

Speech therapy, mother, child: encounters and disagreements in the therapeutic speech and language scene

Fonoaudiologia, mãe, criança:
encontros e desencontros na cena terapêutica
de fala e linguagem

Terapia del habla, madre, hijo:
encuentros y desacuerdos en la escena
terapéutica del habla y el lenguaje

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Abstract

This study is part of the field of speech therapy clinical practice of the process of language, speech and discourse of a seven-year-old boy with apraxia of speech in childhood. The proposal covers the clinical-theoretical-practical aspects that questioned the speech-language therapist over the longitudinal monitoring of 3 years and two months. The questions are not limited to the therapeutic scene, but they also delineate the linguistic movement of the child that takes place outside of it (family, school, social environments) and returns, pushing the clinical practice. The child's mother is the narrator of what happens outside the therapeutic scene amid the semi-structured interview conducted by the speech-language therapist. The meeting of the professional, mother and child reveals a certain clinical path in the monitoring of a child with apraxia of speech in childhood, marked especially by the therapeutic and family and school orientation of the speech-language therapist, by the role played by the mother, by the analysis of the path of subjectivity of the child in the language.

Keywords: Speech, Language and Hearing Sciences; Apraxias; Family; Language; Speech.

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Received: 25/06/2020

Accepted: 05/10/2020

Resumo

Este estudo se inscreve no campo da prática clínica fonoaudiológica do processo de linguagem, língua, fala e discurso de um menino de sete anos de idade com apraxia de fala na infância. A proposta recobre os aspectos clínico-teórico-práticos que interrogaram a fonoaudióloga ao longo do acompanhamento longitudinal de 3 anos e dois meses. As interrogações não se limitam à cena terapêutica, mas delineiam também o movimento linguístico da criança que se dá fora dela (família, escola, ambientes sociais) e retorna, pulsionando a prática clínica. A mãe da criança é a narradora do que acontece fora da cena terapêutica em meio à entrevista semiestruturada realizada pela fonoaudióloga. O encontro da profissional, mãe e criança revela um determinado percurso clínico no acompanhamento de uma criança com apraxia de fala na infância, marcado especialmente pela atuação terapêutica e de orientação familiar e escolar da fonoaudióloga, pelo papel desempenhado pela mãe, pela análise do percurso de subjetivação da criança na língua.

Palavras-chave: Fonoaudiologia; Apraxias; Família; Linguagem; Fala.

Resumen

Este estudio es parte del campo de la práctica clínica de terapia del habla del lenguaje, el lenguaje, el habla y el proceso del habla de un niño de siete años con apraxia del habla en la infancia. La propuesta cubre los aspectos clínico-teórico-práticos que cuestionaron al logopeda durante el monitoreo longitudinal de 3 años y dos meses. Las preguntas no se limitan a la escena terapéutica, sino que también delimitan el movimiento lingüístico del niño que tiene lugar fuera de él (familia, escuela, entornos sociales) y regresa, impulsando la práctica clínica. La madre del niño es la narradora de lo que sucede fuera de la escena terapéutica en medio de la entrevista semiestruturada realizada por el logopeda. La reunión del profesional, la madre y el niño revela un cierto camino clínico en el acompañamiento de un niño con apraxia del habla en la infancia, marcado especialmente por la orientación terapéutica y familiar y escolar del terapeuta del habla, por el papel desempeñado por la madre, por el análisis del camino de subjetividad del niño en el lenguaje.

Palabras clave: Fonoaudiología; Apraxias; Familia; Lenguaje; Habla.

Introduction

More recent studies on “speech apraxia in childhood” (AFI) define that praxia results from the neurological maturation of the child, throughout development, in the functional learning of the motor and sound interaction of the language heard with the production of speech itself¹. Apraxia may result from neurological immaturity that interferes with the set of neuromotor systems and strategies that control speech production, the accuracy and variability of articulatory movements observed in young children¹. Medical explanations associate it with neurological etiologies (intrauterine, infections or trauma), complex neurobehavioral disorders (genetic or metabolic), alteration in the Dronckers area (responsible for planning and executing speech movements), or even idiopathic neurogenic origin^{1,2}.

Speech-language follow-up is recommended for all AFI cases. In the clinical practice represented here, it is privileged as an issue that includes speech, language and discourse present in different uses of language (Pragmatics). From this point of view, AFI is not limited to a specifically motor issue of speech¹ production because it implies the process of subjectivation of the subject in/by language².

The proposal of this study is to give visibility to a (among others) clinical-theoretical analysis of the scenes of the weekly speech and hearing follow-up of a seven-year-old boy diagnosed with AFI. To achieve this proposal, what happens outside the therapeutic scene is considered with equal value, but it has repercussions on it.

1. We privilege the term “speech production” over “installation” or “placement” of phonemes, terms also found in the field of speech, language and hearing sciences.

Thus, on one hand the family orientation is not limited to phono articulatory training, but becomes a mediation channel between what the phono audiologist shows to the family about the child in the midst of pragmatic language/speaking activities (playing, singing, representing, drawing², among others). On the other hand, the family brings the speech therapist closer to the daily events involving the child outside the therapeutic scene.

In other words, this relationship results in guiding knowledge about the place of interlocutor that is destined to the child, which are their interlocutors, how they mean their speech and how they deal with the impossibility of meaning it and, finally, how the parents understand the diagnosis of the child and the process involved in it.

Faced with these hypotheses, we choose the child's mother as the character whose narrative portrays different linguistic scenarios and broadens the understanding of what involves the speech-language therapist work of a child with AFI. To do so, we used a semi-structured interview of the speech therapist with the mother, specifically addressing the child's speech and language issues, the strategies she used to deal with what she could not mean in her speech, and how she experienced the speech-language process of the child.

In time, the interview is a type of qualitative research that seeks the understanding of complex relationships and as it produces text, it is characterized as a social act of knowledge construction⁴.

Method

The research was approved by the Ethics Committee of the Faculty of medical sciences - Unicamp under the protocol of no. 018/2017 with a Term of Free and Informed Consent signed by the mother.

The study covers the evaluation, therapy, family and school orientation and the theoretical developments of the longitudinal speech-language follow-up of a seven-year-old boy diagnosed with AFI. The follow up, with a weekly session, started when it counted with four years and three months (January 2016) and the period considered in this

research is equivalent to the initial three years and two months (until February 2019).

The semi-structured interview is characterized as a research instrument that favors the identification, explanation and understanding of phenomena pertinent to a given social situation that, although unique, affect a large number of people who experience the subjectivity of the same circumstance^{5,6}. The present study is about a speech therapist interview with a mother on questions pertinent to the speech therapist follow-up of a child diagnosed with AFI.

The attention given to the formulation of questions by the speech therapist kept the dialogic profile open, molding itself to the clinical-theoretical-practical aspects that questioned her throughout the follow-up of the child, aiming at five objectives: 1. The search of the family for the medical and speech therapist diagnosis of the child; 2. The mother's meaning of speech and the lack of speech of the child in the process of language acquisition; 3. The social/family relationship of the child; 4. The access of the child to school and to the reading and writing processes; 5. As it is revealed in the interviewee's speech her perception about the speech-language accompaniment of the child.

The interview, held on February 14, 2019, was recorded in audio with the duration of 40 minutes and 27 seconds and transcribed literally. The literal transcription is indicated for the interview, reproducing without correction the speech and language aspects, preserving from the original linguistic context the misunderstandings and emotional marks⁷.

In order for the transcription to be under the ethical requirement of protecting the identification of the participating subjects, the accompanying subject had his identification replaced by the terms: "child", "boy", "son", "the speech of the speech pathologist" by the letter F and "the speech of the mother" by the letter M.

Due to the fact that the questions addressed to the mother are based on the questions posed to the speech therapist, the analysis and presentation of each piece of information cut out from the interview is composed of a set of passages that contemplate each of the five themes listed above. This option seeks to bring the reader closer to the clinical-theoretical-practical contexts that originated the different questions. Then, in the Discussion item, we will outline the analyses carried out and, finally, we will weave the Conclusion.

2. For Vygotsky³ speech organizes the drawing and directs its graphic action at the same time as the drawing organizes the speech, showing that the activity of drawing is dialectically constituted by these two movements.

The theoretical assumption used in the data analysis is mainly based on the studies developed by authors of Linguistics⁸⁻¹¹, especially Discursive Neurolinguistics^{6,9-14} and Language Acquisition¹⁵. We would like to point out, therefore, that classic studies in these areas will be resumed.

Data presentation and analysis

Data 1. the family's search for the child's medical and speech pathology diagnosis.

Parents are concerned because their child at three years of age still does not speak. And from the imaginary that went from normal to serious problems, the family begins to search for a medical and speech pathology diagnosis that names what the child presents.

1.a. F: What did you think he had, back in the beginning ...?

M: I had no idea what he had ... because ... the family kept talking like this: "Is everything ok with your son? "Is he normal?" "Does he have anything?" "Doesn't he have any syndrome?" I came to hear this ... e ... I ended up getting away from the family for it. I didn't know what I was going through with the doctor... The pediatrician hadn't gotten any referral (to speech therapist). I didn't know, I just thought it was taking a while ... he's lazy ... he doesn't talk because you don't encourage...

1.b. F: Did you (the mother and father) ever talk about what the child has? It pisses me off ... Or wasn't this a subject you discussed with your husband or didn't you talk about it?

M: We did... talk about it... yes... .. I kept trying... always calling the health clinic to see if the position was vacant for him in the speech therapist that was in the polyclinic. My husband always called and "ah! I couldn't". "Ah, let's see if you can find an agreement", but the agreement does not cover phono therapy. He charged himself... because gee, "I can't afford to give my son a proper treatment. Maybe he needs it urgently and I don't have it. So I sometimes tried not to keep talking so he wouldn't feel bad about it.

1.c. When the child was almost 4 years old, he went through a speech therapy at the health center of the city where he lives. The mother's narrative about this is the following:

M: ... I went through another therapist that turned

to him and said". If you don't speak properly I won't understand you!" and he cried. If he spoke right he wouldn't have to take him to a therapist. I was outside with my husband and she and he spoke his way babbling, it was a triage. She spoke as soon as he was lazy ...

Analysis

The family's wait for medical diagnosis and speech therapy, since when the child was about three years old, exposes a conflict between what the mother and others think. It is a parallel of different possibilities in an imaginary spectrum that includes: developmental problem, possibility of a syndrome, lazy behavior of the child, charging and the mother's guilt in thinking that she did not encourage him enough to talk and, finally, time as a possibility of natural resolution of the problem.

This set of issues is aggravated due to the financial impossibility of the family to pay for the care, the erasing of the State's responsibility towards public health and the classification of speech-language therapy as a non-priority in a large part of Brazilian medical agreements. Add to this the fact that, in the mother's speech, the first speech therapist did not dimension the child's demand. All these events have prolonged the child's length of stay in the same condition without the necessary speech-language therapy attention regarding evaluation, intervention, family and school orientation³.

Data 2: The mother's meaning of speech and the lack of speech of her child in the process of language acquisition.

From the perspective of Language Acquisition proposed by De Lemos, the child is a privileged interlocutor, since and before his birth, due to the anteriority of language, the presence of the other and of language and the effect of the adult's speech on the child's speech¹⁶. The proprioceptive aspects, i.e., the sensations and perceptions coming from the body, the experimentation with the movement of phono articulators and vocal resonance boxes, the perception of sound (prosody and intonation) resulting from the voice of the mother (and the other) affect the baby's body in the interaction and cover the multiple entries of the child in language,

3. We understand "family orientation" as the space for discussion, reflection and theoretical analysis involving the family and the speech therapist in relation to what the child presents.

language and speech. This process is always based on the other's meaning impregnated with the linguistic/discursive in which he or she was also meant^{13,14,17-19}.

2.a. F: Now tell me something, are you telling me that you kept translating, you often kept translating from something you imagined? Did you always understand exactly what he was saying?

M: I used to pick up a word in my day-to-day life, a word or another isolated word, I used to get used to the sound of the word I don't know, I can't explain today. And when I spoke the whole sentence and he did it with his head I understood that I had got it right.

2.b. F: Did you translate?

M: YES. I would pick it up and ask it all the time in a way that ... questioning. Like a video I have there. "ah I want", he talking his way, "swim", "do you want a cow? He said "i" and he's not. A gift cow for what? "Dadete" "Ah is it for milk?" and he "i", so it meant that I had got it right. It was luck.

2.c. F: So you took the context and tried to know from that?

M: Yes (tone of statement)

2.d. F: Because ... do you remember? Sometimes I sent what he had done of activity here. And then he would tell you about the activity and you would say, "I can't understand. Usually this translation had to be there in the situation to be able to help?"

M: Yes.

2.e. F: Did you think he was very depressed, upset?

M: He missed contact with other people and other children and when he had the opportunity to play ... he realized that other children when he didn't understand him...

2.f. F: Well, and then back to the recording situation. I asked you to record for me, remember? And then I remember a lot of his speech: "Look, I recorded, but I edited what I recorded because if it didn't get too big". That's right, how was your feeling when I asked you to record him talking?

M: It's because so many details appear and then ... it's because he disguises ... you're talking to him and he ends up disguising it ... he disguises... not now, but like this... he disguises, he stops. Not

now if you want to do something with "he keeps on doing it". So much so that he takes a little cell phone that I have there and he talks and wants to have a channel (YouTube).

Analysis

This is the strongest restlessness that remained with the speech therapist throughout the accompaniment. If the language acquisition process is encouraged in the initial interaction with the mother as a matrix of meaning, how did the process occur in the case of this child? The term "translation" often used by the mother caught the attention of the speech pathologist.

The initial matrixes of meaning in language - meaning, reference, contexts of the words - come from the mother, or whoever performs this function, which inserts the child into the culture. Later, in the child's linguistic trajectory, this insertion is expanded from its relationship with different interlocutors, in the different social uses of language^{17,20,21}.

In this journey we observe that the mother's interpretations/significations go through different degrees of distance and approach to the direction intended by the child and vice-versa. We know that there are, for example, conditions that affect the child's⁴ speech production, and/or the relation meaning and significance and/or the linguistic/discursive context, making it impossible to maintain the sense shared by the interlocutors. However, the game of approaching and moving away from the senses present at the beginning of the subjectivation process of the subject will also remain in some degree in its future condition as a speaker, because misunderstanding is one of the interfaces of language/language/speaking in the interlocution²².

In such a way, we consider that the path taken by the *mother-child* or *child-other* dialogical pair (speech therapist, teachers, relatives, friends) is complex and rich in details, and in it the phenomena that are only revealed in *circumstances of pathology gain luminescence*, according to Freud¹³. The author, in the field of neurology (neuropathology), analyzes that we learn to speak always guided by the sense that the word conveys, we speak the word associating to its sound image (word in the language), its impression of innervation, its

4. We refer to different conditions that focus on the impossibility of speaking (Cerebral Palsy); the sharing of the same language (Deafness); the maintenance of a dialogue (Autism Spectrum Disorder).

kinesthetic image of the body, that is, sensory/proprioceptive impressions coming from the organs of speech. These impressions are registered in the brain as traces of memory that are stabilizing in the vocal production of speech. Then, after a period of interaction with the other, the child begins to repeat the language because it has appropriated the motor, kinesthetic and sound images of the phonemes and their combinations in the structure of this same language.

It collaborates so that this happens the modification that the adult makes in his/her own speech (*Speech directed to the Child - FDC*) to adapt to that of the child, printing to the sounds produced by him/her the affective, social, cognitive and discursive senses in a given language. Later, these “mechanisms” are relativized because the child appropriates cognitively and psychically the proprioceptive experience full of senses in the language/language/speaking.

To broaden our reflection on these phenomena, we take up De Lemos⁵ to understand how children build their relative⁵ linguistic autonomy in the trajectory from infants to speaking subjects. For the author, the linguistic functioning of the child is affected by its change of position in a structure that is composed of three simultaneously articulated poles, showing the subjectivation of the subject under a certain dominance: in the first position the dominance is in the speech of the other, in the second in the functioning of the language, and in the third in the relationship of the subject with his own speech.

Thus, the first position shows the child's dependence on the mother's speech and that the progression of the mother-child dialogue is anchored in the mother's speech/interpretation. There is opacity and no coincidence between the mother's speech and the child's speech. The mother's speech is revealed in the child's speech, it is in the fragment of this speech that the subjectivation of the subject becomes possible¹¹, in the second position the child's statements are marked by errors and the child's impermeability to correction of the error by the adult¹¹; in the third position the talking subject emerges, the one who speaks and listens to his own speech, recognizes the difference between his

speech and that of the other. There is coincidence between the child's speech and that of the adult, as well as occurrences of pauses, hesitations, reformulations and corrections.

It is not our proposal to characterize here in which position the child of the interviewee is, even because in the operational simultaneity of these dominances, when one is in evidence the others are also articulated, only in a different way. We are interested in reflecting on the double face of the child's linguistic path, which appears both in the mother's speech and in the concerns of the speech therapist.

We have aligned different studies above to realize that proprioceptive aspects interfere in the production of speech, in the adjustments that the child makes from his speech to the one he hears. On the other hand, we know that the subject of this research presents himself with AFI that focuses especially on the production of speech, changing its possibilities of approximation and repetition of language.

The studies we present also highlight different and important aspects of the language - language - speech axis: the process of subjectivation of the child, when captured by the language, the proprioceptive repetition of the language¹³ and the immersion of the child in interactive melody¹⁸. However, language, language, speech and discourse also require, in concomitance with the dialogic environment, psychic, cognitive and neurofunctional substrates (learning, memory, among others) as the linguistic functioning presupposes attribution of meanings to both the partnerships of looks and words in specific contexts appropriate and reappropriated by the speaker throughout life.

We saw, in De Lemos' references, that the dialogical relationship of the child with the mother is initially marked by non-coincidence, by the opacity of the senses, and that in the intervals of the fragments of the mother's speech, spaces are opened for the child's subjectivation, access to the symbolic presented by the mother. This seems to us, besides apraxia, to be the strongest explanation for the speech issues presented by the interviewee's child. We do not perceive the formation of a mother-child dialogic pair, which, consequently, seems to have made it impossible for the fragments of the mother's speech to remain as a space for the child's subjectivation. As a result, apparently, the child and mother are frozen in this condition.

5. It is relative because the networks of senses do not close, susceptible to resignification by the subject's experience. In the face of this, the autonomy of the speaker always seems temporary to us.

What has been observed is that in order to realize the opacity of the child's speech, the term translation appears in the mother's speech and seems to indicate that she "translates" to the world what she guesses the child would speak. As a possible consequence, the opaqueness and non-coincidence of meanings of the mother-child relationship would be brief, in the middle of the transition from the first to the second year of life, in the case of the interviewee and her son remains for much longer.

In the face of this, the speech therapist was faced with difficult questions to be answered: Was this boy's speech apraxia in fact what triggered his inability to speak? What caused the child's linguistic trajectory to be unable to be captured by the language? What would stabilize as a linguistic sign when, on the one hand, he cannot repeat the language and, on the other hand, he relies on the inconsistency of his mother's "divination"? What gives the mother the certainty that he speaks to her even without speaking? And, in this impossibility of the child being marked by language, is it possible to accept that the mother "translates" the child's "non-language" into the world? Wouldn't the mother's function as "producer of meaning" be the opposite, to translate into sounds for the child the world perceived by him?

In order to understand to what extent the child's speech was really meant by the mother, and for the mother to gain a distance of observation from what she referred to as translation, the speech therapist, in agreement with the mother, chose to use the WhatsApp application to send her voice message recordings of the child telling about the activities performed in the session. The mother said she did not understand anything of what he was saying.

The speech therapist also suggested that she record the child telling about something she did with her family and forward it to him. What motivated the speech therapist to maintain this dynamic were also the different possibilities that the activity offered for the child to experience the place of interlocutor, to create the habit of sending a message, to be able to listen to what he said, to have the response of his interlocutor and share these moments with the family members. The mother showed great difficulty in dealing with the child's speech and justified having edited⁶ the (only) mes-

sage sent to the speech therapist due to the long recording time of the child's speech.

Data 3: The child's social and family relationship.

From Bakhtin²⁰ we understand that the extension of the semiotic domain of the speaker will depend on new interactions with different chains of signs already established (social environments, family, schools, etc.), because there is no meaning detached from their historical context. Thus, the signs derive from the social relations that make up a set of values, a historically marked view of the social world made possible by language, language, speech.

3.a. F: In situations of speaking from him to was you in relation to other people? It was difficult ... Did it embarrass you at times, when the family was together? How did you behave in relation to his speech?

M: A lioness because they were joking and it displeased me. I could see that the child was moving away. He would talk everything to Be and they would say, "The baby is here. Children started to play and even some adults in the family I remember saying to my husband, "I don't want to go to my grandfather's house anymore. Ah my uncles keep drinking playing and not to be rude to them, I don't want to go anymore". I stopped going to the house of a certain part of the family. Then: "ah I don't want to go to a family reunion anymore" because he was annoyed and then he walks away and doesn't want to play anymore... because people play games and he got nervous because he tried to talk and when he realized that people kept repeating the way he talked... because listening he knew he was wrong then he got nervous and he got singing. Then the day ended for me. If it was a party, the party was over for me: "I want to leave. Then I started to exclude myself from things.

3.b. F: How did your husband behave in relation to the child's speech?

M: Ah my husband is very quiet. He did not understand. My daughter and I could understand. My husband said, "What did he say? Then I would talk and he would always want it that way... let me overprotect, welcome, come here, try to play with him so he would be calmer. When he arrived I was exhausted because I went to the playground and the child got nervous. I went to the mall and cried. Then he (the husband) tried to soften things up, you know. But always: "How was today? That's why we have

6. Edit: change, modify²³.

a lot of little videos on our cell phones because he used to say "Wow, Dad! He would try: "I want to talk to Dad! Daddy... he was away for a long time.

3.c. F: Did he travel a lot?

M: Sometimes he would go to Minas or something all day long, and when he arrived the child was already sleepy, because he was young. So sometimes I would send him some short videos of him talking and I would talk to him together, so he would understand, translate, and then he would respond in a way that his presence is present in the child's daily life.

3.d. F: In the beginning he was resistant (the speech therapist refers to the fact that the father avoids the child for not understanding his speech)? How was it? It was after the child started in therapy, because... I remember that you made an agreement?

M: Yes, it was. Because: "What if he asks me something that I won't know what he wants? How will I do it?" He had this concern: "What if I don't understand?" The boy was starting to get nervous. He would talk about it two or three times, then he would point, then he would talk like that. In his head he was talking. "Does my mother understand me because you don't understand me?" My husband was desperate: "If I go out with him and I can't understand", then I had to stay together or take my girl with me.

Analysis

The relevance of this data is to know the discursive construction of the child. However, it draws attention to how much speech impedes the child's relationship with his father.

"A lioness. The mother defines herself through this discursive memory⁷ to mark how much she believed she needed to defend the child who speaks as she speaks, from the judgements/depreciative behaviors of some adult relatives and children. At that moment, she considers that her child perceives her own speech, knows the social impact it causes, resents it and gets nervous.

However, in her narrative there are no markings of the strong and intense unease that this social context causes her. The mother starts to describe an amalgam of feelings without it being possible to really identify what is hers and what she thinks

7. The expression "discursive memory" does not refer to the retention of information, but "refers to the significant forms that lead a society to interpret itself and to understand itself through that interpretation" (24).

is hers. The result of this is the social detachment that she begins to impose on herself and her son.

The father is presented by the mother as a partner who overprotects and welcomes the child, but avoids being alone with him for fear of the speech he does not understand. However, not understanding the child's speech does not seem to be a matter for the mother. Followed by the daughter, the mother puts herself as the main interlocutor, the translator of the son's speech and imagines being recognized by him: "Hey, my mother understands me why don't you understand me? (given 3.d.). She is someone who needs to be with the child all the time as his spokesperson.

Three other aspects still need to be considered:

- The first refers to the tiredness that the mother demonstrates when she feels overwhelmed by the function of giving voice to what she imagines her son means, besides dealing with his nervousness and crying. Behaviors described by her as driven by his difficulty in speaking. The child seems to have only two interlocutors: the mother and the sister. The father, on the other hand, supports the mother recognizing that the son's problem, with which he cannot deal, returns to her
- The second aspect refers to the following mother's speech: "In his head he was talking" (given 3.d.). This means to recognize the son's lack of perception of his own speech. Differently, we observe that in the previous datum (datum 3.a) it stated that the son perceived his speech and suffered when they laughed at him. In other words, the child's perception of his/her own speech represents a very important issue, as it triggers different attitudes of the child's interlocutor.
- The third aspect is the mother's need to guarantee the father-child relationship that, made impossible by the use of language, occurs visually through small videos. Videos guided by what the mother thinks the child wants to say to the father, or even by what she imagines the father wants to hear, since "Daddy... was away for a long time" (given 3.b). At first we imagined that this absence would be of a long time, but we saw in shift 3.c that he was not more than one day away from his son. On the other hand, we can interpret that the verbal interaction of little sharing, almost intercepted between father and son, did not make this relationship very particular. The small videos have, then, the function of approaching, creating

and guaranteeing the virtual permanence of one in the life of the other. A possible relationship.

Data 4: The child's access to school and the reading and writing processes.

The child's entrance to school is usually a special moment for him/her and his/her family. It is the first separation of what is familiar to them, a place where their cognitive and psychic development and performances are observed by different people. If, in the case of a child with neuropsychomotor development within the expected, schooling involves a certain complexity, when the child presents speech problems it is usually much more complicated. This is because it is common sense the idea that a child (or adult) who does not speak, or who cannot make him understood, has a mental problem or at least a learning problem. The data prioritize the child's school career, marking especially the work done by the speech therapist in this area.

4.a. F: And how did you feel?

M: I cried a lot, when (voice embargoed) ... when he entered with three years in kindergarten I remember that a teacher called me and said that a girl in the class said "I do not want this boy next to me because I do not understand what he says" that, hurt a lot. She said "I don't want this boy near me. I remember Professor Cleide, she was his first teacher, she said "no, it's not him who has to adapt to her, it's her who has to adapt to him, I won't take him out of the room because she doesn't understand what he says. She said to me: "No mother, if we can help". So much that they were the ones who made the letter telling about his day by day.

She said, "I won't take him out for special education, because he doesn't need it. And a mother had suggested this.

4.b. F: Very nice! And when he went to the first year? What was your feeling? Because when he went to the first year, he was not speaking 100%?

M: December vacation crying, my son won't be able to be literate what will happen? I was very afraid... very afraid. So much so that I went looking for a school away ... It's two and a half kilometers, but there are three schools near my house. Then I went to visit, the school has a better structure I will put him there. It will be far, but ...

4.c. F: What was your fear?

M: Fear... he wouldn't learn how to read and learn how to write because the teacher won't understand him...

4.d. F: Were you sure?

M: I was sure. So much so, that on the first day I was the last to be able to talk to her. No! I need to tell her that he has difficulty because if she doesn't understand him as he will learn...

4.e. F: So you told her what you told her that first day?

M: I told her the word "Apraxia".

4.f. F: Did she know?

M: Then she took it and paid attention. Then I said, my son has difficulty speaking, and then she said, "Look, my son has DEL treatment. Our literacy is sound. I heard the word "sonorous" and I was ... She said: "Don't worry, what I don't understand, I'll talk until I understand. I leave that first meeting a little calmer and still thinking how it will be? And then it was superb. Even more than my expectations.

4. g. F: He won a certificate ...

M: Outstanding student certificate. When I received the ticket, ah you will have to attend here, I asked what is it, right? She said so, we will have the hymn and we will deliver the certificate of outstanding student of the year for your son, performance (voice embargoed). I was like this, I don't believe it, that was.... I have to put, to frame, because that for us was, for me that didn't think it would be literate, I thought ... that he was going to have difficulty

Analysis

Confirming the mother's fear, the data 4.a. shows how the production of speech can misjudge the cognitive and decide the institutional school framework of the child as a special student. The school's right attitude in not characterizing the student as "special" has made the parents consider her reliable. However, the change of school that the State proposes as the child progresses in schooling, added to the speech difficulty that the child presents, returned as strong fears for the parents.

At the moment the child changes school, he is seven years old and already speaking, interfering in his own speech in order to adjust to the speech of the other, i.e., the language. However, it seems that the mother has erased the speech-language therapy work aimed at making the child aware of all the necessary aspects that involve and give conditions for the manifestation of speech: phonological awareness, auditory processing, articulatory gestures, motor planning, among others.

The same was done by the therapist in relation to literacy and, always starting from the interest of the child itself, the principles of acquisition of reading and writing were reached: familiarization of the child with images and writing present in the culture and society in which he/she lives, sound and letter relationship, presentation of different genres of readings and interdiscourses of children's literature and, finally, the principle of social use of writing.

On the other hand, the terms - "apraxia", "DEL"⁸ The "sonora" - calibrated positively the relationship of the mother with the teacher. The terms "apraxia" and "DEL", apparently, mark the equality of both as mothers of children who do not speak right. This maternal alignment seems to have interfered so that all the child's school success would be credited to the school environment, dismembering from this all the intense speech therapy work done.

But the school had another interpretation. The teacher and the pedagogical coordinator of the school attended by the child sent to the speech therapist, in 2016, a report recognizing how much phono therapy sustained and facilitated his entry into the processes of acquisition of reading and writing. As a result of his excellent performance, at the end of the first school year (2018), the child received the "Certificate of outstanding student".

Data 5: As it appears in the interviewee's speech the speech therapy accompaniment of the child.

The presentation of this set of data makes crucial points of longitudinal accompaniment relevant. This fact required the phono audiologist to search for theoretical knowledge and clinical practice strategies to expand and move the AFI, usually interpreted as a motor issue to a language issue. Therefore, it was decided to include activities involving drawing as a representation of spoken language and as a precedent for writing. This decision was crucial to overcome the hegemonic practice of repetitive and sequential execution of orofacial movements for the production of speech. This set of data seeks to recover the relationship

8. Language Specific Disorder (LSD) compromises language development and can reach phonology (language sounds), lexicon (vocabulary), and syntax (structure). Most common in boys. Currently this term is not used and has been incorporated in the "CID 10 - F80 Specific Disorders of Speech and Language Development".

of the mother with the speech therapy work done with her child, with the orientations received, and to know the repercussion of speech therapy in other spheres of the child's life.

5.a. F: I remember a time, back in the beginning, when you used to say: "The child is not just him and the father. I am always together". What is it like today?

M: Today we have an appointment for the weekends. On Saturday I always go out with my daughter and the two of them stay together. They say it's the boys' day. So now, since my husband didn't understand him properly, he needed me to translate everything. The child tried to talk to him, "but I don't understand!!! Now no, I have my Saturday craft class, my girl always does it with me. She has her commitments and we both leave. The two of them go to play ball, the two of them go to the movies. And you say you can't go together. So they got closer and we sat down and talked about it.

5.b. F: And when you went out? I remember you telling it like this: when my daughter's friends come home I avoided a little bit of the child staying around because I was worried that people wouldn't understand. What was that like? Tell me a little bit.

M: Because the child likes to talk, so he doesn't stop. Then you realize that the person is trying to understand and can't. By the person's expression and me being on the side all the time translating it ended up getting very boring. So I used to say: "child will play", I would take him away because either I would translate or she (the sister) would translate. It got a little boring to translate and he wanted to continue the subject, he wanted the person to understand him.

5.c. F: What is it like today when you look back there?

M: I see an insecure mother, I feel like talking like that, listen silly, don't be like that it will get better. Because... I... would... I couldn't see the future, I was scared, that's why I was researching apraxia. Did any child manage to talk?

5.d. F: And in the beginning did you think that he would be able to speak or you thought that ...

M: I thought it would take longer. I imagined him in his adolescence, as a teenager he has a greater awareness that he has to make an effort. How will a child understand that he has to make an effort? How will he understand what he has to do? The child takes everything as a joke. How will he understand

that he has to do this way so that he can improve? Then I expected that the process would be longer.

5.e. F: If you could tell something to another mother who is starting there where you started. What would you say?

M: Make an effort and work at home too. Do everything practicing. I would deliver the food to him by saying the name of the food. It was something that became automatic in our house, everything we took in hand we had to say the name and say the name slowly. I could just imagine a stranger arriving at our house and thinking it was a crazy home? Then I'd take it like this, because everything we said to him, he'd repeat, so I had to speak slowly for him to repeat in the right way. So, it was like this, coming here once a week. I had at home, I had school, everything had to go together; everybody from the house would help... The father won't talk wrong, because there are people who have a habit of talking wrong to children. No, you won't talk wrong to him! You will talk right! You're not going to talk a baby talk. Because he's tiny. I used to talk to my daughter about the slang you use, you're not going to talk in here because if he learns it I'll be mad at you! Be careful, with what you hear around him I want him to learn the right thing. But learn the right thing! So if everybody is united, it works!

5.f. F: And if you could say something to a speech therapist, this was good, this was wrong...

M: Well, regarding you I don't have anything bad to say about you, but I went through another therapist that turned to him and said". If you don't speak properly I won't understand you" and he cried. If he spoke right it wouldn't be necessary to take him to a speech therapist. I was outside with my husband and she and he spoke his way babbling, it was a triage. She spoke as soon as he was lazy. Do not use the word "laziness. I don't think the word "laziness" fits someone who has difficulty speaking. Because he has some limitation, he has something there. Speaking the word laziness will accommodate the mother. Mom will talk like this "it's laziness, when he's not lazy anymore he'll learn to talk, then". And the mother sometimes doesn't even go deep and suddenly the child has something more serious that has to be treated with more attention and, she heard the word laziness. It was the first word I heard "laziness. But then he goes to a waiting line and when he is four five years old we call him. That's what I heard.

5.g. F: The last question: I heard in your story that at the beginning he would say the words, all

the orientations that we do here you will do them at home.

M: Exactly...

5.h. F: It's interesting! I always talk about your son. I have other children with apraxia, but he was my first case, so systematized, that I took from the beginning. Then we study a lot in apraxia, which is a constant training. Today I see a child who goes to therapy three times a week and he didn't do it. It was half an hour, once a week. One good thing was that you didn't miss it and we managed to systematize the work. And we were able to work. It was quick until his treatment, right? So, the function of the university is also to detect points, to know where you have to be more direct so as not to become also a boring, tiring thing, because the training is very boring.

M: It's boring for people not to know what apraxia is and it makes a totally wrong way. Then you think you have... ah you have autism, you have this, you have that. People think they have everything and in the end it's something that could be worked on in a simpler way, without so many scares. You keep treating the child as if he were special, the child has to have a teacher like that. No! The child will have class like the others, in his case he learned without any difficulty. Then you treat the child like that... you don't give the child resources to develop.

5.i. F: And it was a nice thing, studying about apraxia, about fine motor skills, the drawing was something that I proposed many times to him. I have the whole process of the first ones... which were just... drops and then the superheroes. How much it evolved.

M: He expresses himself a lot with drawing.

5.j. F: Drawing is an important thing also in some cases of apraxia ...

M: He made a book telling a story because he has many comic books at home and likes it very much. He did the illustrations and I flipped through and turned it into a book ...

F: The evolutions of drawing was something like this that I also considered and make a point of showing when I give a lesson because it is motor. The speech is a motor act, visuomotor...

5.k. F: Try to remember when your son started talking. He speaks, not those sounds, what was his feeling?

M: I didn't understand.

5.1. F: Do you swear?

M: Because we were training by parts, I didn't realize, it was at the time that I went to compare with videos that you always filmed too. Wow! Or one day I went to visit my grandfather's house and my uncles looked at me and said, "Wow, he's talking! Well, for me that was natural. At home we didn't notice "Oh, he's already talking?" It was people from outside who said "Wow, how well he's improved, I can understand what he's saying!!"

Analysis

In the mother's narrative appears the long and exhausting work she does with her son under the speech therapist guidance, including the surprise she had with the child's evolution in much shorter time than imagined. However, the speech therapist work of orientation at some point loses this seal and is appropriate for the mother when she assumes the role of herself to orient and explain to others how to deal correctly with apraxia and with the apractic child.

In face of the questioning of the speech therapist in the 5.f die: "And if you could say something to a therapist, that was good, that was bad". It is part of the mother's answer the memory of the other therapist's attitude (given 1.c) considered inappropriate, as lack of ethical conduct and theoretical training.

The therapist resumes with the mother the theoretical basis that supports the motor relationship hand and mouth (phono articulators) and, mainly, the symbolic and expressive characteristic that the design allows. The mother's responses become restricted (data 5.i. and 5.j.) perhaps because she is not able to dimension the importance of the theoretical basis implied in the development of this ability. In this way she is biased towards the recognition of the "good illustrator" that her son has become, as if this were natural and there was no linguistic work directed towards the motor and representative poles that drawing makes possible.

The 5.k. data in which the mother tells us that she didn't notice her son speaking caught our attention because it is representative of many considerations, but we will list only two: 1. it seems to us that, for a long time, he spoke or not spoke didn't make a difference in the family: when he didn't speak the language, the mother spoke for him and, finally, when he starts speaking it goes unnoticed; 2. With all the strategies used by the speech therapist to get the mother to resign her

position as translator, the "translation" continues to occur in the family environment affecting the flow of interlocution of the child. In other words, the mother's speech in place of the son continues to be valued by the sister and father, because they have not noticed any change in the child's speech, nor do they take him/her as a real interlocutor. Even when this has been happening for some time in the therapeutic scene.

This occurs despite the fact that the speech therapist works with a program that allows comparing, in audio and video, the child's initial speech and different later moments of therapy. In addition, the evolutionary design and the perception of rhythm were also done this way. All these aspects were presented to the mother, at different time intervals throughout the follow-up, precisely to mark the conquest of the child by a new speaking condition.

The analysis completes the recognition of the extreme difficulty of the family to give the child a place of speech and of how the social (the external), including the speech-language scene, functions as a place for listening to the child's speech and a certain confrontation for the mother. This can be observed as sometimes the social (the others) draws the child's attention to the "lack" of speech by attributing a possible abnormality (given 1.a), sometimes recognizing the child as an interlocutor - "...I understand what he is saying...". (given 5.l.). It is worth mentioning that both extra-family social situations, both when they mark the fault and when they identify the presence, work on the child's becoming: one becoming a speaker.

The mother-therapist partnership proved to be firm and delicate with speech=language interventions, prioritizing the idea that the mother could take the place of the one who pulls the child by the symbolic.

Discussion

From the questions initially proposed, we will discuss the relevant points that the study presents.

The difficulty of access to speech-language care (state and agreement), generates long waiting time, interfering negatively in the child's life and increasing family anguish. In addition, the therapist has the maximum responsibility for speech and language issues (evaluation and follow-up) of children affected by AFI, which requires knowledge about

the process of speech and language acquisition and its interfaces (motor, attention, memory, cognition, language, discursive systems, among others).

Different questions appear and wait for resolution: How much does a child with AFI perceive his/her own speech? When AFI is exclusively asked as a motor question, there seems to be the inference that the child understands everything that is said to him/her and that, therefore, his/her relationship with his/her mother and with others is guaranteed, even though he/she does not speak⁹? In the study presented we saw a child with AFI who basically only interacts with the mother. Moreover, this is a specific relationship since it depends on the physical presence of both in the same context. Is this recurring? The study developed by Bordin¹¹ also presents this same finding.

Seeking to understand which paths the mother-child relationship consolidates becomes important because of what this dialogical matrix represents in the process of acquisition of speech and language (symbolic universe). This will only be possible as AFI brings a question that covers everything that language integrates: interaction, interlocution, subjectivation, language, speech, discursiveness, pragmatics, socio-historical-cultural aspect, cognition and memory. After all, "What we call language is also and mainly an indefinite set of social voices"²⁰.

In view of this, it seems necessary to question the idea that if a child affected by AFI starts to produce the sounds correctly, his/her experience with the language will be updated simultaneously. This does not seem to occur, because for Bakhtin²⁰ "[...] the uniqueness of the social environment and that of the immediate social context are absolutely indispensable conditions for the physical-psychological-physiological complex that we have defined to be linked to language, to speech, to become a fact of language".

In the passages of the interview we saw that the translation of the mother portrayed the "guesswork" about the intention, about the proposal of the son's speech. Did she postpone, install or modify her son's difficulty?

There is a well-known Italian saying - "Every translator is a traitor" - that is usually remembered to explain the polemic that no translation is truly

the original text, but that would not be treason. The betrayal would be that, faced with the impossibility of translating a text (or a speech), the translator would provide in its place an entirely new work. The prolongation of the period of mismatches and opaqueness in the relationship of speech between mother and child seems to portray exactly this "betrayal".

Being aware of issues such as these interferes with the speech work by requiring the professional therapeutic movements that reach the mother from a paralyzing condition to the symbolic movement and that this movement carries the child and gives him/her the perceptive awareness of what he/she speaks and what he/she hears, the functioning of the language, the place of interlocutor.

We emphasize that prioritizing AFI as a matter of language, language and speech does not mean disregarding the motor aspect of speech in language. The process we describe is broad and has covered the sequential motor experience, always coupled with rhythm, intonation, and the sense of speech. It is also important to point out that the therapeutic movement has achieved in the design the representativeness that precedes the writing, a possible place of speech and exploration of different perceptions and sequential motor organizations in time and space.

These are important proprioceptive and sensory areas that recruit fine motor skills from the hands that, added to those of the mouth, provide an exacerbation of bodily sensations and perceptions, as represented by Penfield's homunculus. Since the cortical homunculus portrays the greater proportion of the area of cortical representation of the hands and orofacial, demonstrating the sensory and motor importance of these regions¹⁹.

Taking up the importance of drawing, the term "writing" understood as "representation" allows drawings to be used for registration purposes. In such a way, in cases of young children who do not yet write, daily activities such as lists and reminders (among others), can be represented with drawings or mixing these with letters and numbers. The relevance of these activities is to promote in children new relationships in the field of meaning, between imaginary and real situations³. In other words, it represents a possibility for the child to be immersed in a linguistic work of preparation of what it means.

The analyses performed recover the mother's relationship with the speech therapy work, with

9. In the speech therapy clinic there is a current discourse that reaches parents and professionals that "the child has no problem, just does not speak". It is an affirmation that reduces speech to a purely motor act dissociated from language.

the orientation and projection of speech-language therapy in other spheres of the child's life. It became easily recognizable that the mother-therapist partnership was fundamental to the fluidity of the child's accompaniment. The details of this relationship reveal periods of tension, blockage, and complementarity that theoretically justified resulted in therapeutic success. The recognition of the therapeutic work in the area of reading and writing was not fully achieved by the mother, and in addition to the emotional burden attached to the school space in this case, the question remains whether the field of speech-language pathology makes a strong mark of identity in terms of its clinical performance in the area.

The speech-language orientations directed to the mother include the adjustment of the theoretical explanation to a less formal language, emphasizing, above all, the knowledge regarding the neurofunctional aspects of perceptions, sensations, practices, cognition, language, speech and discourse. Finally, the orientations thus conducted maintain the objective that the mother understands what is being done and why. However, this does not always happen in a time common to the trio (mother, child, speech pathologist). The speech-language accompaniment happens in three times - the mother's, the child's and the therapist's. It is part of the therapist's work to adjust the axis of the times by promoting therapeutic meetings and displacements.

Conclusion

This work aimed to analyze different theoretical and clinical aspects that focus on the therapeutic scene related to AFI. Among these, the theoretical/clinical exercise that demands from the professional therapeutic movements to adjust the time of the child, the mother and himself is relevant. As a result, it is necessary to broaden the look at AFI by identifying that its therapeutic scene is not restricted to the motor adjustment of speech, but reaches language and language as a condition of subjectivation of the subject¹⁶.

F: You said, "Oh I was a lioness" and I think like that, but when you said, "I edited it so it won't stay..."

M: I bound him, I bound him... afraid that he would suffer with fear that... to protect, I bound him. I

could let him, he won't turn, but I didn't want to let him turn.

F: What feeling was coming?

M: They'll hurt him, they'll upset him, but in fact I was the one who was hurt the most because it was passing, he forgot everything very quickly. He was upset at the time, he was frustrated, but in a little while he went to play, but I was carrying that for myself.

In reference to the fact that the child began not to accept the choices that the mother made for her, constantly confronting her.

F: But it was something that you even kind of forced him to watch.

M: Ah, every child watched. I thought the rest was a lot, it was for an older child and he likes the things of an older child. Then he says, "I don't like that! The first time I said "ok, take the control" and he said "it's the channel that the nanny watches that I like".

This is how language can be understood as action, as labor force, as symbolic play, as transformation, as "taking the word is a social act with all its implications, conflicts, recognition, power relations, identity constitution"²⁵.

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