

Case Report

Relato de Caso

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Speech language therapy bilingual clinic, a written language therapeutical proposal to deaf people: case report

Clínica fonoaudiológica bilíngue, uma proposta terapêutica para surdos com a língua escrita: estudo de caso

Keywords

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Descritores

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ABSTRACT

Purpose: This study aimed to analyze the written production of a deaf person who is in the process of written language acquisition. **Methods:** One person with hearing disability, called R., participated in this study together with his Speech Language Pathologist. The therapist, proficient in sign language, acted as an interlocutor and interpreter, prioritizing the interactive nature of language and interfering in the written production only when it was requested. **Results:** During the 3 years of work with R., a change in stance toward written language was observed. In addition, he began to reflect on his texts and utilize written Portuguese in a way that allowed his texts to be more coherent. Writing became an opportunity to show his singularity and to begin reconstructing his relationship with language. **Conclusion:** Speech language pathology and audiology therapy, at a bilingual clinic, can allow people with hearing disability early access to sign language and, consequently, enable the development of the written form of Portuguese.

RESUMO

Objetivo: O objetivo deste estudo foi analisar produções escritas de um sujeito surdo em processo de apropriação da escrita. **Métodos:** Participou de pesquisa um sujeito surdo, reconhecido pela inicial R., em conjunto com a sua fonoaudióloga. Cabe esclarecer que tal profissional, proficiente em língua de sinais, atuou como interlocutora e intérprete, priorizando a natureza interativa da linguagem e interferindo nas produções escritas apenas quando solicitada. **Resultados:** Durante os três anos trabalhados com R., observou-se uma mudança de postura perante a língua escrita. Além disso, ele passou a refletir sobre seus textos e a utilizar a Língua Portuguesa de maneira que seus textos tornaram-se mais coerentes para os leitores. A escrita tornou-se, assim, um espaço a mais de manifestação da singularidade de R., que passou a reconstruir sua história de relação com a linguagem. **Conclusão:** O trabalho fonoaudiológico em uma clínica bilíngue, por meio do qual os surdos podem ter acesso precoce à língua de sinais, pode possibilitar o desenvolvimento da modalidade escrita da Língua Portuguesa.

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INTRODUCTION

Bilingual education began to be discussed in Brazil in the 1990s. This approach proposes a break from the clinical model that emphasizes only the oral methodologies and calls upon the Speech Language Pathologist to work with the constitutive singularity of the deaf using two languages (Portuguese, in the oral and written forms, and Brazilian Sign Language) during the therapeutic process. In addition, in this proposal deaf adults are seen as important and deaf children are given the opportunity to choose between two languages⁽¹⁻³⁾.

In this approach, the deaf person is seen as different from handicapped, as someone who is a part of a linguistic minority and who uses sign language (seen as the first language that a deaf person should acquire) and Portuguese as a second language⁽⁴⁾.

Thus, to implement the bilingual approach in the speech language pathology and audiology clinical setting, it is essential that parents accept the bilingual situation of their children, who need to be exposed early on to sign language by being around deaf adults⁽¹⁾. It is important to clarify to parents, therefore, that it is through sign language that the Speech Language Pathologist will be able to work on the Portuguese language, be it in its oral or written form. Such a task should be marked by situations that privilege visual resources, dialogical questions and interactions, in detriment of the merely auditory and articulatory worries.

In order to achieve this, the work proposed in the speech language pathology and audiology clinic conceives language as discourse. Its constitution, then, is a process actively lived by active subjects engaged in socio-cultural activities, in which the adult is the mediator between the child and the linguistic object⁽⁵⁾. It is the language that allows the subject to participate in discursive activities⁽⁶⁾ by providing mechanisms that allow children to perceive themselves as a unique being and develop components that make it easier to assume the role of a *Being* in the language. Thus, language is dynamic, as the possibility of coming into existence and being the author of your own story.

This way, in the speech language pathology and audiology clinic, which work with a bilingual perspective, it is essential that the therapist, as well as the family, promote meaningful discursive practices with the deaf person so that each one may plainly exercise their citizenship, their social role, making their rights to a healthy and autonomous life be worthwhile, as they actively and critically participate in actions mediated by language⁽⁷⁾.

This type of practice is necessary as various studies⁽⁸⁻¹⁰⁾ indicate that many deaf people present difficulties in acquiring written language. Also, a part of the written texts, produced by these individuals, constitutes in nonstandard use of Portuguese, which makes the role of the Speech Language Pathologist essential to working on the acquisition process of this language, in the written form, as a second language.

It is this professional who will guide, mediate, give meaning to the writing, and through the joint construction of knowledge, world knowledge, and shared knowledge, establish meaning in the texts⁽⁷⁾. Taking these issues into consideration, the objective of this paper is to analyze the written production of a deaf person, produced in speech language pathology and audiology therapy sessions.

CLINICAL CASE PRESENTATION

This study was approved by the Research Ethics Committee from the Sociedade Evangélica Beneficente de Curitiba (CAAE: 8910/11). In addition, the legal guardian of the participant signed a Free Informed Consent Form.

The case presented is part of a corpus collected in a bilingual speech language pathology and audiology clinical setting. The subject attended 45 minute sessions of language therapy, twice a week, during three years. The research material is composed of the written production from a deaf person, collected in individual therapy sessions, in which the Speech Language Pathologist acted as a partner and an investigator. It is important to note that the investigator is proficient in sign language.

R., 14 years old, with profound bilateral hearing loss, diagnosed when he was 1 year old, is the only child on his father's side and has two brothers on his mother's side. He uses a bilateral hearing aid, yet he has little residual hearing, basically using it to hear environmental sounds. The parents have been separated since R. was 1 year old and he lives with his father and paternal grandfather. He lost touch with his mother then, and she only attempted to contact him when he turned 13 years old. It is the only case of deafness in the family.

He began to study at a school that specialized in deaf students only at 10 years of age, where he had his first contact with sign language. At age 11, he also started to attend a regular school in the afternoons; during the data collection he was attending the fifth grade. During the therapy sessions, he communicates using sign language and speech simultaneously. Often times, he gets mixed up when using and trying to understand Brazilian Sign Language, since he only meets with other deaf people when he participates in activities from a religious community on some weekends. In terms of oral language, he intelligibly uses short statements and isolated words. When he is not understood, he uses the manual alphabet to write what he wants to say. He recognizes writing and has plenty of interest in it, yet he presents difficulty in reading and writing, as he is not familiar with many words from the Portuguese lexicon. His father participated in a Brazilian Sign Language course and continues to study the language up to now; the rest of the family uses only speech.

When he initiated the speech language pathology and audiology care, in a bilingual clinic, emphasis was given to working on writing based on R's knowledge of sign language. The speech language pathology and audiology sessions prioritized working with written language, which sees language as a discursive activity resulting from a collective and historical task. To work with the interactive nature of language, different genres of discourse were used, such as newspapers, comics, books, magazines, poems, short stories, fables, recipes, experience reports, and interviews. In all the sessions, we sought to emphasize writing in meaningful contexts, where R. could internalize the Portuguese language and notice its social function.

The activities done during the therapy sessions were based on strategies where either the therapist brought written materials for the session and from the reading of these materials the patient had to write a text, or both therapist and patient

discussed a topic using sign language and after the discussion the patient had to write something about it. It is necessary to clarify that the reading of the proposed texts was done together and the therapist interfered when it was requested. That is, if the patient did not understand some vocabulary or the meaning of a statement, this was cleared up by through sign language. In both strategies, the interference of the therapist occurred through sign language.

During the activities with the written language, the therapist assumed the role of an interlocutor and interpreter for Brazilian Sign Language to Portuguese and vice versa, interfering in the written production when it was requested, mainly in relation to the lexical (vocabulary from Portuguese) and grammatical aspects. For example, R. explained in sign language what he wanted to write and the therapist assisted him with the adequate word or words in Portuguese. If he did not ask for help, the therapist avoided interfering in the production.

It is important to highlight that, for each production, they went through a joint text construction process, which sometimes lasted more than one therapy session. To do this, the therapist, after speaking with R., filled in the gaps found in the text, modified his truncated structures, introduced the necessary punctuation, making it adequate for formal language. This task, then, consisted in the (re)construction of a text in Portuguese, using the ideas from the patient and the language knowledge from the therapist.

In the discussion below, three texts were chosen among many of those produced by R. in the speech language pathology and audiology sessions, just for illustration purposes.

DISCUSSION

In the first text presented, the therapist and R. were talking about a story they had read. The story contained images that illustrated the written text. After reading the text, it was asked that R. write a story and he produced the following:

Text 1

1. *O Pai justo filho no passeio*^{1,2}.
2. *O anda vê quero bexiga na compra.*
3. *O anda vê quero sorteve.*
4. *O menino vê pegue agulha.*
5. *O Pai vê brabo e o beaxiga na agulha.*
6. *O menino estourou chora o*
7. *Um menino rir outro chora.*
8. *O Pai brabo o menino medo no embora.**

*1. *The Father just son in the walk.*

2. *The walks sees want balloon in the purchase.*

3. *The walks sees want ice cmear.*

4. *The boy sees go get needle.*

5. *The Father sees angry and the balloon in the needle.*

6. *The boy popped cry the*

7. *A boy laugh another cry.*

8. *The Father angry the boy scared in the leave.*

When analyzing this first text, it can be noted that R. started all of his sentences in the same way, repeating, even, the beginnings. It was found that in initial writings, abundant repetition is common⁽⁹⁾. Another factor that could have influenced this production is that the text with images works with shared information; that is, it does not need to be commented much since the images themselves already illustrate what the subject needs to write. In terms of the textual progression, which regards the continuity of the meaning guaranteed by linguistic resources or procedures⁽¹¹⁾, R. uses the recurrence of time and verb tense and aspect. In addition, he writes a sort of narrative and uses only verbs in the present indicative, which could have occurred precisely because in the story there were images and the facts were present.

R. also uses topical progression in his text, presenting in the forefront, information that has already been given and connecting new information to this.

In line 1, it can be noted that the word /justo/ (fair) was used instead of /junto/ (together), this phenomenon is common in initial writing in syllables that are written with a consonant, vowel, consonant. In lines 2 and 3, R. uses a verb as the noun when he writes /o anda/ (the walks) in reference to the boy (o menino) that wanted his father (o pai) to buy a balloon and some ice cream. This can occur due to the influence of sign language, which uses the sign for a person walking to refer to someone, without the need to repeat the subject in the sentence. Then, R. transforms the verb walk (andar) into the subject of the sentences.

In line 4, R. introduces another referent into the text /o menino/ (the boy), meaning to write that there was another boy in the story. And, this way, in lines two and three, the referent used is /o anda/ (the walks); while in line four /o menino/ (the boy), that is, in this case he uses a noun as the subject just like in Portuguese. Such fact seems to demonstrate that his world knowledge surrounds Portuguese and Sign Language grammar. It can be noted, then, in the development of his narrative, that every time R. refers to the boy that popped the balloon with a needle, he uses the term /o menino/ (the boy) and when he refers to the son who got the balloon and ice cream he uses /o anda/ (the walks), /chora o/ (cries the) in line six, /outro/ (other) in line seven.

It can be considered that R's text presents few coherence problems, which can be explained through the written task which he was asked to do, since people who work with deaf people filter information too much and, sometimes, the use of language is quite fragmented and not contextualized, characterizing controlled situations between the teacher/therapist and the student/patient. For this reason, often times, the first written texts by children lose a lot of richness and creativity, characteristics of spontaneous texts⁽¹²⁾. In general, children produce short sentences, in which the repetition of the nominal phrase appears at the beginning of each sentence. Otherwise, they do not tend to establish semantic connections between sentences through linking elements or connectors. This is due to the booklet texts that R. may see as a model.

In the initial phase of writing, children transpose to the written text the procedures they use in speech⁽¹¹⁾. With oral deaf

people, this also happens and they transfer procedures from their speech into their writing. Yet the deaf people that are not oral, who use sign language, transfer to the written text the procedures they use in the sign language.

After a few months in therapy, R. wrote a report on a trip he took during a weekend. It is interesting to note that, when writing a text without the structure of a story that contains images, more markers for cohesion can be seen in his text. This fact demonstrates that the use of images makes it so that the child writes less creative stories, since in writing the child merely reproduces the images. Another probable explanation is the fact that maybe, when describing something they have experienced, the task becomes easier. In addition, it is very likely that R. is more familiarized with writing that stems from pre-established themes or images, since most of these proposals are commonly used in schools.

Text 2

1. *Nós chamamos andora manhã na arruma mala eu pouco como pão e tomo Nescau*
2. *depois embora na viajar onde Guaratuba na prias muito longe depois comemos*
3. *churrunta no gostoso embora pra casa depois arruma encontrar chuva para*
4. *arruma casa eu jogo vídeo-games depois noite carrinho de supermercedo embora*
5. *perto pouco chuva e tem bom ou menos vento depois cozinho panela fez cachorro*
6. *de quente panela na prato pão cachorro de quente nos comemos cachorro de*
7. *quente no gostoso amanhã comer tarde embora viajar pra casa.***

Between the first production and the second text, R. was exposed to different genres of discourse. In terms of cohesion in text 2, it is evident that there is a recurrence of verbal time and aspect, as his text expresses a sequence of events. The use of verbs is still the indicative present; however, the verb ending for the pronoun /nós/ (we) can already be found, as is the case of /comemos/ (we eat), in lines 2 and 6. One can also note the use of structures to articulate the sentence content with discourse markers for spatial-temporal relationships through sentence particles that indicate sequence, such as /manhã/ (morning), in line 1, in reference to /pela manhã/ (in the morning); /depois/ (after), in lines 2, 4 and 5; /amanhã/ (tomorrow), in line 7, in reference to /no dia seguinte ou de manhã/(the following day or in the morning); and /tarde/ (afternoon), in line 7.

**1. *We called wade wp morning in the pack bag I a little eat bread and drink chocolate milk*

2. *after leave in the travel where Guaratuba in the beches ver far after we eat*
3. *barbentu in the delicious leave home aftrter fix find rain to*
4. *clean up house I play video games aftrter night shopping cart leave*
5. *close little rain e there is good or less wind aftrter I cook pot make hot*
6. *of dog in a pot in an plate hot of dog bun we eat hot of*
7. *dog in the delicious morning eat late leave travel home.*

Something that may be seen as strange in this text is the lack of punctuation, which might make the text incoherent for some readers. Yet, when Text 1 is compared to this text, it is found that R. seems to have noticed that the text needs to have continuity and not be formed merely by a sequence of statements. This might be the reason for him to be using more sentence particles that indicate sequence. The punctuation system is not often mastered by children in the initial process of writing acquisition⁽¹³⁾, although, in his first text, R. had used more punctuation. However, since that text has the format of the texts from the booklets, the punctuation always appears at the end of each sentence. Now that R. seems to be acquiring standard written language, the only sign of punctuation is the period. A distinct change is then found between the formats of the first and second texts.

Regarding the procedures to maintain the theme of the text, R. uses some terms that belong to the same lexical field, such as /mala-viajar, praia-chuva, vento-cozinho, panela, cachorro quente, prato, comer/ (bag, travel, beach-rain, wind-cook, pot, hot dog, plate, to eat). The progression of topics was noted through the structures with a constant theme, that is, for each statement new information was added regarding the same subject.

In text 2, there was no difficulty in terms of coherence, seeing that it is considered that this is constituted in the dialogic interaction and it assumes the speakers are open to finding a common ground for understanding. Thus, R. and his therapist, through interaction and the exchange of information, were able to comprehend and analyze the text, giving it meaning. In this text, what could be perceived as strange is the repetition of some items, such as /cachorro quente/ (hot dog), in lines 5–7, which does not compromise the intelligibility of the text.

In line 1, the therapist did not understand the meaning of the word /andora/ (wadewp). When R. was asked what he meant to say, he made the sign for /ACORDAR/ (WAKE UP) and, as he is not proficient in the use of Portuguese, he had written another word. However, it is worth noting that the word he created contains many of the letters from the word he had meant to use. It is common for people who are learning a second language to create new forms or new words, until they are able to internalize the forms used by the adults⁽¹⁴⁾. This fact is also often seen in texts from deaf people.

In both lines, an interesting fact is the use of the adverb /onde/ (where) before /Guaratuba/ (a beach in the state of Paraná in Brazil). In sign language, generally, when you want to refer to a place, the sign for /ONDE-LUGAR/ (WHERE-PLACE) is used, which could be the reason R. wrote the adverb before the name of the city.

In line 3, it is found that R. still does not know the orthographic convention for the word /churrasco/ (barbecue) and wrote /churrunta/ (barbentu). This fact is quite common in the process of writing acquisition with children who can hear, where the child constructs a hypothesis for the spelling of the word based on the auditory perception, or auditory or visual memory, or even another aspect. It appears that R. is also using more prepositions, even though, at times, he does not use them correctly. It is the case of /no gostoso/ (in the delicious), where he uses a preposition in place of a verb. Such fact is in accordance with literature concerning second language acquisition, since it affirms that the

most common categories for mistakes are related to incorrect punctuation, omission, or inadequate use of articles and prepositions, pronunciation errors, ungrammatical structures, and the incorrect use of verbs. It is found, however, that in the case of /pra casa/ (to home), R. utilized the correct preposition (to), which demonstrates that he already reflects upon and makes correct hypotheses regarding the use of written Portuguese.

In line 4, the lack of a verb is seen before /carrinho de supermercado/ (shopping cart). R. might have used this term for /supermercado/ (supermarket), because in Brazilian Sign Language this sign is done by imitating a person pushing a shopping cart.

In line 5, an interesting fact is the use of the term /bom ou menos vento/ (good or less wind) when meaning to say that there was /pouco vento ou mais ou menos ventando/ (little wind or more or less windy). This also demonstrates that R. already has a good knowledge of Portuguese, but that he does not yet know some expressions from the language.

In line 6, it appears that mix-ups that R. has are related also to bad usage of prepositions. And, finally, in line 7, it seems that R., instead of writing /estava gostoso/ (it was delicious), utilized a preposition, /no/ (in the), in place of a verb. It is found that, although he has not yet mastered writing, he is advancing, as he makes hypothesis and tests them, that is, produces, interacts, and reflects upon the language, which results in an improvement of his linguistic performance.

The last analyzed text was produced after R. had already been in therapy for over 2 years. After he and the therapist had read various reports on the life story of deaf people, it was proposed that R. write his own story. Note that only the beginning of the report will be analyzed.

Text 3

1. *Eu nasci de em XXXX.*
2. *Eu nasci do surdo, depois pai e mãe não vi e surdo para R chama-se*
3. *médico falou: O R não ouvi precisa remédio depois para casa em*
4. *Joinville muito mas remédio não certo eu surdo. Os pai*
5. *separou mãe porque acabou não amor e levou eu R e 1 a nos em*
6. *Guaratuba na para casa vovó e vovô.*
7. *Eu vou aula é 3 anos pouco grupo os surdos é turma grupo os surdos fora*
8. *separa ouvir.*
9. *A avó está doente no hospital em Joinville porque muito*
10. *dói coração é saúde depois acabou e 1 ano outro hospital é saúde depois*
11. *acabou e outro mais ou menos mês é outro o hospital é a avó morreu*
12. *porque é coração.****

R. showed himself to be more independent and confident in the construction of his report. In this text, for the first time, he noticed that he had repeated an idea from lines 9 to 12. During the whole production, he was more careful with the use of verbs. It was found that he reported the facts he found most important

in his life, such as the discovery of his deafness, the separation of his parents, and the death of his grandmother.

In text 3, R. made a great effort and had a strong motivation to write; he was able to construct his discourse with a larger variation of referents in to the text. Regarding cohesion, for the first time, the recurrence of terms was seen, like the repetition of the same lexical item, in lines 10–11: /dói coração é saúde depois acabou e 1 ano outro hospital é saúde depois e acabou e outro mais ou menos mês é outro o hospital é a avó morreu/ (hurts heart is health after over and 1 year another hospital is health after and over and another more or less month and another the hospital is the grandmother died).

Throughout the text, the recurrence of verb tense and aspect and a better utilization of verbs and their tenses can be found. For example, in line 9, /a avó está doente/ (the grandmother is sick); in line 11 /a avó morreu/ (the grandmother died); in line 13 /encontrei meu pai/ (I found my father). In addition, it appears that some markers for spatial–temporal relationships are found, like in line 1 /eu nasci de em XXXX/ (I was born in XXXX); in line 4, where he references that /voltou para casa em XXXX/ (came home in XXXX); in line 5 /e um anos/ (and 1 year); in line 6 /XXXX na para casa vovó e vovô/ (XXXX in for home grandmother and grandfather); and so on.

Once again, it's seen various procedures to maintain the theme of the text, for example, /médico-remédio-doente-hospital-saúde; cemitério-morreu/ (doctor-medication-sick-hospital-health; cemetery-died).

As for textual linking, the use of more punctuation signs was found, in addition to the use of a larger quantity of sentence particles that indicate sequence, for example, in line 2, /Eu nasci do surdo, depois pai e mãe não vi/ (I was born of deaf, after father and mother I didn't see).

In this text, for the first time, linking elements are seen through the use of connectors, for cause and condition, established by the connectors /mas e porque/ (but and because).

It appears, especially in this last text, that the linguistic activities of R's texts have increased in number as he has acquired written language through working in partnership with the therapist. Thus, in this text, he utilizes more punctuation, more textual organizers such as connectors, locution and temporal and argumentative expressions, which are distributed throughout the text, joining already formed structures.

Regarding the textual coherence, in line 1, the statement is considered to be correct, even though R. uses two prepositions;

***1. *I was born of in XXXX.*

2. *I was born of deaf, after mother and father I didn't see and deaf for R was called*
3. *doctor said: R didn't hear need medication after home in*
4. *Joinville a lot but medication not right I deaf. The father*
5. *Separated mother because was over not love and take I R and 1 years in*
6. *Guaratuba to grandmother and grandfather house.*
7. *I go class is 3 years few group the deaf is class group the deaf out*
8. *separate hearing.*
9. *Grandmother is sick in hospital in Joinville because very*
10. *fix heart is health after over and 1 year another hospital is health after*
11. *over and another more or less month is another the hospital is grandmother died*
12. *because is heart.*

this fact demonstrates the hypotheses that he has been making during the constructive phase of his writing, since it appears that he has already understood the need for prepositions, yet, as he was not for certain as to which of them he should use, he opted for both.

In line 2, the fact stated above is repeated, since R. uses prepositions where there is no need for one: /do surdo/ (of deaf) and /para R/ (for R.). This fact demonstrates that R. has not yet mastered the use of this category. He also does not use the articles before /pai, mãe/ (father and mother) and does not make the correct verbal agreement /vi [instead of] viram/ (I saw [instead of] they saw). Next, R. writes /chama-se médico/ (called doctor), which can be substituted for /chamou-se um médico/ (a doctor was called). This type of verb inflection, followed by the particle /se/, (indicates the passive structure, used when the speaker does not want to mention the agent), is quite interesting, since the reflexive does not exist in sign language, which, once again, demonstrates that R. is reflecting upon written Portuguese and searching for more sophisticated forms of expressing himself.

In line 3, it is found that there is an adequate use of punctuation and inadequate verbal agreement. This fact could have occurred because in sign language, the verb inflection does not exist for some verbs and for others it is done in a differently way from the written Portuguese language. R. used the preposition /em/ (in), which demonstrates that he is reflecting upon the use of this category, because since in the sign language prepositions are not utilized, it seems that R. is acquiring Portuguese more and more and noticing the differences between these two languages, which is a part of one of the therapeutic objectives in a bilingual approach.

In line 4, R. shows an inadequate use of the word /muito/ (a lot), a lack of punctuation before the connector /mas/ (but), which was well utilized, and a missing verb /ser/ (be) between the pronouns /eu/ (I) and the word /surdo/ (deaf). The absence of the verb /ser/ (be) might have occurred because in Brazilian Sign Language, there is no sign for the verb /ser/ (be) and, thus, it is always produced through fingerspelling; in other words, this verb entered sign language as a loan word from Portuguese.

In lines 5 and 6, it is found, firstly, that there is some difficulty in establishing agreement between the noun /pai/ (father) and its adjuncts /os/ (the – masculine, plural form), in addition to missing the preposition /da/ (of the – feminine, singular form) before /mãe/ (mother). In the sentence /acabou não amor/ (finished no love), it is found that the relationship between the cause and the connector /porque/ (because) is correct. Once again, it appears that R. presents difficulties with prepositions, when he writes /e 1 anos/ (and 1 year) instead of (at 1-year-old) and /em Guaratuba/ (at Guaratuba) instead of /para Guaratuba/ (to Guaratuba).

In lines 7 and 8, it is found that the verb /vou/ (I will go) should be substituted for /fui/ (I went). R. utilized the verb /é/ (is) in place of the preposition /com/ (with). For the rest of the sentence, the therapist had to ask him what he had meant to say and he explained that at school there was a group with only a few deaf people who were separated from the hearing people.

This was the first part of the text where the therapist needed to interfere to recover meaning.

In lines 9–12, R's intended meaning can be understood, that is, he often uses the same terms, giving the idea of the time the grandmother spent in the hospital and that her health improved and later would come back to the hospital. There is a lack of punctuation between the words /coração, saúde/ (heart and health), /saúde, depois/ (health and after) and the use of prepositions in these sentences is quite confusing.

When analyzing the texts above, it is found that, in terms of cohesion, R. began to utilize more linking elements over time. In his first text, few of these elements are found; the sentences are disconnected from each other; however, in text 3, various linking elements can already be found, which seems to indicate that R. is reflecting upon them.

In terms of text coherence, since the therapist and R. were together during the construction of the text, it was possible to give meaning to his texts through the communicational setting. The therapist seldom had to interfere and ask R. what he meant to say with a certain statement and, as they had shared world knowledge, they were able to give meaning to the texts. The context of the production, that is, writing a text at the bilingual speech language pathology and audiology clinic was also a determining factor for the comprehension of the texts.

The text analysis of this subject leads the language therapists who work at a bilingual clinic to once again “look” at the unique data, since it was this data that allowed for a reflection over the hypotheses that can explain R's language acquisition process.

The role of the therapist and the proposed tasks created by her gave origin to the work written by R. and, thus, he was able to produce meaningful, organized, and acceptable texts. During this process, it was found that the deaf patient began to better utilize written language and, through the interactions with the therapist using sign language, modified his way of looking at writing and helped him overcome his fear of writing. R. was finally able to understand the function and social role of writing in his life. This way, the act of writing lost its artificial characteristic (of merely a school activity) and became a moment of reflection for the author, who can now register for others the world experiences he takes part in⁽¹⁵⁾.

FINAL CONSIDERATIONS

During the years of work with R. at the bilingual clinic, it was found that he began to reflect upon his texts and changed his position regarding writing. Little by little, he began to make hypotheses, plan his texts, and, together with his therapist, construct and transform his stories. R. has not yet mastered all formal aspects and conventions that reign over the social use of writing, but, through mediation from the therapist who provided opportunities for these aspects to become more evident, R. accepted the challenge of writing and was able to produce texts that are coherent and creative, and whose authorship are in fact his.

At the bilingual speech language pathology and audiology clinic, R. and the therapist, due to their common knowledge of sign language, were able to talk about their stories and experiences, exchange ideas, leading them to register these stories

using written language. It was through the interaction with the therapist that R. was able to construct various hypotheses surrounding the written language and negotiate meaning. This negotiation was done by satisfying requests to clear up, clarify, repeat, contest, and question, this being considered the necessary condition to be proficient in written language.

This way, R. began to use writing by alternating and overlapping the two involved languages: Portuguese and Brazilian sign language. Writing became, thus, another opportunity to manifest his uniqueness, and R. began, then, to reconstruct his story regarding language.

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REFERENCES

1. Guarinello AC, Lacerda CBF. Educação Bilíngue e atuação fonoaudiológica. In: Marchesan IQ, Justino H, Thomé MC. Tratado de Fonoaudiologia. 1ª edição. São Paulo: Guanabara Koogan; 2014. p. 515-21.
2. Valentin SML, Guarinello AC, Backes D, Lustosa SS. Algumas considerações sobre a Interface entre a Língua portuguesa e a libras sob uma perspectiva Bilíngue. *Rev Trama*. 2013;9(18):229-38.
3. Guarinello AC, Berberian AP, Eyng DB, Festa PSV, Marques JM, Bortolozzi KB. A disciplina de libras no contexto de formação acadêmica em fonoaudiologia. *Rev CEFAC*. 2013;15(2):334-40.
4. Santana AP, Guarinello AC, Bergamo A. A clínica fonoaudiológica e a aquisição do português como segunda língua para surdos. *Distúrb Comun*. 2013;25(3):440-51.
5. Bakhtin, M. *Marxismo e filosofia da linguagem*. 6a ed. São Paulo (SP): Uçitec; 1992.
6. Guarinello AC, Claudio DP, Festa PSV, Paciornik R. Reflexões sobre as interações lingüísticas entre familiares ouvintes-filhos surdos. *Tuiuti: Ciência e Cultura*. 2013;46:151-68.
7. Guarinello AC, Massi G, Berberian AP, Cláudio DP, Festa PSV, Carvalho HAS. A retextualização como prática nas terapias fonoaudiológicas com sujeitos surdos. *Rev CEFAC*. 2014;16(5):1680-90.
8. Lange CM, Lane-Outlaw S, Lange WE, Sherwood DL. American sign language/ english bilingual model: a longitudinal study of academic growth. *J Deaf Studies Deaf Educ*. 2013;18(4):532-44.
9. Wolbers KA, Dostal HM, Bowers LM. I was Born full deaf. Written language outcomes after 1 year of strategic and interactive writing instruction. *J Deaf Studies Deaf Educ*. 2012;17(1):19-38.
10. Figueiredo LF, Guarinello AC. Literatura infantil e a multimodalidade no contexto da surdez: uma proposta de atuação. *Rev Educ Esp*. 2013;26(45):175-93.
11. Koch IGV. Aquisição da escrita e textualidade. *Cad Est Lingu*. 1995; 29:109-17.
12. Koch IGV. *Desvendando os segredos do texto*. São Paulo (SP): Cortez; 2003.
13. Cardoso CJ. *A socioconstrução do texto escrito: uma perspectiva longitudinal*. Campinas (SP): Mercado de Letras; 2002.
14. Lightbown P, Spada, N. *How languages are learned*. Oxford: Oxford University Press; 1993.
15. Geraldi JW. *Linguagem e ensino: exercício de militância e divulgação*. Campinas (SP): Mercado de Letras; 1996.