

# The influence of parental discourse in the childlike stuttering

## A influência do discurso parental na gagueira infantil

## La influencia del discurso de padres en niño con tartamudeo

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### Abstract

**Introduction:** Psychoanalysis proposes that the child's symptom is related to aspects of family dynamics and unconscious issues of his parents. In view of this, language symptoms, including stuttering, can be understood as a child's response to the place he occupies in the parents' fantasy. **Objective:** To identify psychological issues related to the family dynamics of stuttering children. **Method:** A qualitative methodology was used, based on content analysis. Three couples of parents of stuttering children participated in the research, from the Speech Therapy Service of a public higher education institution. To collect data, a semi-structured interview was used. **Results:** The results showed that there is a connection between the child's symptoms and the parental discourse and that stuttering as a symptom of language, occupied a place of filling a fault of the paternal. **Discussion:** From the results, five categories emerged, which emphasized elements that relate to family dynamics and their implications for symptomatology - stuttering: Psychological birth and assumption of subject; adaptation of the parental couple to the child; aspects of child development; family dynamics and their relationship with stuttering and hypotheses about the etiology of stuttering. **Conclusion:** In relation to the family dynamics studied, an organization was found that makes it difficult for the child to construct their own speech, with this tending to depend on the maternal figure because of a failed paternal function.

**Keywords:** Stuttering; Child; Family relations.

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#### Authors' contributions:

GMB: writing – revision and edition.

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## Resumo

**Introdução:** A Psicanálise propõe que o sintoma da criança tem relação com aspectos da dinâmica familiar e com questões inconscientes de seus pais. Em vista disso, os sintomas de linguagem, incluindo a gagueira, pode ser entendida como uma resposta da criança ao lugar que ela ocupa na fantasmática dos pais. **Objetivo:** Identificar questões psíquicas referentes à dinâmica familiar de crianças que gaguejam. **Método:** Empregou-se uma metodologia qualitativa, a partir da análise de conteúdo. Participaram da pesquisa 3 casais de pais de crianças gagas, do Serviço de Atendimento Fonoaudiológico de uma instituição de ensino superior pública. Para a coleta dos dados utilizou-se uma entrevista semiestruturada. **Resultados:** Os resultados evidenciaram que há uma articulação entre o sintoma da criança e o discurso parental e que a gagueira tomada enquanto sintoma de linguagem, ocupou um lugar de preenchimento de uma falha da função paterna. **Discussão:** A partir dos resultados surgiram cinco categorias as quais enfatizaram elementos que dizem respeito à dinâmica familiar e suas implicações produzidas na sintomatologia - a gagueira: Nascimento psicológico e suposição de sujeito; adaptação do casal parental à criança; aspectos do desenvolvimento da criança; a dinâmica familiar e sua relação com a gagueira e hipóteses sobre a etiologia da gagueira. **Conclusão:** Em relação às dinâmicas familiares estudadas verificou-se uma organização que dificulta a criança na construção da fala própria, tendo esta, uma tendência à dependência em relação à figura materna em decorrência de uma função paterna falha.

**Palavras-chave:** Gagueira; Criança; Relações familiares.

## Resumen

**Introducción:** El psicoanálisis propone que el síntoma del niño está relacionado con aspectos de la dinámica familiar y las preguntas inconscientes de sus padres. En vista de esto, los síntomas del lenguaje, incluida la tartamudez, podem entenderse como la respuesta del niño al lugar que ocupa en el fantasma de los padres. **Objetivo:** identificar problemas psíquicos con respecto a la dinámica familiar de los niños tartamudos. **Método:** Se utilizó una metodología cualitativa, basada en el análisis de contenido. En la investigación participaron tres parejas de padres de niños tartamudos participaron en la investigación, del Servicio de Logopedia de una institución pública de educación superior. Se utilizó una entrevista semiestructurada. **Resultados:** Los resultados mostraron que existe una articulación entre el síntoma del niño y el discurso de los padres y que la tartamudez tomada como un síntoma del lenguaje ocupó un lugar para llenar una falla de la función paterna. **Discusión:** De los resultados surgieron cinco categorías, que enfatizaron elementos que se relacionan con la dinámica familiar y sus implicaciones para la sintomatología - tartamudez: Nacimiento psicológico y asunción del sujeto; adaptación de la pareja paterna al niño; aspectos del desarrollo infantil; Dinámica familiar y su relación con la tartamudez e hipótesis sobre la etiología de la tartamudez. **Conclusión:** En relación a la dinámica familiar estudiada, se encontró una organización que dificulta que el niño construya su propio discurso, teniendo este tendencia a depender de la figura materna como consecuencia de una función paterna fallida.

**Palabras clave:** Tartamudeo; Niño; Relaciones familiares.

## Introduction

There is no doubt that children need adults to perform parental functions. Even before they are born, the child already exists in the speech and fantasy of their parents. The entry into language depends on the place assigned to the child based on the expectations and desires of the parental couple, ensuring their psychic constitution. Due to the dependence on adults in the exercise of parental functions, it is common that the symptoms of the child are associated to their relationship with their parents. The investment of the parents plays a decisive role both in the construction of the subjectivity of the child and in the production of their symptoms<sup>1</sup>.

In this sense, Psychoanalysis proposes to think about the essential relationship that the adult and the word occupy in the psychic constitution of the child, that is, in the symbolic position that the child occupies in the desire of the adult. This assertion is justified to the extent that the child responds from the position that it occupies in the discourse of the Other, assuming a symptomatic position in the face of the family structure<sup>2</sup>. Therefore, the symptom of the child is closely related to aspects of family dynamics and unconscious issues of their parents, being not possible to be a father and mother without the child being a psychic symptom of the parents.

The whole question lies in the extent to which parents can protect their children from their ills, neither by placing their faults upon them, nor by using them to illusorily fill them, nor by pre-determining their desires to the point of depriving them of access to their own<sup>3</sup>. The fact is that for Psychoanalysis the symptom is not understood as a pathology, but as something of the order of the truth of the subject, since its manifestation refers to a subjective solution<sup>4</sup>.

It is possible to understand the relationship between the symptom of the child and its parents based on two types of symptoms: the structural symptom and the clinical symptom. In the structural symptom, the parents are involved in its construction and the child seeks, at the very least, to defend his/her subjectivity. While the child seeks to respond to parental demands, he/she also seeks to leave this place. The clinical symptom, in turn, is a response from the child to the demands and ideals of the parents, demonstrating the paralysis of the child, who finds no other way to face the fantasy

of the Other by responding to these demands<sup>2</sup>. In view of this, it is understood that language symptoms, such as stuttering, could represent a structural symptom, a response from the child to the place he/she occupies in the parental fantasy, but also a way of defending himself/herself from the demands of the maternal Other.

Thus, it is permeated by psychoanalytic theory that the study proposes to approach stuttering as a structuring symptom of the child, which is intertwined with parental discourse. However, defining stuttering implies encountering approaches that, in general, bring to light a pathological bias. In its broadest sense, the scientific literature describes stuttering as a fluency disorder characterized by interruptions in the flow of the speech of the individual, making it impossible, at times, to produce continuous, smooth and effortless speech<sup>5,6</sup>. It is also characterized as speech with repetitions of sounds and syllables, prolongations of sounds, blocks, external pauses, intrusions into words, among others<sup>7</sup>. When taken in this way, the subject who stutters is lost and forgotten and the implications that parental functions have in the construction of this language symptom are disregarded.

In order to use Psychoanalysis as a reference and address the implications of parental discourse in stuttering, it is necessary to consider that the psychic structuring starts from the relationship of dependence of the child on the maternal function. In remote and primordial times of psychic constitution, the child occupies the place of the object of desire of the mother, and both are in a relationship of satisfaction. Occupying this place is essential, but risky, because the child finds himself subject to his maternal desires and whims. The process of subjectivation will imply that the child defends himself from the will of the mother, renounces the place of object of desire and separates himself from the maternal Other, a process that needs to go through an interdiction (interdiction of the deadly maternal desire) carried out by the paternal function that will intercede in this relationship as a third individual, blocking the desire of the mother and the child through the emergence as the “incarnation” of the law, as a prohibition, so that the child is faced with the lack and separates himself from the mother. It is this interdiction operation that will give the child the possibility of entering the field of language<sup>8</sup>.

However, it is necessary that the maternal function give support to this interdiction, recognizing

the paternal function in its speech and supporting it. The mother becomes the spokesperson for the paternal function, so it is what the mother does with words of the father that will support or not this interdiction. In this sense, the symptoms depend greatly on the position of the mother in relation to the paternal function<sup>2</sup>. Therefore, the research needs to investigate how the paternal function acted or is acting in the family dynamics. Is it about where it is failed or if the father-mother-child triangulation has failed? What position does the mother occupy in relation to the paternal function? Thus, this article aims to identify psychological issues related to the family dynamics of children who stutter.

## Method

### *Study design*

The study is exploratory research with a qualitative approach, as it focused on investigating subjective issues that cannot be quantified<sup>9</sup>.

### *Participants*

Three couples of parents of children diagnosed with developmental stuttering participated in the study. All couples lived with their children. Couple 1 (M1 and P1) were parents of only one girl (C1) aged 7 years and 11 months who had been undergoing speech therapy for approximately two years. Couple 2 (M2 and P2) were parents of two boys (twins) aged 8 years and 11 months and an older girl, whose age was not reported. One of the boys (C2) participated in the study and had been undergoing speech therapy for approximately two years. Couple 3 (M3 and P3) were parents of only one boy (C3) aged 4 years and 10 months who was not yet undergoing speech therapy. The mothers were on average 37 years old and the fathers 36 years old. All of them worked. Among the mothers, one was a saleswoman (M1), another was a teacher (M2) and another was a speech therapist (M3). Among the fathers, one was a machine operator (P1), another was a teacher (P2) and the other was a traffic instructor (P3).

### *Ethical considerations*

The research was approved by the Research Ethics Committee of the Higher Education Institution where it was carried out. By reading the informed consent form, participants were informed about the research objectives, procedures

to be performed, risks and benefits of the study, right to information about the research, absence of financial benefits or additional expenses for participating in the study, and guarantee of ethical issues (confidentiality of identity and freedom to withdraw consent without penalty). They then signed the form, consenting to participate and to the scientific publication of the results, in accordance with Resolution No. 196/96 of the National Health Council<sup>10</sup>. The research also included the ethical principles highlighted by Resolution No. 016/2000 of the Federal Council of Psychology<sup>11</sup> which addresses issues related to the protection of the rights, dignity, and well-being of the subjects involved in the study. When referrals for psychological care or professionals in related areas were necessary, these were provided by indicating three institutions that provide free care. Considering the confidential nature of the identities of the participants, the statements were identified by the letters M (Mother), P (Father) followed by a number representing the order in which the interview was conducted.

### *Subject selection procedures*

The selection of parents participating in the study was carried out by consulting the Waiting List for Care and the Patient Registration of a Speech Therapy Service of a public higher education institution in a city located in the countryside of the state of Rio Grande do Sul.

Initially, through the registration of patients in the service, the researcher contacted by telephone all parents or guardians of patients diagnosed with stuttering, who were on the waiting list for treatment or who were receiving speech therapy. This procedure was carried out using the telephone numbers left by family members as a reference for contact, so that they could be invited to participate in the research. When the parents agreed to participate in the research, a time was scheduled for the Parental Speech Interview.

During the collection period (first half of 2016 to the first half of 2018), the parents of five children were contacted, in addition to the three who were part of the sample. One of the children no longer stuttered. Among the other four, in three cases the mothers were not interested in participating in the research. The parents of these children were also contacted, but they stated that participation would depend on the mother of the child. And one of the

possible participants rescheduled the interview several times and did not show up for it.

### Data collection instruments and procedures

The data were collected through a semi-structured interview specially designed for the study, seeking to investigate issues regarding parental discourse in relation to the child, family dynamics and aspects related to speech and stuttering. It was carried out by the researcher in the treatment rooms of the Speech Therapy Service of the Institution and both the father and mother of the child had to be present. It had a flexible script and lasted approximately one hour. They were carried out individually in a quiet room and recorded on a voice recorder for later transcription and analysis.

The questions covered: identification of the subject and characterization of the participants; the desires and plans of the parents before the child was born; aspects (physical and emotional) related to the pregnancy period and their desires in relation to it; child development (motor development, oral habits, feeding, sphincter control, general health, etc.) and care (who provides it); family dynamics (physical environment, daily life activities, leisure, social relationships); the place that the child occupies in the family and in parental discourse; aspects related to speech (the speech of the child before stuttering; speech of parents, siblings and family members who have direct contact with the child and may interfere with the speech of the

child); aspects related to stuttering and how the family understands and works with this symptom (development, possible causes, emotional reactions of the parents and the child, etc.); schooling (start of activities, adaptation, school performance, etc.).

### Data analysis

The data were subjected to thematic content analysis<sup>9</sup> guided by the research objective and developed in three stages: 1 – pre-analysis; 2 – exploration of the material and 3 – processing of the results obtained and interpretation. The first stage was listening to and orthographically transcribing each interview. Afterwards, these transcriptions were analyzed. The interviews were first analyzed individually and then compared with each other. This allowed five categories of analysis to emerge: psychological birth and assumption of the subject; parental adaptation of the couple to the child; aspects of the development of the child; family dynamics and their relationship with stuttering; and hypotheses about the etiology of stuttering. Finally, together with the interpretation of the results, reflections and theoretical basis of the research were conducted.

## Results

The data presented in Table 1 represent detailed information about the children participating in the research, including their ages and speech therapy status.

**Table 1.** Outline of the subjects/children participating in the research

Subject	Sex	Age	School Year	Speech Therapy	Psychological Service
C1	F	7:11	3rd Year	Yes (approx. 2 years)	No
C2	M	8:11	3rd Year	Yes (approx. 2 years)	No
C3	M	4:10	Pre B	No (at the moment)*	No

Source: Waiting List and Medical Records of SAF/UFSM patients.

Caption: Approx – approximately; \* - Child had been receiving speech therapy for approximately 1 year previously.

Regarding the category “Psychological birth and assumption of subject”, this category stood out for highlighting the reflections brought by parents regarding the assumption of subject and their expectations regarding the child during pregnancy. The data brought relevant points regarding identifying traits, sex and fantasies of characteristics

of the imagined baby that can be observed in the following excerpts: “Ah... we imagined it would be a little boy.” (P1); “Then we were like: oh, it will look like me. No, it will look like you. And we were like that.” (M1); “I imagined they would be born well... healthy and such. I think that’s it, right!?” (P2); “(...) I imagined it would be a girl.”



(M3); “(...) I always thought like this: no matter what happens, may it come well, may it come healthy.” (P3).

In the speeches of the mothers of the three children, it was clear that they all reported that they talked and sang with their children while they were still in the womb. These speeches demonstrate that even before the baby is born, these parents already begin to form the subjectivity of the child based on their imagination and expectations; this baby already exists before it is even born. As an example, there are three speeches: “(...) We sang, and talked and caressed.” (M1); “I talked a lot with my children. I talked a lot with my little one.” (M2). “(...) I talked a lot with him.” (M3).

Regarding the category “Adaptation of the parental couple to the child”, the answers to the questions regarding the process of the arrival of the baby and routine adaptations had answers such as: “When he was born, when we got home, it was... really tiring for me. No! It was wonderful, right! You get home... with him, with his little things and everything, but then, he had colic, you know? But like... a long time and a lot of colic and I... and he wouldn’t breastfeed (...) (M3). To which the father adds: “Yeah, it was more like that, just tiring (...)” (P3); “Everything changed for me. Everything, right... because my life... my life became about them, right, practically about the twins, right! (...) it’s a lot! A lot! A lot! I didn’t sleep for the first two years. I didn’t sleep, right!” (M2); “(...) because since she was little she would sleep right next to us, right there, we would put our bed and the crib propped up there, right next to her. And she was always like that... that’s how she was raised, right! And we saw her there, right, crying at night, waking up, not letting us sleep sometimes.” (P1).

One point that deserves to be highlighted in this category concerns the participation of the paternal function in the early stages of the mother-child relationship. In this symbiotic relationship between mother and child, in which the attention and emotions of the mother are fully involved, there is a third subject - the father - who experiences parenthood in a different way from motherhood. One heard then: “I work at five in the morning, I couldn’t be very active in the early hours, right? (...). So the one who helped a lot more at night were her mother and she (...), but between us everything was super calm.” (P3).

Regarding the category “Aspects of child development”, relevant data emerged regarding language acquisition. It was found that the parents of two children perceived a typical onset of language acquisition, stating that they began to speak around one year of age, and only one couple reported that the child began to speak late, around four years of age (child of couple 2).

Two of the mothers did not describe problems regarding natural weaning (from the breast), except for one mother (M3). Regarding the use of bottles and pacifiers, it was observed in the reports of two mothers (M2 and M3) that they used them for a long time. In addition, it was verified that one child (from couple 3) was still using a bottle.

Regarding the removal of the child from the room of the parents, difficulties were observed in the report of couple 3 in this regard. Regarding the habit of independent eating alone, no indications of difficulties were noted in the reports of the parents. Regarding sphincter control, two children had difficulties in this regard (child of couples 2 and 3). Two children were reported by their parents as having adapted well to school, which demonstrates little difficulty in breaking the bond, at least with regard to the child. The opposite was observed in the report of couple 3, who reported great difficulty on the part of the mother and child.

These data cannot be generalized; however, they are information that indicate difficulties in separating the bond between mother and child. However, the question arises as to why these children, in general, despite having developed language development within the expected chronological time, still developed a language symptom.

It seems that, given the discourse of the parents, children are in a fragile position when it comes to recognizing the paternal role, since mothers position themselves as “supermother” (M2) and know everything and solve everything - “I’m responsible for everything!” (M1) - even authorizing the moment when the father can say “who knows, maybe now you can speak for us” (M2). It is interesting to note that this fact can also be evidenced by gestures of M3 (laughter and denial movements) at times when the father was talking about the child.

In relation to the category “Family dynamics and their relationship with stuttering”, it was noted in this study that stuttering, taken as a language symptom, occupied a place to fill a gap that is much more related to the weakening (and not absence)

of the paternal function. This fact was illustrative when the parents were asked the question: “Who disciplines the child?”. In two cases, the immediate response was the mother: “More me... it’s more me, me” (M2); “Usually her. I help when I can.” (P1); “If you analyze it, she [the child] doesn’t respect him very much in this case. He talks, then she starts talking back, and I don’t. I only talk once and that’s it.” (M1). In one of the cases, the following statement appears: “Oh, I think both of them are like that.” (the mother laughs as she speaks). “It’s just that he thinks it’s him because he only fights, you know? And then he thinks that this is discipline. And it’s not.” (M3).

In the description of a specific situation, it is observed that the father is portrayed in the speech of the mother, assuming the position of son in relation to her. “(...) then he starts: – mom, look at dad here! – Maria (fictitious name) look at this girl here!” (M1). To which the father also responds to this position: “Sometimes I want to play on her [the child’s] tablet and she doesn’t want to let me. So we start, then she starts calling her mother, then it’s not possible, right!” (P1). “They’re always fighting! And he gets mad at me because I punish him (...) and she’s more attached to me. I’m the one for everything!” (M1). Finally, in one situation the response referred to the conflict in the couple, related to the different ways of raising the child: “It’s just that he thinks he’s the one because he only fights, you know? And then he thinks that this is discipline. And it’s not.” (M3). “No, actually it’s like this, I don’t agree with that. It’s not that I only fight. Actually, we have, in that part we have a little difference, she and her mother, they, she less than her mother, they think that, like, you have to negotiate everything, that he is smart, but not that much. I think it’s different, I think he tests them a lot, I think he wins over them a lot of the time, I’m just a little more energetic, with me it’s no, that’s it and that’s it.” (P3). It is necessary to emphasize that although P3 says that he is “more energetic” and that with him “no means no, that’s it and that’s it”, on several occasions he reports that the child does not “obey” him and that the mother (his wife) disavows him.

Regarding the category “Hypothesis of the etiology of stuttering”, two hypotheses of answers initially emerged. One of them seems to be related to psychological issues, as they bring up the issue of anxiety in their speeches: “(...) for me it’s more

of an anxiety of wanting to speak.” (P3); “I thought it was anxiety too”. The other hypothesis points to organic issues: “(...) I think it’s this respiratory incoordination that he has that’s causing this stuttering in him (...).” (M3).

In addition to the hypotheses mentioned, other responses from the other two parental couples were related to childbirth. One of them came from couple 2: “(...) at seven months, I had a test that detected that one of the babies had a... in the case of one of the babies... he wasn’t well, he was, let’s say, in pain. (...). So the doctor decided that we had to deliver the baby immediately. So I think it really has a very emotional background, something like that. I don’t know if it’s from that, from those traumatic days in the hospital (...).” (M2). “(...) he spent 117 days in the hospital, presented respiratory arrests, ischemia, and was intubated for almost three months.” (P2). The other statement came from M1: “It was horrible, I was in pain from Friday at ten o’clock until Saturday at eight o’clock (...). Then the girl was born, who said they put the girl in my crib, put everything in it, and everyone was in a rush, right? Running here and there, here and there and I asked: – what happened? And nobody said anything to me and the girl didn’t cry. After 15 minutes she was born and cried (...). Then the girl was born with bleeding, without movement, she pooped inside her belly... horrible! After 15 minutes, they took her straight to the ICU. She was born on Saturday, and I’ll stay there until Wednesday in the ICU. I suspect that the stutterer could have gotten it from there, I don’t know if it is possible or not!”

In relation to the speech of the parents regarding stuttering, they presented a discourse of “valuation”: “We’re already a bit like that too, right?” (P1); “(...) I didn’t worry too much about this stuttering thing because in fact everything has...everything has a...time. I think it grows and it goes...it goes away...and it’s a bit calm. But also...if it stays, I don’t worry because, look, after we’ve been in the hospital for so long you see that many children have a lot of problems, well, much worse problems, so...you can’t complain.” (P2); “Look, I was a bit worried too, but I never treated it as seriously as she [wife] did (...). For me, it really was...everything had to be treated, but I never thought it was that serious. Even though she told me, I was like: is it really that serious? It doesn’t seem like it!” (P3).

Based on these results, the discussion will be conducted with an emphasis on elements related to family dynamics and their implications on the symptoms of the child, specifically stuttering. The five categories will be discussed below.

## Discussion

The materials used for the analysis derive from the reports of parents who have experienced having a child who stutters. These reports allowed us to understand how this situation permeates family discourse and revealed an articulation between the child's language symptom and parental discourse. Thus, stuttering, as a language symptom, occupies a place of filling a gap in the paternal function, resulting from the lack of support for this function by maternal discourse, evidencing the problematic psychic operation of separation.

### *Psychological birth and assumption of subject*

The main function of parental figures is to ensure the construction of a healthy psychic life, enabling the advent of subjectivity. To make this possible, parents prepare themselves psychically for the arrival of their child. This preparation begins with the plan for pregnancy, whether consciously or not, so that, when the child is born, it already has a place and a history in the lives of these parents. Therefore, the subject already begins its process of subjectivation even before birth, having a prototype of what will become its subjectivity based on the imagination of the parents. The maternal and paternal functions also begin long before birth, in the work of constructing this psychic place for the child who will become part of this family<sup>2-12,13</sup>.

Thus, there is a waiting period for a baby/subject. This waiting period allows parents to get used to the new position that awaits them. This time facilitates the creation of a psychic space where the subjectivity of the baby will occur<sup>2</sup>. Thus, the child is also born, through parental discourse, through conversations that occur during the pregnancy period. The results describe the discourses of these parents regarding the moment of pregnancy and the relationship with the unborn baby. Such indications give evidence that a child is born even before being born, from the psychic investment of its parents<sup>13</sup> marked by desires, expectations, and frustrations that are configured in the family myth<sup>2</sup>.

It is born in the family discourse and already exists in the unconscious of the parents through specific demands and installed in the fantasia that it will occupy within the family configuration - a place that every subject must confront<sup>13,14</sup>.

Therefore, it was found that in all cases, the parents brought the assumption of subject into their discourses, attesting to the psychological birth of these children. The constituent operations that animate the discursive structure that will support the emergence of the subject and, therefore, its capture by the field of language were observed<sup>15</sup>.

### *Adaptation of the parental couple to the child*

The statements of the parents showed that returning home after the birth of a child and all the new situations that the couple will face marked a transformative situation. The birth of a child involves a series of complex processes and psychic dispositions that emerge and require some psychic elaboration on the part of the parental couple<sup>15</sup>. The path to this new place and the arrival of the child bring changes in the psychic organization of the couple and of each one in particular, resulting in a new organization. Among these, the change in the status of the parents who move from the position of child to assume the position of parents; the projections of their infantile aspects onto the child; the demands that the baby makes on the mother, as well as financial aspects that also need to be reorganized and have an effect.

Although the statements could be understood as being difficult and unpleasant, they still make sense, as they refer to the redefinition of new positions and the insertion of a new place that the subject begins to occupy in the family nucleus.

In the responses given by the parents, they are understood as representatives of the outside world, both of the dyad and of the family environment, as the ones who connect the family unit to society in general, as they are the ones who go out into the world to work and return home at the end of the day. Mother and child, on the other hand, are safe at home. This occurs when considering the family configuration in which the mother stays with the child at the beginning of life, dedicating herself to his/her care, while the father continues to work outside the home, providing for the livelihood of the family<sup>12</sup>, a fact that occurred with the three couples interviewed.



All of this provides the child with the possibility of belonging to a family and the vicissitude of finding forms of recognition within it. Then, belonging to a family, that is, being considered the support of a discourse, offers the psychic apparatus in the process of formation a foundation that supports the entry of the subject into history. This, in turn, generates the experience of being loved and recognized and of occupying a place in a world that preceded him/her and that now awaits him/her<sup>16</sup> and, therefore, inserted into the field of language.

### *Aspects of child development*

The paternal function is constitutive of the subject insofar as it promotes the assumption of the subject position by the child, causing a rupture in the symbiotic relationship with the maternal agent, promoting autonomy and internalization of the Law. The Father assumes a metaphorical function, as it is a function that appears and needs to be supported via language<sup>17</sup>, through discourse. However, this support does not come only from the discourse of the paternal agent; it also needs to appear in the maternal discourse. It is what the maternal function does with the words of the father<sup>3</sup> that will or will not support the Law, prohibit the child and enter the symbolic field. From there, space can be opened for the acquisition of language. However, when this support via maternal discourse is problematized, one of the ways to make a “denunciation” is through symptomatic speech, with the paternal function being a kind of trigger for language symptoms and here, more specifically, for stuttering.

Through the speech of the parents, we verified notes that lead us to think about the relationship between mother and child. The child would be subject to the desire of the mother, not totally, but in part. The more the child lends itself to the seduction of the desire of the mother, the more it will be bribed in fantasy with the illusion of being able to fill the void of the mother. This is a relationship that, even if not totally dual, is a problematic relationship when the paternal function is flawed, because there is a damaged tertiary relationship.

From the discourse of the parents, it becomes clear that children are in a fragile position when it comes to recognizing the paternal role, since mothers place themselves in a superior position. It is in the triad – mother, child and father – that the maternal agent supports this third subject, that is, the paternal role, through language<sup>2,3</sup>. Thus, on

the one hand, it is the faults of the mother that will provide the child with access to his or her desires, and consequently, to language. On the other hand, the paternal role is embodied in the symbolization of the Law, naming it as not being an object of desire for the mother and as being the “owner” of her own desire. When this is somehow problematized and is not supported by discourse, the child creates a symptom to somehow defend himself or herself from this position and then find a way out. It is noteworthy how interesting it is that, because it is something that was not supported by language, the symptom appears right there, in language. And then, there is the symptom, stuttering.

### *Family dynamics and their relationship with stuttering*

Aiming to understand how the child was situated in relation to the family dynamics, as well as which parental figure would be representative of the law for the child and how the language symptom would be intertwined in this context, some questions were raised regarding the routine, the family relationship and aspects of the acquisition and development of language. So, this category will address the effects of the articulation of the psychological issues of the parental discourse with the symptomatology of the child in question – stuttering.

Psychoanalysis points out that lack is fundamental, because it is from it that the subject is constituted. It is the engine for the searches and actions of the subject. It is the lack that moves the subject towards his desire and is what places the child in the field of language, subverting the order of the natural and the organic.

The biological condition is a necessary but not sufficient condition for the subject to register as a language being capable of establishing social ties. The acquisition of language does not refer to the needs of the child but is related to something that goes beyond his or her biological condition, that is, to the desire and demand of the Other<sup>18</sup>.

The psychic structure of the speaking being is caused by its entry into language. Even before a baby is born, people already talk about it. The reflexes are interpreted by the one who fulfills the maternal function and gain meanings: “he is hungry”, “he is sleepy”. It is with this interpretation of the spasm of the organism that the mother summons the infan (the one who does not yet have

access to speech) to enter the field of language and, therefore, become a desiring subject. This is the structure of the speaking being that is constructed via the maternal Other that will transform the need of the child into meaning. The child is not simply screaming or crying, but is trying to say that he is hungry<sup>2</sup>. Then, there is the discourse alienated from the field of the Other.

As the holder of the power of speech, the mother speaks for the child at the beginning of its life, interprets its cries and demands, and gives meaning to the meaningless. She is the one who writes the first chapter of the existence of the child and, therefore, is responsible for enabling it to have a psychic, subjective life, which is woven through desire<sup>19</sup>. Here we refer to the time of alienation<sup>20</sup>, where there is a power relationship on the part of the figure who performs motherhood, which sentences the child to a position of object of desire. For the child to become a subject, it is necessary for it to construct itself as differentiated from the maternal Other. The narcissistic bet must fail minimally so that the characteristics of the child may appear. This occurs, in part, because the child does not accept everything that is reserved for it, putting up points of resistance to what has been destined for it<sup>21</sup>. Furthermore, the paternal function must intervene to prevent the child from being engulfed by maternal desire and from remaining in the object position, becoming doomed to the fulfillment of this desire. Here, we see the establishment of the psychic operation called separation<sup>20</sup>.

In this way, the child is born, firstly, linked to the desire of the parents, to later emerge as a subject in the world of language, as a being that begins to sustain a place in discourse, from the place of lack that the relationship with the Other entails<sup>22</sup>.

In this way, it is possible to point to the relationship that family discourse and the performance of parental figures have in the psychic constitution of the child in relation to the formation of symptoms. Parental figures play a fundamental role in the emergence of the symptoms of the child, as the child seeks to respond to the enigmas of the adults. When there is a certain distance between the child and the mother, operated by the paternal function, and the child is therefore in the field of neurosis, the symptom of the child may assume a positioning of response to the family symptomatology<sup>14</sup>. This is what allows parents to question the symptoms of the child<sup>21</sup>. Then, the child will show symptoms

because he notices a failure on the part of one of the parents or even both.

The discourses show a weakening of the paternal function through maternal discourse. The father is a symbolic function of the Law, of language, which creates a separation in the relationship between the mother and the child. He emerges from the discourse of the mother to the child. He is manufactured, created in several versions, and appears with several names in the discourse of the mother. The father is that which in her discourse represents the Law<sup>23</sup>. In the discourse of the mother, for example, the father sometimes appears in the position of son, competing for the attention of the mother with the son. It is evident that fathers do not occupy the role of authority with their children.

This context gives rise to the symptom of the language of the child, because where the father figure does not perform his role satisfactorily, something needs to emerge in this gap. In this way, the son will organize a symptom that will try to suppress this failure<sup>2</sup>, demonstrating the need for a Father in these children.

### *Hypotheses about the etiology of stuttering*

Taking into consideration the symptoms of the child and, therefore, the etiology of childhood stuttering, it becomes relevant to discuss about the fantasies of the parental couple and situating it as a response constructed from the anguish of one or both parents<sup>13</sup>. Therefore, a structural articulation between the symptom of the child and the parental discourse is noted.

It is noteworthy that the parents, and especially the mothers, hypothesize that the language symptom is caused by a moment of separation: birth. Furthermore, it is observed that these were traumatic experiences not only for the children, but also for the parents and, especially, for the mothers. It is thought that these experiences, lived in a traumatic way, later appeared in the form of a symptom in the child - the language symptom.

If pregnancy is the ultimate expression of completeness and fusion, the rupture of childbirth, the body leaving the body, causes a loss of enchantment and object, which is considered by some mothers to be a traumatic experience<sup>24</sup>. The experience of the birth of a child is a departure for the mother. It involves anguish and other feelings related to an internal change and the update of a loss. Thus,

the moment of childbirth has two dimensions: the displacement of the womb into the world and the separation of the mother-baby unit. This seems to cause an anguish of detachment in the mother<sup>25</sup>.

This separation that occurs refers to the notion of the psychic operation of separation<sup>20</sup>, a founding operation of the subject. Separation marks the “changing” from the place of object occupied by the child, assuming the condition of desiring subject that is marked when the maternal figure reveals its incompleteness.

When incompleteness is “experienced” in the face of motherhood, ambivalence arises that refers to the polarity of love and hate. Maternal hatred arises in the face of separation, of the birth of the child, and is characterized as vital for the child, insofar as it breaks the continuity between the maternal Other and the infans, causing maternal desire to find other means of satisfaction. Love, on the contrary, aims at fusion, completeness, full satisfaction that fulfills. This, when totalitarian, can doom the child to alienation in the position of object. In this sense, hatred is “savior”<sup>24</sup>. Thus, within this relationship between mother and child, the saving hatred would be addressed in the paternal function that makes the cut that allows the child to constitute itself.

However, as the data on family dynamics have shown, there seems to be a weakening of the paternal function in these family relationships in the cases that were studied. Other data corroborate the previous findings, coming from the discourse of the paternal representatives themselves when they were asked about their reaction to the perception of the stuttering of the child. In these moments, the paternal figure did not show much emphasis or concern regarding the stuttering of the child.

The father assumes a metaphorical function through language, and his function can be understood both as the place he occupies for the mother and the child, but also as the role of the father himself. It seems that such statements imposed by the language of the paternal agents brought up during the research prevent the child from being the bearer of his own desire, as they force the child to remain in the symptom of language. “So, the father leaves his versions in the child and, therefore, we can speak of a symptom (...)”<sup>26</sup>.

Finally, it is clear that the child is a “product” of the situation generated by the formation of the

parental couple. Before birth, the child is already part of the parents’ fantasies and is shaped by them. After birth, a new dynamic emerges regarding the child’s demands. However, symptoms<sup>2</sup> will arise depending on how the family dynamics serve as a “transport vehicle” for the expectations and needs of the child, and as was found in the study, so will language symptoms. These symptoms, when taken from the perspective of psychoanalytic theory, do not symbolize pathology. On the contrary, they participate in the construction of the psychic structure, as they reveal a truth and for this reason, we speak of a symptom of the subject. Thus, the way in which the symptom manifests what is not going well for the child depends on the unique solution that the child adopts to deal with his/her issues<sup>26</sup>.

## Final considerations

Having in mind such considerations, it is concluded that in relation to the family dynamics that were studied, an organization was found that makes it difficult for the child to construct his or her own speech, with the child tending to depend on the maternal figure due to a failed paternal function. Thus, it makes sense to revisit the way these parents behaved in the study interview. It was noted that the women took the “lead” in everything and the husbands (fathers), figures little considered by them. It is in this sense that the parental discourse seems to “provide” the emergence of stuttering. Symptoms are metaphors of the pathogenic nuclei and, therefore, should never be “stifled”, since they are structures necessary for the survival of the subject.

Thus, it is understood that stuttering cannot be considered an isolated symptom or understood as being merely a symptom of the child. It needs to be considered as part of the discourse that constitutes the child. Therefore, in the speech therapy clinic it seems interesting not to consider work focused solely on correcting the symptom, as this will lead to an erasure of the condition of the subject. In this sense, it is suggested that Speech Therapy can open space for listening to parental discourse in order to understand the relationship between the symptom of the child that appears in language and the fantasia of the parents.

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