



Linguistic variations and their effects on health: reflections for the speech therapy clinic

Variações linguísticas e seus efeitos na saúde: reflexões para a clínica fonoaudiológica

Variaciones lingüísticas y sus efectos sobre la salud: reflexiones para la clínica de logopedia

Ana Regina Graner Falcão* 
Luiz Augusto de Paula Souza* 

Abstract

Introduction: Linguistic variations do not correspond to communication disorders, however, their valuation constitutes a source of linguistic prejudice and social discrimination, reaching processes of “pathologization”. Speakers of non-prestigious linguistic variations, assuming some speech disorder, sought the health service with a complaint of suffering discrimination due to linguistic prejudice. They experienced a sensation of inferiority, social withdrawal, even lowering of self-esteem; leading to bouts of anxiety or depressive episodes. **Objective:** To analyze the repercussions of linguistic variations in a group of people, establish indications for reflection on this problem in the field of health, especially in the management of these repercussions in the field of speech therapy. **Methods:** Descriptive research characterized, in its design, as a case study. The ‘Focus Group Discussion’ methodology was used, which consists in favoring and promoting the construction of a group discourse; this being the object of the research. **Results:** The linguistic variations are constituted in function of origin, socio-cultural extraction and socioeconomic condition and were perceived as a significant variable of discrimination and social exclusion. The analytical categories inferred from the focus group: prejudice and bullying; the speech community and social exclusion; expectations in relation to the prestigious norm. The Speech therapy work should: - recognize and value the suffering of victims; - promote the transit through linguistic variations, understanding phonetic-phonological, syntactic, semantic and prosodic nuances, evaluating the uses and social contexts of oral discourse genders. **Conclusion:** To indicate the Speech therapy to welcome and assist the victims of linguistic prejudice, in the scope of the clinical action of prevention and health promotion.

*Pontificia Universidade Católica de São Paulo, São Paulo, SP, Brazil.

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Correspondence email address: Ana Regina Graner Falcão - anagranerf@gmail.com

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Resumo

Introdução: As variações linguísticas não correspondem a distúrbios de comunicação, entretanto a sua valoração, constitui fonte de preconceito linguístico e discriminação social, chegando a processos de “patologização”. Falantes de variações linguísticas não prestigiadas, supondo algum distúrbio, procuraram o serviço de saúde com queixa de sofrer discriminação por preconceito linguístico. Experimentavam sensação de inferioridade, retraimento social, até rebaixamento da autoestima; levando a crises de ansiedade ou a episódios depressivos. **Objetivo:** Analisar as repercussões das variações linguísticas em um grupo de sujeitos, estabelecer indicações à reflexão sobre essa problemática no campo da saúde, especialmente no manejo dessas repercussões no âmbito da clínica fonoaudiológica. **Método:** Estudo de natureza descritiva, caracterizado, em seu desenho, como estudo de caso. Utilizou-se a metodologia do Grupo de Discussão, que consiste em favorecer e promover a construção de discurso grupal; sendo este o objeto da pesquisa. **Resultados e Discussão:** As variações linguísticas são constituídas em função de origem, extração sociocultural e condição socioeconômica e foram percebidas como variável significativa da discriminação e exclusão social. As categorias analíticas apreendidas do discurso grupal: *preconceito e bullying; comunidade de fala e exclusão social; expectativas frente à norma prestigiada*. O trabalho fonoaudiológico deverá: - reconhecer e valorizar o sofrimento das vítimas; - promover o trânsito pelas variações linguísticas, entender nuances fonético-fonológicas, sintáticas, semânticas e prosódicas, avaliando os usos e contextos sociais dos gêneros discursivos orais. **Conclusão:** Indicar à Fonoaudiologia para acolher e atender as vítimas de preconceito linguístico, no âmbito da ação clínica de prevenção de agravos e de promoção da saúde.

Palavras-chave: Fonoaudiologia; Variação Linguística; Preconceito Linguístico; Promoção da Saúde.

Resumen

Introducción: Las variaciones lingüísticas no corresponden a los trastornos de la comunicación, sin embargo su valoración es fuente de prejuicios lingüísticos y de discriminación social, lo que conduce a procesos de “patologización”. Los hablantes de variaciones lingüísticas no prestigiosas, asumiendo algún trastorno del habla, buscaron el servicio de salud quejándose de discriminación por prejuicios lingüísticos. Experimentaban una sensación de inferioridad, de retraimiento social, incluso de disminución de la autoestima; lo que provocaba crisis de ansiedad o episodios depresivos. **Objetivo:** Analizar las repercusiones de las variaciones lingüísticas en un grupo de sujetos, establecer indicaciones para la reflexión sobre este problema en el campo de la salud, especialmente en el manejo de estas repercusiones en el campo de la logopedia. **Metodos:** Un ‘Estudio Descriptivo’, caracterizado en su diseño como un estudio de caso. Se utilizó la metodología del ‘Grupo de Discusión’, que consiste en favorecer y promover la construcción de un discurso grupal, siendo éste el objeto de la investigación. **Resultados:** Las variaciones lingüísticas se constituyen en función del origen, la extracción sociocultural y la condición socioeconómica y se perciben como una variable significativa de discriminación y exclusión social. Las categorías analíticas deducidas del discurso de grupo: *prejuicios e intimidación; la comunidad de discurso y la exclusión social; expectativas en relación con la norma de prestigio*. El trabajo logopedista debería: - reconocer y valorar el sufrimiento de las víctimas; - promover el tránsito por las variaciones lingüísticas, comprendiendo los matices fonético-fonológicos, sintácticos, semánticos y prosódicos, evaluando los usos y contextos sociales de los géneros del discurso oral. **Conclusión:** Indicar a Logopedia que acoja y asista a las víctimas de los prejuicios lingüísticos, en el ámbito de la acción clínica de prevención y promoción de la salud.

Palabras clave: Fonoaudiología; Variación Lingüística; Prejuicio Lingüístico; Promoción de la Salud

Introduction

Why does the variation in the uses of spoken language configure modes of distinction, moral judgment and social prejudice, and what can this mean for Speech Therapy?

Sociolinguistics determines - as will be seen throughout this article - that where there is linguistic variation there is social evaluation and valuation. Our society is deeply hierarchical and, consequently, all the cultural and symbolic values that circulate in it are also arranged in hierarchical, evaluative and, many times, reductionist categories: “good” or “bad”, “right” or “wrong”, “ugly” or “beautiful”, etc. Among these moral and common sense valuations are aspects and dimensions of language. No matter how much the Linguistics relativizes the standard norm, because it does not entirely correspond to the realities of the actual use of a language, they do not ignore the fact that, as a symbolic good, there is social demand for a “correct language”, identified as a necessary instrument to gain access to the circle of those with prestige in society¹.

Globalization, together with the technological advances of the so-called information revolution, has brought consequences, including to the job market, in which there has been an increase in competition among companies and among workers, as well as a greater demand for qualifications from those who seek employment. Faced with the new global employment scenario, young people from working class or in situations of social vulnerability face many difficulties when entering the market due, above all, to the inequality of opportunities existing among social classes, but also due to more prosaic aspects, even if derived from that structural asymmetry of opportunities, for example: less years in school or low professional qualifications, allied to little or no previous work experience and, sometimes, clothing and language not in line with Corporate social norms during the job search².

It is at the level of social vulnerability in health services that the discussion of the issues related to linguistic variations, such as linguistic prejudice, and its effects on health and quality of life seem to be situated.

In our study, a good number of speakers with linguistic variations, assuming some speech disorder, sought the health service with the complaint of suffering discrimination due to linguistic preju-

dice, ethnic prejudice and/or class discrimination, externalized by the disqualification of their ways of speaking.

These speakers experience from repeated feelings of social inferiority, social withdrawal in certain environments (school, work, among others), to lowered self-esteem; dimensions that can lead, according to reports, to bouts of anxiety or depressive episodes.

At this point, it is possible to question whether the promotion of health policies (from training of professionals to the health service procedures) promote systematic actions that, in fact, result in the strengthening of people and the collectivity to affirm the differences and social diversity in their modes of communication as ways of promoting health and facing social vulnerabilities in the health context.

Studies have shown that “the differences of power between social groups are perceived, to a greater or lesser extent, in linguistic variation and in the attitudes or behaviours they assert and/or incite”. It is common that the linguistic patterns used by dominant groups are seen as model that is necessary for ascension and for social prestige; the use of less prestigious patterns, on the other hand, reduces the opportunities for social and professional success³.

“There is no evidence that one language or any of its varieties is linguistically more efficient than another”. All linguistic varieties are capable of reaching the expressive potential of a language. The author⁴ goes along the lines of the argument highlighted earlier, that the valuation of one variety over another is a matter of hierarchy and social dominance.

Regarding the naturalization of inequality, it is worth analyzing a study that situates the structure of the Brazilian inequality, remembering that is strongly linked to our slave heritage:

[...] the big problem, in Brazil, is that our society has ‘naturalized’ inequality. First, because nobody, in the elite and in the privileged white middle class, assumes their responsibility in the reproduction of inequity and blames the victims themselves for their misfortune. Moreover, inequality is accepted as something inevitable, something impossible to change. (...) Every society with a slave-owning past that has not criticized that past reproduces it in a modified form over time⁵.

For that reason, it is fundamental to point out that the “pathologization” of certain linguistic varieties is both a cruel and effective strategy to blame and hold victims accountable for the linguistic prejudices they suffer. The so-called “errors” in the acquisition of speech, in general, are processes constituted from the appropriation of linguistic conventions, and variations in speech do not correspond to communication disorders. The stigmatization of “errors” would be, therefore, a matter of value, a judgment of value, and not a problem with the acquisition and development of the language⁶.

Researchers⁷ assert that errors, taken as individual difficulties of the learner, not only help reproduce the imaginary that “pathologizes” certain uses of spoken language, but could mean collective manifestations arising from facts inherent to the history of language itself. There must be awareness of the varieties of language, even if, in school, the language taught is the standard Portuguese*⁸.

This means to say that the singularity of each people does not configure homogeneity, but rather indicates cultural, political, economic, and social heterogeneity, which naturally implies and/or produces, among others, linguistic variations.

According to another study⁹, individuals may use varieties according to their relationships with their peers, resembling their speech to other members of the same community.

There is no ethical, political, or scientific justification to continue condemning as “errors” or indication of health disorders the linguistic uses that have been established in Brazilian Portuguese for a long time, including in the speech and writing of privileged citizens. It is necessary to recognize the variety in spoken language and allow its peaceful coexistence with the one enshrined by the normative grammar¹⁰.

* Here is worth a brief conceptualization of variation, linguistic variety and the standard norm. Language, as a social fact, is a dynamic phenomenon because it changes over time and presents differences that can be detected in its various levels: in the lexicon, in phonetics, in morphology, in syntax. When we speak of linguistic varieties, we are referring to the existence of socially prestigious and socially discredited varieties in the language, which take the standard norm, the ideal language (which only exists in grammars), as a reference. Then we will have degrees of varieties, the closer the variety used by the speaker is to the standard norm, the more prestigious it will be and the further away, the more discredited it will be (Silva, 2014).

The discourse carries an ideological and philosophical baggage, supported by ideas and values, by social and linguistic domains, by situationality, and by the condition of its production. From that perspective, the approach to the problems that involve the linguistic vulnerability experienced by certain social groups would allow a more covered training of health professionals and a greater care to the linguistically discriminated and excluded communities, since the offer of health services in this field is not abundant¹¹.

In turn, and although it is not a scientifically supported statement, it is still possible to observe, in the practices and interaction with speech therapists, the linguistic variations being often considered as “errors” arising from some pathological motivation. The “pathologization” of linguistic behaviours and conducts (in speech and writing) is not new in Speech Therapy and in the biomedical tradition that sustains it. However, Science has produced enough evidence (some already mentioned here) to demonstrate that it is necessary to understand language as a cultural and historical production, therefore subject to plurality, process and social heterogeneity, which configure its conditions of possibility. Linguistic variations are manifestations of these conditions and characteristics.

It is necessary to create and recreate meanings about our practices in healthcare and, above all, to make room for uncertainties, for experience in face of the diversity and differences of those we treat¹²; this would also help promote health, prevent something from worsening, and reduce vulnerabilities, since prejudice and linguistic discrimination cause concrete social vulnerability.

If that is the case, we can extend the authors’ inquiries about health practices to the issues that challenge the Speech Therapy when it comes to dealing with language variations¹³:

[...] are we still promoting practices that are limited to identifying the harmful effects of certain behaviours and habits, and thus acting on the individuals most exposed to risk to normalize their lifestyles?

About Speech Therapy, it is our responsibility questioning eventual trends of training and professional performance that, by reproducing “pathologizing” perspectives, help normalize prejudice and discrimination, reproducing social inequalities that we should act to fight against. In this regard, is necessary to develop actions to

promote health: welcoming individuals that suffer prejudice and linguistic discrimination, producing knowledge and methods to assist in the identification and social demarcation of prejudice, helping in its management, through the expansion of knowledge on linguistic variations, as well as by building strategies for discursive insertion in the most diverse social environments.

Speech Therapy should not be restricted to the problems that affect the anatomical-physiological, neurophysiological and pathophysiological dimensions involved in the processes of personal communication. On the contrary, the author argues that speech therapists need to welcome the restlessness that affects the communication of those who seek our clinic. Noting that the clinic requires from the speech therapist capability to listen and manage the suffering that the patients demand from the professional¹⁴.

The present article brings the results of a study that aimed to analyze the repercussions of linguistic variations in a group of people composed by young individuals and adults, seeking to establish indications for reflection on this problem in the healthcare field, especially in the management of these repercussions in the Speech Therapy clinic.

Method

The study has a descriptive nature and is characterized, in its design, as a case study. The case study seeks to understand the matter here studied in an in-depth manner, analyzing its specificities and correlations with broader social and political contexts. The case study produces theoretical and methodological statements without, however, making generalizations about the findings of the research¹⁵. In that regard, the contribution of the case study is to delimit situations and trends in the light of unique contexts, contributing to the discussion and equating of general problems¹⁶.

For the collection of data the Discussion Group (DG) methodology was used. The DG is a group practice of qualitative research, which consists of initiating and actively listening to the discourse of a group in a given context. The purpose of the DG

is to seek the active participation of the subjects in the research, giving them freedom to express themselves and, through group conversation, to collaborate in the construction of the group discourse about the problematic in question¹⁷.

To operationalize the methodological strategy of the research, the ethical criteria for researches with human beings was strictly followed, according to Resolution n^o-466/12 of the National Council of Health. The study was approved by the Research Ethics Committee and received the CAAE 84982018.1.0000.5482.

Procedures

The research was conducted with subjects enrolled in a clinic-school at the State University of Bahia, Salvador, during the second semester of 2018. At the time these subjects were between 18 and 28 years of age, considered as youth and adults by the IBGE classification¹⁸.

The definition of the GD participants was made through semi-structured interviews with potential participants (individuals in the waiting room at the clinic-school with complaints of speech disorders that impaired their school, professional or other social sphere). The GD took place every week, totalling 09 meetings of one hour and thirty minutes each. The meetings had their audio recorded, transcribed and converted to text, making up the material for analysis.

Introducing the participants

Of the six participants selected (the average number suggested for the GD), one did not start the study, so the group was made of five participants with discredited linguistic variations that were perceived as a disorder or personal limitation. All subjects corresponded to patients who were waiting to be seen at the clinic-school and had no language pathologies associated with the linguistic variations presented - an aspect previously evaluated by doctors and speech therapists as exclusion criteria for their participation in the study.

The participants, youth and adults, were students and professionals, as shown in the following Chart:

Chart 1. Description of the group participants

Participant	Age	Genre	Social Role	Level of education
P1	18	female	Student	HS incompl.
P2	25	male	Tour guide	HS incompl.
P3	25	male	Clerk	HE incompl.
P4	28	male	Sales Representative	HS incompl.
P5	21	male	Student	HE incompl.

Source: Prepared by the authors.
Legend: HS: High School, HE: Higher Education

DG Strategies

The following themes and questions were put under discussion in the GD:

- social values of speech; social and linguistic prejudices; relations between social origin, habits, sociocultural values and “place of speech”; perceptions and personal stories about the ways of speaking and communicating, and their impacts on social belonging and circulation; how they want to speak and be heard: idealization, elaboration and achievement of legitimacy as a speaker; is there a distinction between social differences and linguistic variations? What personal issues made them seek assistance? What

expectations did they have? And what did they think after the GD meetings?

To discuss these themes, the following triggers were used: newspaper articles; written materials with testimonials from people who presented linguistic variations; *cordel* poems; songs and themes that the participants themselves brought to the table and it made possible for the GD to become a space of intense conversation.

The nine meetings took place in the 2018.2 and 2019.1 academic semesters and are described in the Chart below:

Chart 2. Description of the meetings

Date	Meetings	Research Instrument
5/9/2018	1º. Meeting Presentation	Presentation of the Research Project – TCLE Dynamics of introduction of the participants
12/9/2018	2º. Meeting	Discussion group - Trigger topic: Venezuelan migratory crisis
19/9/2018	3º. Meeting	Discussion Group - Dynamics: Meeting me in 10 years
3/10/2018	4º. Meeting	Discussion Group – Reading testimonials from people with language variations.
17/10/2018	5º. Meeting	Discussion Group - Reading interviews with speakers from various regions.
31/10/2018	6º. Meeting	Discussion Group - Trigger theme: Prestigious variation X Discredited variation
21/11/2018	7º. Meeting	Focus Group - Trigger theme: Black Consciousness Holiday.
13/3/2019	8º. Meeting	Discussion Group - Dynamics: Meet me in 10 years.
20/3/2019	9º. Meeting	Discussion Group - Article about the different ways that Brazilians speak.

Source: Prepared by the authors.

Data Analysis

The material had its audio and video recorded, reported in a field diary (with the perceptions and interpretations of the events), and submitted to content analysis, inspired by the content analysis proposal¹⁹, consisting of the following stages: pre-analysis, which occurred through a fluctuating reading of the materials collected (audiovisual, text,

field diary); construction of the raw data (corpora) with dimensions and directions for analysis; collation of data and establishment of categories for analysis.

The following analytical categories were deduced from the material:

- *prejudice and bullying; speech community and social exclusion; and expectations vis-à-vis the prestigious norm.*

Results and Discussion

The demand for care by youth and adults with complaints related to their ways of speaking, under the suspicion that discrimination against their ways of speaking could indicate a health problem - which was not confirmed in the evaluation by a speech therapist - motivated this study.

We found that, in general, the linguistic variations from the subjects in this study, fruit of sociocultural and linguistic diversity, are constituted according to origin, sociocultural extraction and socioeconomic condition. However, in the group discourse of the subjects in this study, they were perceived as a significant variable in processes of discrimination and exclusion in diverse social environments, with the aggravating factor that their reiteration in these environments made it seem, to these subjects, that it was a matter of health or personal limitation, to the point of generating episodes of anxiety or depression.

For the Discussion Group (DG), this perception happens because the linguistic variations are often considered deviant and inferior in relation to the so-called prestigious norm. It is worth remembering that the social disqualification derived from discrimination and linguistic prejudice, once naturalized, suggests not discrimination, but individual difficulties or neglect with the Portuguese language.

The results of the research show the existence, in common sense, of a kind of “pathologization” of the variations in the ways of speaking, although they have nothing pathological about them. However, this type of prejudice and discrimination can lead to social and subjective effects with the potential to affect health, in addition to hindering the exercise of citizenship and the opportunities for social and economic insertion - these are certainly the main nuisances reported in the GD.

After the analysis of the material collected in the DG, the analytical categories that emerged from the group discourse were the following: *prejudice and bullying*; *speech community and social exclusion*; and *expectations regarding the prestigious norm*. We will now deal with each one of them.

Prejudice and Bullying

(...) people can understand, but they make fun of it. (PF)

(...) I get embarrassed when I realize that people are making fun of me. (PM)

(...) I perceive the racial prejudice because of the colour, the social prejudice because of the financial aspect, the religious prejudice because I am a follower of a religion of African origin, and the cultural prejudice because of the way I speak. (PM)

(...) when I went to a state in the southeast I felt prejudice, not so much because of my colour, but because I was from the northeast and spoke “differently”. (PA)

The participants realize that there are several types of prejudice, that the linguistic prejudice is one of them and, many times, materializes and updates others. They also refer to the embarrassment in front of “teasing”, bullying, which appears in the group discourse as the most frequent way of social disqualification about them. In other words, discrimination is not performed by pure and simple exclusion from social activity, but by a kind of excluding “inclusion”, the one that subjugates the other by denying their social belonging, as if the differences exposed by the linguistic variety made them inferior and not worthy of that environment and/or social group.

As already mentioned, there is a social demand for a “correct language”⁴¹, which in itself is not a problem, but rather corresponds to a relative, but within certain limits, legitimate social aspiration.

However, and strictly speaking, nobody exercises the “correct language” fully and perfectly, the problem consists in the fact that it is enough for certain individuals or groups to be imagined as deviating from the supposed standard for them to be victims of prejudice. The GD participants, without exception, consider this an undeniable social fact. Moreover, some of them mention that it is difficult not to be convinced that they do not know how to speak, that they speak wrongly, or that they have some problem; which corroborates the perception about the “pathologization” of linguistic variations, the naturalization of prejudice, and the eventual self-responsibility for the discrimination of which one is a victim.

Speech Community and Social Exclusion

*(...) when I spend a lot of time in the countryside I assimilate many “vices” of language and, sometimes, I speak /fio/, /muié** and, when I notice it, I correct it. (PA)*

^{**} Examples of variations considered socially discredited for the words “son” and “mother” in Brazilian Portuguese.

(...) depending on the place you are, you adapt your way of speaking, your language. Here in the group we discussed that it is normal, that it is good to know how to circulate through various ways of speaking, that we need to learn this better. (PA)

(...) the way I speak gets in the way of social interactions and I get uncomfortable, so I want to correct myself. (PM)

The conversations in the DG show that the participants know very well that each group or community has ways of speaking related, in some way, to the origin, cultural background and social and economic position they occupy. They know, therefore, that language implies power issues, which are reflected in social values and hierarchies¹, even more in a country as unequal as Brazil.

Not coincidentally, scholars²⁰ also assert that differences in speech need to be valued and not discriminated against if one wants a democratic society and, therefore, able to combat its inequalities. Moreover, the authors state that, regardless of its variations, language will continue to play its role in society, which will not make this or that variety better or worse than others.

The GD participants additionally report that socially discredited language varieties are generally attributed to people from the countryside or the peripheries, with low education and/or low purchasing power, and that these varieties are seen as “errors” or “deviations” that can be corrected. The urban character of the prestigious linguistic norm did not go unnoticed in the GD. In fact, it is mainly the capitals and large cities that are the protagonists of economic, political and legal-normative disputes, hence the same happens with language, since it makes explicit and materializes society’s power games.

Such perception is supported by studies that consider that the attribution of prestige to only one linguistic variety “stems from social, political and economic factors”, and states that,

(...) in Brazil, vernacular and popular varieties of urban language are socially stigmatized. It is never superfluous to reaffirm, however, that from the linguistic point of view, these varieties are not structurally inferior to the standard norm. The concept of “grammatical error” is nothing more than a matter of difference between two dialects²¹.

The participant *PA*, when attributing pejorative connotation of “vice” to the linguistic variety

used, says: *(...) when I spend a lot of time in the countryside I assimilate many “vices” of language and sometimes I speak /fio/, /muié/ and, when I notice, I correct it.* This statement makes it clear that the person considers that the variety used by their own community to be incorrect or degraded, so the person adopts a negative attitude towards it. In that regard, this ends up reiterating the prejudiced attitude of which this person is a victim, showing how the architecture of prejudice and linguistic discrimination also operates in subjectivity, in the ways by which subjectivities are also constituted in this field and how they reproduce dominant social values, in this case, stigmatizing values, exclusionary and powerful to maintain a certain *status quo*.

Expectations of the socially prestigious norm

(...) I intend to speak in the standard that society thinks is best. (PM)

(...) a person who leaves the countryside to study in Salvador will suffer prejudice, because of the way he/she speaks, so he/she is willing to speak in a more “correct” way. (PA)

The participants aspire to speak according to the socially prestigious norm, even though they realize - in several moments of the discussions in the GD - that it often functions as an instrument of power that oppresses them, and does so less for strict linguistic reasons and more for the gears of power and social inequality of which the prestigious norm represents. Still, GD participants think that meeting the expectation of using the privileged linguistic norm would lessen the suffering experienced by discrimination and the feeling of individual limitation or disturbance.

In part, they are right, but, on the other hand, this expectation also seems to favour the uncritical inculcation of social values that reiterate the discrimination of which they are victims, not for linguistic reasons but, fundamentally, for class, gender, and race. This does not change the fact that the feeling of linguistic inferiority is highly pernicious, as it contributes, among other things, to the silencing of the subject, if not to his/her illness, for not feeling capable of speaking his/her language and of understanding his/her social condition in order to transform it²².

The constitutional right that is given to everyone to learn the prestigious norm should be the same for the teaching of the Brazilian Portuguese

variations²³. In an ideal context, the speakers of non-valuable variations of the language should not feel linguistically inferior or superior to other variations, because “difference is neither deficiency nor inferiority”. Depending on *who you speak to* and *in what environment you speak*, it is necessary to adapt the way you speak in order to be accepted, said one of the GD participants (in epigraph).

This position (op. cit.), followed by the reference to the position defended by a GD participant, allows us to reach the culminating moment of our study; a moment that encompasses the three analytical categories that organized the findings of this research, in order to situate the relevance of reflection and actions of the Speech Therapy in this problematic.

From our point of view, Speech Therapy work, in the context of language variation and its personal and social implications, needs to answer to two interdependent dimensions. These dimensions correspond to the conclusions of this article and are presented below.

Conclusion

As said, Speech Therapy work needs to respond to two complementary and interdependent dimensions when facing problems brought to its clinic. The first dimension is absolutely necessary, even to justify the presence of Speech Therapy in this problematic, which is more clearly placed (and well placed) in the areas of Linguistics, Sociology and Education.

It is about the fact that the issues related to linguistic variations and linguistic prejudice are not presented to Speech Therapy as a phenomenon to be understood and faced in a social and/or educational context. Differently, in our research, the questions came up as clinical demands, that is, as *personal suffering of* a significant number of subjects: “what is my problem? “; “do I have a disorder?” Suffering that asks for embracing and clinical listening in order to be equated, elaborated and overcome.

There, in our view, is the “place” of Speech Therapy in the debate, it is from there that the Speech Therapy action makes sense, it is necessary. Naturally, the clinical perspective here is not the treatment of a language disorder, since the vast majority of cases with which we had contact do not have a language disorder associated and,

even in cases where there is an association, it will be necessary to distinguish clinical needs, ways of approaching the demands and the appropriate referrals, since we will be in clinical territories with non-negligible differences, even though, eventually, certain symptoms and personal and social effects of the two situations (communication disorder and suffering due to linguistic prejudice) may intertwine.

The second dimension that interests us here is the following: in face of this type of clinical demand, of the personal suffering related to the way of speaking - and even of eventual unfolding of it in writing -, resulting from linguistic prejudice, discrimination and social exclusion, what does the Speech Therapy clinic have to do and say?

First, it is necessary to say that this is a matter for Speech Therapy. Speech therapists are, in the field of Health, the professionals who must welcome and treat (themselves and/or in an inter-professional team) language and communication disorders, as well as psychological and social disorders related to speech, personal communication and writing.

Assuming such assumption, what to do? It is absolutely fundamental to have clinical listening capable of valuing the complaint brought to the speech therapist, recognizing the extension and implication of the suffering and problems experienced by those who seek speech therapy care, understanding the deleterious effects on the daily life and health of these subjects due to linguistic prejudice and social discrimination of which they are victims.

The clinical approach just mentioned is necessary to constitute and follow a structured speech therapy work. The GD helped to make it clear such systematization, which can be carried out either in individual speech therapy work, or through group strategies that, when possible, seem especially powerful, because they allow mutual support, the empathic sharing of suffering with, let's say, fellow sufferers.

This systematic work, starts with listening and having sensitivity towards the problem and it consists of the following steps:

- indicate the linguistic variation or variations in question, giving them context and subjective (affective and relational), historical and social value (dimensions and aspects of its constitution

- in time and space of the concrete relations of class, ethnicity, regionality, etc.);
- denaturalize the ideas and values that assume linguistic variations as individual, group, social class, or ethnic “errors” or “deviations” or that associate these dimensions with regions of the country or cities;
 - The mentioned denaturalization is also the way by which it becomes possible to undo or mitigate the “pathologization” that often accompanies the idea that linguistic variation is an individual deviation, therefore supposedly generated by some speech and/or cognition disorder;
 - finally, if the demand for a national language is legitimate, whenever necessary, it is relevant to contemplate a program of actions so that subjects can at least reflect on and transit through linguistic variations, circulate in discourses, understand certain phonetic-phonological, syntactic, semantic and prosodic nuances, as well as recognize uses and contexts of oral discursive genres, eventually also writing, depending on the demands at stake in individual or group work. In short, when necessary, work must be done to foster skills in varying the ways of speaking and writing to meet the demands of different contexts, situations, and audiences.

To this extent and finally, the indications of our research to Speech Therapy are related to the pertinence of welcoming and assisting the victims of linguistic prejudice who are suffering. This is clinical care, since it concerns the understanding, the elaboration and the overcoming of suffering related to speech and ways of speaking - although also linked to class, ethnicity, etc. However, the clinic here should be understood in a broader sense, not only in terms of rehabilitation of a communication disorder, but in this case, in the scope of prevention and promotion of health.

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