

**PROMOTING LITERACY VERSUS MEDICALIZATION ON HIGHER
EDUCATION: SPEECH THERAPY CONTRIBUTIONS**

***PROMOÇÃO DO LETRAMENTO VERSUS MEDICALIZAÇÃO NO ENSINO
SUPERIOR: CONTRIBUIÇÕES DE UMA ABORDAGEM FONOAUDIOLÓGICA***

***PROMOCIÓN DEL LETRAMIENTO VERSUS LA MEDICALIZACIÓN EN LA
EDUCACIÓN SUPERIOR: CONTRIBUCIONES DE UN ABORDAJE
FONOAUDIOLÓGICO***

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ABSTRACT: A lot of changes occur on Brazilian higher education. One of them, that we shed some light in this paper, is the heterogeneity of undergrad students about their literacy conditions. Those conditions seem to play an important role to provide an effective accessibility and a desirable academic-professional formation to the students. The goal of this research is to analyze the speech therapy contributions based on socio-historical approach. The research is a qualitative, longitudinal and retrospective case study of one subject diagnosed as dyslexic. The corpus focus on discourse and text characteristics of writing. The theoretical driven praxis adopted promote to the subject a view change about his own literacy conditions. The subject gave up from an inability and medicalization view to begin to critically analyze the macro-structural reasons of his literacy condition. This change provides that he recognizes himself as author, reader and writer able to understand his role in the writing process. This process is continuous, social and historically constituted.

KEY-WORDS: Higher education. Speech therapy. Literacy. Dyslexia. Medicalization.

RESUMO: *Dentre as mudanças que vem ocorrendo no Ensino Superior brasileiro em função da expansão do ingresso de pessoas nesse nível de formação, interessa destacar a heterogeneidade dos acadêmicos quanto às diversas e desiguais condições de letramento. Parte-se do pressuposto de que tais condições são determinantes para a efetiva acessibilidade e para uma formação acadêmico-profissional de qualidade. O objetivo desta pesquisa foi analisar as contribuições de uma abordagem clínica fonoaudiológica baseada na perspectiva sócio-histórica, junto a um acadêmico diagnosticado como disléxico,*

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enfocando aspectos discursivos, textuais e normativos da linguagem escrita. Trata-se de um estudo de caso, de cunho qualitativo, longitudinal e retrospectivo. Essa mudança permitiu ao sujeito reconhecer-se como autor, ocupar um lugar de leitor e escritor capaz e entender a sua relação com a linguagem escrita como um processo contínuo, social e historicamente constituído.

PALAVRAS-CHAVE: *Ensino Superior. Fonoaudiologia. Letramento. Dislexia. Medicalização.*

RESUMEN: *La expansión del ingreso de estudiantes brasileños en la educación superior está promoviendo cambios como la heterogeneidad de académicos con distintas y desiguales condiciones de letramiento. Se supone que estas condiciones determinen la real accesibilidad, así como una formación académico profesional de calidad. El objetivo de este trabajo fue investigar las contribuciones de un abordaje clínico fonoaudiológico, basado en la perspectiva histórica y social, hecho, a su vez, en colaboración con un académico diagnosticado como disléxico, con el fin de caracterizar aspectos discursivos, textuales y normativos de su lenguaje escrito. Este es un estudio de caso cualitativo, longitudinal y retrospectivo. La perspectiva teórico-práctica adoptada promovió un cambio de la posición del paciente acerca de los factores limitantes de su letramiento: desde una perspectiva de medicalización e incapacidad, comenzó a analizar críticamente los determinantes macroestructurales que establecen esta condición. Este cambio permitió al sujeto reconocer a sí mismo como autor, lector y escritor capaz de percibir su relación con el lenguaje escrito como un proceso continuo, social e históricamente constituído.*

PALABRAS CLAVE: *Educación superior. Fonoaudiología. Letramiento. Dislexia. Medicalización.*

Introduction

The Higher Education (HE) scenario in Brazil has been, especially since the 1990s, undergoing structural and conceptual changes caused by accessibility policies and programs, by the expansion of the number of vacancies, by the opening of courses and institutions, by affirmative actions, which have generated a series of challenges caused by the educational, economic and cultural diversity of the population of freshmen (MANCIBO; VALE; GOMES, 2015).

Committed to tackling such challenges, studies show that despite the important expansion in the number of students entering Higher Education Institutions (HEIs), the right to this level of education is still restricted to a small portion of the Brazilian population. Such studies show that problems, of different orders, need to be faced to guarantee the permanence and quality of such formation, considering the unequal and diverse conditions of academics regarding: - access to material and cultural goods, - school experiences and trajectories; and

literacy conditions. It should be noted that this growth involved, especially, less economically favored people, who, in many cases, represent the first generation to enter this level of education (GOMES, 2015; MARINHO-ARAÚJO, 2015; MANCEBO; VALE, 2015; MORRETTO, 2017).

Thus, the entry into the HE of increasingly heterogeneous population groups has caused concerns and calls on HEIs to revisit concepts and practices that tend to conceive students in a homogeneous way (LUSTOSA *et al.*, 2016; PAN; LITENSKI, 2018; SIGNOR *et al.*, 2018)

Contrary to this way of approaching the issue in question, it is interesting to highlight the gap between the expectations of satisfactory performance attributed to students regarding their possibilities of writing and reading academic texts and the real conditions of of them answering this demand. Large-scale research, as well as circumscribed to specific contexts, show that a limited number of students have a sufficient level of literacy to meet the demands of the HE and a critical and authoritative place in the training process (BENEVIDES, 2011; INSTITUTO ABRAMUNDO, 2014; GOMES, 2015; MARQUESIN; SANTANA *et al.*, 2016).

The recognition of the seriousness of this situation is based on the assumption that literacy conditions, that is, the relationships and uses established, historically and collectively, with written language, can promote or restrict accessibility to all students at different modalities and levels school education, understanding that the guarantee of such accessibility presupposes equal access, permanence and quality of education (MARINHO-ARAÚJO, 2015; PAN; LITENSKI, 2018).

However, one can monitor, on the one hand, the incipient number of studies that offer theoretical and practical references for coping, institutional and collective, of the formative impact resulting from the different literacy conditions presented by students and, on the other hand, the predominance of reductionist views in addressing this issue, since:

- attribute exclusively to students the responsibility for supposed limitations that compromise academic performance, disregarding the reciprocity established between macro and microstructural factors, that is, between economic, cultural and political aspects and singularities in the constitution of subjects and in the conditions of university students while speakers, readers and writers (PAN; ZUGMAN, 2015; MARINHO-ARAÚJO, 2015; SANTANA *et al.*, 2016).

- of medicalizing visions and interventions that associate restricted/negative relationships experienced by a significant portion of university students with the reading and writing of texts belonging to the academic genre, to problems inherent to them and of an organic and/or cognitive and/or psychic nature (MOYSES; COLLARES, 2013; OLIVEIRA; HAYAMA; VIÉGAS, 2016).

In this direction, it is possible to follow the growing increase in referrals for clinical speech therapy for students enrolled in HE considered to have reading and writing difficulties and / or disorders. To face the demands generated by this growth, as well as by the expressive number of students who are in a state of suffering for not having adequate academic performance and negative relationships with written language, studies based on the socio-historical perspective can be used. Among such studies, it is interesting to highlight those produced in the field of Speech Therapy, directed to the clinical and/or educational context, which aim to discuss the subjects' possibilities, marked by the inability/disability status, to redefine stories lived and mediated by written language and, thus, occupy a place of authorship in the educational processes in which they are inserted (SIGNOR *et al.*, 2018; LUSTOSA *et al.*, 2016; GENTIL, 2016).

Based on theoretical pillars from this perspective, that is, overcoming the dichotomy established between the individual and the social, as well as facing the contradictions and the different ideological interests and positions constituted and constituting the discourses and forms of social organization (BAKTHIN, 1990; GERALDI, 2013; ROJO; MELO, 2017), the clinical speech therapy work may represent a possibility for the referred students to approach their singular condition as constituted by broad determinants. In this way, contributing to the expansion of an awareness based on the notion that the history of each one echoes the history of a group, of a time, unveiling cultural, economic and political aspects because of which these stories were and are inscribed (SIGNOR, 2012; GENTIL, 2016; SIGNOR *et al.*, 2018).

This approach calls the speech therapist, in the clinical context, to establish as a goal the re-signification, by students inserted in the HE, of suffering relationships with the written language, with the condition of reader and writer, as well as, of guilt due to little knowledge and familiarity with academic texts. In this way, it can contribute to the promotion of literacy and the teaching-learning process, simultaneously addressing the discursive, textual and normative dimensions that make up the written language and, therefore, its processes of appropriation and use (SIGNOR, 2012; ROJO; GENTIL, 2016; MELLO, 2017; SIGNOR *et al.*, 2018).

As for the discursive dimension of the written language, it is necessary to clarify that the statements are always historical and their historicity is captured in the linguistic-dialogical movement of its constitution, that is, in the human activities/relations the quality of the mediations established between the interlocutors and the written text. With whom, for whom, for what purpose the speeches are written and where they circulate define production conditions, which presuppose different textual structures (compositional, thematic and style aspects) called discourse genres (BAKTHIN, 1990, GERALDI, 2013; ROJO; MELO, 2017).

The textual dimension, on the other hand, involves linguistic processes, called coherence and cohesion, related to the way the subject elaborates and articulates the parts of the text so that meanings and senses can be apprehended (KOCH; TAVAGLIA, 2006). Cohesion and coherence are interconnected factors for the establishment of a unity of meaning that contemplates a thematic progression that responds to the purpose of a given dialogical situation. It is important to highlight that the meaning of the text is not given a priori, it is built on the interaction established between the text and the interlocutors (GERALDI, 2013; KOCH; TAVAGLIA, 2006).

The normative dimension involves graphic, orthographic and grammatical standards defined from established norms. Among these standards, we will discuss the orthographic aspects of the Portuguese language. It is considered that the subject uses strategies and hypotheses that can result in non-standard manifestations, revealing his ways of relating to the orthographic system of the language (FARACO, 2012).

Having made these considerations, it is emphasized that the objective of this research is to analyze the contributions of a clinical speech therapy approach, based on the socio-historical perspective, with an academic diagnosed as dyslexic, focusing on discursive, textual and normative aspects that constitute the written language.

Methodological procedures

This section aims to explain aspects related to the type and development of the research, the characterization of the participant in relation to his school trajectory, as well as the reason for his referral to speech therapy.

This study, approved by the Research Ethics Committee, of a qualitative, longitudinal and retrospective type, is configured as a case study that, from a socio-historical perspective, was developed based on clinical speech therapy, together with a student inserted in HE. It was developed after the participant signed the Free and Informed Consent Term, named with the

fictitious name of João (J.). The student was referred to speech therapy due to complaints about the written language, by the Accessibility Center of the public University that studies. Clinical care was performed weekly, in meetings lasting an average of one hour, at the Speech Therapy School Clinic of a private HEI in southern Brazil. For analysis of the results, 20 months of service were considered, from its beginning, in May 2017, until December 2018. Data were collected during the sessions, from audio recordings on the SM-G6100, version MP 0.400 .

The research participant, named as J., is 26 years old, was born in a city in the south of the country and, at the time of the research, lived in a coastal city in Paraná. As for the family context, J. establishes a bond with his mother, who is a day laborer, and with his siblings (one 29 and 25 years old). Both live in another city in Paraná, different from the one where J. resides, and have formation as technologist HE. During the therapeutic process, J.'s father, 63, with whom he had not been in contact for many years, came to live and depend on him financially, as he was unemployed.

The research participant has had a girlfriend for approximately six years, residing in a city in Paraná different from his own. J. states that it was she who encouraged him to return to study and seek help from various professionals to overcome his difficulties related to emotional issues and oral and written language.

As for the aspects related to his life trajectory, J. states that, during childhood and adolescence, he went through moments of great financial need, which were not favorable to his development in general and, in particular, to his schooling. J. works since he was a teenager and today he works as a gardener and doing general services as a self-employed person. Although his financial condition has improved, compared to that experienced in his childhood and adolescence, J. says he has difficulties, as he needs to work and reconcile this activity with his studies.

Regarding the complaint, which justified the referral to the speech therapy clinic, J. reported that he was diagnosed, around the age of 12, as dyslexic and with ADHD, by the Education Center. When requested, he informed that he no longer had the reports for that period, but he can provide us with documents that reiterate such diagnoses; as shown in the table below:

Table 1 – Reports produced by health and education professionals

REPORT/YEAR	OPINION/REPORT
Psychoeducational /2004	<i>“According to the data obtained in the evaluation, XXXX should remain in regular education with parallel attendance in the Resource Room and/or pedagogical attendance. Neurological evaluation, psychological care and continuity in speech therapy are also recommended”.</i>
Speech Therapy /2011	<i>“In view of the exposed and the history of XXXX, the data suggest a Specific Reading Disorder (ICD F81.0), which recommends specific support in the academic sphere allowing its insertion in the school context”.</i>
Neurological Certificate /2015	<i>“I attest to the due purposes that Mr. XXXX was attended by me, due to Attention Deficit, with medication. Exam, neurological with mild attention deficit. Cid 10: F90 ”.</i>
Neurological Certificate /2016	<i>“I certify for due purposes that XXXX was attended by me due to Dyslexia and ADHD. Exam, cognitive def neurological physio. Family orientation. Psychologist assessment and therapy. Reinforcement and resource room. I suggest Ritalin”.</i>

Source: Devised by the authors

At the age of 18, J reported that he underwent clinical speech therapy, with sessions once a month, which he interrupted because he did not notice any progress in relation to the written language.

Regarding his education, J. says that after failing four times in the 5th grade, he stopped studying for seven years. He also mentions, without knowing exactly when, after a few years, he enrolled at the State Center for Basic Education for Youth and Adults to complete Elementary School II.

From that point on, he took the National High School Examination for completion of High School (HS) twice. According to J., in his first participation, in that exam, he was only approved in the discipline of mathematics and, in the second time, in the other subjects, thus receiving certification of completion of the HS.

From that moment on, he participated as a quotaholder, in a condition of disability, proven from reports of dyslexia and ADHD, four times in the entrance exam of a Public University of Paraná, until he entered a course in the area of exact and earth sciences. On the occasion of the entrance exam, he can request and count on the help of a reader and scribe and, after his admission, he was referred by the Accessibility Center for speech therapy for presenting restricted reading and writing conditions.

As for the speech therapy therapeutic process, object of our analysis, it is worth clarifying that it was conducted based on the following objectives: to reframe the restricted and negative relationships established by J. around reading and writing practices and to

promote the advancement of his literacy conditions. To this end, reading and writing practices limited to dialogical relations involving different discursive genres were proposed (letter, summary, newspaper article, academic text, literature, agenda). Such activities were based on the socio-historical perspective, prioritizing speech-language work with written language as a discursive activity and resulting from collective and historical work.

For the analysis of the results, excerpts of dialogues between the therapist and the participant were reproduced, as well as written productions produced by J., during the speech therapy sessions. Those of greatest relevance were selected to meet the objectives of this study. The use of the letter T. indicates the participation of the therapist and the letter J. a of João.

Results and discussion

At the beginning of the service, J. repeatedly stated that he had great difficulty in reading and writing, claiming to be ashamed, feeling guilty, nervous and embarrassed during such practices.

In view of the proposals for written productions presented in the first therapeutic sessions, J. refused to read and write asking the therapist to be his reader and scribe. From conversations around his refusal to read and write, J. revealed that he did not recognize himself as a writer and reader and that he constantly resorted to his girlfriend to occupy that position instead. In this sense, he said that she filled in the data in the University system to enroll in the course subjects, to write e-mails to professors and people from the university sectors, as well as to the therapist to exchange information about days and times service.

It is interesting to note that, initially, J. also attributed to his girlfriend the “merit” of having entered the University, as well as having sought help in speech therapy to overcome difficulties in relation to reading and writing.

At the beginning of the therapeutic process, J. presented a contradictory view on how to analyze his condition as a reader and writer. Reports of him were simultaneously crossed by a medicalizing-reductionist-blaming bias and by a critical perspective, as can be seen in Excerpt I, described below:

Excerpt I: 08/06/2017

L1. J: At home they say I'm the smartest of them all ...

L2. J: But only at this point that I left something to be desired, to write, because I think

L3. J: I became relaxed, I didn't write, I had some difficulty or disorder!

L4. T Being relaxed means what, here?

- L5. J: /aaa/ not practicing! I didn't work writing...
L6. T: So, relaxed here is a defect?
L7. T: (Laughs)
L8. J: It really is a defect.
L9. T: I think it's worth reflecting on that ...
L10. J: I should have put more effort into it, worked less and studied more.
L11. But it comes from long ago, from school, from my knowledge back there.
L12. Writing, it was delayed! (our translation)

The contradiction manifested in the statements described above points to the notion that J. : - sometimes he said he had reading and writing disorders, reiterating the diagnosis of dyslexia and TDHA (announced in the reports described in Table I), as problems arising inherent limitations and of an organic, perceptual, behavioral and cognitive nature (L3, L6); - other times J. related his experiences with written language as related to broader determinants (L10, L11).

It can be noted that the dialogues established between J. and the therapist around economic and educational aspects involved with his life, school and with his language appropriation processes, contributed for him to start to recognize his difficulties in reading and writing beyond the individual only, as socially and collectively constructed.

It is noted that the therapist, when asking J. if the lack of effort and being relaxed would be his fault, although he answered yes (L9), he also relates “[...] the fact that he is the smartest of them all, having worked little the writing, left something to be desired in writing” with experiences lived throughout his life. When he affirmed that he should have “worked less” and inferred that he should have put more effort in writing, he refers his relationship with writing to his economic and family condition, since, from an early age, he had to work to contribute to the family's income, then having difficulty reconciling schooling and work.

Evidenced a greater understanding of the relationships established between his condition as reader and writer and the school trajectory experienced, J., according to Excerpt II described below, starts to assume a critical position in relation to the educational system to which he was submitted, questioning norms and actions that resulted in the compulsory approval of students (L1, L2) without, however, guaranteeing their learning (L4, L5).

Excerpt II: 30/10/2017

- L1 J: It is not easy for me to read everything they ask at the university, to do the
L2 J: works, take care of everything, copy the material.
L3 T: Why do you think this happens?
L4. J: Because since the beginning of my school career, the law has reached me,
L5: you cannot fail the student from 1st to 5th grade, you have to pass. So, in I am
L6: getting beaten up from there, I didn't do the elementary, nor the middle, I jumped straight
L7: through it, without learning for higher education. Hence the learning in

L8. my city is very ugly, it is complicated. (our translation)

In Excerpts I and II, one can learn how J. incorporates in his analysis and, therefore, in his speech, aspects - economic, family, educational - involved with the way he reads and writes, showing the displacement of the position of incapable, guilty for a critical position on the educational system and the unfavorable learning conditions instituted (L5, L6, L7).

It is emphasized that the socio-historical perspective offers elements for the subject to situate themselves historically and socially, destabilizing visions that naturalize and individualize the teaching-learning processes, as well as the appropriation and use of writing (SANTANA *et al.*, 2016; GIROTO; ARAUJO; VITTA, 2019).

It is worth noting that the speech therapy clinical process, oriented from a perspective that calls into question dichotomies established between the subject/individual and society/social, as well as, the contradictions and distinct ideological positions present in the speeches (BAKTHIN, 1990; GERALDI, 2013; ROJO; MELO, 2017), led J. to question whether the positions announced in the reports, evaluations and prescriptions of treatments and remedies were sufficient to explain the unequal and unfair material and subjective conditions that were part of his constitution as a subject, reader and writer and to overcome the marks of incapacity, failure, suffering, impossibility, inferiority left by them.

At the beginning of the therapeutic process, it was possible to notice that, linked to the restricted and suffering relationship with the written language, J. revealed to have restricted contact and knowledge about discursive, textual and normative aspects/particularities relevant to different discursive genres. However, J.'s statements placed his concerns on non-standard spelling and activities that could eliminate them. The fear of “writing wrong” justified, according to J., his resistance or refusal to write texts that would be addressed to different interlocutors and his insistence on requesting dictation and copy activities. Initially, from such activities, J. would start to learn/memorize the spelling and, from there, he could write texts for other people “without failures and/or symptoms”.

Such insistence reveals J.'s view as having a disease, a disorder that should be cured so that he could have a positive relationship with reading/writing and, by extension, with the activities involved in his academic formation. Such a view is crossed by hegemonic positions that circulate in speeches of authority, produced by health and education professionals, who reduce writing to a code and their learning to the development of organic-perceptual skills (SIGNOR, 2012; GIROTO; ARAÚJO; VITTA, 2019).

If, initially, the practice of writing was conditioned to “good” orthographic performance, throughout the therapeutic process, J. came to understand that writing is not encoding and decoding sounds in letters and vice versa, and that the appropriation of written language it is not based on repetition and memorization activities.

This change allowed J. to direct his attention, also, to the discursive and textual aspects that make up the written language and, to that extent, he was surprised by the fact of knowing how to operate, in a significant way, with such aspects. To demonstrate this movement, Production I follows, the result of a proposal made by the therapist for J. to write difficult and conflicting experiences lived in the academic context, which were repeatedly mentioned during the sessions, which could come to compose an autobiographical book. J. accepted to “write” such experiences, once he could dictate them so that they could be “put on paper” by the therapist.

Produção I (ditada, oralmente, por J. e escrita pela terapeuta) 08/06/2017:

- L1. “Teve uma vez que em uma segunda-feira cheguei atrasado na sala de aula,
- L2. estava tendo prova e eu não sabia o que fazer, se eu ficava na sala ou saía.
- L3. Fiquei na sala, comecei a ler a prova, mas não conseguia escrever as
- L4. respostas. Depois que todos saíram da sala falei para o professor que tinha
- L5. dislexia. Ele todo assustado não sabia o que fazer para aplicar as avaliações
- L6. para mim e perguntou o que eu achava melhor, respondi a ele que preferia
- L7. oral. Ele então marcou em uma sala reservada só eu e ele e efetuou a prova.
- L8. Filmou para ter o registro de como foi feito. Consegui demonstrar meu
- L9. conhecimento para ele e consegui passar na matéria”.⁴

In the construction above, it can be noted that J. knows characteristics of the discursive genre in terms of its function, theme, style, as well as structural aspects capable of guaranteeing cohesion and coherence. In this situation, it was possible to notice that J. previously planned his text by organizing parts and using elements of connection and textual progression that guaranteed the apprehension of the meaning and the construction of meanings (L2, L4, L5, L9) (GERALDI, 2013; KOCH; TAVAGLIA, 2006). Finally, J.

⁴ This production is in the original language since the way of expression and construction of sentences cannot be written in English without language adaptation and lose of the intended meaning since the text production itself is the object of analysis here. A translation, as close as possible to what and how it was said is available below:

Production I (dictated orally by J. and written by the therapist)08/06/2017:

- L1. “There was a time that on a Monday I arrived late in the classroom,
- L2. a test was being applied and I didn't know what to do, whether I stayed in the room or left.
- L3. I stayed in the classroom, started to read the exam, but I couldn't write the
- L4. answers. After everyone left the room I told the teacher I had
- L5. dyslexia. He was scared and didn't know what to do to apply the evaluations
- L6. to me and asked what I thought was best, I replied that he preferred
- L7. oral. He then combined in a reserved room just me and him and made the test.
- L8. He filmed it to have record of how it was done. I was able to demonstrate my
- L9. knowledge to him and I managed to pass the subject”. (our translation)

evidenced having access to linguistic resources that allowed the handling with discursive and textual aspects of a written text, as well as recognizing particularities of the autobiographical report (GERALDI, 2013; ROJO; MELO, 2017).

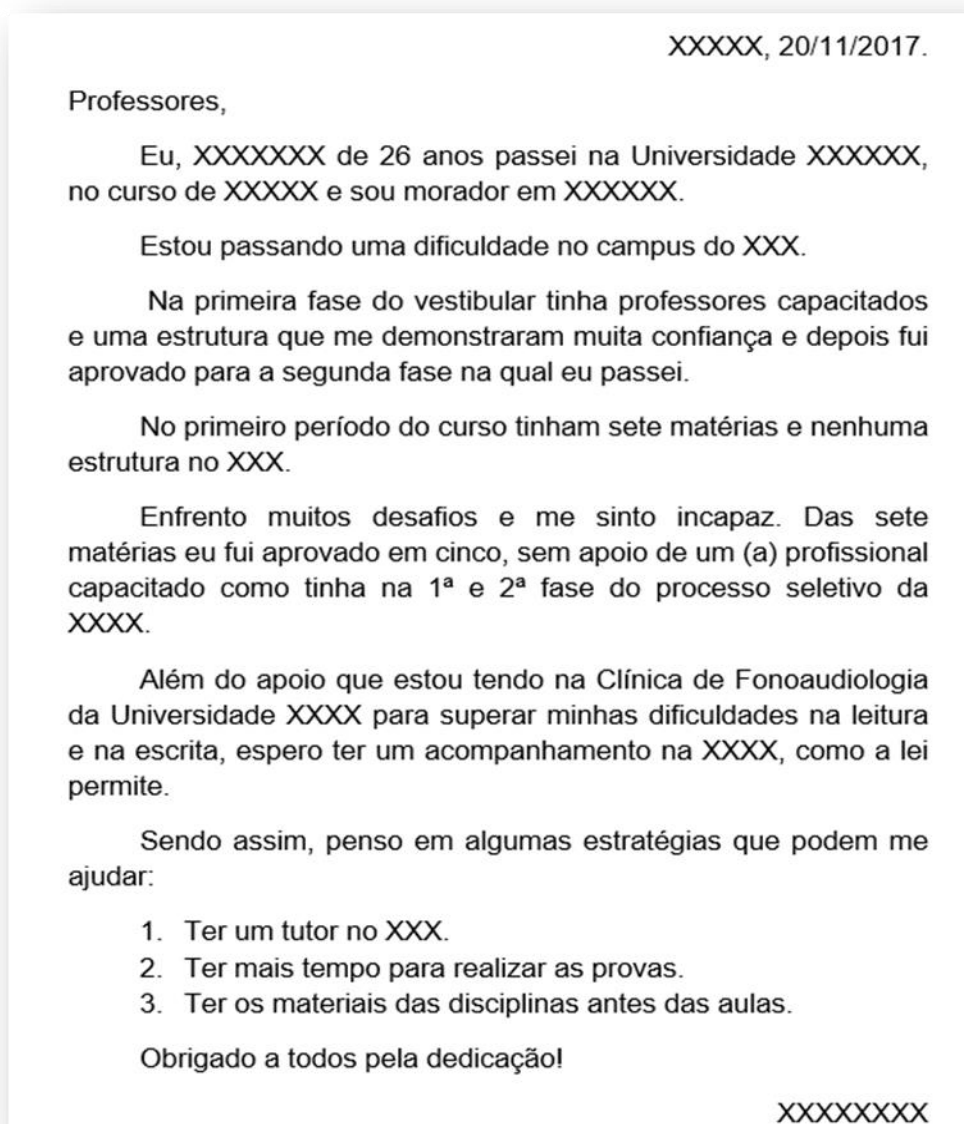
Despite the refusal to produce his account in writing, justified by the lack of spelling, J., when dictating it to be transcribed/written by the therapist, can occupy a position of authorship, organize his text in such a way as to produce meaningful effects on his interlocutors and, thus, summon them to listen to his difficulties and needs experienced during their academic formation.

When confronted with a position of authorship and with his knowledge around discursive and textual aspects, J. started to review the notion that knowing how to read and write presupposes only the mastery of the alphabetical system of the language, but involves knowledge on the discursive and textual dimensions and, above all, assume a position of authorship.

Studies developed from the perspective adopted reiterate that the therapeutic process, when conducted from reading and writing practices that emphasize the importance of the subject occupying an authoring position, can, as happened with J., contribute to the subject decrease resistances in relation to reading and writing and start to experience, effectively and pleasantly, such practices (SIGNOR, 2012; SANTANA, 2016; GENTIL, 2016). In this sense, to the extent that J. started to participate with greater autonomy in written productions, it was possible to turn attention to orthographic aspects, to clarify that writing outside the standard are not errors, but hypotheses proper to an appropriation process, as well as problems and ways of coping related to the fact that J.'s spelling knowledge does not meet the demands of a HE formation. To this end, discussions were held that could offer elements for understanding how and why Basic Education does not guarantee everyone the conditions to advance in the domain of the spelling aspect of the language (GIROTO; ARAÚJO; VITTA, 2019).

Orthographic aspects were also addressed during J.'s production of the letter, presented below, aimed at his teachers in order to report difficulties faced in the academic context and propose strategies to overcome them.

Figure 1 – Written Production II: 20/11/2017⁵



Source: Authors' archives

⁵ Translation of the image:

Teachers,

I, XXXXXXX, 26 years old, I was approved at XXXXXX University, in the course of XXXXXXX and am a resident of XXXXXX.

I'm having a hard time on campus XXXX.

In the first phase of the entrance exam I had trained teachers and a structure that showed me a lot of confidence and then I was approved for the second phase in which I was approved.

In the first period of the course there were seven subjects and no structure in the XXXX.

I face many challenges and feel incapable. Of the seven subjects I was approved in five, without the support of a trained professional as I had in the 1st and 2nd phase of the XXXX selection process.

In addition to the support I am having at the Speech Therapy Clinic at Universidade XXXX to overcome my difficulties in reading and writing, I hope to have a follow-up at XXXX, as the law allows.

So, I think of some strategies that can help me:

1- Have a tutor in XXXX.

2- Have more time to perform the tests.

3- Have the materials of the subjects before classes.

Thank you all for your attention.

The letter above shows the position of authorship that, throughout the therapeutic process, was assumed by J., since, through it, he promotes the dialogue between him and the teachers/educators, exposes aspects of his particular trajectory and, at the same time, calls on them to commit themselves.

In the construction of this letter, J. shows to know discursive characteristics of the produced text, that is, he considered his interlocutors, what he wanted to say to them, the purpose of his speech, the theme involved and the style to be adopted. The statement in the letter shows that J. expanded his understanding of what was involved in facing his reading and writing difficulties, as well as advancing in the appropriation of this language modality. Anyway, J. stops attributing to himself the causes and guilt of his reading and writing conditions to approach them collectively, involving the participation of the faculty and the coordination of his course.

It is important to highlight that, if J. presented experience and knowledge during the production of that letter, when faced with the proposal to use an agenda, he claimed not to use it, not knowing how it is organized and structured and having little familiarity with it. Despite this, J. accepted to introduce the systematic use of the agenda and came to understand that one of his functions is to organize his daily life, starting to record personal, professional and academic commitments.

This situation shows that speech-language interventions conducted from the relationship with different discourse genres allowed J. to conceive writing as a language modality, from which social interactions and human activities are established. (SIGNOR, 2012; GENTIL, 2016; SIGNOR *et al.*, 2018).

It is also worth noting the fact that the work done with writing on the agenda also contributed to the advancement in the appropriation of spelling. J. chose, for example, to first write on a separate sheet information regarding the subjects he would attend that semester in order to, after analyzing the orthographic aspects, rewrite them in the agenda itself.

It is interesting to note that J. initially did not seem to recognize the agenda as a production whose interlocutor would be himself and that would have the objective of recording personal commitments and facts, otherwise he would show less concern with spelling. Discussions about the diverse importance that should be devoted to spelling, depending on the contexts of writing production, were forwarded to J., during the writing on the agenda, so that he could broaden his understanding of the fact that textual genres imply in diverse modes of writing, including regarding normative aspects. The writing on the agenda provided dialogues and analyzes in return for the fact that texts that circulated in public

contexts demand a greater concern with such aspects than those that circulate in the private spheres.

Considering the analyzes performed, based on the non-standard spelling manifestations produced by J., he started to expand his understanding of the criteria that govern the alphabetical system of the Portuguese language. Finally, he came to understand that the so-called orthographic “errors”, practically in their entirety, are due to hypotheses based on the support of orality, since the correlations established between sounds and letters are not, quantitatively and qualitatively, univocal (FARACO, 2012). It is important to highlight that one of the objectives of the therapy, regarding the orthographic aspects, was to offer elements so that J. started to analyze the linguistic reasons that led him to construct hypotheses outside the standard and to conceive them as part of the process of appropriation and therefore predictable and necessary (SIGNOR, 2012; GENTIL, 2016; SIGNOR *et al.*, 2018).

Although J.'s therapeutic process has continued, aiming at advancing the appropriation and uses of written language, the results analyzed above emphasize that he started to assume the position of authorship as a reader and writer, as well as performing linguistic analyzes and productions specific to processes involved with this language modality, thus evidencing the contributions of theoretical guidance in facing medicalizing approaches and visions.

Final considerations

It was found, in this study, that the clinical speech therapy intervention, based on the socio-historical perspective, promoted the displacement of blame and a medicalizing perspective, on the part of the subject, in the understanding of his restricted reading and writing conditions, since J. began to critically analyze the quality of negative interactions with and from the written language in which he was inserted and the repercussions of them in his history, experiences and in his relationship with the written language. Such reframing allowed J. to recognize and assume his desires to be a “competent” reader and writer and to occupy a place of subject, capable of elaborating hypotheses and understanding writing as a continuous process.

The change in J.'s position in relation to written language denotes that the clinical care based on such theory, in addition to calling the subject to occupy a place of authorship before his utterances, especially in the context of which he is part, also contributes to its progress in relation to the discursive, textual and normative aspects of the written language.

The re-signification of subjective positions regarding the condition of reader and writer, which occurred in the clinical study in question, is due to a look and a dialogical position promoted between the speech therapist and the participant of this research which, although not predominant in clinical practices, has been shown to be able to promote written language with subjects considered to have reading and writing disorders and/or pathologies.

In this sense, it is necessary to emphasize the need and the importance of new studies, practices and research aimed also at the academic population, in order to consolidate the role of the speech therapist with subjects referred, increasingly, to clinical speech therapy due to alleged reading and writing difficulties that emerge during their formation in HE. Thus, we understand that the speech therapist, based on a conception of language as constitutive of the subject and the commitment to promote reading and writing conditions for students in HE, can assume an important role in building a more egalitarian society, implementing practices that contribute to the democratization of education also involving this level of education.

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