


SPEECH THERAPY AND APHASIA FROM A DISCURSIVE PERSPECTIVE: THERAPEUTIC PERSPECTIVES

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ABSTRACT

Aphasia is a language disorder, usually caused by cerebrovascular accident (CVA), which affects the communication of individuals, especially in the elderly. This situation directly impacts quality of life, making it difficult to interact socially and perform daily activities. Speech-Language Pathology and Audiology plays a fundamental role in the rehabilitation of these patients, seeking to minimize linguistic difficulties and promote adaptation to the new reality. Speech therapy treatment for older adults with aphasia faces challenges, such as aging and cognitive decline, as well as emotional and psychosocial aspects. However, there are also several therapeutic approaches that seek to meet the specific needs of this public. This article aims to analyze challenges such as aging, cognitive decline, and emotional and psychosocial aspects, as well as to explore treatment approaches and evaluate the impact of speech-language pathology interventions on communication and quality of life of older adults with Aphasia. To this end, we sought to use a qualitative methodology, based on bibliographic research. The Pecheutian Materialist Discourse Analysis (DA) was used as an analytical theory and procedure. It was concluded that the presence and performance of the speech-language pathologist in the interdisciplinary team with the aphasic subject, both in the diagnosis and in the rehabilitation and readaptation of patients, is essential for the evolution of the clinical picture.

Keywords: Aphasia. Cerebrovascular Accident (CVA). Materialist Discourse Analysis (DA). Speech therapy. Therapy.

INTRODUCTION

Aphasia is a language disorder that affects the ability to communicate, compromising speech, comprehension, reading, and writing. This condition occurs due to lesions in the brain areas responsible for language, with Cerebrovascular Accident (CVA) being the main cause in the elderly. Stroke can cause significant damage to the brain, resulting in difficulties in expressing and understanding speech, which directly impacts patients' autonomy and quality of life. In this scenario, speech-language pathology becomes essential for the rehabilitation of communication and the adaptation of the individual to the new reality.

In view of this, the research question of this study was: what are the challenges and perspectives of speech therapy for subjects with aphasia?

Thus, this study aims to analyze the challenges and perspectives of speech-language pathology treatment for elderly people with aphasia, considering the impacts on communication and quality of life. Specifically, it aims to identify the main challenges faced by elderly people with aphasia in the process of speech-language rehabilitation to explore the therapeutic approaches used in Speech-Language Pathology and Audiology for the treatment of aphasia in the elderly, and also to evaluate the impact of speech-language pathology interventions on the communication and quality of life of aphasic elderly.

Next, we will deal with Aphasia and the theory and analytical device of the Pecheutian Materialist Discourse Analysis (DA), the basis of our study.

Aphasia

As a result of a stroke, in addition to motor impairments with great frequency, subjects start to present aphasia, which is characterized by alterations in the linguistic processes of meaning of articulatory and discursive origin, produced by focal lesion acquired in the central nervous system, in areas responsible for language (Coudry, 2001). As a consequence of aphasia and the loss of autonomy caused by physical limitations, these subjects often become marginalized by society, which implies exclusion and even, sometimes, loneliness (Barros, 2020).

The brain injury that occurs due to stroke can generate as consequences several pathologies such as: alteration in motor control, loss of vision, urinary incontinence and aphasia, and in studies on hemispheric dominance proven information that the right hemisphere (HD) is related to intuitive activities and the left hemisphere to language, verbal functions and mathematics, Approximately 95% of people have the Left Hemisphere (HE) as dominant, which leads to the conclusion of a higher incidence of Stroke from injury to

the left side of the brain. Because stroke is a pathology related to the hemispheres, the determination of brain dominance may be related to the ability to recover and the type of injury that the patient will have as a sequela. In this sense, it is not possible to talk about recovery and rehabilitation if we do not focus on quality of life; for the quality of the subjects' interactions in their daily lives and for the quality of the relationships (including the discursive ones) maintained by them on a daily basis, which is still to be properly studied in Speech-Language Pathology and Audiology.

According to the Quality of Life Group of the Mental Health Division of the World Health Organization (WHO), quality of life is "the individual's perception of his or her position in life in the context of the culture and value system in which he or she lives and in relation to his or her goals, expectations, standards and concerns" (Whoqol Group, 1994). Health professionals, including speech therapists, should promote the reintegration of the aphasic subject into social life as part of the therapeutic rehabilitation process, taking into account the diversities and aiming at the social reintegration of the affected person (Bocchi, Ângelo, 2005).

Generally, when the lesion is located in the HE, Aphasia occurs, which can be classified as Broca's Aphasia or Wernicke's Aphasia, for example, with the patient having difficulty or inability to express himself and communicate in the same way as before, both in verbal and written language. There are two main groups of aphasia that are divided by the patient's fluency: fluent aphasia (use of long and complex sentences that often do not make sense, without understanding what is being said); non-fluent aphasia (use of short sentences due to it, difficulty in finding words in their verbal lexicon with understanding of what is being said and with perception of their difficulties).

The treatment of these manifestations involves language rehabilitation programs from the area of Speech-Language Pathology and Audiology.

FRENCH LINE DISCOURSE ANALYSIS (DA)

Pêcheux (PÊCHEUX; FUCHS, [1975] 2010) makes use of three disciplines to found DA: *historical materialism*, that is, a theory of social formations and transformations, in which he highlights Louis Althusser's theory of ideology; structuralist linguistics, as a theory of syntactic mechanisms and projects articulated by a theory of subjectivity and, finally, a theory of discourse, in the sense of the historical determinations of semantic processes.

DA is thus constituted as a discipline in between, according to Orlandi (2009), By privileging discourse as its theoretical object, it constitutes the border space between these fields of knowledge, questioning their limits and certainties.

In the same work, Orlandi (2009) organizes the theoretical affiliation of Pêcheux's DA, removing discourse theory, expanding the notion of Linguistics and adding Psychoanalysis as a theoretical affiliation. In this sense, the regions would be: Historical Materialism, with an emphasis on ideology; Linguistics, constituted by the affirmation of the opacity of language, with its own object - language - which, in turn, has its own order; and, as a third region, Psychoanalysis, with the notion of the subject of the unconscious, which is constituted in the relationship with the symbolic.

In the midst of the three fields of knowledge, DA constitutes a new object of study: discourse.

To clarify further, according to Ferreira (1999, p.128), DA works "under a triple tension, between (1) historicity, (2) interdiscursivity and (3) the systematicity of language". The author points out that from the "discursive point of view, to speak of language is to speak of lack, it is to admit that the whole of language cannot be said in any language. There will always be no words to express something, since there is the impossible to say" (FERREIRA, 1999, p.130).

There is a necessary constitutive contradiction, since DA questions Historical Materialism for the lack of Linguistics, which does not bring the subject and ideology, and Psychoanalysis, for not emphasizing ideology.

In this way, as we will see later, the aphasic subject identifies, in each utterance, a faulty speech, in addition to the lack that constitutes us subjects.

METHODOLOGY

This study was carried out through a qualitative research, with the objective of understanding the challenges and perspectives of speech-language pathology treatment for elderly people with aphasia. Qualitative research, according to Minayo (2012), is characterized by the search for a deeper and more detailed understanding of the phenomena, taking into account the context and the subjective experiences of individuals. It allows for a more flexible and interpretative analysis of the information, and is particularly useful for exploring complex issues such as the impacts of aphasia on the lives of the elderly and the therapeutic approaches used. In this sense, the focus is not on the quantity, but on the quality of the data collected.

FRENCH LINE DISCOURSE ANALYSIS (DA) AS AN ANALYTICAL PROCEDURE

In addition to theory, DA is also a methodology, since the procedure of discursive analysis can be carried out from theory, as proposed since the first writings of Pêcheux, in AAD69 (2010a).

This stage consists of informing the reader of the methods and criteria adopted to carry out the analysis of the transcriptions mentioned above, according to the French Discourse Analysis Theory, as based on Pêcheux (1990a; 2002; 2010a; 2010b;) and developed, in Brazil, by Orlandi (2011; 2012) and other researchers (Brandão, 2004; Indursky, 2002; 2008; 2011).

The focus of DA is not only speech, that is, the materiality of language; but rather the subject's discourse, intrinsically considering language, history and subject (Orlandi, 2012). According to the author, the procedures of discourse analysis have the notion of functioning as central, leading the analyst to understand it through the observation of the processes and mechanisms of constitution of meanings and subjects. With regard to the analysis of the transcripts themselves, after contextualizing the meeting, from which the discourse under analysis derives, the methodological device of French Discourse Analysis is used, which took place considering the following steps, according to Costa and Azevedo (2016):

- To correlate the materiality of discourse with the conditions of production of the subject, according to Orlandi (2011; 2012);
- To identify the imaginary formations: relation of forces of the subject's speech, in relation to the interlocutors (position of the protagonists of the discourse), anticipation (social representation of the other) and relation of meaning (interdiscourse), also according to Orlandi (2011; 2012);
- Analyze elements that evidence Discursive and ideological formation, according to Pêcheux (2002; 2010a; 2010b;);
- Verify the presence of paraphrase (repetition; saying the "same", through different utterances), as highlighted by Orlandi (2011; 2012);
- To analyze the silencing in the discourse, according to Orlandi (2011; 2012);
- To investigate strategies used by the aphasic subject and the speech therapist to facilitate (or hinder) language, according to the theory of Aphasia from the Interactionist Project in Language Acquisition, based on the studies of De Lemos and followers, analysis of the filming carried out and the basic theory of DA.

In this study, the type of methodology adopted was a literature review, which consists of the analysis of articles, books and scientific studies already published on the subject. The review allows us to identify the main challenges faced by older adults with aphasia, the therapeutic strategies applied, and the effects of these interventions on patients' communication and quality of life. With this, it is expected to gather and synthesize the available evidence, contributing to a better understanding of speech-language pathology treatment for this population.

Methodologically, the tool *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* - PRISMA (Marcondes, da Silva, 2020), to guide data collection and analysis. These were collected in the national databases Capes Digital Library of Theses and Dissertations, Capes Journals and Virtual Health Library, and in the international databases LILACS (Latin American and Caribbean Literature on Health Sciences), Scopus, MEDLINE (Medical Literature Analysis and Retrieval System Online) and Pubmed, using the descriptors: language, Aphasia, Stroke, Speech-Language Pathology and Audiology, clinical, and their versions in English and Spanish, combined with each other with the use of the Boolean operator AND.

The inclusion criteria adopted for the constitution of the *research corpus* were dissertations, theses and scientific articles in Portuguese, English or Spanish and that met the research objective. The exclusion criteria were literature review articles and duplicate publications.

RESULTS AND DISCUSSIONS

Aphasia is a language disorder that affects the ability to communicate, including speaking, reading, and writing. It occurs more frequently in the elderly, especially after events such as stroke. However, the exact prevalence may vary depending on the population studied and the criteria used.

A study carried out in a municipal public hospital identified that, among 13 patients with acute or subacute stroke, 3 had aphasic, representing 42.8% of the cases (Couto, Pablo, Batista, 2020).

In addition, data from the Unified Health System (SUS) reveal that, in 2021, 4,779 outpatient and 27 hospital procedures were performed.

The articles chosen for the review were those that report on the importance of the role of the speech therapist in the therapy of the aphasic elderly, describing how to evaluate and intervene in patients, with each type and degree of aphasia; presenting the author/date, title and the main results, as shown in Table 1.

Table 1 Summary of the content of the 8 articles selected for this review.

Author/Date	Title	Findings
FREIRE, Regina Maria; BARBOSA, Regina, 1994.	The role of the speech therapist in the therapy of aphasia: a new scope of oral motricity	He reported the discursive role of the speech-language pathologist in the process of reconstructing the language of an aphasic subject
ALTMANN, Raira Fernanda; SILVEIRA, Arieli Bastos da; PAGLIARIN, Karina Carlesso, 2019.	Speech-language pathology intervention in expressive aphasia.	The following were observed: word recovery therapy, melodic therapy and conversational therapy; Word retrieval therapy was the most widely used traditional method.
KUNST, Letícia Regina, 2013.	Efficacy of speech therapy in a case of expressive aphasia due to stroke	He observed the treatment of an adult aphasic patient, reporting such interventions, achieving efficacy.
PIRES, Sueli Luciano; GAGLIARDI, Rubens José; GORZONI, Milton Luiz, 2004.	Study of the frequencies of the main risk factors for ischemic stroke in the elderly.	List of modifiable risk factors for iStroke in the elderly (SAH, DM, heart disease, dyslipidemia, hyperuricemia, smoking and alcoholism.
TÚBERO, Ana Lúcia, 1999.	The language of aging, health and disease	The results pointed to the fact that vocabulary does not decline with age.
PINTO, Rosana do Carmo Novaes; SANTANA, Ana Paula, 2009.	Semiology of aphasia: A Critical Discussion	At the moment when we look more at the aphasic subject and less at his aphasia, we question the excessive weight that classifications have in the therapeutic context.
SENHORINI, Gisele, 2016.	The therapeutic process in aphasia: implications of enunciative-discursive neurolinguistics	Analysis of aphasic subject's therapy strategies.
Hebling Carolina Barbosa, 2007.	The definition of Aphasia as a metalanguage problem. Notes from Jakobson's reading	Studies reported efficacy in metalanguage from Jakobson.

Aphasia is characterized by a language disorder, which affects communication, verbal and non-verbal language comprehension. It is affected by an injury or stroke, resulting in the dysfunction of the language center in the cerebral cortex and brainstem, they are responsible for the abilities to understand, read, speak and write. Its diagnosis is clinical and the prognosis depends on the nature and extent of the injury and the age of the patient. This understanding was achieved from the analysis of all the articles.

Aphasia usually results from disorders that do not cause progressive damage; as head trauma, encephalitis and stroke; In these cases, the aphasia does not worsen. However, in some cases, it results from a progressive disorder such as a brain tumor that enlarges, dementia (a condition that occurs the loss of brain function); In these cases, the aphasia progressively worsens. No one is born with aphasia; The person becomes aphasic

after an intercurrent. The most common cause of aphasia, as we have already stated, is Stroke, according to Coudry (2001). Approximately one-third of people who suffer stroke have aphasia. She is widely divided into reception aphasia and expression aphasia, according to the author.

i) Reception aphasia (sensory, fluent or Wernicke's): It is caused by a disorder in the posterior part of the superior temporal gyrus of the dominant hemisphere for language. Patients are unable to understand words or recognize auditory, visual, or tactile symbols.

ii) Expression aphasia (motor, non-fluent or Broca's): The patient's ability to produce words is impaired, but the comprehension and ability to form a concept are relatively preserved. This type of aphasia results from a disorder in the left frontal dominant part or frontoparietal area, including Broca's area.

In the study of the main risk factors for ischemic stroke in the elderly, Pires; Gagliardi and Gorzoni (2004) found that the rate of iStroke in elderly patients is enormous, with frequent modifiable risk factors, such as systemic arterial hypertension (87.8%). Heart diseases are considered the second most important risk factor for stroke (41.9%). Among the 1015 cases of cerebrovascular disease recorded by the authors, 262 (25.8%) referred to iCVA. Male patients accounted for (52.7%) of this sample, aged between 60 and 93 years. Female patients, in turn, totaled (47.3%), aged between 60 and 95 years. Most patients of both sexes were aged between 60 and 70 years (66.0%).

Next, in order to illustrate the data to the reader, two figures in the form of tables will be highlighted.

Figure 1 Most important risk factors for stroke

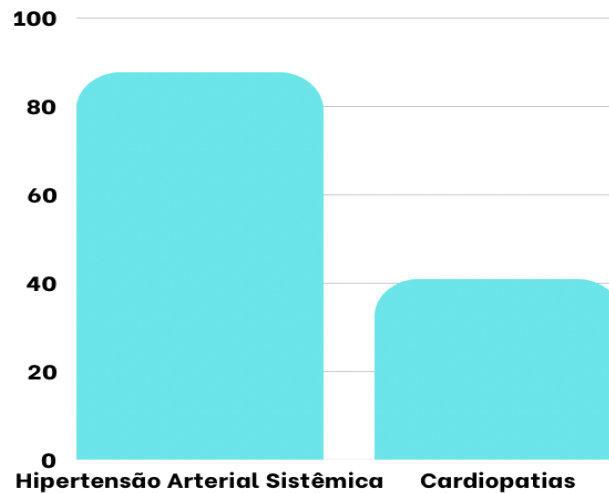
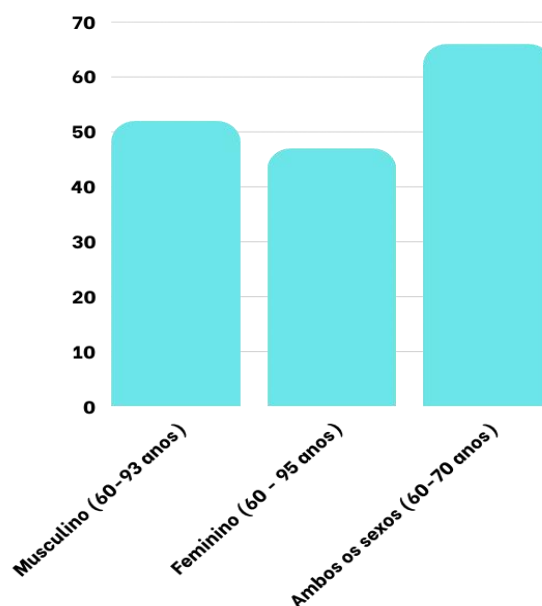


Figure 2 Cases referred to the stroke



In this literature review, three theoretical approaches were identified that underpin therapeutic practices, that of Jakobson (2008) that addresses Linguistics, Altmann *et al* (2019) address traditional therapy and Novaes-Pinto; Santana, (2009) with a cognitive approach.

Jakobson (1972) was the first author to perform an analysis of aphasic disorders using linguistic criteria. Language changes with age, and is not necessarily pathological, as

it is always in constant transformation, but vocabulary does not decline with age, especially in studies with good control of education level in the elderly. However, most of the complaints of the elderly are the difficulty of lexical access, that is, finding the right word at the right time. In tasks of repetition of complex, long sentences, with subordinate clauses, older adults aged 70 to 80 perform worse than young adults. In the language of the elderly, the socioeconomic status, the language spoken by the subject, the level of activity and degree of insertion of the individual in the family, the profession and their health condition are also evaluated, so that the treatment for aphasia is more effective (Túbero, 1999).

The evaluation of an aphasic patient is carried out by a protocol containing identification data on the language disorder, where verbal expression, body schema, comprehension, agnosia and calculation are evaluated. The type of treatment chosen depends on multiple factors, such as the extent and location of the lesion, etiology, manual dominance, and also depends on the theoretical approach used by the therapists. The classifications help in the choice of the therapeutic approach (Altmann, Silveira, Pagliarin, 2019).

Speech-language pathology treatment involves traditional therapeutic approaches that refer to interventions aimed at restoring the subject's linguistic skills, focusing on the levels of impairment and disability. Such approaches prioritize intensive language stimulation, through visual and auditory stimuli, repetition, in linguistic and situational contexts, which in line with the resolutions of the Federal Council of Speech-Language Pathology and Audiology prioritize therapy (Barros, 2020).

There are several methods to intervene in the treatment of aphasia. In the study of speech therapy intervention in expressive aphasia, Altman; Silveira and Pagliarin, (2019) cover interventions such as pragmatic, neurolinguistic, cognitive-linguistic, functional, conversational, impairment-based stimulation. verbal, computerized, semantic, social or outcome-based approaches. However, there is still no gold standard for the treatment of aphasia (Barros, 2020).

Word retrieval therapy is considered very effective when placed in a sentence context, which has greater linguistic enrichment, as it has as a goal the generalization of trained words during treatment to untrained words and the generalization of the improvements in naming skills, observed during therapy to a non-clinical context (Altmann, Silveira, Pagliarin, 2019).

The therapist must start from a conception of language to base on the therapeutic intervention, starting from an enunciative-discursive approach (Coundry, 1988). The therapeutic plan is divided into specific objectives: to develop verbal and non-verbal

signification processes in fluent aphasia which is characterized by a problem in expression and non-fluent aphasia that tells about the difficulty of understanding healthy; develop specific strategies to deal with any difficulty in finding words; apply alternative strategies to develop/improve comprehension, especially in cases of fluent/receptive aphasia (explanation); reduce the anxiety, discomfort and fear that aphasics feel to deal with different social situations, in which they constitute an interlocutor; to promote a space for the aphasic to tell their stories without giving up; it uses the written modality; to guide and assist family, friends and caregivers and the same to provide aphasic subjects with language exercises in other social circles; The therapist must also contribute to improving the quality of life of the aphasic subject (Novaes, Pinto, 2013).

It is important to remember that successful aphasic rehabilitation is aided by the development and encouragement of communication. The linguistic dimension is only one part of communication. The rehabilitation process requires the efforts of physicians, physiotherapists and occupational therapists, nurses, psychologists and speech therapists working with the patient and his family (Boone, Plante, 1994).

The speech-language pathologist must consider as interaction not only the discourses produced orally and in writing, but also the practices of language, gestures, movements in space, the orientation of the gaze that are the initiators of the referral and the construction of the therapeutic plan, thus considering the adequacy and reconstruction.

The conduct of the cognitive aspect in the therapeutic process aims to help the patient to use their skills to understand and express themselves in the best possible way, in spoken and written language; cognitivism and connectionism have entered the study of aphasia, concerned with the recovery of conversational skills, which would be lost in the aphasic elderly (Barros, 2020).

FINAL CONSIDERATIONS

Different theoretical approaches were identified, such as Linguistics, traditional and cognitive and discursive, which underlie the practice of speech-language pathology. However, a comparison between these approaches was not performed to determine which would be the most effective. The role of the speech therapist is to apply methods and techniques according to the conception of each approach, always taking into account the individual holistically.

It is important to highlight the relevance of the speech-language pathologist's work in the area of language, especially in the elderly who, after a stroke, face difficulties in communication and socialization due to language disorders caused by aphasia. In view of

the scarcity of studies, especially in Speech-Language Pathology and Audiology, it is suggested that research on the subject continue.

What do aphasic subjects in therapy have in common? The arrival at Speech Therapy through Neurology, the marking on the body of a disease, which imprisons them and prevents them from speaking. The medical discourse, in both cases, is a prediction: he can no longer speak! There is a silencing by the discourse of those who have authority and power to heal or not to cure.

The aphasic subject presents a fragile saying, which he repeats and is at the mercy of the interpretation of the interlocutor, but, at the same time, the latter can displace him from this position.

In aphasia, the subject is surprised by not saying, speaking little, the incompleteness of the subject/language, while remaining desiring. The position of the speech-language pathologist should be that of interpreter, as he listens and returns the transformed speech to the subject, with new effects of meaning.

In summary, this study achieved its objective by demonstrating the efficacy of speech therapy in the treatment of aphasia in the elderly. The performance of the speech therapist, both in the diagnosis and in the rehabilitation and readaptation of patients, is essential to improve the quality of life of these people.

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