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The search for a brazilian sign language course: a descriptive exploratory study

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ABSTRACT

Aim: To discuss the reasons why ordinary citizens and professionals from diverse fields search for a Brazilian Sign Language Course.

Method: A descriptive qualitative exploratory study, conducted between March and May 2010. The instrument used for data collection was a questionnaire. The analysis of the data obtained involved the use of discourse analysis technique.

Results: From the analysis of the data three categories emerged: *"Search for additional LIBRAS for specialization in special education areas and in order to provide a decent service to deaf students," "Communication and proper integration with other deaf people as a strategy for social inclusion and the promotion of citizenship" and "Consultation and care with dignity in health care."*

Conclusion: We conclude that people seek a Brazilian Sign Language Course for reasons ranging from the need for an additional level postgraduate course, to decent care for the deaf in the public and private sectors in education, health, sports and leisure.

Keywords: Disabled Persons. Hearing Loss, Nonverbal Communication, Brazilian Sign Language

INTRODUCTION

The search for knowledge with regard to Brazilian Sign Language (LIBRAS) has proved to be an element of great interest to educators, professionals, public servants in several areas including nurses and other health professionals, and people aware of the duty of every citizen with regard to the responsibility to provide a fair and inclusive society for all.

By the way of the correct denomination of the term 'LIBRAS', for the sake of clarification regarding the appropriate use of terminology, it should be noted that this is an idiom, not a language. The term 'Brazilian Sign Language' is preferable to the term 'Sign Brazilian Language' for a bewildering array of reasons. One of the most important is that Sign Language is a unit that refers to a visual chiroarticulatory linguistic mode rather than to an auditory moutharticulatory mode. Thus, Brazilian Sign Language is so called because it is the sign language developed and used by the deaf community in Brazil. There is not a Brazilian Language, signed or spoken⁽¹⁾.

Mistakenly, the deaf have been narrated and defined exclusively in terms of the physical reality of the hearing loss and, therefore, in the eyes of the listener majority in society, have been seen exclusively in these terms. The effect is that the deaf and the languages that they make use of (LIBRAS and Portuguese written/oral) have become screens with blank spaces for the projection of cultural bias and the normalization of speech.

Given the difficulties that people with hearing loss have in terms of interacting with other people or with listeners in the various services in public administration and in the private sector, taking action is fundamental. To facilitate the inclusion of deaf people in the junctures of contemporary society, as a way to disseminate knowledge and facilitate interaction with these people, we opted for the use of professional interpreters with regard to LIBRAS delivery. The history of the constitution of the sign language interpreter was started through volunteer activities that were valued, in that the deaf began to develop citizenship in parallel with the proposed bilingual education⁽²⁾.

In Brazil, working with interpreters began in the 1980s, mainly due to the actions of religious and informal organisations. In this context, the National Federation of the Deaf Education and Integration (FENEIS) started to organize meetings of LIBRAS interpreters⁽³⁾.

The terms 'deaf-mute' and 'dumb' are not isolated examples which demonstrate prejudice, but are indicators of a more comprehensive network of meanings that establish conventions for describing relations between conditions, values and identities. Furthermore, within this world of meanings, there are separate and unequal alignments with each other. In the case of the deaf minority, a dialogue about medicalization and normalization have prevailed socio-historically⁽⁴⁾.

Covering an area of 3,218,976 km², with a population of 316,532 inhabitants, a population density of 98.3 inhab/km², a GNP of R\$ 1,854,267,507,000, a GNP per capita of R\$ 5,858,070, the South-Central Fluminense incorporates the following municipalities: Areal; Comendador Levy Gasparian; Engenheiro Paulo de Frontin; Mendes; Miguel Pereira; Paracambi; Paraíba do Sul; Paty do Alferes; Sapucaia; Três Rios; and Vassouras⁽⁵⁾. As the course in question is offered in the city of Três Rios, its first module met the needs of interested residents in the city and its surroundings.

Historical records show that the education of the deaf has its origins in the Sixteenth Century, in the work of the Benedictine monk, Pedro Ponce de León. His work not only influenced the teaching methods used with deaf people throughout the ages, but also showed that doctors were wrong in their arguments, as were the philosophical and religious beliefs of the time, about the inability of the deaf to develop linguistically and, thus, for them to learn at all⁽⁶⁾.

Meanwhile, there is clear evidence of the exclusion and oppression that the deaf experienced throughout history. The earliest records of deaf people are the Old Testament passages that show that the Hebrews, Egyptians and Romans had deaf people in the community, and that they were considered inferior. In ancient societies, the deaf were restricted to their homes by families who were ashamed of them, or they were

isolated in asylums, hospitals, cells or dungeons, as a way of "banning junk" or as an object of compassion, a feeling that still endures. In 1880, the oralism method was officially adopted, based on clinical interventions that promised to cure or correct deafness and encourage speech rehabilitation. Consequently, the possibility of the use of sign language in institutions for the deaf was excluded.

In historical studies that describe and discuss the events over the past five centuries (the earliest records date from the Sixteenth Century) in the light of different theories, it may be observed that the focus of discussion has always been related to the language issue, i.e. whether or not the deaf could develop oral language (with or without signs). Consequently, their education was related to the language used by listeners. Alternatively, the use of sign language should be allowed (since such an education has always been determined by listeners who gave themselves the power to take such a decision), whose reflection would also be felt in the educational sphere⁽⁶⁾.

A new social movement opposition to the verbal-oral ideology began to emerge in deaf education in the Eighteenth Century, in 1760, approximately. This movement began at the National Institute for Deaf-Mutes in Paris, the first public school for the deaf in Europe, founded by Abbe Charles Michel de l'Epée. De l'Epée recognized that deaf people had a language which they used for communicative purposes with their peers, and recognized that this could be used in their education⁽⁴⁾.

The organized social movement that supported the rights of the deaf expressed itself more forcefully which led to substantial forms of resistance and, in consequence, several associations of the deaf were created throughout the world. In Brazil, the first associations emerged in the 1950s, and have now reached about 100 associations. In 1987, the Feneis (The National Federation of the Deaf Education and Integration) was created as the first national organization that brought together all the institutions and associations of the deaf, and which historically had been fighting for the right to use sign language and the experience of deaf culture. The Feneis promoted action across the country with the aim of assisting in the creation of new associations; guiding schools on

the use of LIBRAS (Brazilian Sign Language), promoting information campaigns and clarifications with regard to deafness, and represent deaf people to the organs of government⁽²⁾.

Afterwards, in two decades during the Nineteenth Century, the conflict between the deaf and listeners again increased. In 1822, with the death of Roch Ambroise Sicard, who succeeded de l'Epée at the Institute of Paris, there came onto the scene new directors who, unaware of the deaf educational problems, began to question the role of sign language in education and, consequently, the role of deaf teachers⁽⁶⁾.

Transformations and/or changes in the behavioral conjunctures of people in society, on the one hand in the case of relations and on the acceptance of individual differences on the other, are slow and damaging to so-called minorities. There are levels of explicit prejudice and these may be hidden, even in the narrative of difference. It is known that the word *diversity* or the discourse of difference may be being used to mask an assimilation ideology that underlies the discourse of conservative and corporate multiculturalism and, in the case of deafness, not preaching this narrative will guarantee an attitude of respect to linguistic minorities⁽⁴⁾.

In this context, it should be noted that, for almost a century (1880-1960), the dominant discourse about deafness focused on drowning and mischaracterize the differences, raising and emphasizing what was missing on the deaf front of the listener model (hearing, speech, language). This led to the development of clinical approaches and pedagogical practices that sought the reduction of deafness by the attempted restoration of hearing by using hearing aids and promoting oral language development through articulatory training using mechanical and decontextualized techniques⁽⁶⁾.

The aim of this study is to discuss the reasons why ordinary citizens and professionals from diverse fields search for the Brazilian Sign Language course in South-Central Fluminense, in the State of Rio de Janeiro, Brazil.

METHOD

This is an exploratory study, based on a qualitative perspective, carried out with students of Brazilian Sign Language course LIBRAS in Context, in the period from March to May 2010. Qualitative research is used as the result of the failure to investigate and understand, through statistical data, some phenomena focused on perception, intuition and subjectivity.

The instrument used for data collection was a questionnaire incorporating open and closed questions, to provide an analysis and interpretation consistent with the interpretative elements of the investigated object. Data were analyzed using the technique of discourse analysis proposed by Orlandi. We selected some lines which were then analyzed, based on the principles of discourse analysis.

Discourse analysis seeks, from the surface language (the linguistic material collected - in this case, the records of the comments made), to point to the discursive object through the analysis of the linguistic material. Not restricted to the analysis of the meanings intended by the author, discourse analysis looks for the intertext that draws together the text production, pointing to how the symbolic objects produce meanings, i.e., as ideological formations governing the signification process. Thus, this analytical instrument seeks to understand the language in order to make sense, conceiving language as a mediator between man and the natural and social reality.

The subjects of the study were 30 students who were interested in participating voluntarily, and who signed a consent form according to Resolution 196/96 of the CNS.

The present study was derived from the institutional research "Nursing care for disabled people: Inclusion through the functional autonomy and enabling home care workers," recorded in the Ethics in Research Committee - CEP-UNIRIO, FR 268983 021/2009 of July 30, 2009.

RESULTS

To account for the qualitative approach implicit in the design of this study, after careful reading and interpretation of descriptive data reported by their informants in response to question (*Why are you doing the LIBRAS course?*) and making use of technique of analytical discourse, the following categories emerged: *"Search for additional LIBRAS for specialization in special education areas and in order to provide a decent service to the deaf student"; "Communication and proper integration with other deaf people as a strategy for social inclusion and citizenship promotion" and "Consultation and care with dignity in health care. "*

Category 1 - "Search for additional LIBRAS for specialization in special education areas and in order to provide a service to the deaf student."

The subjects' comments reveal concerns regarding the lack of preparation of educators to meet the communication needs of deaf students. This was either with regard to what was done on a daily basis, or in performance of activities related to the education of those children, leaving clear positive expectations at the end of the course.

Some students of the LIBRAS Course were already working as teachers of deaf children and adolescents, including one with a degree in Special Education, as can be seen in the statements that follow:

Because, having finished the hearing loss specialization, I lacked the main means, LIBRAS, which would allow me to communicate with the deaf. Because I am an educator and literacy specialist (I - 8).

[...] On completion of the postgraduate course, it did not offer me the main feature: the means to understand and make myself understood by the deaf community (I - 9).

Because I have a hearing loss student and really wanted to improve her literacy. She is very smart; I'm not getting to work with her properly. I am here looking for help (I - 24).

Because I have worked with children with this deficiency and found that few teachers have the necessary patience. So I've been specializing in Special Education. I had tried to do the LIBRAS course, but my schedule did not fit. (I - 11).

Because, the school where I work has a deaf student, and when he tries to communicate with us we do not know how to help him. This causes us to become somewhat helpless, powerless. (I - 18).

At school in which I work, we have a deaf student. I do not teach in her class, but I have contact with her. I think it is important that we teachers be prepared for the inclusion of disabled students in school (I - 20).

[...] Now I feel a greater need, because the school where I work has many deaf and dumb students. (I - 13).

[...] I want to prepare to receive future students at the institution where I work (I - 23).

I want to be able to work in the field of education over this power differential in order to maintain communication with those who need my services. I need to have perfect knowledge and could someday be able to pass on my knowledge to others (I - 3).

Category 2 - "Communication and proper integration with other deaf people as a strategy for social inclusion and citizenship promotion."

The fact that some respondents were worried about proper communication and respect for the rights of citizenship and social inclusion of the deaf is well put:

[...] I need to improve myself, to help others. (I - 3)

Because I work with people with disabilities, I need to communicate with them, understand them and make me understand what deaf people need to communicate with me. (I - 7).

[...] I'm doing the course to broaden my knowledge. Also, I want to learn to live with hearing loss and so with other disabilities. (I - 10).
I always wanted to do the course and what could have been two workshops. I enjoy volunteer work, and I feel overwhelmed when I cannot communicate with hearing loss people (I - 25).

[...] To increase my knowledge and to be able to put it into practice in Computing to meet the needs of hearing loss people (I - 28).

[...] To communicate myself directly with deaf people who seek help at the Elderly and Disabled People Secretariat, as well as maintaining consistency between discourse and inclusive social practice (I - 30).

Category 3 - "Consultation and care with dignity in health care".

Here, we highlight clips of the informants in this study, focusing on health care provided to the deaf, as noted below.

[...] I got interested in doing the LIBRAS course because the speech therapist acts directly with regard to the rehabilitation of the deaf, providing him the best level of communication possible. (I - 14).

[...] Because I work in the area of neurological physiotherapy and I have parents of patients who are hearing impaired so that I can make guidelines and communicate better (I - 2).

I am aiming to improve myself more than in LIBRAS, since, as a speech therapist, I work directly with the deaf. Besides, it is important, because I'm looking for another job (I - 21).

[...] Due to working with the deaf, I use the auricular method, but I see the need to use another language in order to communicate with them. And also it is a way to meet the needs of speech therapy work with the hearing impaired, as many use this form of communication (I - 1).

[...] To better interact with deaf people in the consultation and planning of care and nursing care, working in a local rehabilitation unit. (I - 5)

[...] To better serve people in my workplace and my college, when I take part in the graduate course in nursing (I - 4).

DISCUSSION

The subjects in this study expressed concern over the quality of education offered to deaf students, since, in general, there is a linguistic inequality in the classroom by virtue of not having a shared language with hearing classmates and teachers. Most looked to the LIBRAS course to promote the interaction process with deaf people in education, health, sports, leisure, management, and other fields.

The inclusion of disabled children in regular education was taken as a policy that reflects the assumptions of the social model in an exemplary manner. According to the discourse of the social model, disabled people would not exist, however, a disabled society, in terms of the sense of exclusion, would consider multiple levels of needs. However, the respondents involved in this study confirmed certain contradictions between the established political situation and the reality of the education system. Specifically, they referred to dealing with deaf students and how they seek the appropriate course which helps them to learn how to deal with them, or to those who have received special postgraduate education qualifications with regard to the deaf, through courses which are based on the LIBRAS principles.

The IBGE 2000 Census data confirm the existence of 5.7 million people with hearing loss, equivalent to 2% of the Brazilian population. Of these, more than 406,000 are of school-age. However, only 56,000 (13%) attended primary schools in 2003. In high schools, this number dropped to 2,000, and in universities to 300. These results confirm that this population is not being looked after as part of the education system⁽¹⁾.

The inclusive school, that would put together, in the same classroom, children with disabilities - of any type and severity - and children without disabilities, therefore reaffirms the neutrality of the poor situation which exists because it assumes a learning set, just as with the society that encourages the social model⁽⁷⁾. In terms of parents and students with special educational needs, there is little evidence of the provision of inclusive schools, staffed by teachers qualified to teach students with disabilities, such as

those mentioned by the teachers in primary and basic education who were participants in this study.

By law, children with special educational needs should now be absorbed into the regular school system. It is an easy and elusive solution to the problem of special education. However, the current system cannot cope, even in terms of children without disabilities. Regular teachers have not been prepared for the task of dealing with children with special educational needs and, without this preparation, no matter how good the method used, the chances of success are very limited⁽⁸⁾.

It is noteworthy that, based on the Salamanca Statement, the Law of Guidelines and Bases of National Education (LDBEN), 1996, recognizes the rights of all children, with or without special educational needs, to better quality education, preferably in regular school education⁽⁸⁾.

Currently, the education policy in Brazil aims to facilitate inclusive education, i.e., to provide an education organized to suit everyone, including people with special educational needs within regular schools. This policy is explicit in terms of curriculum proposals. The Ministry of Education requires that mainstream schools should offer regular class activities and specialized support services for the deaf⁽³⁾.

It is known that 95% of deaf children are children of hearing parents, which prevents them from naturally acquiring the spoken language which is used by the majority group listener. Besides the problem of communication, the severity of the condition involving the lives of deaf children refers to the access, often delayed and limited, to sign language, its setting to specific language development and, consequently, the ability of deaf children to understand those subjects involving cognitive processes⁽¹⁾.

In this regard, we point out that deaf children, for the purposes of communication with their family, resort to alternative communication strategies involving the learning of some informal codes of nonverbal communication. These informal codes greatly hinder the learning of LIBRAS when the children arrive at school for literacy in formal education.

In the context of care and assistance with regard to health practices, it is important to emphasize that the difficult relationship with the hearing impaired is not general, as some professionals always try to learn ways to relate with them effectively, in order to provide welfare and convey greater confidence. These professionals highlight their efforts and aim to find the best form of relationship with such clients, but success is limited by the lack of specific preparation as part of their academic development⁽⁹⁾.

The nurses who participated in this study reported that demand for the LIBRAS course existed due to the perceived need to promote quality of care and assistance with deaf clients, and as a complement to the lack of vocational training in graduate programs. Moreover, there is not even evidence of nurses being able to ensure quality of care and nursing care for deaf clients without their being able to interact through the Brazilian Sign Language course.

In the case of appointments with doctors, the deaf are always accompanied by a helper, given the need for an interpreter to explain the reasons which led them to seek medical advice and to ensure professional understanding of the situation. This constitutes not only a limited autonomy, but also a reduction in privacy, often critical to the diagnosis and treatment, although they invariably prefer to be accompanied⁽¹⁰⁾. This is exactly why the participation of health professionals is essential in LIBRAS courses. This includes doctors, although we have not recorded their feelings in the cases studied here.

Significant concern has been detected in the responses of physiotherapists, speech therapists, psychologists and other health professionals in terms of skill, knowledge and LIBRAS mastery for work on identifying the needs of their deaf clients. Also we have detected attitudes favorable to the recognition of the need to learn about another form of communication, both nonverbal and by LIBRAS, as being essential to the proper interaction with deaf people.

Although it is possible to improvise, professional health and deaf relationships needs to be improved because, for the deaf, a decent service cannot be provided when their needs are not fully understood, thus affecting their health care. Communication with the deaf is

a major obstacle in health care. The failure to communicate affects the interaction between health professionals and people with disabilities such as the deaf, compromising the care of their needs. It is thought that an interpreter can solve all the communication problems. However, it appears that it is not always the case. The role of an interpreter improves, but does not contribute fully, to the inclusion of deaf people⁽¹¹⁾.

Starting from the perspective of deafness as a disability, is the so called deafness therapeutic medical model. The guidance given by health and education professionals focuses on rehabilitation: hearing loss has consequences for the psychosocial development of the deaf, significantly reducing their ability to adapt socially. We should try to cure the problem ear (cochlear implants, prostheses) and correct speech defects by developing their use of oral language. In this sense, being Deaf (with "D" uppercase) is recognized by means of a shared identity for people who use sign language, and do not see themselves as being marked by a loss, but as members of a linguistic and cultural minority with norms, attitudes and distinct values, and a distinct physical constitution⁽¹⁰⁾.

One of the difficulties of communication on the part of nurses with hearing impaired patients comes from the condition of this clientele, since the impairment in the acquisition and development of language represents incalculable harm, since it modifies the process of reasoning and thinking. Besides this difficulty in communication between these two groups, academic professionals do not prepare nursing trainees^(9,12) for reading nonlinguistic signs present in the bodies of patients. These enable the recognition of richly significant messages, that greatly help assessment, diagnosis and nursing intervention.

CONCLUSION

It is concluded that people look for a LIBRAS course for reasons ranging from the need to supplement courses at post-graduate degree level in Special Education, to inclusion by

providing a decent service to the deaf in various public and private sectors in areas such as education, health sports and leisure. Likewise, it was revealing that there was a concern with regard to the enforcement of legislation regarding the rights of disabled people, by providing them with health care and nonverbal communication processes consistent with LIBRAS, in respect of the differences and the needs of the deaf.

There were those who declared the need to seek such a course as a means of entering the labor market and using the already acquired academic training in order to focus on work with the deaf. This was especially true of young graduates of undergraduate and postgraduate programs that, although unemployed at the time, were seeking an opportunity to work and interact without barriers with this segment of society.

As the South-central Fluminense region is currently undergoing a period of social and economic expansion resulting from increased investment in the industrial, commercial, educational and services sectors, it is the duty of managers in these sectors to take the initiative to propagate and implement policies focused on inclusion and citizenship minorities such as the deaf community, to eliminate communication barriers and to promote access to the rights guaranteed by legislation, such as the provision of LIBRAS in Context Course which has been considered in this study.

REFERENCES

1. Sassaki RK. Terminologia sobre deficiência na era da inclusão. In: Mídia e Deficiência. Brasília (DF): Agência de Notícias dos Direitos da Infância; 2003. p. 160-5.
2. Garcez RLO, Maia RCM. Lutas por reconhecimento dos surdos na Internet: efeitos políticos do testemunho. Rev Sociol Polit. 2009; 17(34): p. 85-101.
3. Guarinello AC, Santana AP, Figueiro LC, Massi G. O intérprete universitário da Língua Brasileira de Sinais na cidade de Curitiba. Rev Bras Educ Espec. 2008; 14(1): 63-74.
4. Gesser A. Do patológico ao cultural na surdez: para além de um e de outro ou para uma reflexão crítica dos paradigmas. Trab Linguist Apl. 2008; 47(1):223-39.
5. Instituto Brasileiro de Geografia e Estatística (IBGE). Censo Demográfico 2000. Estatística da População com deficiência [homepage in the Internet]. Rio de Janeiro: IBGE; [cited 2010 Jan 26] Available from: http://www.ibge.gov.br/home/estatistica/populacao/populacao/deficiencia_Censo2000.pdf
6. Lodi ACB. Plurilingüismo e surdez: uma leitura bakhtiniana da história da educação dos surdos. Educ Pesqui. 2005; 31(3): 409-24.
7. Barros A. Alunos com deficiência nas escolas regulares: limites de um discurso. Saúde soc. 2005; 14(3): 119-33.

8. Silva ABP, Pereira MCC. O aluno surdo na escola regular: imagem e ação do professor. *Psicol Teor Pesqui*. 2003; 19(2):173-6.
9. Pagliuca LMF, Fiuza NLG, Reboucas CBA. Aspectos da comunicação da enfermeira com o deficiente auditivo. *Rev Esc Enferm USP*. 2007; 41(3): 411-8.
10. Marin CR, Goes MCR de. A experiência de pessoas surdas em esferas de atividade do cotidiano. *Cad CEDES*. 2006; 26(69): 231-49.
11. Chaveiro N, Barbosa MA. Assistência ao surdo na área de saúde como fator de inclusão social. *Rev Esc Enferm USP*. 2005; 39(4): 417-22.
12. Aragão AEA, Ponte KMA, Pagliuca LMF, Silva MAM, Ferreira AGN, Sousa PCP. Profile of deficient people of a parish in the Diocese of Sobral-Ceará: a quantitative study. *Online Braz J Nurs* [periodic online]. 2010 [cited 2011 Sep 14]; 9(1). Available from: <http://www.objnursing.uff.br/index.php/nursing/article/view/j.1676-4285.2010.2834/647>

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