

Case reports

The subjective constitution process of a deaf child: a case report

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ABSTRACT

To discuss the subjective constitution process of a deaf child, through the speech of her hearing mother. It is a longitudinal study comprising a retrospective analysis of the interaction process of the mother-child dyad, based on transcriptions of video material. The main results suggest that the mother responds orally to the demands of her deaf child, placing her in the listener's position and maintaining her discursive position in the interaction. This maternal positioning enables the deaf child to change from someone to whom one speaks, into a speaking subject, being marked by this oral discourse, as it occurs with hearing children.

Keywords: Deafness; Language; Child Development; Psychoanalysis; Speech, Language and Hearing Sciences

INTRODUCTION

Language acquisition raises many questions on the human being, such as being able to question about the world through it and the fact that, in a relatively short period of time, many changes and unusual combinations occur in children's speech. For those with the capacity to listen, sound is one of the most familiar ways of orienting themselves in the world, and therefore, deafness hinders the acquisition of oral language (one of the most important mediations between the subject and the world) and the communication of the deaf person with the environment. The deprivation of a truly informative auditory relation with the world is another characteristic of deafness, which causes an important psychosocial impact on the deaf, their family and society.

The deafness that will be discussed in this study is the so-called profound deafness, which may be present in children even before the emergence of oral language. These are the prelingually deaf individuals. It is quite common to describe them as those who do not speak and do not listen and who are also unable to act and to express desire, due to their disability. However, it must be remembered that the concept of deafness is not a natural category, as it is rather a human construction that has undergone many changes throughout the history of mankind.

Scholars of clinical work with infants and their constitution as a subject, such as Vorcaro (1997)¹; Crespín (2004)²; Mariani, Guarinello, Massi, Tonocchi and Berberian (2016)³; Santana, Guarinello, Bergamo (2013)⁴; Zanatta, Pereira (2015)⁵; Souza, Machado, Nunes, Aquino (2014)⁶; Oliveira, Ramos-Souza (2014)⁷; Scalco, Donelli (2014)⁸, report the importance of the role of adults in the introduction and production of linguistic environments, trying to understand human interactions, linking them to the subjective constitution of the child.

Given the importance of others interacting with the child so the child can become a speaker of a language and consequently be constituted subjectively and singularly, since most of profound deaf people from birth have a family in which all members are hearing people, the objective of this work is to discuss and analyze evidence of the subjective constitution process of a deaf child through oral speech of others, as the hearing mother.

Relationship between language and subjective constitution

By participating in different social groups from birth, individuals are introduced in a symbolic system, that is, the language, which gives meaning and organizes their world. According to De Lemos (2002)⁹, when an individual is born, there is already a linguistic universe in place that will determine their constitution, as the child is captured by the language system that introduces them into a tradition, opening the world of possibilities and meanings. This capture structures subject and language at the same time. In this symbolic system that is language, "(...) words name objects, people, and phenomena, distancing them from their pure reality. (...) As children do not inherit senses and meanings with their genetic charge, they will have to find them in the symbolic world of language in which they will be introduced by the Other (Bernardino, 2006, pg. 24)¹⁰. In psychoanalysis, the "Other" is the set of elements that compose the symbolic universe/language that captures the subject, it is an instance or a place and, according to De Lemos (2002)⁹, it is also the place of the constituted language. On the other hand, the "other" is the subject's likeness, as a real presence, that is, an individual of the human species.

Lacan (1953-54 / 1986)¹¹ emphasizes that to the extent that language replaces the situation that the world presents to the human being, language will constitute their reality and their speech, since it separates the word from things by means of naming and this causes the object to cease to exist as only a thing and it starts to exist in the language. It can be concluded from this that the thought, emotions, and interpersonal relationships exist through a language, usually the language of the country in which you live.

Given that "(...) unlike most animals, the human baby has an intrauterine life of reduced duration, which leads to an unprepared life at birth" (García-Roza, 2004b, pg. 182)¹² and that children are incapable of doing anything alone for their survival, as they can't do anything in the face of the challenges of the external world and of the tensions of internal stimuli, there is a total dependence on another caregiver who will save their lives by doing it. The relationship between the baby and her caregiver is conducted through words and that is the legacy of the caregiver to the baby: words.

With respect to the language acquisition as proposed by De Lemos in the interactionism, the other is not a mere enabler of baby's access to language and do not even teaches the child to speak, as the other

speaks also for the baby. The Other attributes both form and meaning to the linguistic productions of the baby, which may be enigmatic, with their interpretations and these interpretations give a place and certain meanings that the baby is captured by the discursive linguistic functioning of the speeches addressed to them. Catrini and Oliveira (2017)¹³ report that: “by this way, children are not seen as an organism or biological body nor as an epistemic or psychological subject, but as a drive body ... [which] demands interpretation” (Catrini and Oliveira, 2017, p. 373)¹³. The line that divides the biological body/organism from the speaker body, that is, from the subject, disappears in that context.

Vorcaro (1997)¹ assumes that the subjective constitution process, which has the singularity as product, involves the capture of the organism by the structure and functioning of language when interpreted by the Other. This inevitable combination with language produces the alienation in the baby, as reported by psychoanalysis, in the discourse of the Other, since the indetermination of the subject causes it to be born engendered in alienation to the senses that the Other gives to it. According to psychoanalysis, alienation is the mirror image of the other which later will lead to the subjective constitution of a self. It is not possible to date chronologically this moment, as, according to Lacan (1998)¹⁴, it follows another order, the logical order, as a logical moment.

Therefore, the child must first respect/alienate to the meanings that the Other provides to them, and then, they can separate themselves from the Other and from some meanings that were provided to them. The separation, which is never full, occurs when there is a discrepancy between what one wants and what one receives, the interest of caregivers in things other than the child, that makes the child to discover, that it is *not* what they lack. In this separation, the child will seek answers to the flaws in the speech of their parents or caregivers and, thus, the child will try to subtract the effects of the alienation and defend themselves from the annulment of this alienation. And this is how, from the separation, the child will be a speaker, will make choices, and will relate to other people and interpret different everyday experiences. When the separation process takes place for the child, the child changes from the subjective position and passes from invoked and spoken to invoking and speaking (Vorcaro (1997)¹; Zanatta e Pereira, (2015)⁵; Gomes, Marin, Piccinini, Lopes (2015)¹⁵; Simas, Souza Scorsolini-Comin (2013)¹⁶; Yamada, Moretti, Prado, Bevilacqua

(2014)¹⁷. This happens with both hearing and deaf people. Although deaf individuals do not have access to oral language, if the dimensions of enunciation and addressing for they are present in the voice of the Other (which they can capture through the look, body movements, and facial expressions, among others), that is, if this voice of the Other conveys desire and lack to the deaf individual, in what the Other does not show and does not say, the deaf individual will allow to be seduced by the enunciative dimension of the Other's looks, finding their place as subject, in a similar way to what happens to the hearing people.

In this context, according to some scholars of the relationship between language acquisition and subjective constitution (Laznik (1997)¹⁸; Pinto (2013)¹⁹, Medeiros, Salomão (2014)²⁰, Beltrami, Souza, Dias (2013)²¹, Oliveira, Ramos-Souza (2014)⁷, among others), first of all, speaking is to be an author, since by accepting a rule, the speaking subject changes and performs the universal of language in a singular way by means of a language, not being, only the user of that language, when creating words and expressions, often enigmatic. Human beings do not master their language by incorporating vocabulary or learning grammar, but only by assigning meanings to words through meaningful situations in which they participate.

Therefore, according to psychoanalysis, language is a structuring component of the baby and, even in cases of any kind of disability, he is spoken by the Other and he reacts in according to him. Often the deaf child is born into a hearing family and their hearing parents will spontaneously communicate with the deaf child in their *oral* language which, in most cases, is their mother tongue. Parental discourse about the child and their body, as well as their lineage and traditions, even being communicated to the child in an oral language, impacts and affects the child.

Considerations on the voice, speech and orality

Usually, studies on voice and speech focus almost exclusively on the sound modes of this emission. Lacan (1962/1963)²² emphasizes that the voice (which according to psychoanalysis is an object *a* that will be explained later in this study) must be differentiated from orality and that it does *not* belong to the sound record. Marcos (2013)²³ reports that: “the voice, that is, what it is really about, is not what we hear. Voice would be only the vector that supports the production of a significant chain, independently of the sensory modality of this production” (Marcos, 2013, p. 16)²³.

According to psychoanalysis, object *a* is something from which the subject is separated to be constituted, thus symbolizing the lack. Object *a* will only have its value, for the subject, while it is lacking.

Normally, babies cry when their caregiver, usually the mother, is absent. The baby cries out and expresses a need in this way and causes the mother to be present again. The movement of this presence/absence duo, which is characteristic to the symbolic order that is language, captures the baby, who does not yet speak, and is constituted around the voice. Once the cry is interpreted and has a meaning for the Other, it turns into a request/demand and the voice is forever lost. Through the scream, the voice ceases to be pure sound and becomes a sound that symbolizes something for someone and that goes beyond the sound record.

Although deaf children do not have access to oral language, they also scream and babble and these songs will be interpreted by their caregivers, just as it happens with the hearing children. If the dimensions of enunciation and addressing for the child are present in the voice of the Other (which comprises the deaf baby with the look, body movements, and facial expressions), that is, if this voice of the Other conveys desire and lack to the child, in what the Other does not show and does not say, the deaf baby will allow to be seduced by the enunciative dimension of the Other's looks, touches and body movements, finding their place as subject, in a similar way to what happens to the hearing children.

On this matter, Bergès (1967/1972)²⁴ *apud* Catrini, Lier De-Vitto and Arantes (2015)²⁵ report that: "(...) if the possibility of movement depends on a structural competence of the body to the motor (innervation, bones, and muscles), the gesture, by contrast, shows that there is sense in the [body] movement, that is, the gesture belongs to the field of meanings (...) to the field of language. (...) The gestures [of man] express something completely personal, they are true ways of doing, saying, and being - they are radically singular, because (...) there is something that affects movement and gesture: satisfaction, pleasure "(Catrini, Lier De-Vitto, Arantes, 2015, p. 124)²⁵. This satisfaction or pleasure arises from the set of interactions between caregivers and the baby/child and it is only possible from listening to oneself and to the other, which are actors of everyday interactions.

In addition, the study agrees with Andrade (2003)²⁶ who reports that hearing, unlike listening, is an effect that is impressed by the speech of the Other in the body of the speaker, which is characterized from the

beginning by the speech/language from the Other. It is the way that the subject combines, articulates, and intertwine the signifier by talking about themselves and their history.

Thus, it can be concluded that organic limitations and the lack of orality do *not* prevent gestures, looks and body movements, full of meaning and ready to be interpreted, since they call the other incessantly. Therefore, organic abilities are constituted by language and it is only through language that the body, looks, gestures and body movements can be supposed and imagined as a request for dialogue. It is the language that interprets them, so that any organic limitation can be overcome. That is why there is a talk, even in the absence of orality.

Peculiarities of the deaf subject

Taking into account the profound deaf individuals born into hearing families, Solé (2005)²⁷ explains that the desire of the deaf subject to listen will be due to the pleasure of listening with the other sensory channels of the body, especially the pleasure of seeing, which, in her own words, "becomes a desire of listening through the look, or a desire to look listening" (Solé, p. 86)²⁷.

From the psychoanalytical assumption that the constitution of the deaf subject depends, as well as that of the listener, on what the Other/adult caregiver assumes of him/her, as subject, placing him/her in a certain place in language and speech by the way the Other speaks of him/her and with him/her. The deaf is also spoken by the other and the experience of deafness by parents will be decisive in the way the deaf child, later in their own way, will see their body as sick. That is, the lack of hearing and orality will not be the factor that prevents traits and signs from becoming significant to the deaf baby, but rather the way in which this adult caregiver will interpret, read and speak for and with the deaf baby from their representations of deafness.

According to Díaz (2005)²⁸, whatever the form of speaking, oral or gestural, the signifier is present and will characterize the deaf individual, especially through what is visual. Therefore, the first dialogues between the other caregiver, usually the mother, and the baby, are beyond the speech because the sound may be lacking and even so the symbolic function can develop, since the other caregiver reads/interprets and names the deaf child as much as the hearing child. With respect to the deaf child, the gestures, touches, movements and the opening and closing of the mouth when speaking also

characterize her body with the signifier of the Other, in the same way as with the hearing people. Through the reading of the Other, the subject is directed by the signs that are presented to the Other in the form of speech, which is required to human experience (Zanatta, Pereira (2015)⁵; Souza, Machado, Nunes, Aquino (2014)⁶, among others). This is for any subject regardless of the organic framework.

CASE PRESENTATION

This study was approved by the Research Ethics Committee of the Pontifical Catholic University of São Paulo, under the process number 05482.

The study was based on the case study method in psychoanalysis. According to Guimarães and Bento (2008)²⁹ this method is composed of three steps. Namely: the writing of the disease (anamnesic data and events of the subject's life history), the writing of the transfer (in which a transference relation is established between the researcher and the research subject) and theoretical writing (that is, to analyze and interpret the subject's stories to create a clinical discussion in psychoanalysis). However, the study agrees with Moreira (2010)³⁰ when he reports that there are no indications in Freud's work that restrict the actions of the research only to clinical cases. Research in psychoanalysis may result from phenomena analyzed from the psychoanalytic perspective. This is so true that even Freud investigated social phenomena from the psychoanalytic theory. And this is the case here. There was no clinical care of the mother or the deaf child, just an observation of their daily interactions. Therefore, the study does not present the anamnestic data of the history of the disease nor does it discuss the writing of the transfer.

The case study was developed based on observation of the interaction of the hearing mother-deaf child dyad in the natural environment and daily life. Data were collected at the family home where the mother and her daughter live in São Paulo. This place was chosen because it was where the two of them spent most of their time. The data provide fragments of the interview and interaction sessions that presented as the most significant to elucidate the proposed topic. A theoretically oriented reading of the interactions was conducted.

The choice of mother-child interactions collected in non-clinical situations was due to the fact that it seemed possible to surprise movements with them in which we could notice that the oral language characterizes

the deaf child and captures, calls, and interprets her, in addition to being interpreted for her. Movements in which the mother's speech causes different effects on the child and always keep her in the discursive role of speaking subject, even being deaf, which shows that the subject is constituted by means of the role assigned by the speech of the other, the mother, since it is this maternal speech that recognizes and legitimates the child as a speaker, leading her to speak. It is assumed that the manifestations of the unconscious are symbolic and materialized in/by the language and it is in the discursive sequences of the dyad that meaning units are sought revealing elements of the unconscious that may clarify aspects of the subjective constitution of a subject and, therefore, the speech of the mother and the vocalizations, gestures, looks, laughter, facial mime and touches will be taken into account, both from the mother and the child.

For the analysis of the discursive fragments, the theory of the psychic apparatus as a language and memory apparatus (Freire, Gouvêa e Parducci, 2016)³¹ was used, as it deals with a deaf child who was not captured by the Brazilian sign language but by the interpretive speech of her mother, from which she is impacted, although if the child's access to oral Portuguese spoken by the mother is limited (the personal sound amplification products began to be used by the child after nine months of age and the child was born deaf due to rubella during pregnancy).

The mother-baby interactions were recorded and interaction fragments were transcribed in regular orthography, for reading convenience, where the parentheses "()" contains the description of body movements, looks and the extralinguistic context and the speech turns were classified by sequential Arabic numerals. The speeches of the mother, the child and the speech-language pathologist were identified respectively by the letters M, C and F.

Procedures for data recording, transcription and analysis

The recordings began when the baby was 49 days old and ended when she was three years and ten months old, it took place once a week in the family home and was done by research assistants under the supervision of one of the authors of the study, as part of the research project entitled "The representation of the deficit in the discourse of the mother and its consequences in the development of high-risk baby",

funded by CNPq, between 1992-1999 under number 5001134/92-8.

RESULTS

Below are fragments of the interview conducted by the speech-language pathologist with the mother in the family home. C was 1 month and 2 days old.

(25) F: How do you see C? When you compare how it was before and now.

(26) M: Oh, that's funny. At first, we were really nervous because we didn't, well, we do not understand much. I had two children, both were normal, had no problem. Then I saw her with an IV catheter on her little foot or with a tube in her mouth... That was when I was desperate and I cried a lot. I believe that I prayed more than anything else.

(27) F: And how about today? How do you see C?

(28) M: She looks better, happier and stronger. Today I can say that she is a strong child, she's doing great.

(29) F: Would you like to say anything else regarding C or about you?

(30) M: Well, I'm not sure. No, I don't think so. About me? I did what I could to help her, she is so small and they detected that she has a little problem of deafness, so I'll do anything that I could to help her to be a normal child in society, anything. However, she's doing great and she can see that there are people helping her. I don't think that problem will disrupt her development. I believe she will be a normal child. SILENCE.

(31) M: At first I was afraid of something more serious, that it could be more than just deafness, I mean, it could be hydrops. I believe it would be harder for her... Too much suffering, you know. So I'm not saying that she is a problem to me due to her deafness, or that her deafness is a problem. Absolutely not.

The strong signifier appears in the speech of M, at (28). This signifier arises in the relationship with the look of M. And that's it, the strong signifier, which captures a maternal look of recognition and allows the indication that there is the supposition of a subject in C, since M recognizes her as subject requiring her to perform her tasks well, as C is seen as someone strong and who is able to do so. This strong signifier, which insists on the maternal discourse, combines gaze and will, being a privileged signifier in the maternal desire to situate the daughter, a trait that captures the loving

gaze of the Other and, at the same time, it is a support of an otherness, of a singular desire, a force capable of arousing desire in the Other. Here, M shows one of the possible places where C exist as a subject of/ in language. This maternal representation of the child places the child in a certain discursive role, that is, as a capable interlocutor, and this characterizes all the other relationships that C is likely to have. So this is the discursive place that C holds, where C can exist in language, and to think about her and others, where C is recognized and through which C, afterwards, will look, listen and analyze her interlocutors. M also tells us about what she did and how she deals with the situation in (26) when she reports that she cried and prayed a lot in the hospital. It can be noticed in (30) that M seems to be alone, since there is nobody to help to take care of C, as she does not mention anyone when she speaks of her will to help her daughter. In addition, there is the desire that C recognizes the help and goodwill of M in relation to her in the future. In the part where there was a longer silence, it could be noticed that it occurs after M saying what she thinks about the deafness of C, what is she doing for C and what she can still do for C in the future, indicating that M has many questions about what is yet to come. In this interview, M shows some of her ideals, frustrations and desires.

Episode 1. Background: M and C are in M's room. C is currently taking a bottle. Both are facing the camera. C is 3 month and 17 days old.

(M is holding C in her arms. C is being bottle fed)

(C hiccups twice and M takes the bottle away. They look at each other)

(1) M: You should not show your tongue, you should open your mouth. Open your mouth, come on.

(M smiles and C takes the bottle again, they are still looking at each other)

(2) C: *ahn*.

(3) M: Uhum? Is it bad? It's not, there is sugar in it. Just a little bit more, come on.

(C is looking at her, but does not open her mouth)

(M places the bottle in her mouth several times, trying to make her to take it again)

(4) M: When you're hungry, you drink it, right? Take it! Take it! Hey, C.

(M sends a kiss to C, who looks at her and moves a lot in her arms)

(5) C: *ahn, ahn*.

(M tries to give the bottle to C, but she does not open her mouth)

(6) M: Don't you want tea? You need to take tea.
(M and C look at each other. C seems to be pushing hard)

(7) C: *ahn, ahn*.
(M takes another bottle and gives a bottle with milk to C)
(C refuses the bottle, but finally takes it and opens her mouth)

(8) M: Oh, this one you take it, don't you?

(9) C: *ahn, ahn*.
(10) M: *ahn, ahn*.
(C chokes and M changes her position in her arms, C takes the bottle again, but stops shortly thereafter)

(11) M: C, come on! Open your little mouth, come on.
(12) C: *ahn*.
(C turns her head to the other side and avoids the bottle. M places the bottle on C's mouth again and again)

(13) M: Take it, hum?
(M looks at the bedroom window in front of her and C turns her head and looks towards M, but refuses the bottle)

(14) M: What is the problem? You're not sleeping now, are you? No, you can't sleep now.
(So, C yawns)

(15) M: Oh, and you are also downplaying, aren't you? Sleepy face. Huh? Are you going to sleep? You can't! You must take the milk! Yes! Did you hear me? Y-o-u-c-a-n't sleep now. Right? Huh?
(C looks closely at her and yawns again. Then M makes noises with her mouth and touches C's mouth and cheeks, who moves her own head. M talks baby talk)

(16) M: Oh, you like a mess, don't you? You like a little mess, right?
(C moves her entire body and raises her head)

(17) C: *ahn*.
(18) M: What are you looking at there, huh?
(M places her face in front of C, who lays her head on M's breast)

(19) M: Awww!
(C repeats the move, twice, lifting her head and laying on M's breast, who helps her to be more comfortable)

(20) M: Let's try to take a little more, shall we? It is almost over.
M places the bottle on C's mouth again and again)
(C yawns)

(21) M: You really want to sleep, don't you? Yes, you do. Wow! What's going on? Do you want to go to bed? Do you? I'll take you there. Don't you want to go there? Let's go to your bed, ok, then.
(C looks closely at M while she is talking)
(M is walking with C in her arms, she approaches the crib and touches in the face of C)

(22) M: I like to be in your arms. I like to be in your arms, don't? Yes, I do like it. (M talking baby talk)
(C keeps looking at M, closely. M talks baby talk)

(23) M: Yes, I love it when you take me in your arms. Yes!

The first vocalization of C in (2): "ahn" is interpreted by the mother as a complaint, and it is supported on the body movements of C, who does not open her mouth to be fed. The mother responds by insisting on the bottle in (4) and playing, by taking it close and away from the mouth of C, sending her a kiss. Then C moves in the arms of M and (5) babbles twice. M readily understands babblings as a refusal of C in (6) and, in doing so, she places these babblings into a discursive universe: the daily feeding routine. C takes the bottle back when M changes the tea bottle for a milk bottle. This may be a hypothesis of M that the refusal of C is not a refusal to be fed, but rather a refusal to a specific drink: tea. The speeches of M in (8), (11), (13) (14), (15), (16), (18), (20), (21), (22) and (23) indicate that she supports this dialogue and provides a semantic structure to the looks, body movements, yawns and babblings of C. These, require adult interpretation, and the child plays the role of interpreted.

Episode 2. Background: M is in the room, sitting on the bed, playing with C, who is also sitting on the bed. C is 10 months and 20 days old.

(C looks toward M and nods affirmatively, increasing the intensity of the movements until she starts to swing the entire body)
(M imitates C and nods affirmatively, while C looks closely)

(1) M: yes, yes, yes, yes, yes.
(C looks toward M, who stops nodding)

(2) M: Right?
(C looks toward M and swings to the right and to the left, as if she was saying "no", while M is looking at her)

(3) M: No? Is it bad?
(M also nods sideways a few times)

(M touches the sleeves of C's clothes, who is looking closely)

(M gets the bicycle toy and wound up in front of it C)

(4) M: Did you see it? Did you see it?

(C takes the toy from M's hand and nods affirmatively, seeming to say "yes")

(5) M: Yes? Do you? Do you?

(M wound up the bicycle toy)

In this segment, the first line of M (1): "yes, yes, yes, yes, yes" is an interpretation of C's head movements. M interprets them as an agreement on the game proposed by her, but then M (2) asks for a confirmation of her interpretation, and C shows that does not support her, by moving the head sideways, as if she was saying no. M responds to this with a question that is an interpretation of C's body movements. Then, M winds up the toy and asks if C saw what she just did. C agrees moving her head up and down. In (5), M continues to support the dialogue and C, in addition to being interpreted by M, begins to interpret the speeches and movements of M: C notices that M is saying yes and shows a "no". There is an opposition here. There is an opposition that turns a game and creates a pleasure.

Also, in this segment, C respects the changes in the interaction, since she stops to move her head when M does it and she moves it back when M stops, making it a game in which there is significant opposition, a difference. It seems to be variations in the will of C here, when after (4) she spontaneously gets the toy from M's hand and nods affirmatively and before (5), when M shows that her intent is to wind up the motorcycle toy, and C nods sideways, as if she did not want M to wind up the toy. In this way, C is subject affected by the speech of M, when she saw her own facial expression and movements when she looks at her, giving them a sense. C anticipates the movements of M, when taking the toy from the hands of M, going from interpreted to interpreter.

Episode 3. Background: M and C are in the room, sitting and facing each other. M is holding a stuffed rabbit on top of another stuffed rabbit. There are several toys around them on the floor. C is 1 year, 1 month and seven days old.

(C is looking at the rabbits and playing the body forward and back several times, as if she was dancing. M starts to swing the rabbits as if they were dancing and singing)

(1) M: na, na, na, na, na.

(C looks at her)

(2) C: Uhm, Uhm.

(3) M: Yes?

(C looks up and M mimics her)

In this episode, the dance movements of C seem to be a metonymic rest of other moments of the interaction with M, who plays the game by singing and swinging the rabbits and encourages C. In (2), C seems to complaint with respect to the music sung by M, since she stops to dance and, changing her attention and looking up at the ceiling.

Episode 4. Background: continuation of episode 3 with the same situation.

(C is shaking again, as if she was dancing and looking at a doll, while M is singing)

(9) M: La, la, la, la, la, la. Sing along!

(C looks at the ceiling and increases the intensity of her body movement, moving forward and backward. M claps)

(10) M: Heey! You know it!

(C looks toward M and shakes her head up and down, as if she was agreeing)

(11) M: All right!

(C looks at the floor toward the toys and M takes one of them, the bear, and she drags it closer to C, who looks at it closely)

(12) C: Uhm.

(C looks at M and smiles. M smiles back at C. Both look at the bear, which falls when M looses it. C smiles).

(13) M: Oops.

(M puts the bear up, C looks at it and then looks at M, who claps)

(14) M: Oh, look I can stand.

(C shakes her head up and down, as if she was agreeing)

Here, C intensifies her body movements, dancing. M recognizes it and tells it to C, who responds with head movements, seeming to agree with her (nodding). When M takes the initiative to get a toy, then C looks at her and takes part in the play proposed laughing and, again, with head movements when M celebrates that the bear stood up, demonstrating interest and fun with the game proposed by M. Thus, one can say that there is evidence of the presence of relevant signifier, since C appears to override the meanings that M gives to her, replacing them with a singular own response.

Here M does not control the answers and readings that C does of what happens around her, since sometimes C complains by looking at the ceiling, not paying attention and not participating in the game and other times C enters the game, answering, laughing, looking and participating. This alternation makes it possible to have different meanings in play, which puts C in a certain position within a discourse. The babble in (12), body movements and nods begin to compose the text of C that allows to get the speech that is hidden by the impossibility of oralization. This speech is expressed in the body movements and babble and a text that requires interpretation.

Episode 5. Background: M and C are sitting on the living room floor. M is looking for some magazine or book. C is three years, ten month and five days old.

(C looks at M and then to the environment, as if she was looking for something)

(1) C: *Áuáú.*

(While speaking, C also points to a part of the room that was not visible)

(2) M: Yes, that's right. Let's see if there is a ball here?

(3) C: *Ahn, ohn.*

(While speaking, C is also holding the page of a magazine that M had already turned, trying to point something)

(4) M: Where is it? Wait a little bit. Let's see.

(M turns the pages of the magazine looking for a ball while C is talking)

(5) C: *Ááú.*

(C speaks while looking at the figures in front of her eyes. M points at a figure and makes a circle with her finger around the figure and then immediately turns the page)

(6) M: The house! No ball?

C: *Ahnn. Ahn.*

(While speaking, C looks towards the room entrance)

(8) C: *Bó, a. Bóa.*

(C talks, making inaccurate articulation movements with her mouth, without much coordination. Then she points to a figure and M turns the pages of the magazine)

(C interrupts her, holding one of the pages and talking while M look at her)

(9) C: *Pá. Pálá. Lá. Lá. Lá.*

(10) M: Where is the ball? Is there a ball?

(While talking, M makes a gesture like "where is it?", by opening hands towards the chest out and away to the opposite sides)

(C looks at M and turns another page, pointing to other figures. (C looks at M again)

(11) C: *Pó. Póla.*

(12) M: Ball! That's it! Very good!

(While speaking, M nods affirmatively)

In this part of the interaction, in (2) M seems to be very concerned about the activity and does not listen to C, who protests holding the page that M had already turned. C also talks about the figures she is looking at, while M flips through the magazine in search of another figure, still without listening to C. This suggests that it is not the activity itself that interests the child, but rather the speech of the other, what and how the other talks to her. In (6), M seems to give up looking for the figure of a ball and talks about another figure, including the ball in the context. C responds to this in (7), talking and looking around. Again in (8), C talks about the ball, with uncertainty, but she seems to be attentive/interested to the articulatory movements of the mouth, repeating them a few times. Here, C seems to think that M is not listening to her, then she talks, supposing that if she talks, M may give her the proper attention. Even talking, C is not answered and so she takes the initiative to interrupt M by holding a page of the magazine and talking. M suffers the effect of this in (10) when answering to C, while making a gesture. In (11), C speaks again and this time the sound is close/like the sound of the word "ball". M listens to her and recognizes her speech, encouraging her orally, although she stills uses the gesture, assuming it is essential to the understanding of C. M does not deny, thus the specificity of deafness when using gestures and speech simultaneously with C. This shows that a gesture does not exclude the other (oral speech) and vice versa.

DISCUSSION

The interview data outlined the impact of organic event (deafness) on the child and the mother. Mother's speech (M) in relation to the deafness of her daughter (C) is confusing, sometimes denying, other times minimizing, sometimes silencing and other times accepting the existence of deafness. It is for this reason that this signifier deafness cannot be related to a single meaning, not making a sign, not fixing/restricting the subject (C). It can be seen that the signifier deafness moves and opens meanings in the mother's speech,

showing the subject that is transmitted to (C), although the specificity of deafness is present.

It may be noticed that the mother gives the role of interlocutor in the dialogue to the deaf child. M, through her imagery and narrative built in the play, communicates her desire and lets emerge the image that she has of C: an active, cheerful, and capable baby. From this place where M stands and places C, she sees the movements that C makes to interact and act on the world. The babble and vocalizations of C, and later her gestures and speech, gain a voice by listening and interpreting the Other (M) in the interaction.

The clinical implications of the study are: to show that the child's interlocutor has a crucial role in the discourse, as they assign meaning to what is being said/vocalized. And the interlocutors have hypotheses about the various possible meanings that a speech may have. It is necessary to consider that the subject is captured by the language in which there are discursive contingencies, in which the subject must tell, comment, report, question, ask or suggest things to the interlocutor. According to Possenti (1996)³², children of all ages and from all over the world learn their languages because they are not taught, that is, because their parents do not act with them as if there were stages, exercises, and methods, in short, a formal teaching to learn language. As asked by the author "How did they learn? By hearing, saying and being corrected when they use forms that adults do not accept. (...) Correction is present in the acquisition process out of the school. However, there is no reproof, humiliation, punishment, fixation and recovery exercises, etc." (Possenti, 1996, p. 48)³². Therefore, a language is not mastered by the pure and simple incorporation of its vocabulary by learning grammar rules or rules of how to participate in a conversation. Therefore, it is necessary to offer possibilities for the subject to act on their language, that is, to develop hypotheses on how the language works. This is only possible when we allow the subject to participate in varied interactions and contexts and when we consider that the language is not ready and given beforehand, but reconstructed/reinvented at each interaction; the subjects are subjectively constituted in the interaction with others, that is, there is no ready/finished subject and the interactions are always unique.

Many therapeutic proposals for oral language acquisition are composed of limited techniques and methods, far from considering acquisition as something that is constitutive of the subjectivity of the speaker.

Therefore, it is important to consider the perspective of language presented and discussed in this study, since it allows the other, who could be either the mother or the speech-language pathologist, to be a privileged interlocutor capable of proposing therapeutic strategies that might encourage the children's immersion in language, allowing them to take the role of author/speaker: asking, arguing, commenting, telling, and not matching to an "ideal" speaker without uniqueness, history and interests, without a unique relationship with language, that makes them produce both oral and written texts, in a particular way.

FINAL CONSIDERATIONS

Hopefully the study showed the importance of the quality of social interactions in the subjective constitution process of deaf subjects, since this process is directly influenced by the way adults speak to deaf children, by the way in which they are regarded as speakers (good or bad ones) and by how they place deaf children into situations in which language is present. Language should be a part of meaningful routines of deaf children, in which they have a desire to speak, something to talk about, listeners who demand their speech in interpreting what they want to say, as well as being interested in what they say, not only in situations of formal language learning, after all, language involves not only hearing, but also interaction and subjectivity.

It is believed that the study showed that M always responds by speaking, that is, orally, to the demands of C. Her speeches cause different effects on C and always keep her in the discursive role of speaking subject, even though she is deaf. This shows that the subject is constituted by means of the notion that the speech of the other, in this case, the mother, provides to the subject, since it is this maternal speech that recognizes and legitimates C as a speaker, leading her to speak and not the "normal" or "pathological" state in which the child is. That is, M's speech places C in the role of listener, even though C cannot hear or listen through the look. Thus, C changes roles in language, from spoken subject to speaking subject, as it occurs with hearing children.

Perhaps M is not aware of it, simply because she was captured and is attached to the structure/functioning of language, only being able to speak from that role of speaker, assigning C, identifying herself with her, interpreting her and assigning a role, a position, beliefs and values that characterize C as a speaker. The features

of science on deafness appear in M's discourse. She reproduces it in some speeches, but not in those that are directed to C, since she does not do what health professionals ask her to, such as, knocking the table to see if the child differentiates or looks for sounds (auditory discrimination and location), among other things. It is clear that being a speaker and being under the effect of language is something very strong for M and so, she stands in the position of someone who sees her daughter beyond deafness.

It is believed that M fulfills her maternal function by interpreting C in different ways, not restricting her in a single characteristic: deafness. She has a permissive speech, which causes both linguistic and corporal productions of C to move in the signifying chain, not being restricted to a single and closed meaning. This enables C to be constituted subjectively, even with the absence of hearing and orality skills, since it is in the dialogue that the children move from the role of being spoken by the other to the role of being speakers of a language, as authors of their own speech.

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