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The musicality of the voice as a subjectivizing operator in the speech therapy clinic with children who present motor challenges

A musicalidade da voz como operador subjetivante na clínica fonoaudiológica com crianças que apresentam desafios motores

La musicalidad de la voz como operador subjetivador en la clínica fonoaudiológica con niños que presentan desafíos motores

Cristal Rebouças Carvalho de Lima[1]
Izabella Paiva de Souza[1]
Roseane Freitas Nicolau[1]

Abstract

The melodious voice of the maternal agent directed at the infant is fundamental to the design of the infant's bodily boundaries and instinctual pathways, inaugurating the subject's entry into the field of language. Therefore, the musicality of the voice also occupies a prominent place in speech-language pathology clinical practice in early childhood. This article aims to present some aspects considered essential for reflecting on the specificities of speech-language pathology work supported by clinical language concepts, based on excerpts from the trajectory of a child with neuromotor impairments. The work is configured as an interdisciplinary approach, integrated by a common axis: the theory of the constitution of the subject conceived in the light of psychoanalysis, a place for dialogue between multiple discourses. Therefore, the successful possibilities of peer-to-peer practice in the fields of speech-language pathology and psychoanalysis are highlighted, aiming for a process of mutual enrichment and the enhancement of results for the patient.

Keywords: Child Language; Psychoanalysis; Motor Skills Disorders; Voice.

[1] Universidade Federal do Pará – UFPA, PA, Brazil.

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IPS: orientation; critical review.
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Email for correspondence: fono.cristalcarvalho@gmail.com
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Resumo

A voz melodiosa do agente da função materna direcionada ao bebê é fundante do desenho das suas bordas corporais e de suas rotas pulsionais, inaugurando a entrada do sujeito no campo da linguagem. Por isso, se considera que a musicalidade da voz também ocupa um lugar de destaque na clínica fonoaudiológica na primeira infância. Pretende-se apresentar neste artigo alguns aspectos considerados primordiais para refletirmos sobre as especificidades do trabalho fonoaudiológico sustentado pelos conceitos da clínica de linguagem, a partir de recortes da trajetória de uma criança que apresenta comprometimentos neuromotores. O trabalho se configura como interdisciplinar integrado por um eixo comum que é a teoria da constituição do sujeito pensada à luz da psicanálise, lugar de interlocução dos múltiplos discursos. Sendo assim, destaca-se as possibilidades exitosas de uma prática entre pares nas áreas de fonoaudiologia e psicanálise, visando a um processo de enriquecimento mútuo e a potencialização dos resultados junto ao paciente.

Palavras-chave: Linguagem Infantil; Psicanálise; Transtornos das Habilidades Motoras; Voz.

Resumen

La voz melodiosa del agente materno dirigida al bebé es fundamental para el diseño de sus límites corporales y vías instintivas, inaugurando su ingreso al campo del lenguaje. Por lo tanto, la musicalidad de la voz también ocupa un lugar destacado en la práctica clínica de la logopedia en la primera infancia. Este artículo pretende presentar algunos aspectos considerados esenciales para reflexionar sobre las especificidades del trabajo logopédico, basado en conceptos del lenguaje clínico, a partir de extractos de la trayectoria de un niño con discapacidad neuromotora. El trabajo se configura como un enfoque interdisciplinario, integrado por un eje común: la teoría de la constitución del sujeto, concebida a la luz del psicoanálisis, un espacio para el diálogo entre múltiples discursos. Por lo tanto, se destacan las posibilidades de éxito de la práctica entre pares en los campos de la logopedia y el psicoanálisis, buscando un proceso de enriquecimiento mutuo y la mejora de los resultados para el paciente.

Palabras clave: Lenguage Infantil; Psicoanálisis; Transtornos de la Destreza Motora; Voz.

Introduction

In our experience, many of the babies which arrive for speech therapy care are sent by neuropediatricians due to the existence of base organic pathologies, such as syndromes and sequels related to prenatal or perinatal complications. They are babies whose small bodies have suffered several painful interventions which, despite being necessary to ensure their survival, are added to the functional hardships of organic nature. Those little ones usually weep at the slightest touch, being very sensitive, hyper-reactive, with low tonus and sleepy, or rigid and restless[1].

With these babies, the speech therapy clinic dedicates itself, primarily, to early stimulation, here considered, under the light of an interdisciplinary practice, whose work, conducted by different disciplines, keeps the treatment integrated by one common axis. These practices constitute a movement towards the attempt to modify each therapeutic act in the measure of every subject's necessity, making use of the knowledge built *within* and *by* the team, according to its unifying base[2].

It is known that different professionals working in one same case does not ensure teamwork, since the condition for establishing a productive link is the result of a construction. A great differential of such work perspective among peers is that the transference, which must operate in teamwork, must be guided by the existence of a common objective to the different professions, that is the dimension of subjectivity[3], which is often neglected in cases of neuromotor disorders, in which the real of the body catches the eyes as a single urgency.

In those cases, where the disease's name is anticipated as the sole significant, the risk of a rushed diagnosis is often possible of happening, while what really happens with the child might be transient, that is, we are facing symptoms inherent to the crossing of mistakes in the process of subjectivation and/or that regard impasses in their development[4].

It happens that, facing an impairment of organic origin, it can be observed that, often, all knowledge regarding children is attributed to the medical discourse, which ends up having naming effects on the psychic constitution process. Such dynamic makes their subjective undertaking difficult, since often there is an impact of such knowledge on their bodies and over parental functions, which are crucial structuring in childhood[4].

Seeing that words, in this primordial moment, are structuring and, therefore, must go towards taking a gamble on the subject in a desired position which presumes health[4], the professional taking care of the families must consider the weight of the medical-scientific discourse in his or her speech. The gaze predominantly directed towards impairments may have effects of desubjectivation for the children and narcissistic destitution regarding the parental knowledge.

From the Freudian formulation, retaken by Lacan, of which the body to whom psychoanalysis refers is not a purely biological body, but a pulsional body, marked by the significant[5], articulated to an image and as place of joy[6], it is necessary to pay attention to the fact that a discursive formation over a child and their functioning may cause a pathologizing effect.

On the other hand, it is not possible to neglect the possible relation between dysfunction and/or psycho-neurological failures and cases of psychic suffering in childhood, preventing or exceedingly hindering the significant order of operating[7]. The advancements in genetic research, particularly regarding autism, go in that same direction, emphasizing the need to consider, as well, the possible organic aspects implied in psychic weaknesses. The genetic of autism has been showing the increase in probability of 20% that a baby sibling of an autistic person develops autism as well, reaching 70% in identical twins[8].

Therefore, taking into consideration that the innate genetic or organic factors tend to make it harder for the baby to get in contact and relate to the Other, and that such may have, consequently, a neurological organization different from a typical baby, making timely intervention necessary. It is also needed to support the parents, so that they do not get exceedingly disorganized while facing the baby's organic impairments and so that they may also support the clinic's[8] work towards waging on the subject's becoming.

For psychoanalysis, the body is not given *a priori*, thus, it can constitute itself, despite obstacles of/in the organic structure. To be a body and identify with it, it is necessary that the subject build a subjective path in the field of the Other, construction marked by language[9]. Therefore, the symbolic dimension of the body is not a resource which is, in

a granted manner, at the disposition of all subjects. It happens that, even those who cannot count on the symbolic protection marked by language, they will need, in singular form, to invent a way of being in the work and speak[9].

To place that dimension in the center of work with early childhood has repercussions in the ways on how the treatment offered to children is routed, whether they have motor impairments or not. In that sense, the sensorial and/or praxis impairments shown, which may interfere in child development, will be treated considering the alliance between stimulation and participation of the subject and their others, which implies in the supposition that the child's subjective structuring interposes to the way the child will respond to clinical interventions[10].

It is also worthy to emphasize that stimulation techniques must be operated considering that there is a subject to which we all direct, and which constitutes in the interior of a symbolic family scheme that covers with words all which the child experiments in their body and relationships with the others, lending them the senses for the happenings through the naming function.

Under this light, it is considered that organic obstacles (real injuries) may interfere not only in the child's development, but also in their psychic constitution, which depends of the entrance in the language field. Therefore, organic and psychic factors are intrinsically related in a dynamic intergame, and cannot be separated, especially in the clinic with children presenting motor impairments.

In the hospital: between sounds and noises, where is the body?

The initial interviews with parents of children with important motor impairments frequently are permeated by reports of painful experiences (both physical and psychic) with their babies in the medical-hospital environment. That is because such impairments, generally associated with prematurity, perinatal complications or genetic syndromes may require intense care. Thus, in the speech of these parents and/or main caretakers, expressed with pained words are contained the marks of how hard the first contacts with their babies have been.

Among routines and frantic and noise procedures in ICUs, through long hospitalization periods, little space remains for *motherese*, this spontaneous and natural way of speaking to babies, marked by a melodic, slow and vocal prolonging voice with which the mother, or any other adult exercising motherly function in a wishing manner uses while addressing the baby[7].

The voice means both the significant word and its sound consistence[7]. A clinical example of such theoretical abstraction is the maternal speech directed towards the baby by means of a voice with especially melodious tone which has the power of inaugurating the articulation of a child to the field of the Other, their registration in the symbolic and the assumption of a place in the discourse raised to the category of being of language[5,7].

It is the maternal prosody that allows the establishment and commencement of the pulsional circuit which will mark the child's body, plucking them out of the condition of pure organism, to make them become an erogenous body articulated to the field of language[7]. The absence of maternal speech marked by a desirous particularity may implicate in failure and/or establishment with failures of a libidinal map for the body and, therefore, putting at risk the constitution of the pulsional body. It is with such body that we operate in clinic, a body that suffers the effects of the sayings, (un)sayings and non-sayings stemming from the field of the Other.

These are some of the aspects deemed primordial to reflect on the specificities of this clinic, which has the constitution of subject thought under the light of psychoanalysis as its central axis, highlighting the founding aspect of the voice of the agent of maternal function directed towards the baby in the outlining of their borders and pulsional routes. Furthermore, it should be reinforced that such structuring voice is that whose sounds, delivered by the mother or substitute, refer to experiences such as surprise and happiness, according to *motherese*, capable of introducing the child in the field of speech and language.

However, due to organic or psychic reasons, some babies cannot awaken the wonderment in their mothers, which will come to express as the absence of prosodic peaks of the *motherese*[7,8]. In that sense, in a context in which the gazes of the ones tending to the baby tend to focus on the organism functioning, the pulsional body may have difficulties to constitute itself[4], as it depends on the libidinal exchanges between mother and son, especially in the act of breastfeeding.

The mother, upon feeding the child, touches her body at the same time in which she speaks to them. In the hospital environment, the constant worry about feeding is directly related to weight gain and clinical improvement and, many times, breastfeeding or suction experiences are affected by urgent needs of the biological body.

In the baby, beyond the alimentary function, suction consists in an experience of seeking oral satisfaction upon suckling their own lips, tongue or fingers. It is a delectable experience which may provoke relaxation and drowsiness of the same nature of an orgasm[11].

Therefore, the need for oral satisfaction, before related to the ingestion of food, gradually moves towards the experience of satisfaction dissociated from the alimentary function, as children show very early in life. In that sense, the act of sucking, independently of nutrition, goes to seek pleasure of sexual nature[11].

That way, beyond the satisfaction of alimentary needs, the oral experience can/must be related to pulsional satisfaction, essential to the baby's psychic constitution, woven since the first interactions, including the participation of the voice, with the maternal agent's Other.

Initially, the experience of satisfying a need (hunger) probably is associated to the stimulation of the oral erogenous zone[11]. Therefore, upon suckling rhythmically their mucosae or skin, the baby would be seeking to bring back their most archaic satisfaction experiences obtained upon suckling on the motherly breast or its substitute, clearly separating the alimentary need from the search for satisfaction[11].

However, in the extreme hospital context, in which the risk of death is latent, several times the organism and the "biological function" may interfere in exercising the maternal function. That is, facing the strangeness of the hospital machinery and the baby's organic weakness, the libidinal investment of the parents and the wager which anticipates the condition of subject in the small, clumsy body may be compromised.

In general, right after hospital discharge, babies and their parents are conducted by the neuropediatricians or pediatricians for sessions of "early stimulation" or, in the case of speech therapy, to the intervention of "altered" motor-oral functions, particularly feeding and phonation. But, beyond this, there is a lot to do. It is necessary to trail a long road so that any touch must be made to such a sacred *locus* – the mouth.

In that sense, upon considering the "stimulation" function, this propulsion towards desire, it is deemed necessary to briefly explore the concept of pulsion.

In *Instincts and their Vicissitudes*, Freud characterizes *pulsion* as a force which originates in the body and reaches mind taking place in requirement of movement that ascribes to the subject an intentional work towards trying to obtain pleasure and/or avoid displeasure maintaining the pulsional energy in relative balance[12].

Later, upon conducting careful examination of the Freudian text, Lacan[13] concludes that the concept of pulsion does not amount to instinct, and replaces the difference between the level of desire, linked to pulsion, and of the need of the organism or a biological function, linked to instinct. In Lacan, pulsion, therefore, is not another concept of articulation between biological and psychic but, above all, a notion which articulates the significant and the body.

Therefore, Lacan re-reads Freud to replace his teachings in the tracks of which he has been detoured, reaffirming that the concept of pulsion refers to a constant force, which search for satisfaction is to reach their goal, contouring the *object a* which is the cause of desire, and keeping the back-and-forth movement in which it is structured[13]. That way, pulsional satisfaction will always be partial, and the target or goal will consist in the contour of the three-time circuit, in which may appear, in a third time, in the level of Other, another subject.

This circuit, stemming from Freud, is analyzed by Lacan[13] under the light of scopic pulsion (make oneself seen) in three times: the first would be the active time, of seeing; the second would be passive time, of being seen, and the third time would be of making, giving oneself to being seen. In an analogous manner, the invocatory pulsion (make oneself heard) would be completing the circuit in the third time, upon making an appeal and making themselves heard by the maternal Other, while subject.

Laznik[8] retakes the analysis of the pulsional circuit made by Lacan from the invocatory pulsion, to show that it traverses the three times searching for an object that causes it – the voice: a first active time, that goes towards the external object; the second is defined as reflexive, and has as its goal a

part of the body itself; and a third time marked by a making of oneself the object of another, establishing shared pleasure with them.

In the speech therapy clinic with babies and small children it is exactly that third moment that is highlighted, in which the baby can enjoy the pleasure they generate in the incarnated Other. Upon making themselves heard by the motherly function agent, it awakens stupefaction and pleasures typical of the *motherese*, putting the pulsional circuit in movement, at the same time in which the sound is printed in the body, marking and propelling the baby's organism towards the construction of an erogenous body.

For this reason, it is important to give special attention to those cases in which the real of the body is overly emphasized in the mother-baby relationship, once that the priority of the organism in the subjective route of the developing subject may work as a hindrance, both in its psychic constitution and the acquisition of language, since both events depend of the symbolic field to be operational in order to sort themselves.

The prosodic peaks of *motherese* which move the circuit, in any measure, refer to the concept of *lalangue*, while what extrapolates the language in the sense of linguistic code at the service of communication. It is knowledge which escapes the speaker and the mentioned. Therefore, *lalangue* is characterized as unconscious knowledge marked also by its own mistakes, and by a particular manner of making with that idiom from where they received the first marks[14,15].

That way, *lalangue* has to do with the effect caused in the subject by the action of language, when the meaning is extracted, because the voice is all that is left of the speech when meaning disappears. Language is for everyone, with its personal structure and grammar laws which contain the significant/significance relationship and, ergo, the laws of the unconscious structured through metaphor and metonymy. On the other hand, *lalangue* is inherent to each one, from what is left of the maternal tongue and its relationship with the language of everyone[15].

The concept of *lalangue* encompasses the notion of mistake, which causes an effect on the other and provokes ruptures in the language's patterns. In that sense, the hearing of speech (or silences) of children, when analyzed under the scope of Lacanian psychoanalysis and the light of Saussurean linguistics tends to mobilize the clinic towards the singularity of speech to the detriment of conceptions of mistakes of/in speech[15].

The conjugation of the terms "language" and "babbling" (sounds produced by children which still cannot speak), despite not carrying meaning yet, is a product of sensorial experiences which provoke contentment, through the intermediation of the maternal Other. Thus, this language, emitted before the syntactically structured language, consists of a spoken language by the agent of maternal function and heard by the baby. A formal dialogue enters the field in which the Other responds to the baby approaching their sounds with melody and delight, while taking care of the body[16].

The cases in which the mother-baby dialogue suffered significant interferences in the first encounters must be followed attentively. Therefore, the forwarding to "early stimulation" directed to motor aspects emerges as an important device for these babies to be able to be heard beyond organic impairments.

Therefore, after hospital discharge, with life safeguarded it is time to support the parents towards a psychic investment which symbolically marks the baby's body in the tie with the Other, a subject condition through identification, which leads to a pleasant assumption facing their own image, advent which Lacan has called Mirror Stage. In this stage, located around the first year, in spite of its motor powerlessness, the *infans* inaugurates the symbolic matrix of the *I*[16], upon recognizing themselves as a subject through a first illusion of unity marked by an image which is integrated through identification with the Other, which anticipates its maturing and potence.

Early Stimulation or *Timely Intervention*: a clinic of subject supposition

The notion of early stimulation hereby used refers, fundamentally, to the therapeutic intervention with babies and small children, based on the neuroscientific concept of neuronal plasticity, which identifies the early childhood as a decisive period for development. Thus, bearing in mind the interdependence between the instrumental acquisitions (communication, play, psychomotricity, life and learning habits) and the subjective processes involved in psychic constitution, it is understood

as "stimulus" all that may awaken desire, invoking the other to the establishment of intersubjective bonds[10].

Considering the need to safeguard the psychic dimension, which is often neglected facing the imperative of the real of the body, it is necessary to highlight the latent importance of interdisciplinary practices which recognize the subjective position of the child, the desire and demands circuit[17] as inextricable from their organic possibilities. Therefore, the speech therapist which raises their practice under the aegis of inter-discipline with psychoanalysis must sustain a clinic sensitive to listening which lacks or fails *in* the speech and listen to what enigmas may there be.

In that sense, the sensorial and/or praxis impairments presented and which may interfere in child development must be treated considering the articulation between the stimulation and presence and the recognition of a subject in the baby, which implies to suppose that the child's subjective constitution is interposed to the way to which they will respond to clinic interventions, in a relational intergame[18]. The therapeutic proposals adopted in character of timely interventions will have, as reference, before anything, that there is a subject to become in which we wager and, therefore, to whom we direct ourselves.

It is sought to keep the integrity of the link between stimulus (body) and desire (language), in a way that is possible to amplify the chances of ensuring the compromise with the emergency of the subject without losing sight of the flexibility to act in more specific fields of the speech therapy clinic, when demands exist. Praxis or sensorial hindrances stemming or not from neurological impairments may ask for specific intervention strategies in the manifested symptom[19,20] (phonoaudiologic), but they must be conducted always considering the position of the child in language[21].

An interdisciplinary work in the clinic with children speaks of an attitude, a posture with which the clinical praxis is configured. In said praxis, it is necessary, above all, to listen, but also to share and understand the limitations and impossibilities, give place to the different, to singularity[22].

It is a delicate weaving, as not always the physiological ear coincides with the analytic, given that the hearing/organic capacity is a work sector, and the relation to subject with language is another, and both can only be effectively touched if there is the presupposition that a subject is affected by a significant and meaningful speech[23].

In the perspective of the language clinic, there is special emphasis to dialogue and resistance represented by the child's speech, which is listened to as subjective enigma, not as something to be corrected and formatted by pre-stablished categories (traditional speech therapy work)[24]. Such proposition articulates a theoretical reference which makes it possible to open a new analysis perspective based in the subject/language relationship, proposed by the Brazilian researcher Cláudia de Lemos, and it is sustained in the articulation between the European-based Structuralistic Linguistics and Lacanian Psychoanalysis[25].

Children with speech symptoms challenge the ideal of communication underlying to the classic phonoaudiologic approaches of pragmatic inspiration and, for that reason, are interesting for the language clinic, to which homogeneity, or even better, rules, acquire the statute of codes of conduct, on the opposite way of what symptomatic speech may unveil in the clinic's work[26]. That way, the symptomatic speeches and its possible effects may not be left to the sidelines[22,27]. Symptom and speech error are not synonyms, once that symptoms open the significance possibilities, aspect which moves the work in the language clinic, while the statute of "error" imprisons the child in a homogenizing form[19].

Among the options related to the diagnosis and treatment, the "early intervention" through use of musicality of voice in the language clinic is understood as support, in the parental relationship, from which the baby may constitute as subject of desire and make use of the instrumental aspects in service of their development, be it organic, psychic, after all, language is body[5].

Under this look, children development happens through the articulation between the natural aspects (biological and psychic) and the instrumental aspects (psychomotricity, language, learning, habits and play)[28]. In that sense, from the structural axis, instrumental actions may be better operated, offering more circulation in the social stratum. In the same manner, we can admit that failures in instrumental functions may interfere in the psychic constitution, in a two-way road[11,22,28].

In the doctor's office, the rescue of body: the outline of the melody as a possible of (re)establishing the pulsional circuit

Frequently, when babies with neuromotor alterations show up to speech therapy clinic, they have already been through several evaluations and are found sunk into an intense routine of several different therapies, with excessive manipulation of their tiny bodies.

On the other hand, the phonoaudiologic intervention proposed in this work suggests a different course, starting with the first conversations between the speech therapist and the baby, accommodated in the lap of their mother or caretaker. Only in a second moment, after both feel more comfortable and safe, the therapist will ask for permission and will take the baby in his or her arms to begin specific observations of their practice.

In that primordial clinic, the act of giving lap, movement and melody walk together, as it is observed that coziness allows for a posture favorable to interaction. It is the field of tact, in which the junction between touch and movement have the particularity of working as structuring, as one directs to the other and includes touching and being touched[7].

Touch and cradling conduct to humming and, little by little, each children's favorite songs will be known by the speech therapist, who will begin building a particular repertoire with each baby, and such refers to something personal to said babies. Thus, musicality of voice begins favoring and making touches to the baby's body (sometimes necessary) in a harmonious form, while the melody touches their little ears.

The term voice is related to the Latin term *vox*, which may refer both to vocalization and producing a call, and that, therefore, the mother will be the one to give voice to the baby, upon attributing meaning of demand to their first sounds[7]. Thus, the mother, as agent of maternal function, is the bearer of voice and may enchant babies in an irresistible manner, such as the Sirens' song in Homer's Odyssey, an epic poem, one of the founding works of western literature.

The sirens possess a seductive voice, which beckons the sailors and leads to enthrallment. Ulysses is the first to be able to enjoy the song and survive such experience, which can be seen as a subjectifying turning point, which propels Ulysses in the return to Ithaca. Movement which goes towards the *infans*' course in their subjective path, which must transpose the voice's pulsional montage to ascend to authorial speech[29].

Subsequently, the voice which responds to the appeal of the *infans* takes part in establishing the mother-baby bond, while it constitutes as the first pulsion object. It is what builds the board and establishes, simultaneously, the subject and the Other[18].

This border has been delicately built for Iara, a three-year-old child with important neuromotor impairment, associated to cerebral palsy, which went through speech therapy since she was 18 months old. She always enjoyed the "*The canoe has capsized"* (a Brazilian nursery rhyme), and all aquatic animals have been invited to join the dance, which she followed along with an enthusiastic smile. But it was the final "splash… splash", added to the song by her and her therapist, after the last verse, with which she delighted herself. It was not just any theme, there was something of a *lalangue*[16,30], of body, language, affection and representations: the family had a beach house and, since she was very little, Iara has had moments of great pleasure and relaxation by the sea.

The water theme has always been present and, as her interest in books increased, poetry reading has been proposed to her. Not coincidentally, she has taken an interest in "Flood", a poem extracted from "This or That", by Cecília Meireles. The poem's musicality had lots of affinity with the old nursery rhyme Iara loved so much.

In another moment, during the playing with animal miniatures, she has shown special interest by the "turtle". However, it was not just any turtle, but that one which the speech therapist brought into the scene with a certain intonation – it was *her* turtle. Iara then moved interest to the "crab" and then to the "starfish". Lastly, it became evident that the special intonation, of *her* turtle, was the same of the song "Twinkle, twinkle, little star", which was one of her favorite rhymes back home.

Throughout approximately two years of speech therapy, Iara has trailed a beautiful path towards her psychic constitution and language acquisition. It has been observed that, clearly, the relationship between the words that had touched her body more deeply have been those associated with more pleasant experiences, through prosody built *in* the therapist-patient interaction.

Iara then advanced in her possibilities of *hearing* the words full of affection, cradled by the speech therapist's voice melody, enjoying herself upon *being heard* while having her silence and her smile until, finally, pointing and vocalizing, drawing attention to herself and *making herself heard*. From then on, the pulsional circuit effectively binds the child in the relation with the Other. The motor challenges of the real of the body did not seem to constitute an obstacle anymore for the appearance of a new subject, a speaking subject.

To Conclude...

In the language clinic, according to the proposed contour, the invocative pulsion and the voice object emerge as essential operators for the treatment's direction, more specifically the musicality of the voice. In the care of small children, including especially those with motor challenges, sometimes the speech therapist makes countenance of maternal function, and makes use of the melodic voice of particular intonation towards the *motherese*, as a resource which invites the child to interact.

That way, the relevance of *motherese* can be highlighted as an operator which marks the path of a child in their entrance in the symbolic field and also emphasize that their essential characteristics consist in the musicality of the prosodic peaks and its content nonsense – since many times such maternal speech does not present accessible meaning.

Therefore, the "mothers' way of speaking" in clinical practice with small children, if used as a central resource for therapeutic management, helps in the construction of a bond for the little ones and, little by little, makes way to words, both with the ones that stumble on their subjective paths (structural aspects) as with those which present delays and impairments in language acquisition (instrumental aspects). Therefore, as in Iara's subjective path, the song which initially enthralls her as the sirens regarding Ulysses, may be giving space to melodious speech, the language and its movements which mark her particular manner of being in the world and of speaking.

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