

# SPEECH LANGUAGE THERAPY BILINGUAL CLINIC: A THERAPEUTICALLY PROPOSAL WITH DEAF INDIVIDUALS

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## ABSTRACT

**Introduction:** Speech language therapy bilingual clinic has been discussed in Brazil since the end of the 90's. This approach suggests that deaf people should have an early access to sign language, their first language, and also that the oral and written Portuguese language must be taught as a second language.

**Purpose:** This study aims to analyze a therapeutically bilingual proposal developed with deaf individuals from parents and deaf patients' points of view about the proposal, especially in relation with Portuguese language acquisition in their oral and written modalities.

**Method:** The research was made in a speech language therapy school clinic bolded to a university program located in Curitiba, Brazil. This clinic followed a bilingual approach and all deaf adults' patients and deaf children's parents were interviewed with questions about the bilingual clinic.

**Results:** The results show that the use of sign language inside the speech therapy bilingual clinic facilitates the development of oral and written language. It also demonstrates that significant interactions inside these therapies are fundamental to deaf people identity and self esteem.

**Conclusion:** To develop a work inside the bilingual clinic it's also important to the speech language therapist to be a bilingual person that offers to his/her patients and family opportunities to signify and compare both languages and understand deafness not as a handicap but as a difference.

## INTRODUCTION

Speech language therapy bilingual clinic has been discussed in Brazil since the end of the 90's. This approach suggests that deaf people should have an early access to sign language and also that the oral and written Portuguese language must be taught as a second language.

The bilingual approach does indeed challenge the clinical speech model that is based on the medical area and proposes a different look at deafness and deaf subjects. Such an approach in clinical speech therapy goes beyond the first and second language issue because it discusses the acquisition modalities of different languages and the possibilities for deaf patients to acquire an audio-verbal language with their hearing limitations while being proficient, able to talk,

and able to interpret a world through a language they see but do not hear. Thus, this proposal allows for work with the language that permits the full development of language and the deaf subject (Santana, Guarinello, Bergamo 2013).

This paper advocates that the deaf be taught, as a second language, the Portuguese language in its oral and/ or written form. According to Lichtig and Barbosa (2009, 37) "we must find a more appropriate therapeutic practice that takes into account the issues of deafness, deaf culture, special linguistic condition of the deaf person, and through sign language fosters access to the language for the hearing community."

Thus, the task of implementing the bilingual approach in a speech therapy context is difficult, since it is primarily important for parents to accept the bilingual situation of children, and that the deaf are exposed to sign language as early as possible through interaction with deaf adults.

Sign language in that perspective is considered a complete language and the only one able to provide entry for the deaf in language, thereby establishing them as linguistic subjects (Lodi 2000). Speech does not occupy a privileged place as a primary form of communication. It appears to be important, but only indirectly, in the same way as it is also part of the child's world by being in contact with their families. At first, the interest is the language development of children in their first language - sign language - from meaningful contexts and interests of the child. Only later are orality and writing addressed, using a comparison between the two languages.

This work must take place through meaningful social practices, in which the use of language comes into play in its discursive dimension (Guarinello 2005). For this to happen it is essential that the audiologist be bilingual and offer the deaf the opportunity to glean meaning from the oral and written language in its multiple uses from different languages so that the subject might compare the processes of meaning between the two languages.

From what has been discussed, this study aims to analyze the therapeutically bilingual proposal developed with deaf individuals from hearing parents and the deaf patients' points of view about the proposal, especially in relation with Portuguese language acquisition in its oral and written forms.

## **METHOD**

The research was made in a speech language therapy school clinic bolded to a university program located in Curitiba, Brazil. This clinic followed a bilingual approach. Two deaf adults, one deaf teenager, three hearing mothers with deaf sons and one hearing father with a deaf daughter were interviewed with questions about deafness, education and the bilingual clinic, especially in relation with Portuguese language acquisition in their oral and written modalities.

The subject body of the present study consists of seven interviews. Two made through sign language with the two deaf adults (P1, P2) that attend the bilingual clinic, four made through Portuguese oral language with the three mothers with deaf sons (M1, M2, M3) and one father with a deaf daughter (F1) and the last one was made with the deaf individual (P3), M3's son. The interviews with deaf people were made in sign language and translated to Portuguese writing language. The four interviews with hearing parents were also translated from oral language through writing language. All interviews were

video recorded. The six subjects that attend the bilingual clinic ranging in age from 06 to 30. Data was collected after individual speech-language therapy meetings by a speech language therapist proficient in Brazilian Sign Language (Libras). All of the participants had congenital profound bilateral hearing loss, used Libras and speech reading.

Note that this study was approved by the research ethics committee of the Evangelical Beneficent Society of Curitiba under number 8910/11 and had the power to aid research: Scholarship in Research Productivity CNPq 303356/2013-8. Todos os participantes assinaram o termo de consentimento livre e esclarecido antes de realizarem as entrevistas.

## RESULTS

The first quote analyzed is from P1, a deaf 24-year-old male who attends speech therapy once a week to improve speech and writing. In P1's opinion:

*P1: "speech therapy is important as it helps me to train and learn (meaning) the words, I can use writing and Libras (Brazilian Sign Language), and it helps me because I have hearing friends and the sound helps me develop better communication."*

The second quote is from P2, a deaf 30-year-old female who recently returned to speech therapy mainly to improve some aspects of written language that is presenting difficulties for her in the workplace.

*P2: "I think it's good that the deaf get used to Libras, here in speech therapy I learn to read better, I think it's good."*

The next quote is from M1, the mother of a 9-year-old boy with profound deafness. The child underwent cochlear implant surgery at the age of two and studied for four years in an oralist school. When he started coming to a bilingual clinic, he did not speak or use sign language and interacted only through homemade gestures. He had a hard time keeping up with the proposed activities. When he started therapy, the speech therapist began working with sign language and the mother began to take courses for sign language also. Currently, the child is studying in a bilingual school for the deaf and uses both sign language and Portuguese. Below is the opinion of M1 about her son's change to a bilingual perspective:

*M1: "Excellent! Here, for the first time, I found a therapist that was not against Libras, usually they are against it, and I saw out there that is was not that way here ... It is important, the audiologist know Libras, my son has been developing quite a lot in these three years. He loves to come here and when it is time to leave, he does not want to go. In therapy, he uses both Libras as well as spoken Portuguese, which helps him, right?"*

The next quote is from M2, the mother of another 9-year-old deaf boy. The child has had a cochlear implant since six and has attended a bilingual school since the age of two. Nevertheless, the family had a hard time accepting

sign language and using it at home. After a few years in a bilingual approach, M2 can review her concepts and give her opinion about this approach:

*M2: "I think this speech therapy has greatly helped my son ... Oh, he can talk more, make more gestures for everything as he wants. Yes ... He does something, all he has learned, how to tell, to wait ... So I think it helped a lot."*

A teenager, P3, attends speech-language therapy since the age of 6, at first studying in an oralist school. His family has had many difficulties in accepting sign language. When the family began to realize that they had a hard time interacting with P3, who could not understand them, the parents attended a course for sign language. At the same time, P3 started using sign language during therapy and through an interpreter at the regular school he has attended since the age of 10. P3 prefers sign language:

*P3: "I think the best is Libras, I prefer Libras. Little talk, Libras is much better. Simple, simple."*

With regard to speech and language therapy, P3 states that:

*P3: "I read words, do not know the words, the therapist needs to explain what it means that so I understand, the therapist now explains words."*

M3, P3's mother, mentions that the use of sign language improved their interaction with P3.

*M3: "Improved... Because sometimes I say something that he does not understand. There is something, but it's very little that I can understand what he's talking about, but it is very little. I need to study more... to learn... In speech-language therapy I thought he has changed, it is having a lot of results ... so I think the understanding of things, it explains things well for him. If I do not know what something is, she explains it... Before there was more he did not know for the meaning of things, now he's okay, knows more. In writing, he also improved and Libras has helped there."*

The quote below is from F1, the father of a 6-year-old deaf girl. The child attends a school that uses sign language and the parents have taken a course on Libras.

*F1: "The therapist uses Libras, she does, she knows and I think this is a differential, it will help to understand what the child wants, what she needs, right?... Let's say, if the child wants to say something, there it is easier... Oh you want it? Get it? I think it should facilitate things... I think that therapy has helped (...) she spoke very little, not even Dad, Mom, kind of in trouble, now it's already coming out, right?... I think that, in my view, she's a little behind, right? Of course, one child will speak faster, right?, and another will take longer."*

Through the quotes from the deaf adults and deaf teenager attending a bilingual speech clinic (P1, P2 and P3), it can be seen that, for all of them, Libras is quite important and now, as adults, they seek speech therapy to work

mainly on written Portuguese. Guarinello (2007) had already discussed the difficulty for the deaf in being proficient in Portuguese writing, and that for this to happen sharing a common language is essential among the deaf and their families, teachers, and therapists.

In addition, it is noteworthy that some of the written texts produced by the deaf are just outside the standard of Portuguese rules and therefore the speech-language therapist is a key partner to work this process of appropriation of the language (Guarinello *et al.* 2014).

It is notable by the quotes from the three mothers and father who were interviewed, that the speech-language therapy sessions using a bilingual approach are perceived positively by these families. For the family, the use of sign language in therapy improved the understanding and the interaction of these subjects in family life.

Both M1 and F1 comment on the orality of the child, explaining that speech has improved from the therapy. Oral language, then, would be helped by sign language, which is the basis for the development of a deaf person's language (Santana, Guarinello and Bergamo 2013).

The statements of parents and the deaf also show that an environment such as speech-language therapy, in which it is possible to have meaningful interactions and greater understanding of speech, enables these subjects more and more to take their places among the speaking (Guarinello *et al.* 2013).

The results of the interviews show that the use of sign language within clinical bilingual speech therapy facilitates the development of oral and written language. Also, it demonstrates that significant interactions inside these therapy sessions are essential to deaf people's identities and self-esteem.

## **CONCLUSION**

Speech therapy work using a bilingual approach should be carried out using Libras, which initially works as a mediator for L2, providing the acquisition of oral and written Portuguese. Therefore, it is essential that this work take place through meaningful social practices that take into account the discursive dimension of language.

To develop a work inside the bilingual clinic it's also important for the speech language therapist to be a bilingual person that offers to his/her patients and family opportunities to signify and compare both languages and understand deafness not as a handicap but as a difference.

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