FALL PLAY HURT KNEE./

N's work in relation to orality had little focus in 2012, but N vocalized some sounds, such as attempting to say the therapist's name in several situations when the therapist was asked to participate in the interaction, as well as in showing his discontent with conditions proposed by the therapist, using the oralized word, "No." In April of the same year, N's cochlear implant broke and he had a new implant put in (Cochlear Nucleus 5 model), which has 22 electrodes, all of which were activated. This latest technology gave him the recognition of a wide range of environmental sounds and speech, for example, his mother calling him. It was at that point that N began to show interest in sounds and began to discriminate his name, the name of his

mother, computer game sounds, some environmental sounds, such as a bell and the telephone. Moreover, N often called the attention of the therapist to environmental sounds heard during therapy. An example of this occurred when a baby was crying in another room and N made the baby and crying signs in LIBRAS. In another example, N went to the living room door when he heard a knocking sound.

Later that year, when N went to Sao Paulo to consult with the cochlear implant team, the team therapists were surprised by his hearing improvement and recommended that his work with the bilingual approach and sign language continue since the benefits of sign language acquisition were visible. The team wrote in a report that they had noticed changes in N and that he now showed a desire to interact with others, participated in dialogic shifts, and was much more involved in dialogic interaction.

Over time, the patient's mother, in constant discussions with therapists, came to realize the importance of sign language during interactions with her child. After two years of speech therapy, she decided to change schools, enrolling him in a full-day bilingual school where he remains to date. It is noteworthy that, in this school, N has contact with deaf adults who use sign language. In addition, teachers who can hear and the other students also use LIBRAS.

In his new school, N studies full-time and the teachers decided to keep him in the 1st year of primary school, with the argument that he was too behind in relation to the other children. The school then chose to assign him, each day, half a day of private class with a deaf teacher in order to work with sign language, and the other half of the day with a hearing teacher who worked both sign language and written Portuguese. Thus, N is not in any classes with other children. It should be noted that the clinic's therapists were against this plan, insisting on the importance of N studying and interacting with other children, but the school maintained its position.

When N was 8, during his third year attending the therapeutic speech and hearing therapies, the focus was on expanding his vocabulary, enhancing the use of LIBRAS in therapeutic sessions. Thus, it was revealed that the patient showed improvements in the context of LIBRAS, which happened to be inserted not only in statements made by the patient, but also in dialogue with the therapist and his family members.

Thus, at the age of 8, N extended his vocabulary and demonstrated how sign language had become part of his daily life. He began to talk in a coherent way through sign language. When angry, for example, he stopped expressing himself through simple physical actions, such as crying or breaking objects, and began to show his dissatisfaction and upset by using LIBRAS.

In the example below, N showed his affection during therapy through LIBRAS:

NARRATION III (8 years old):

/I LIKE YOU. I LIKE COME HERE./

In the statement above, one can interpret that N insisted that his counterpart know of the relationship established with him. In addition, throughout 2013, N was shown to be questioning, both in relation to his understanding of the world and in relation to his language. He went on to ask the meaning of new signs used in therapy, especially when he did not understand the context.

Also, during this year, N's therapist chose to perform some therapy sessions with other children. So it was possible to observe that the interaction between N and his interlocutors occurred spontaneously through play. When something was not understood, N used different strategies, for example, gestures, pointing, and vocalizations.

In relation to the cochlear implant, the team that accompanied N made changes in the settings and these were tested for speech and language therapy to emphasize hearing, seeking to determine what would be the best setting to suit his needs. It was observed by the therapist, and also N's mother, that the P3 setting (among the four settings available) showed the best hearing results. Using the P3 setting, N could better discriminate environmental sounds and used his hearing in daily activities, such as crossing the street, listening to music, watching television, and playing computer games. N also can hear and understand his name and a few words used in his daily life, such as: no, bye, hi, home, etc. The implant team continued emphasizing the importance of LIBRAS since the visits to Sao Paulo, N conversed in sign language with therapists and interacted by chatting and using dialogic shifts.

The following year, at 9 years old, N was more secure in using sign language and, several times, came to correct or to teach the therapist's use of signs. In order to broaden the interactive possibilities of the patient, the therapist that attended to him that year also worked with the construction of board games and scientific experiments. Such moments propitiated group work with other patients, in which N summoned the participation of his party on several occasions and, when called to participate, did not ignore the invitation.

Furthermore, it was clear that he also emphasized the objective of appropriation of written Portuguese as a second language. N initially refused to use this language mode, although he used it when he was interested –like for how to get games on the computer. The therapist interpreted this refusal as a result of an association that N had with orality, and because of this, the process tried to stay away from the writing of oral language by associating it only with Brazilian sign language.

With that in mind, N wrote his name and the names of family members, looked up games on the computer by typing the name of the game, wrote the name of characters from his favorite games and cartoons, performed scientific experiments and wrote step by step instructions for them, was interested in comics and asked the therapist to read them, etc. N began to see the social uses for writing and what he could do with it. Noting that, the therapist began to focus on the appropriation of written Portuguese as a second language, thus enabling its development, and a comparison of writing with LIBRAS

as a foundation – seeking to expand the communicative and interactive possibilities for N through language.

The activities in writing were made through social practices in which he could use written language, while doing his own readings with the help of therapists, using some of his own stories. In relation to writing and using LIBRAS, it is clear that N will be able to learn the differences and use each form of language according to its rules through negotiations and interactions⁽⁶⁾.

In the same year, N was in second grade, but as he was still behind in relation to other children in school, he continued studying privately, half a day with a deaf teacher who helped him with the appropriation of sign language and half a day he worked with written Portuguese – N, however, only copied the letters and words. Currently, he is in the third grade in a class with other children, and he already recognizes all the letters and some names, but he still writes with the help of an adult mediator.

The speech-language therapies continued emphasizing auditory skills, focusing on discrimination and location of environmental sounds, so his hearing was used in his day to day experiences, providing him with functional hearing, i.e., able to fit hearing activities into the daily context of his life, helping him to hear and interpret the sounds of his routine activities. In addition to the sounds where N already showed interest, as explained above, he began to take an interest in music, particularly rock music and music from films he had seen. In one of the therapy sessions, he picked up a guitar and played to the music that the therapist played on the flute. N also recognized the music from the film, *Minions*, pointing to a picture, and also music from the film *Frozen*.

During that year, N's speech consisted of some spontaneously produced sounds, but it also demonstrated his use of speech in some situations of everyday life, such as when he took the therapist's cell phone and said hello and produced several other sounds imitating the speech and, in the sessions with a guitar, N sang using the vowel /o/ in rhythm to the music.

DISCUSSION

Through the analysis of N's therapeutic process, there was a clear difference in his interaction when comparing the early and later stages of therapy. Initially, due to the lack of a shared language with his interlocutors, there seemed to be interest from the patient in sharing experiences and opinions regarding his experiences and knowledge. But after four years of speech therapy, N shows the need for the other party to participate with their experiences and he accepts that the other party influences his actions by sharing different subjects.

Regarding the use of orality, it is worth noting that it is common for hearing families with deaf children to seek and wish orality from their children. It was found that the expectation around orality exists because this type of language is very useful in a society made up of hearing subjects and enabling the child access to sounds through hearing aids, the family usually expects the child to acquire oral language⁽⁷⁾.

Upon reaching bilingual speech therapy, N had had cochlear implant surgery on his right ear and used a hearing aid in his left

ear. However, at six years old, his use of the spoken language was basically accomplished by unintelligible sounds that made no sense to the listener. Moreover, when people communicated to him using only spoken language, N could not participate in the language interactions, demonstrating that he was not yet able to use oral language. At this time, N also had no contact with sign language, which caused a limitation in relation to his social interactions, which was primarily conducted through homemade gestures and notes.

From the mother's initial complaint in relation to her son's communication, a speech therapist stated that N had a delay in the language appropriation process. From this opinion, it was decided that work would be done with N through LIBRAS because, being a visual language, it could facilitate the interactive process between N and his partners. Thus, the mother's expectations of N's orality were discussed with the intention of offering new significance, showing the importance of acquiring a visual language which the deaf subject can then appropriate more easily.

For this to happen it was necessary to draw N's attention to sign language and also use interactive strategies through which he realized the importance of the other party as his interlocutor. By employing LIBRAS during therapy, it was revealed that N mirrored the therapist's actions, a common process when the child is appropriating language. In view of this, at the end of the first semester of therapy, N had started using LIBRAS to communicate and also to initiate and complete conversational shifts, mainly through isolated signs.

At 6 and a half years old, N came to understand the utterances of his interlocutors and also to interpret, express and perceive the world through sign language, which helped organize his speeches through language, highlighting the importance of their appropriation.

Ownership and practice of language provide the immersion of children in discursive enunciation activities⁽⁸⁾. Thus, one can see that the situations experienced by N could be set out in dialogic situations. In this context, the patient showed himself at ease with LIBRAS and spontaneous dialogue with the therapist often occurred.

Since the beginning of the speech and hearing therapies, changes were seen N's interactive process. The patient, who often chose to play alone and did not complete conversational shifts, came to accept the other as interlocutor of his speeches, by inserting LIBRAS.

This is because N had made himself a subject through the effective use of a language, because it is through language that a patient builds identity and can become the author of his speeches, with the mediation of participating parties who understand the process.

In this light, we agree with the statement that everything that relates to a subject comes from the other – valued by the language of another person. The conscience of each person is through others. From them the subject receives the word and tone that will serve as a format of the original representation of himself⁽⁹⁾.

Along with the appropriation of sign language, there was a significant breakthrough in N's interactions in that, realizing the understanding of each other in speech, he requested the participation of the party in different activities. The language appropriation process leads to symbolization precisely because language is a way to act on the world and on the other. That is, through language, N realized there was meaning in the social world in which he is immersed and that could offer new significance as an experience that is renewed continuously within a socio-historical process⁽¹⁰⁾.

It is emphasized that, during the appropriation of sign language, work with N also aimed at patient interaction with the other party. Through the use of interactive and contextualized strategies, the patient began gradually to include the other in his actions, using the dialogic activities as a means of his participation and that of his interlocutor in such activities. This was due to various linguistic-discursive activities such as: children's stories, fictional narratives, recipes, construction, and theater puppets, among many others that provided playful interactive situations.

Play, therefore, is seen as an interaction that is able to make changes, exposing the subject through language⁽¹¹⁾. The child changes his way of playing, manipulating language, using creativity and imagination to create games, and explaining experiences. Through play there is the establishment of the child's dialog with his interlocutor.

Dialog is understood to be a space in which there occurs the mixing of multiple social truths, i.e., the confrontation of different social refractions expressed in statements of any type and size set in a relationship⁽⁴⁾. From dialog, N also had to maintain greater visual contact with the therapist, especially in explained activities performed in sessions. The dialog then took on a peculiar character of social relations that cannot be reduced to haphazardly decontextualized utterances⁽⁴⁾.

Based on sign language, N attempted to include written Portuguese as a second language, and despite his initial refusal to use this mode of language, the patient later showed interest in writing. It is necessary to clarify that N, during the period when he was in school, made use of decontextualized practices with written language, such as copying and naming objects and letters. It is possible that such practices prejudiced his use of this form of language. Thus, it was necessary for the therapist to act as mediator and partner in written language construction, letting N manipulate written materials and act on the language through meaningful writing practices⁽⁶⁾. It should be noted that N is in the beginning stages of the second language appropriation process, and he has already shown interest in reading and writing and all its possibilities.

It was noticed in this work, through speech language therapies based on a bilingual dialogical perspective, that N was gradually appropriating sign language and writing. Moreover, he started using hearing and speech in his daily activities. N realized he could use verbal and non-verbal language signs to interact and dialogue and used each sign according to the situation. These languages, therefore, have been used socially for N, enabling

him to be inserted in the speech and act on the world and on the other.

It should be noted that, in all speech and language therapy, there was a joint construction process of production, both in sign language and writing⁽⁶⁾. This mediation process in a dialogic clinic is fundamental, as it allows the subject to transform and be transformed by language.

Regarding the oral and auditory aspects, it was clear to see the difference in N after four years of therapy. As N could participate in interactive activities and actively be part of speech, he began to use hearing and speech functionally in daily life. However, it is likely that, if he had had appropriate earlier exposure to sign language and had used significant and contextualized orality and hearing through dialogic activities, he would have a more proficient use of language today.

Regarding how N's family now sees him, we must first remember that during the first sessions with his mother, the clinic's speech-language therapists had noted how she contextualized his speech based on the earlier health care professionals who worked under a medicalized paradigm. Such a paradigm is based on the idea that the more the subject moves away from a homogeneous place and exhibits unique characteristics, the more he moves away from the standard of what is acceptable – and imposed– given society as normal. Thus, it is based on a concept of deafness to be cured so that the subject approaches what is considered “normal.”

For these professionals, it can be they have distinct ways of dealing with certain clinical conditions. One can choose to take the role of someone who “has knowledge” or of someone willing to listen and jointly create forms and strategies to resolve difficulties⁽¹²⁾.

Many hearing parents usually choose only the acquisition of oral language as a means of communication and, in general, it is based on professional opinions involved in the diagnosis of deafness that ignore the importance of LIBRAS for the development of the deaf subject. Opposed to this, the present case study indicates that it is essential that deaf children are put in touch with people fluent in sign language, such as parents, teachers, or others, since there is no evidence that the use of this language inhibits the acquisition of speech. In fact, probably the opposite occurs⁽¹³⁾.

So even though many authors consider sign language as a first language of the deaf^(6,13), it is common for hearing families to want to only use orality, since there is usually a lack of knowledge about the importance of sign language. So, in a dialogic and bilingual speech therapy context, one of the goals is working with the family, so that they realize the importance of sign language and also appropriate the language themselves. Therefore, from the beginning of the therapeutic process, we talked to N's mother about sign language and especially about her perception as a mediator of the language appropriation process.

It should be noted that the therapist in this dialogical clinic can indeed promote hearing based on the needs of each family and point out new directions, allowing the improvement of dialogical relations, so fundamental to the creation of more

autonomous individuals. Thus, families can use live speech with their children, which means a bridge, that is, a meeting place between subjects, a place where, through otherness, language may constitute living language practice⁽²⁾.

To start attending the bilingual dialogic speech clinic and accept the insertion of LIBRAS in the life of her son, the mother learned sign language to get another perspective about it and also gained new perspective on her son.

Consequently, from the significant improvements in her interactions with N, the mother also sought to appropriate sign language, so that she could effectively understand and be understood by her child. Support regarding the appropriation of sign language was fundamental in developing the interactive process with N.

After four years of therapy, he noticed his mother's empowerment, which here is understood as a process that helps people to establish their control over the factors that affect their health and/ or education. This empowerment model is effective in group interaction and direct dialogue with professionals who seek health promotion⁽¹⁴⁾. Such empowerment provided significant changes in the constitution of the subject who attends speech therapy sessions, and of course his family.

The relationship built during the years of therapy with the mother allowed the therapists to somehow interfere positively in the dynamics of the family and make possible changes in attitudes, as the mother sees her son, trying to distance her from a view that was only anchored in organic difficulties and bring it closer to the real possibilities of this subject.

It is, therefore, important to emphasize that the relationship built with the family must be based on the understanding of family dynamics and listening to their demands, so that the work takes place together. For that reason, over the four years of therapy, the mother built, both through the dialogues with therapists involved in the care of N as with her own thoughts and reflections on sign language, a new view of her son. This new view is able to promote listening to N and his needs, and identify new directions for his mother, enabling the improvement of dialogical relations between her and her son, fundamental to the constitution of this subject with greater autonomy and social participation⁽²⁾.

FINAL COMMENTS

During years of therapy in dialogic bilingual speech therapy, it could be seen that N went on to complete and start conversation through the effective use of a language, allowing him to constitute himself as subject and author of his texts and interactions, enabling him to interact using verbal and non-verbal language.

Through the analysis developed in this work, we demonstrated the importance of sign language as a first language for deaf subjects and language as the organizer of a person's actions and conscienceness. In this context, it can be inferred that it was through LIBRAS appropriation that N began to realize the importance of his interlocutor, including the other in the interactive process and learning also the Portuguese language,

especially in its written form. In addition, N became a functional user of hearing and speech in his day to day life.

Dialogic bilingual speech therapy covers another vision of the speech therapy in clinical practice with deaf children that favors interaction and takes into account language appropriation in its range, which initially occurs through sign language that further enables work with the Portuguese language.

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Author contributions

BZPM and ACG were responsible for data collection and preparation of the article; GM, RT and APB contributed to the data analysis and preparation of the article.