The relationship between orality and writing and its implication in the speech therapy from different theoretical perspectives: integrative review

A relação entre a oralidade e escrita e sua implicação na clínica fonoaudiológica sob diferentes perspectivas teóricas: revisão integrativa

La relación entre oralidad y escritura y su implicación en la clínica logopédica desde diferentes perspectivas teóricas: revisión integradora

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Abstract

Introduction: This work differentiates three theoretical approaches about language that are used by Brazilian speech therapists. The focus is the relationship between orality and writing and its implication in clinical procedures in disorders or difficulties in reading and writing. **Objective**: to produce and analyze

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the relationship between orality and writing and to discuss how the speech therapy clinic conducts the treatment or follow-up of children with written language disorders in different theoretical perspectives. **Method:** This is an integrative literature review. Sixteen articles were selected that answer the research questions in the following approaches: Cognitive-Linguistic, Enunciative-Discursive and Language Clinic (Linguistic-Discursive). **Results:** There are different clinical interpretations for prevention, nomenclature, diagnosis, and treatment method. **Conclusion:** The different theoretical positions define different clinical models, considering how orality can affect writing.

Keywords: Child Language; Language Development; Speech-Language-Hearing Sciences; Language Pathology

Resumo

Introdução: Este trabalho diferencia três abordagens teóricas que, comumente, sustentam a prática fonoaudiológica na área da linguagem. O foco é a relação entre oralidade e escrita e sua implicação nos procedimentos clínicos nos distúrbios ou dificuldades de leitura e escrita. Objetivo: apresentar e analisar a relação entre a oralidade e a escrita e discutir como a clínica fonoaudiológica conduz o tratamento ou o acompanhamento de crianças com distúrbios na linguagem escrita em diferentes perspectivas teóricas. **Método:** Trata-se de uma revisão integrativa da literatura. Foram selecionados dezesseis artigos que respondem às questões de pesquisa nas seguintes abordagens: Cognitivo-Linguística, Enunciativo-Discursiva e Clínica de Linguagem (Linguístico-Discursiva). **Resultados:** Nota-se diferentes interpretações clínicas para a prevenção, os critérios diagnósticos, nomenclatura e método de tratamento. **Conclusão:** As diferentes posições teóricas definem modelos de clínicas distintos, considerando como a oralidade pode afetar a escrita.

Palavras-chave: Linguagem Infantil; Aquisição da Linguagem; Fonoaudiologia; Patologia da Linguagem

Resumen

Introducción: Este trabajo diferencia tres enfoques teóricos que comúnmente sustentan la práctica de la patología del habla y el lenguaje en el área del lenguaje. El enfoque es la relación entre la oralidad y la escritura y su implicación en los procedimientos clínicos en los trastornos o dificultades en la lectura y la escritura. **Objetivo:** presentar y analizar la relación entre la oralidad y la escritura y discutir cómo la clínica de logopedia realiza el tratamiento o seguimiento de niños con trastornos del lenguaje escrito en diferentes perspectivas teóricas. **Método:** Esta es una revisión integradora de la literatura. Se seleccionaron dieciséis artículos que responden a las preguntas de investigación en los siguientes enfoques: Cognitivo-Lingüístico, Enunciativo-Discursivo y Clínica del Lenguaje (Lingüístico-Discursivo). **Resultados:** Existen diferentes interpretaciones clínicas para la prevención, criterios diagnósticos, nomenclatura y método de tratamiento. **Conclusión:** Las diferentes posiciones teóricas definen diferentes modelos clínicos, considerando cómo la oralidad puede afectar la escritura.

Palabras clave: Lenguaje Infantil; Desarrollo del Lenguaje; Fonoaudiología; Patología del Lenguaje

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Introduction

There is a significant number of studies that show school-age children who do not thrive as expected in the process of oral and written language acquisition, justified by the high incidence of referrals of these children to speech therapy services[1]. Several studies that characterize the profile of speech therapy demands in public services found the predominance of speech and writing disorders in children[2,3,4].

The complaint of the parents, for the most part, is that their children "don't speak properly" and, therefore, will "write badly". In the referral made by the school, there is often the premise that "speaking badly/wrongly" favors "writing wrong/badly", which reveals the direct relationship between orality and writing. That is the conception of writing as a representation of orality[5]. However, not all theoretical perspectives that support clinical speech therapy operate in this reasoning.

Faced with the complaint of the family and the school, it is up to the speech therapist to start the evaluation of the language and decide, based on a theorization, if there is a symptomatic speech in this "wrong/bad speech" and, if this "problem" will influence the initial writing of children. It is questioned, then, whether it is possible to anticipate or prevent difficulties in children's writing, based on practices with orality. This clinical problem requires a theoretical confrontation, even before meeting the child, namely: What is the relationship between orality and writing in the so-called language disorders? Do theoretical differences imply different clinical decisions?

The specialty of language is configured by the approximations to the points of view and philosophical currents in the areas of Linguistics and Psychology, mainly. In most of therapeutic proposals in Brazilian speech-language therapy, an approach to learning theories in psychology, psychoanalysis, and linguistic perspectives is observed. The definition of the theoretical point of view on language will determine the conceptions of the subject and the man-world relationship. The theoretical affiliation of the speech therapist determines how the patient will be evaluated and treated, implying the distinction between the normal and the pathological[6].

The focus of this work is the relationship between orality and writing and its implication in speech therapy practice focused on disorders or difficulties of reading and writing, in different theoretical approaches. Three approaches commonly used by Brazilian Speech-Language Therapy were chosen, namely Cognitive-Linguistic, Enunciative-Discursive, and Clinical Language (Linguistic-Discursive). There are no comparative studies that analyze these points of view or that point out theoretical differences and their consequences in clinical procedures, which enrich our research objective.

Based on the integrative review, this work aims to present and analyze the relationship between orality and writing in the three mentioned theoretical perspectives and discuss how the speech therapy clinic conducts the treatment or monitoring of children with difficulties or disorders in written language. As a guideline for the discussion, it started with four main research questions: (1) What is the relationship between orality and writing in each theoretical approach? (2) Can the child's difficulties in orality jeopardize the acquisition of written language? (3) What are the diagnostic criteria that support speech therapy care for children with disorders or difficulties in reading and writing in the different approaches? (4) What is the role of orality in the treatment/follow-up of disorders/difficulties in reading and writing?

Method

We opted for an integrative literature review, which includes the analysis of relevant research that supports decision-making and the improvement of clinical practice, providing a synthesis of the state of knowledge on a specific subject, and pointing to the realization of new studies. The idealization of an integrative literature review is gradual and needs to follow steps, which are: a) identify the topic and select the research; b) search the literature on the subject, define the databases, search reporters and the criteria for inclusion and exclusion of articles; c) define the information that will be extracted from the selected studies; d) evaluate the studies included in the review; e) interpret the results, and finally, present the review and synthesis of knowledge[7].

For the selection of articles in this study, a search was conducted in the following databases: Scientific Electronic Library Online (SCIELO), Periodicals CAPES, and LILACS. The following descriptors, in Portuguese, were used: orality and

writing and psycholinguistics; orality and writing and speech; orality and writing and language clinic; orality and writing and speech therapy, assessment or diagnosis and psycholinguistics and reading and writing, assessment or diagnosis and speech and reading and writing; assessment or diagnosis and clinic of language and reading and writing; assessment or diagnosis and speech therapy and reading and writing.

Articles in Portuguese that represented the theme, in the last fifteen years were included*. By using the descriptors in each database, 83 articles were found in the LILACS base, 38 in the SCIELO base, and 150 in CAPES, excluding three repeated articles, with 268 potential works. After the analysis of the abstracts, 228 articles were discarded that: did not answer at least one of the four questions listed for this study; they did not make evident the relationship between orality and writing; it was not possible to infer the theoretical perspective when not named in the study; did not mention the method of treatment for reading and writing disorders. There were 40 articles left to be read in full.

After reading the 40 studies in full, 16 articles were selected, 7 in the Cognitive-Linguistic approach, 4 aligned with the Enunciative-Discursive, and 5 in the Language Clinic, which answered, at least in part, the questions established in the introduction.

Results

Initially, the 16 articles were classified according to the theoretical perspective. This classification is the result of the authors' interpretation since not all works are named an approach or line of reflection. Thus, words, terms, and presentation of concepts were considered to define the bias of published articles. Chart 1 shows how the method of categorization of these works was performed.

The representative works of the Cognitive-Linguistic approach, influenced by the Psycholinguistic area, are characterized by the concepts of language as a syntactic (grammatical) system, based on Chomsky's innateness, associated with

the cognitive processors that process cognitive-linguistic information.

In general, the concept of phonological awareness is the core that accounts for the relationship between orality and writing. The ability to think, reflect, and consciously manipulate speech sounds is defined as phonological awareness. At different levels, phonological awareness is acquired through orality and subsequently progresses into writing. That is, it is acquired from the perception of words, rhymes, and their sound similarities, passing through the skills of segmentation and manipulation of syllables to reach the phonemic level with the acquisition of written language. Studies[8,9] report the relevance of phonological awareness in the process of acquisition of writing and orality. This means that the better the performance on these tasks in orality, the fewer spelling errors are observed.

As for questions 1 and 2, the relationship between orality and writing is direct, allowing us to see the grapheme as a representation of the phoneme. The process of oral and written language acquisition is intrinsically related, based on phonological processing. The decoding and encoding of the graphic code range from the phoneme-grapheme association to the knowledge and use of pre-established rules that organize the orthographic complexity[9-11].

It is understood that phonological awareness, developed in orality, is fundamental for the acquisition of writing. The child who develops phonological awareness in orality will not present difficulties in reading and writing [11]. Phonological deficits and failures in phonological awareness can produce reading and writing disorders[12,13].

Regarding question 3, the diagnostic criteria are established by tests and statistical analysis, comparing with an expected pattern for the child's age. It can be said, therefore, that the criterion is quantitative, considering deficits or failures in the processors (semantic, phonological, orthographic, contextual, among other cognitive apparatuses) of the child. From the statistical analysis, nosological categories are well defined, the most cited being: dyslexia and learning disorders. The first has been studied and disseminated in the national and international literature, as a specific disorder of phonological processing[10,11,14-15].

Concerning question 4, speech therapy for writing disorders is associated with the training of speech sounds. The performance of activities

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* Initially, the survey elected the last ten years. However, the review would exclude articles representative of the topic and important to the discussion. Thus, due to the cut of research, the last fifteen years were elected and we have already indicated, in view of this, the scarcity of works.

Table 1. Description of articles selected in the integrative review.

Corresponding title and numbering with bibliographic reference	Theoretical Perspective	How was the theoretical perspective defined?
Phonological intervention for children with specific language impairment within a psycholinguistic model 9	Cognitive-Linguistic	The authors state that the reflection is in the Cognitive-Linguistic approach throughout the article.
Phonological awareness and the process of learning reading and writing: theoretical implications for the basement of the Speech-Language pathologist practice 10	Cognitive-Linguistic	In the article, the authors state that it is necessary to develop phonological awareness skills and that language is coding and decoding, especially in the introduction and conclusion.
Students performance with and without learning difficulties in the 4th year of elementary school in phonological awareness tasks 11	Cognitive-Linguistic	In the introduction, the authors make use of the following terms: phonological awareness skills, decoding, coding and stimulation.
Phonological disorder: aspects regarding production, perception and writing 12	Cognitive-Linguistic	In the introduction and discussion, the authors use the terms input and stretching strategy.
Influence of phonological disorders on reading and writing disabilities 13	Cognitive-Linguistic	In the discussion the authors use: decoding, coding and performance of phonological awareness.
Phonological processing and school performance in early grades of elementary school 14	Cognitive-Linguistic	In the introduction, method, result and discussion, the authors use the terms phonological processing, decoding, coding and school performance.
Human communication and children health: reflecting on promoting health in childhood and preventing communication disorders. 15	Cognitive-Linguistic	The authors use terms such as phonological awareness, performance and metalinguistic skills in the results and discussion.
Language in the speech pathology clinic: implications of a discursive approach 16	Enunciative-Discursive	They affirm that the reflection is in the socio-historical approach in the introduction.
Knowledge analysis of teachers working in elementary school on the written language from the perspective of literacy proficiency 17	Enunciative-Discursive	Presence of terms such as reading, social and historical language in the introduction and discussion.
Speech therapy clinic and the written language: case study 18	Enunciative-Discursive	They affirm that the reflection is in the socio-historical approach in the introduction.
Speech therapy plan guided by Bakhtin's speech genres theory: theoretical-methodological aspects 19	Enunciative-Discursive	They affirm that the reflection is in the socio-historical approach in the introduction.
On the interpretation of children's symptomatic writing 20	Language Clinic	The authors declare that the reflection is in the Clinical Language approach in the introduction and in the course of the article.
Effects of writing in language clinic 21	Language Clinic	The authors declare that the reflection is in the Clinical Language approach in the introduction and in the course of the article.
Children's speech out of time and place: On conflictual relationships in the mother tongue 22	Language Clinic	The authors declare that the reflection is in the Clinical Language approach in the introduction and in the course of the article.
Some effects of the introduction of la langue in the discussion of diagnosis in the Language Clinic 23	Language Clinic	The authors declare that the reflection is in the Clinical Language approach in the introduction and in the course of the article.
Incidences of the Saussurean novelty in Interactionism and Language Clinic 24	Language Clinic	The authors declare that the reflection is in the Clinical Language approach in the introduction and in the course of the article.

to stimulate phonological awareness skills in the development of orality and reading and writing stands out[9,10,12,14].

As for the Enunciative-Discursive approach, criticisms of the previous approach are highlighted, such as the removal of discursive aspects and the use of writing with individual meaning, without considering the history and experiences of each child[16]. Criticisms also focus on the quantitative evaluation method. The tests applied to evaluate the language are regulated by the norm of the constituted Portuguese language, opening space for the subjective questions to be classified as pathology. The use of phonetic albums, predetermined stories, and word repetitions are decontextualized tasks and have no subjective or social value[16-18].

From this theoretical bias, there is no direct relationship between orality and writing. The situations of use of writing are considered, without leaving aside the individuality of each child. The speech therapist must consider sociocultural differences, the function of writing, and the subjective relationship of each person with the language. Writing has an existence completely independent of orality since they have very different forms of circulation. Thus, there is discourse of writing and discourse of orality, materialized in texts and historically determined, not being, therefore, linear and, not having direct correspondence in the grapheme-phoneme[16-18] relationship, which answers question 1 of this work.

The analyzed articles do not consider writing as speech transcription or as a direct representation between phoneme and grapheme but emphasize that the discursive experience of the child in oral language is essential for the acquisition of meaningful writing. In this sense, the authors propose the possibility of promoting oral language as a possibility of minimizing difficulties in children's writing[17], which answers question 2.

In the scope of question 3, none of the articles from the Enunciative-Discursive perspective presented clear definitions or diagnostic criteria that problematize normality and pathology. The authors emphasize that the pathological framework removes the particularities of each subject[17]. The speech-language therapy follow-up is performed given the child's reading and writing difficulties, which are often already "stigmatized" by the school and family. It is important to point out that these studies criticize diagnostic categories, such as

dyslexia or learning disorders, and address difficulties as inherent to the process of written language acquisition[18,19]. In this sense, there are no pathologies, and written language disorders/disturbances are difficulties.

The concept of *discursive genres* is essential to understanding the importance of orality in reading and writing difficulties, the focus of question 4. To reframe the difficulty in written language, there is a need to develop a significant therapeutic context, based on the construction of new experiences mediated by language, whether oral or written. It is understood that the use of language occurs in the form of statements (oral and written), expressed by the subjects. These statements that circulate in certain spheres and social situations of interaction are mediated by dialogical relationships among themselves, constructing social ways of saying and acting. Discursive genres are sociocognitive representations and, in this sense, oral interactions favor the appropriation of writing[18,19].

The Language Clinic (LC) theoretical perspective also criticizes the cognitive-linguistic model and does not conceive writing as a graphic representation of orality. From this, LC understands writing and orality as distinct modalities, but governed by the game of Language - *la langue*, as defined by Saussure in Linguistics[20]. It is a relationship of mutual affectation – linguistic movements of speech affect writing and vice versa[20-24], which answers question 1 of this review.

The child's entry into writing moves away from the proposals of learning and/or appropriation/internalization. The child is captured by the graphic materiality and, by linguistic operations (metaphorical and metonymic process), articulated with the hypothesis of the subject (of the unconscious), they reveal singular and distinct modes of the relationship between child-language-writing and child-language-speech[20,21]. It is inferred, based on this distinction between the child's unique position in terms of orality and writing, that alterations in speech may or may not affect writing, depending on each case – not being a general rule. This means that, empirically, a child with symptomatic writing may not present speech difficulties.

Question 3 was answered by all articles in this theoretical perspective, anchored in the concept of symptoms and under the influence of Psychoanalysis. It is understood that it is necessary to insert a "portion of subjectivity" when discussing the

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pathological state. This means that purely quantitative diagnostic criteria exclude the subject of the disease[21].

The Language Clinic recognizes writing as a clinical device for structuring speech and writing itself, considering a triadic relationship (subject-language-other), which answers question 4 of this study. As a way of transmitting it to clinical practice, cases are reported in the analyzed articles. The case of a 13-year-old boy with the complaint of "not knowing how to read or write" stands out. The authors say that reading consisted of vocalizations of pieces of text, making it impossible to attribute meaning. He seems to only decode graphemes in a kind of automatism - there is no reading or affectation of the text. The therapist, at times, inserts "meaningless" words into the text for reading, and something unfolds and affects it in the act of reading, which, for a moment, produces a change in the reader-subject relationship. In this linguistic movement, in the capture by the signifier, the child hesitates and indicates a displacement that undermines "automatism" and articulates the movement of the language in the subject[20]. They emphasize that it is not any signifier that produces this feat, but the one articulated to the boy's story. The second case, from this same article, is a 7-year-old child whose writing was limited to the first name and some graphic fragments present in the texts, as a theme of video games. Note the fixation on crystallized words, such as "Nintendo" and "Mario". The authors show how the language game breaks these "crystallized blocks" and sets writing in motion[20].

Writing as a clinical device in the care of subjects with symptomatic speech and listening is also emphasized in another article[21]. Based on clinical cases, the authors reflect on the systematic work with writing, recognized as what structures the "clinical making". This means that therapy articulates speech and writing since changes in writing can affect (affect) speech and listening[21]. It is a speaking-reading-writing game between the child and the therapist that produces a change in both speech and writing.

Discussion

The cognitive-linguistic approach, influenced by psycholinguistics, is presented by works in which language acquisition is a process that involves cognitive aptitudes such as concentration, memory, and intellectual and perceptual development, associated with the formal language model, the syntax proposed by Chomsky. The psycholinguistic model has influenced speech therapy in the intervention of language difficulties, based on the processing of linguistic information[9].

The acquisition of written language is marked by the underlying knowledge about the figurative and conceptual aspects of language and by the phonological awareness that children have before the entry of formal schooling. That is, there is previous knowledge acquired in oral language that is relevant to the formal learning of writing. In this sense, it is the only approach that can predict, by quantitative criteria, that a child with a deficit in phonological processing, manifested in orality, may have lower performance in reading and writing[25]. There is continuity between the acquisition of orality and writing supported by phonological processing. Pathological categories indicate deficits in language acquisition in both modalities.

The Enunciative-Discursive approach moves away from the idea of writing as a representation of orality. The authors approach Vygotsky in Psychology and/or Bakhtin in the philosophy of language for a proposal in which the appropriation of language is crossed by culture and is constructed, as it is a human action on the world, from the relations of negotiation of significance in the social spheres. Thus, speech opens avenues for developing thought and written language. The learning of writing begins long before formal education in school and, therefore, depends on perception, attention, memory, oral language, thought, and feelings mediated by the other. There is a prehistory of written language that is presented in orality[26].

It is noteworthy that the speech therapy practice will be dialogical and, therefore, there is no training in language units, such as grapheme and phoneme. The authors seem to state that quantitative tests can produce misdiagnoses. This is because many children find themselves in unequal social conditions of mastering reading and writing[18]. The focus in speech therapy is the textual production and its effective meaning for the child, not emphasizing the grapheme-phoneme relationship. From this, pathological conditions are not defined and the difficulties are associated with the child's processes and experiences in writing. As a result, it is not possible to maintain the argument that difficulties in writing are directly associated with

speech. However, the authors bet that the promotion of language, such as the practice of discursive genres, favors the experience and appropriation of written language. Unlike what the cognitive-linguistic perspective assumes, it is not possible to prevent or predict changes in writing.

The Language Clinic is affiliated to European structuralism in Linguistics, represented by Saussure and Jakobson, and to Psychoanalysis with Freud and Lacan. This theory was first thought up by Interactionists and proposed by Cláudia de Lemos, in the area of Language acquisition. However, the authors of the LC clarify that the interactionist proposal is placed in a position of otherness since the object of investigation in language acquisition is distinct from the clinical one. Consequently, the concepts of error, change, interpretation, and other were resignified. The child's speech or writing error is not a symptom. Thus, interpretation and dialogue between therapist and patient are guided by theorized listening, different from the lay speaker[27].

In this bias, the Saussurian concept of language – *la langue* – and the theory of value guide the positive characterization of symptomatic speeches. Implicating the laws of internal reference of language in the interpretation of clinical materials increased the possibility of approaching symptomatic speeches as possible combinations of the language game, that is, as a product of dynamic relationships between the elements that make up the chains of language – the signifying game. This is because it is assumed that there is language in symptomatic speech/writing [22].

The acquisition of writing is interpreted by this game: they are signifiers that assemble and disassemble, like drawings and letters of the child's name. There is no prior knowledge or prior metalinguistic skills acquired in oral language. The "errors" in writing are understood as an effect of the functioning of the language that puts into play the relationships between signifiers[28]. However, it must be considered that the child is a speaker, already captured by the symbolic and who leans into another linguistic modality to be (or not) captured. Certainly, the way of entry into the symbolic, that is, the child-language-other relationship affects the acquisition of writing[29].

It is also important to review the concept of symptoms in the Language Clinic, based on the approach to Psychoanalysis, defined as structural imprisonment in the position of the subject about reading/listening and writing/speaking. The symptom in language shows the specificity of the functioning of the language and its effects on the listening/reading of the child and the other. The pathological demonstrates resistance to writing, even for a child captured by the symbolic, that is, who is already a speaker[22]. The reflection contemplates the dimension of the child's subjective suffering and its effects on the other (the therapist). Suffering is an effect of symptomatic speech/writing, and, in this sense, it is an issue faced by a language clinician[30].

In this study, it is emphasized that the definition of symptomatic in LC differs from that proposed by the two other approaches analyzed. The pathological is not circumscribed by nosological conditions, such as dyslexia, nor by difficulties inherent in language acquisition. Furthermore, although the practice is dialogic, it differs from the Enunciative-Discursive proposal, since it operates the logic of the signifier – and not of the signification – between reading/writing/speaking between the therapist and the child. The meaning is the effect of this operation[31].

Conclusion

We see that the different perspectives imply different forms in the diagnosis and treatment of alterations in orality and/or writing. In the Cognitive-Linguistic approach, the focus is on the prevention of writing disorders, since the relationship between orality and writing is one of representation, based on the concept of phonological awareness. The speech therapy practice is performed based on training the skills that "fail" in the child. It is noteworthy that the terminology dyslexia and learning disorders are only present in this theorization. In addition, early referral of children with speech disorders is recommended for the prevention of reading and writing disorders[25].

In the Enunciative-Discursive approach, it is understood that, based on the concept of discursive genre and language as a social construction, the relationship between orality and writing is not direct – as a representation between grapheme and phoneme. Children's difficulties in reading and writing should be addressed by appropriating oral and written genres and transforming them into mental and social representations. The speech therapist

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needs to understand the history of the subject, and from this, resignify the linguistic difficulty, through the (re)constitution of a subjectivity mediated by other discourses. It is emphasized that there are no definitions of pathological categories. The authors name "difficulties" in reading and writing, as part of the process of appropriating speech and writing, to justify speech therapy monitoring of children. The articles criticized about the early referral of children who "do not speak properly".

In the Language Clinic, the relationship between orality and writing is one of affectation, considering that the child is captured by the language and subjected to its functioning, a process characterized by changes in the child's position about the speech/writing of his own and of the other. There is a discussion about errors inherent to the process of writing acquisition and symptomatic errors, marked as distinct. There is no nosographic framework, but the symptom is conceptualized by its effect on the patient and the other/clinician. Thus, the pathological is not defined quantitatively, it is not complementary to the model of medical diagnosis but resignified to the model of the psychoanalytic clinic. The clinician favors listening/looking at the significant wordplay of language and the subject's relationship with what he reads and writes. Thus, it is the interpretation of the clinician, in a listening/gaze guided by theorization that promotes the change in the subject-language relationship.

It can be said that theorizing about language modifies clinical procedures, whether stimulation or dialogue (mediation of discursive genres or moved by the language game), predicts (or not) changes in writing, and directs speech therapy care by quantitative or qualitative criteria.

This review work summarizes three approaches that underlie the Brazilian speech-language pathology practice. On the one hand, this study favors the knowledge of approaches that were not inserted in the graduation of speech therapists. On the other hand, it alerts the area so that clinical procedures are consistent with in-depth concepts about language, subject, speech, and writing. The theoretical difference between the cognitive-linguistic approach and the other two dialogical approaches broadens the discussion on the relationship between orality and writing beyond the grapheme-phoneme pair, which can qualify the dialogue between speech therapy and education concerning referrals to the clinic and literacy methods exclusively based on the grapheme sound.

It is noteworthy that, quantitatively, the cognitive-linguistic approach has greater scientific production in national and international scenarios. This is because this perspective, anchored in the model of medical clinic, has greater acceptance in health journals. This article indicates the need for further studies in dialogic perspectives, mainly on the results and effectiveness of speech therapy treatment. The discussion of cases is beneficial in this scenario submitted to medical discourse.

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