

## Case reports

# A case study of a socially deprived child from a dialogical approach

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## ABSTRACT

This study aims to discuss how Speech-language therapy based on a dialogical perspective can facilitate the language appropriation process of a child, victim of social deprivation. In this longitudinal case study, the collected data, from February to November 2016, were analyzed from therapy sessions conducted at a Speech-Language Clinic located in Southern Brazil. The child was a 5-year old girl, victim of social deprivation in her early childhood. For the language therapeutic and evaluation process, the therapist used contextualized language-based activities, several social functions, such as house playing and dolls. During the evaluation process, it was noted that the child did not show intention to initiate or respond to taking turns, did not maintain visual contact and used incomplete and generally unintelligible statements. Throughout the therapeutic process, it was seen that this child began to participate more effectively in the dialogues, replicating the statements of others, positioning herself in relation to the other, perceiving herself as a dialogical subject and initiating the interactive process. Through the dialogical interactions that occurred in this period, it is considered that there was an expansion of her discursive interactions, allowing a better organization of her speech and the role she plays in each social interaction.

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## INTRODUCTION

According to the Bahtinian perspective, adopted in this study<sup>1</sup>, the constitution of a subject's singularity occurs by encountering the other in a steady exchange between the inner and outer world, which takes place throughout one's life by means of the language<sup>1</sup>. Initially, such exchanges occur in the family environment, with those who ultimately play the parental role. As they are closer to their babies, they will help them shape their behavior in face of the world and people from interactions within their own family circle. From such interactions mediated by language, which influence one's relations and the way of acting in this world, the subject makes them unique and one's own, as no one has ever lived the same events in the same unique and singular way. Therefore, society can be understood as a set of several unicities, influencing each other and influenced at every moment, transforming themselves and the others<sup>2</sup>.

In the dialogical perspective of language<sup>3</sup>, it is considered an open system, essential for the establishment of the discursive activity, being the social product of the language. It is by means of the language that dialogue is effected between at least two people within the same society/community, otherwise there would not be dialogical exchanges<sup>4</sup>. Thus, such a perspective considers subjects' background and their social relations with their surroundings, by means of the interplay with other subjects and their respective social views and voices.

Therefore, from the beginning of the unending process of language appropriation, subjects become aware of their role in the dialogues, and by means of the varied discursive genres<sup>5-7</sup>, they get into the story, perceiving themselves and others around, thus learning to report, comment, argue, tell others their reasons, wishes, events, history in an organized way, that is, in an understandable way. In this sense, a child's interaction with his/her social environments, and those with that child, is what enables his/her increasing discourse autonomy, making possible his/her greater participation and interference with his/her environment and peers<sup>8</sup>.

A study<sup>9</sup> on children who underwent social deprivation elucidates that people who grow in an environment lacking references from other human beings, have nobody to help them mediate their interactions. Thus, social deprivation may limit their actions, first in the discursive realm, and later in the social realm<sup>9</sup>. Therefore, children deprived from social interaction usually feature a series of limitations in

language appropriation, such as reduced vocabulary, lack of interaction with the other, lack of coherence and cohesion, etc. That occurs once they were prevented from an active role in the construction of themselves, and that is only achieved by means of the interaction with the other<sup>3</sup>.

Regarding the speech-language therapy with socially deprived children, it is perceived that it is a scarcely explored realm in the speech-language therapy, specially in relation to the therapeutic process from a dialogical perspective<sup>10</sup>. Thus, speech-language therapies, based on a dialogical perspective<sup>3,11-13</sup>, are suggested to serve as a means to mediate subjects with language delay and the other, so that they can reorganize their action on the language, enabling them to appropriate it and interact. From such explanations, the objective of this study was proposed, that is, to discuss how speech-language therapy may lead to the process of language appropriation by a socially deprived child.

## CASE PRESENTATION

The current research was approved by the Research Ethics Board from the institution Sociedade Beneficente Evangélica (CAAE: 8910/11). Moreover, the patient's legal guardian signed the Free Informed Consent Form.

The study was held in the Speech-Language Therapy Teaching Clinic of a University located in Southern Brazil, and focused on the case of a child who goes under speech-language therapies grounded in a dialogical perspective. The speech-language clinical therapeutic process, developed between February and November of 2016, was carried out weekly, 40-minute sessions, based on the dialogical relations between the patient and the therapist.

The longitudinal analysis of the results was held by means of the collected data from the patients' records during her therapeutic process, such as initial interview, assessment reports, daily records, semestral reports, and taped and transcribed records of dialogues between therapist and patient.

The patient, who participates in this study, is a girl born on April 7th, 2011. She has a history of contact and interaction deprivation from the other, being identified, along the current study, by the fictitious name of Luana. Besides her own name, her family members' names are also fictitious, thus preserving their identity.

The initial interview was carried out with Livia, 31 years old, Luana's stepsister from her father's first

marriage. Currently, Livia has been the legal guardian of Luana and her sister, Milena, 6 years old. According to Livia, in May of 2015, Luana, being 4 years old, and her sister, Milena, 5 years old, were taken from their biological parents after a complaint made by a health community agent in the municipality they lived and, after surveillance of the Family Council, the case was profiled as “false imprisonment”. It is noteworthy that her biological father, Bernardo, is a truck driver and used to travel most of the time. Her mother, Jaqueline, according to collected data, did not interact with her daughters, mostly leaving them alone in a cradle in a dark room with the TV and radio on (sic). Their father used to take them to some work trips in his truck, and occasionally they used to go to family parties, that is when Livia noticed that the children did not interact with people around, and she questioned her father about that. At the time, her father did not do anything about. Their biological mother, diagnosed with schizophrenia, justified their isolation by the fear of hurting them.

After the complaint, Luana and her sister Milena moved with Livia and her husband Arnaldo, who took on their parental role. According to Livia, when they came to their house, they both did not walk without help, and did not have motor coordination to handle objects. They could not eat or play by themselves either. Initially, Luana had temperature, according to Livia, for emotional reasons. Along the year they moved with Livia and Arnaldo, their sister noticed significant changes in the girls in several aspects: motor, social, linguistic, physical, psychic and emotional ones.

During the first interview, Livia explained that both children could speak when they were taken from their parents. However, they featured a “singing” talk, without respecting turns and hard to understand. Livia justified that fact by elucidating that the children spent the day listening to music, watching cartoons, child movies and TV commercials when they lived with their biological parents. Mostly, they did not use to interact with adults or other children. Regarding Luana, subject in this study, Livia reported that she used to speak very fast, and slurred the words, being usually necessary to ask her to calm down and speak more slowly so that she could be understood.

Currently, both children go to school. Initially they attended a special school, but at the beginning of 2016, Milena was transferred to a regular school, while Luana continued attending the special school, as according to her neurologist, she could not attend a regular school due to a diagnosis of severe language delay.

In addition to her therapeutic follow-up at the Speech-Language Teaching Clinic, Luana goes to music therapy, psychology, and physical therapy sessions, besides the appointments with her neurologist.

From February to March of 2016, during the assessment process based on a sociohistoric language perspective, procedures, taking into account the social use of the language, were used, that is, activities which were elaborated, contextualized and grounded in one or several social functions, such as housekeeping plays, playing with dolls, songs, beauty parlor, etc. In some sessions, it was perceived that Luana sang some songs, possibly from cartoons, jingles, etc. After singing, she interacted again and continued playing as if nothing had happened. Regarding the language, it was observed that Luana had a distracted, relentless behavior. In the interactions with the therapist, she did not show the intention to start or answer turns, and if the therapist tried to call her for interaction, she looked away, instead of establishing eye-contact. When she uttered, Luana usually used incomplete words and enunciations, in general, unintelligible. That can be visualized in the dialogue below from March of 2016.

#### DIALOGUE 1<sup>(1)</sup>

1. T: what are you doing?
2. L: ((looks at the therapist and looks back to the toy))
3. T: remember it?
4. V: ((smiles and looks at the therapist))
5. T: Luana...
6. V: what? ((looks at the toys and away from the therapist))

In March of 2016, the therapeutic process was started, in which oral language training was priority, conceiving the language as a discursive activity, resulting from a historical and collective work<sup>3</sup>. Varied discursive genres<sup>13</sup> were used in order to work with the interactive nature of the language, such as songs, fairy tales, child stories, cartoons. Throughout the therapeutic sessions, language was stressed in all its meaningful contexts. The activities carried out during the sessions were based on strategies, in which the therapist would use a variety of materials, such as: varied toys, dolls, child storybooks, play dough, toy cars, characters and plastic dolls. The sessions primarily aimed to create

(1) The dialogues are presented in orthographic transcription.

bonding between patient and therapist by means of ludic situations, which would favor turn exchanges, and would promote the expansion of the patient's discursive processes.

## RESULTS

At the beginning of the therapy sessions, during plays involving dialogues with story characters, Luana would commonly exclude the speech and actions of the therapist's puppets, completely ignoring her, while she continued playing, usually with a single puppet, which would repeat the same tasks: woke up, ate and after slept. That probably happened due to the patient's own life history, as her behavior while playing seemed to be related to her own socially deprived routine, which included basic tasks of eating and sleeping. Initially, Luana also repealed the therapist when she tried to join her play. However, it was noticed that when the therapist did the same, Luana turned her attention to what she was doing and wanted to participate.

Subsequently, some results are presented, which were organized in 5 dialogues with speeches between the therapist and the patient, collected during the therapeutic process. The dialogues will be analyzed in the discussion of this study.

Below, in dialogue 2, from April 26th, 2016, Luana and the therapist are playing with playful puppets.

### DIALOGUE 2

1. L: qué xentá cadeua ((she wants to sit down and pulls the chair))
2. T: sit there
3. L: abi! ((asks the therapist to open a mermaid house))
4. T: do you want me to open it? sit there... ((the therapist takes the house to open it))
5. T: look ((the therapist shows Luana the open house))
6. L: ((turns away, does not look at the therapist))
7. T: ((the therapist closes the house)) do you want me to open it or not?
8. L: ((fidgets on the chair, but does not turn and look at the therapist))
9. T: what are you doing?
10. L: ((looks at the therapist and looks back to the toy))
11. T: remember it? ((pointing to the toy house))
12. L: (...) ((tries to utter several times, smiles and looks at the therapist)) abi xeeua! (open the house!)

13. T: Luana... ((calling Luana))
14. L: what? ((looking at the toys))
15. T: look at me
16. L: ((does not look and revolves the toys))

In dialogue 3, held in April, 2016, Luana and the therapist played house building.

### DIALOGUE 3

1. T: Let's build a house?
2. L: amoxi (Let's).
3. T: Whose house is it going to be? Who is going to live in this house?
4. L: Luana.
5. T: Luana.

In dialogue 4, below, taped in June, 2016, Luana and the therapist were playing cooking food with play dough.

### DIALOGUE 4

1. L: ponto (ready)
2. T: look, this is still missing
3. L: ponto (ready)
4. T: that's it, very well. Are you going to use that too?
5. L: ((nods))
6. L: ... abi... (open)
7. T: open...
8. L: faxi o tomate (make the tomato)
9. T: make the tomato? All right, I'm going to make the tomato
10. L: ô faxu xenoua (I cook the carrot)
11. L: take it ((gives the therapist the orange play dough))
12. T: do I also make the carrots?
13. L: uhnhum... ... faxi o ovo (I make the egg (exclamation)) ((gives the therapist the play dough))
14. T: the egg? And what are you going to do?
15. L: u vô fajê a cane (I'm going to cook the meat)

In dialogue 5, it can be noticed that the therapist started asking questions so that the dialogue could develop. In this therapy session from August 2nd, 2016, Luana and the therapist were deciding what the play would be like.

### DIALOGUE 5

1. T: what are we going to play with?
2. L: de giafa (with the giraffe)

3. T: with the giraffe. What's the giraffe going to do? where does it live?
4. L: ta caja (in the house)
5. T: in its house. where? In the zoo or in the jungle?
6. L: du gológio (in the zoo)
7. T: in the zoo (exclamation sentence)

In dialogue 6, from October 11th, 2016, while reading a child story, already told in another moment of the therapy, it can be noticed that by retelling the story, mediated by the therapist and guided by questions, Luana could tell the Hansel and Grettel story.

#### DIALOGUE 6

1. T: what's the story about?
2. L: do João (hansel)
3. T: hansel and who else?
4. L: hansel...
5. T: hansel and this one, who is it?
6. L: maía (grettel)
7. T: a maria (grettel – exclamation sentence)
8. T: what are they?
9. L: (...) des (these)
10. T: both are Brothers, just like you and M. Let's see what they do? Look, who are these?
11. L: Maria e João (Grettel and Hansel)
12. T: that's right (exclamation sentence). And who's this one, the adult?
13. L: dad

## DISCUSSION

Throughout the therapy held at the Speech-Language Therapy Clinic, it was possible to perceive the increase in Luana's participation in the dialogical activities, specially when we compare her speeches from transcriptions at the beginning of the therapeutic process, in February, with those by the end of the year, in October, 2016.

Luana, who did not include the therapist in the play and interacted very little during the assessment process, from the end of the first month attending the speech-language therapies, she would include the therapist in her plays and speak more. It can be perceived, initially, that the use of short, simple enunciations prevailed in her speech, in which she usually used a verb and an object, for example: “*binca bóua*” (play ball), or designated any toys by only saying “*binquedo*” (toy). When she did not use simple enunciations, Luana's productions were often unintelligible to the listener, as she used fragmented, hard to understand enunciations within

the context of the play. Sometimes, the therapist could not understand her, either for not following the conversation theme, or Luana talked about a different subject from the activity they were carrying on. Moreover, some phonemic exchanges were perceived in her speech, which hindered the therapist's understanding.

Despite the therapist could not understand what Luana said, it was verified that Luana was open to new possibilities, mediated by her new family, away from the socially deprived environment. Thus, changes were perceived in her behavior during the dialogical playful interactions. Luana started to name certain objects in the therapy sessions, for example, the animals, puppets and scenery present in the developed plays, allowing better interpretation of the patient's speech by her therapist.

In the first months of therapy, Luana soon got tired of the plays, and constantly changed from one activity to another. It was necessary for the therapist to use body language, such as touch or even take the child's toy in order to call her attention, and show her that she was also in the therapy room.

In those situations, it was common for Luana to keep on changing focus from toy to toy, and did not respond to the therapist. It is noteworthy, however, that such a behavior varied from one session to another, probably due to her recurring absences to the therapy for problems in the family car, according to Lívia. She called the clinic to justify their absence. It is deemed to elucidate that the absences hindered the therapeutic process, as it would take long for Luana to interact during her therapy sessions when she missed a previous weekly session.

In dialogue 2, mentioned above, it is possible to observe how Luana behaved at the beginning of her therapeutic process, by frequently withdrawing, and not responding to anything, toys, gestures and/or physical touch. It also perceived that the most enunciations and interaction would evolve from the therapist's intentions. In her enunciations, it can be observed that requests on the patient's part, do not seem to expect a replication, as after requesting the therapist to open a toy in line 3, the child subsequently (lines 6 to 8) does not look, neither answers verbally nor takes the toy to herself. In lines 10, 12, 14 and 16, it can be perceived an attempt to communicate between therapist and patient, however, Luana sometimes looks away and behaves as if the therapist is not there.

The therapy carried out with Luana initially focused on the relationship established between patient and

therapist, that is, the position of the subject/other in the discourse<sup>1,3,4</sup>. That happened because, since her birth, Luana lived in a situation where dialogical interactions were not shared by others in her family circle, more precisely, by her biological parents. Thus, as a mediator in the patient's dialogical process, the therapist objectified to interact with Luana during the speech-language therapeutic sessions by means of dialogues, questions, body touches and eye contact<sup>14</sup>. Contextualized strategies were used in order to develop Luana's language appropriation process. Therefore, the therapist aimed to make Luana capable of recognizing herself<sup>9</sup> and the other<sup>1,14</sup>, essential in a dialogical process, and it was perceived that, along the therapeutic process, apprehension and the use of more complex enunciations were made possible.

It was also observed that Luana did not use the possessive adjectives "my", "your", and the personal pronouns "I" and "you" to designate a person or herself at the beginning of the therapeutic process, although she could understand the concept of what she possessed or not, and about her personal physical space and the other's. That could be perceived when Luana took or gave the therapist objects, and also when she responded to object division during the activities. If the therapist separated pieces or toys, telling her "*these are for you, these are for me...*", Luana understood. It was also verified that during the moments that they were taking turns, when the therapist said to be "*my turn*" or "*now, it's me*", Luana waited for her turn. Therefore, one of the initial therapeutic objectives was to work with the patient to re-mean her role in the relationships, specially because Luana named herself Milena, her sister, when she got to the clinic, thus, identifying herself and her sister as a single person. Then, the therapist continuously started to stress who she was, what her name was during the therapeutic session, as a way to make her recognize herself as a unique individual.

From the therapeutic process, some linguistic changes were observed in her speech. Thus, she started using verbs in the first person singular in her enunciations, and referring to herself by her own name, not her sister's name anymore. Luana started to recognize herself as the subject of the language. That can be observed above in dialogue 3.

After about two months of speech-language therapy, it was possible to interact with Luana in a more effective way, although she only accepted to play mostly by her own rules. For example, if they played with dolls, she

would choose the doll for each one of them, and both played separately with whatever each one wanted to. That fact had already been mentioned by Lívia in the initial interview, who elucidated that Luana had a strong personality and liked to be the leader, including at home and at school. Perceiving her attitude, the therapist pretended to be playing by herself, not responding to her exclamations or possible requests in order to clarify the extension she would be affected by the therapist's silence. Thus, Luana started wondering what was going on, taking objects from the therapist's hands, and asking about the toys that she was holding "*L: o que é isso (what is that)?*".

From then on, while the therapist was interacting with Luana, she persistently called her during the sessions, attempting to broaden Luana's discursive possibilities, trying to re-mean her discourse role<sup>5,12</sup>.

It was then perceived that Luana started taking on her dialogue stance from a new relation to language, actively putting herself in the dialogue<sup>4</sup>. Thus, she changed her behavior from ignoring the listener to relating to the other. Therefore, it was observed that Luana started to replicate the other's enunciations from May to June of 2016, denying or refusing something made with or by the therapist, as a way to underline her stance in the discourse, instead of ignoring it.

That fact can be noted when she answered "yes" or "no", or even used her body to block her vision and contact with the therapist, moving around the room in order to state her will (or lack of it) towards an activity suggested by the therapist.

From the middle of 2016, Luana was perceived to use the language in order to interact with the other more effectively and recognizing her listener<sup>14</sup>, taking turns, asking, retaking formerly held activities, organizing toys and plays at the end of the sessions, showing knowledge about rules and schedules. She started to perceive herself as an active part in the dialogues, fact observed in dialogue 4, aforementioned, specially in lines 10 and 15. Luana, for the first time, referred to herself as "*I*", which shows her perception about herself, and the notion that her listener should be called "*you*". In the linguistic realm, her improvement is also clear in her vocabular increase, taking turns and considering the other in the dialogical interactions, in addition to starting turns, as perceived in lines 6 and 8. In line 15, the use of a complete enunciation is noted, which did not need the therapist's interpretation.

It is noteworthy that Luana lived with her sister Lívia and Lívia's husband, Arnaldo, when she was referred to

the speech-language therapeutic clinic. Before that, she was addressed by the others, and primarily interacted with her sister, a year older than her, in spite of living in a socially restricted environment. It seems to elucidate that Luana's dialogical possibilities could be expanded as she started to live with another family and attend school before the speech-language therapy sessions, which enabled speech changes in the child and about the child. Thus, the dialogical and social interactions established after her social deprivation, provided Luana with new discursive, affective, subjective and emotional possibilities<sup>4</sup>.

It can be observed in dialogue 5, above mentioned, that Luana gradually started to organize facts and characters better during the playing context. In line 2, Luana suggested what they would play about, and from then on, the dialogue with the therapist was carried on. By talking to the therapist about the ludic context, Luana set out a dialogue, organized by taking turns, viewing the other. That is to say, she perceived that she needed to talk, explain, describe people and places, report experiences so that she could be understood by her listener.

Further, between September and October, Luana started to report, to retell formerly read stories by the therapist during the sessions, to make up her own stories located in a ludic context, using toy cars, puppets, play dough in order to contextualize and build her discursive enunciations, as for example, in dialogue 6, above mentioned.

From the dialogues established between the therapist and Luana along 2016, it can be observed that her dialogical possibilities were expanded, which is understood as essential for the language as well as the subject's constitution<sup>9,11</sup>. Therefore, the dialogical interactions enable subjects to organize themselves and the other<sup>1</sup>; the latter is understood as the one who mediates the interaction between the subject and the living context. Thus, along the therapeutic process, Luana started to take the other into consideration within her dialogues, started to use other discursive genres, such as narratives and storytelling. Moreover, she started to comply with rules, organize her speech better, establish her position in the dialogues, delegate functions to herself and the therapist in their plays.

By analyzing the formerly mentioned dialogues, it can be perceived that text cohesion aspects<sup>14</sup> were also developed, and Luana began to use linking words. Therefore, initially, her speeches had few linking words, some enunciations were disconnected. At the end of

2016, Luana started to use more linking words, which apparently means that she is reflecting more about them.

Regarding text coherence, the therapist puts meaning to Luana's speech during some communicative situations. At some moments, the therapist needed to interrupt and ask what Luana meant by that enunciation, but as they had knowledge of their shared worlds, she could attribute meaning to the child's speeches. The production context, that is, the dialogues produced in the speech-language therapeutic clinic, from a discursive perspective, also seem to be a determining factor for the understanding of the dialogical productions<sup>3,14</sup>.

By expanding her dialogical relations<sup>11</sup>, in several instances and social settings, Luana developed a more active behavior during interactions. The speech-language therapy grounded in the dialogue, interactions and re-meaning of the subject's relationship with the language, broadened possibilities so that Luana could relate to others, so that she could establish other roles, expand her acting and interacting ways within, and about the language<sup>3,14,15</sup>.

## FINAL CONSIDERATIONS

From the speech-language therapy, based on a dialogical discursive perspective, it can be learnt that Luana, a girl who underwent a socially deprived situation for four years, could expand her dialogical possibilities. Therefore, she started to take and complete dialogical turns, and interact with others more effectively, including them in her daily dialogical relations, in her family circle, as well as in several social settings.

This study points out that the clinical speech-language therapy, from a dialogical perspective, enables children and all involved subjects in their social relations, to think over the language in their varied social settings, expanding its use and appropriation.

That perspective also favors subjects to approach language, including fostering the re-meaning of the unique understanding that each child has with the language. Therefore, it enables the speech-language therapist to understand each subject's history and to build new meaning to children's experiences from their social relations and speeches pervading those relations.

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