'I DON'T KNOW HOW TO SAY': COMMUNICATION, FAMILY, AFFECTION AND LANGUAGE DEVELOPMENT OF DEAF CHILDREN IN EVERYDAY INTERACTIONS

‘NÃO SEI COMO DIZER’: COMUNICAÇÃO, FAMÍLIA, AFETO E DESENVOLVIMENTO DA LINGUAGEM DA CRIANÇA SURDA NAS INTERAÇÕES COTIDIANAS

‘NO SÉ CÓMO DECIRLO’: COMUNICACIÓN, FAMILIA, AFECTO Y DESARROLLO DEL LENGUAJE DE NIÑOS SORDOS EN INTERACCIONES COTIDIANAS

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ABSTRACT

This chapter is the result of postdoctoral research by the first author, with support from the deaf community. The research is qualitative in nature, conducted through snowball sampling. It investigated interactions and communication between deaf children and their families, involving interviews with both groups. The aim was to observe the conversations, paying attention not only to what is said, but also to how communication and social interactions occur with the deaf child. The research involved a literature review, document organization, and, through sampling, we identified ten deaf children belonging to nine hearing families. The overall objective was to analyze how these families understand the communicative development of deaf children from the first signs of deafness or the diagnosis. The specific objectives included: Understanding the feelings reported by families; investigating how communication occurs between family members and the deaf child; and understanding how interactions and language development occur in these children, speaking directly with them and comparing their experiences with family accounts. It was found that lack of knowledge, combined with a lack of adequate guidance, has created distance in parental relationships, which negatively impacts the general experience of these deaf children, making them more vulnerable.

Keywords: Língua Brasileira de Sinais (Libras). Communication. Social Interactions. Deaf Children. Language.

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RESUMO

Este capítulo resulta de uma pesquisa de pós-doutorado da primeira autora, com apoio da comunidade surda. A pesquisa é de natureza qualitativa, conduzida por meio da amostragem snowball. Investigou como se dão as interações e a comunicação entre crianças surdas e seus familiares, envolvendo entrevistas com ambos os grupos. Buscou-se observar as interlocuções, atentando não apenas ao que é dito, mas à forma como a comunicação e as interações sociais ocorrem com a criança surda. A pesquisa envolveu revisão da literatura, organização documental e, por meio da amostragem, chegou-se a dez crianças surdas pertencentes a nove famílias ouvintes. O objetivo geral foi analisar como essas famílias compreendem o desenvolvimento comunicativo da criança surda desde os primeiros indícios de surdez ou o diagnóstico. Os objetivos específicos incluíram: Compreender os sentimentos relatados pelas famílias; investigar como se dá a comunicação entre os familiares e a criança surda; compreender como ocorrem as interações e o desenvolvimento da linguagem dessas crianças, conversando diretamente com elas e confrontando suas experiências com os relatos familiares. Verificou-se que o desconhecimento, aliado à carência de orientações adequadas, tem gerado distanciamento nas relações parentais, o que impacta negativamente na vivência geral dessas crianças surdas, tornando-a mais vulnerável.

Palavras-chave: Língua Brasileira de Sinais (Libras). Comunicação. Interações Sociais. Crianças Surdas. Linguagem.

RESUMEN

Este capítulo es el resultado de la investigación postdoctoral del primer autor, con el apoyo de la comunidad sorda. La investigación es de naturaleza cualitativa, realizada mediante muestreo de bola de nieve. Se investigó cómo ocurren las interacciones y la comunicación entre los niños sordos y sus familias, involucrando entrevistas con ambos grupos. Buscamos observar las conversaciones, prestando atención no sólo a lo que se dice, sino a la forma en que se produce la comunicación y las interacciones sociales con el niño sordo. La investigación implicó una revisión de literatura, organización documental y, mediante muestreo, se identificaron diez niños sordos pertenecientes a nueve familias oyentes. El objetivo general fue analizar cómo estas familias comprenden el desarrollo comunicativo de los niños sordos desde los primeros signos de sordera o diagnóstico. Los objetivos específicos incluyeron: Comprender los sentimientos reportados por las familias; Investigar cómo se produce la comunicación entre los miembros de la familia y el niño sordo; comprender cómo ocurren las interacciones y el desarrollo del lenguaje de estos niños, hablando directamente con ellos y comparando sus experiencias con historias familiares. Se encontró que la falta de conocimiento, combinada con la falta de orientación adecuada, ha creado distancia en las relaciones parentales, lo que impacta negativamente la experiencia general de estos niños sordos, haciéndolos más vulnerables.

Palabras clave: Língua Brasileira de Sinais (Libras). Comunicación. Interacciones Sociales. Niños Sordos. Idioma.

1 INTRODUCTION

Dealing with family and language can and does generate conflicts and taboos, especially when it involves deaf children. This is because the deaf child is born or develops with social confrontations, debates about their identity, culture, mode of communication and interaction, distancing, even if unintentional, from the first social group to which they should add, the family.

In the literature, we identified that approximately 95% of deaf births are born into families of hearing people, who are unaware or are not adequately informed and oriented about the experiences and interactions necessary for the deaf person, which can result in a gap in self-identification, socialization and the feeling of belonging to the family since birth.

The trajectory of this study begins with a literature review, composed of 63 productions published after the officialization of the Brazilian Sign Language by Law No. 10.436 (Brasil, 2002) and regulation by Decree 5626 (Brasil, 2005), milestones that ensure the deaf community the right to fully exist in their language. This legal achievement opens space for investigations that go beyond technique: they delve into the experiences and complexities of human relationships.

Among the main findings, the constant presence of the mother as a protagonist figure in the history of the deaf child and the obstacles faced by hearing families to establish real bonds with their children stand out. There is also a persistent desire for orality, as if speech were an obligatory bridge to social and family acceptance, an idea that reveals deep tensions about belonging, participation and recognition.

A good part of the texts is located in the biologizing area of health, which reinforces a pathological conception of deafness, linked to disability and correction. What is evident, therefore, is a look that limits, when what is sought here is to expand. We defend a socio-anthropological approach, which values difference and recognizes deafness as a singular, complex and legitimate experience and not as an absence.

In view of this, central concerns arise: How do family members appropriate the specificities of deafness? What bonds are built or avoided? What feelings inhabit these relationships? Who and how does the deaf child interact? Is there a possibility of transformation in this perspective? And how can this happen?

From a socio-historical approach, our main objective is to analyze how the family understands the communicational and linguistic development of the deaf child, from the first signs or the formal diagnosis of deafness. The methodology, results, and discussions will be presented in the following sections

2 METHODOLOGICAL PATHS

The research was guided by the dialectical method, which allows observing the phenomena as processes in constant transformation, overcoming and reinvention. Data collection was authorized by opinion No. 7,250,868 of Plataforma Brasil and used the Snowball technique, which allowed us to reach groups that are not very accessible and address intimate themes, as explained by Vinuto (2014), Bokokoni, and Gomes (2021).

The beginning was marked by resistance: families, often weakened or blamed for their child's condition, demanded attentive listening and acceptance. With the presentation of the objectives, there was an opening, and the reports began to flow. We finished the stage of interviews by saturation, when, even in the face of new indications, the speeches began to be repeated.

To ensure confidentiality, we used the letter F for family members and the letter C for deaf children, followed by the number that identifies the sequence in which they were interviewed. This was the organization that best responded to the analysis and interpretation of the data collected, without losing sight of the dialectical and dialogical movement between the child and the family. The interviews were analyzed according to Bardin (1977, p. 38), critically analyzing the discourses, as we will present below.

2.1 THE FAMILY IN THE CONSTITUTION AND LANGUAGE OF THE DEAF CHILD

The constitution of language in the deaf child and its relationship with the family nucleus is a process immersed in social, affective and historical contradictions. To explore these tensions, we delimited inclusion criteria that included family members or legal guardians of deaf children, aged eighteen years or older. The participating children, whether or not they use Libras, should be at least five years old, with authorization from their guardians to participate in the research.

Nine mothers aged between 27 and 50 years were interviewed. Despite the intention to include fathers, only one expressed availability, but on the date scheduled for the interview it was the mother who attended. This data reinforces the maternal role in the trajectory of the deaf child, a constant observed in recent decades. In the studies of Petean and Borges (2003), Paiva and Silva (2006), Silva, Zanolli and Pereira (2008), Kelman et al. (2011), Freitas and Magalhães (2013), Santos (2019) and Silva (2021), it is evident that it is the mother who assumes, for the most part, the educational responsibility. Many consider themselves models of conduct, guidance and affection for their children, even when they live with a partner. There is an intense expectation about the progress of children in formal education, professional insertion and personal formation, an expectation that is directly associated with maternal dedication and abdication.

We interviewed ten deaf children, one of the families has two deaf children. In all narratives, there was a significant gap in both oral language and Libras. According to Botteon and Dragone (2021), many mothers do not seek communicative alternatives other than orality, often due to frustrating initial experiences of interaction in early childhood. The use of Libras is sometimes not even considered, because the belief persists that the child who uses signs would be less capable or socially inferior in relation to the one who develops speech.

Quadros (2017, p. 74-79) helps us to stress this logic by remembering that oral language is not natural for the deaf person, nor will it necessarily be the mother tongue. Deaf children born in hearing homes do not directly inherit culture and visual-sign language. Often, it is the oral model that imposes itself as an expectation, and sign language can remain absent throughout childhood, or even throughout life, because the insertion and use of SL (Sign Language) will depend on the time, quality and mediation of this contact.

Recognizing that language is constitutive of interactions and subjectivity, we organized the axes of the interviews with the family members around the diagnosis of deafness, the affective bonds with the deaf child and the established communication, the understanding of deafness and access to information and for the interviews with the children, the axes were adapted to their experience and expression, considering their capacity for personal presentation, communication and interactions, interpersonal relationships and perspectives for the future.

In the following sections, we present the excerpts from the interviews, the critical analysis of the discourses of mothers and children, and the clashes between the theories that predominate in the literature and the social reality of the families researched. This confrontation between narrative and structure reveals the contradictions of deafness as difference versus disability, and how language emerges as a territory of dispute, resistance and transformation.

3 THE PERCEPTION OF DEAFNESS IN THE CONSTRUCTION OF MEANINGS

From the discourses of the family members, categories emerge that express central tensions to understand how the language and the place of the deaf child in the hearing family are constituted. Dialectical analysis allows us to identify the conflicts between what is lived and what is expected, between technical knowledge and the knowledge of experience, and between the desire for healing and the acceptance of difference.

Regarding the perception of Deafness, in the excerpts, it is observed that most mothers noticed signs of deafness before medical confirmation. This pre-diagnosis recognition refers to the construction of intuitive and affective knowledge, often ignored by institutions. The delay in technical validation and the feeling of invisibility of maternal listening reveal the contradiction between scientific knowledge and everyday life:

"Since birth, I observed the absence of communication [...] I thought, 'She's deaf-mute.'" (F1) and "I had doubts [...] I started to worry [...] Mother feels it!" (F3).

Regarding the Diagnosis, we found reports of: Denial and Symbolic Rupture. The moment of confirmation of deafness is experienced as a rupture, as a loss of expectation of normality. In the interviews, we observed that the diagnosis is received with pain, often with incredulity and denial, which reveals how much deafness is still socially represented as a tragedy or deprivation:

"I wanted to 'kill the phono, through denial' [...] It was a shock." (F2); "At the beginning it was difficult [...] I was desperate." (F8) and "It was a shock! I cried a lot." (F6)

These statements expose the emotional fragility faced by families, who feel isolated, blamed or unprepared to deal with a condition that is still poorly understood outside the clinical molds.

The interviews reveal an explicit resistance to Libras and an appreciation of orality as an ideal of inclusion and competence. This belief, supported by social, religious and medical discourses, promotes the idea that speech development is the only possible and desirable path for the deaf child:

"She didn't say anything [...] so I thought, 'She's deaf-mute.'" (F1); "The father wanted the cure [...] ' God will not heal!' said the phono." (F5); "How am I going to talk to her? I didn't know Libras [...] it was a shock to me." (F6).

Libras, when it appears, is always later, accessed in a context of communicative discovery or frustration, highlights the symbolic denial of sign language as legitimate and reinforces the erasure of deaf culture and identity.

All interviews point to the central role of the mother in coping with deafness, in daily care and in the search for alternatives for the life of the deaf child. The absence or silence of the father, present in many reports, evidences the emotional overload and the responsibility of the maternal figure in the construction of meaning and in the family restructuring: "I knew I needed to be the foundation for them." (F3); "No one was going to do what I was going to do." (F5). This protagonism is political, affective and historical, it carries an invisible struggle that tensions the limits of idealized motherhood, highlighting the impacts of gender inequality on the experience of disability.

There is a little evidenced importance of institutions as spaces for mediation and reconfiguration, mothers highlight that specialized institutions were agents of welcoming, listening and transformation of family perception. This is of great relevance because if well oriented, the services act as mediators between technical knowledge and experiential knowledge, promoting displacements and breaking prejudices: "I was very supported at CET and CMAEES,[5] they are the second home." (F3); "At the moment I was well received by the CET team." (F2)

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[5] Center for Therapeutic Specialties and Center for Specialized Educational Care in the area of Deafness.

Institutional support can help families understand deafness not as a pathology, but as a difference and expand possibilities for coexistence, communication and integral development of the deaf child.

The moment of diagnosis emerges as a structuring category of the family experience, as it inaugurates an emotional, symbolic and practical reorganization. It is in it that expectations, fears, projections, frustrations and a rupture with the ideal of normality intersect.

According to Santos (2019), the diagnosis of deafness causes a type of grief that does not refer to the physical loss of the child, but to the loss of the idealized image and requires the family to resignify their parenthood and remake their perspectives. In F2, there is explicit rejection of the condition, and the cochlear implant (cochlear implant) appears as a promise of cure and repair. F4, even in the face of clinical evidence that her son was born deaf, states: "I don't think it's possible, because a mother knows her son", expressing the conflict between technical knowledge and emotional knowledge.

These contradictions were also identified by Paiva and Silva (2006), who highlight feelings of insecurity, doubt and fear regarding language, education and inclusion. Bruno and Lima (2015) reinforce that even communication by signs can be frustrating, as there is a fear that the child will not be able to express basic needs or ask for help through SL.

The interviews show that grief is not homogeneous. Vieira et al. (2014) point out that each family experiences this process in a unique way, and it is necessary to respect their times. F5 presents this transition from pain to fighting: "I felt very bad, but I knew I had to get up". The confrontation, however, was not shared by the father, whose faith was shaken. The distance described by the mother is presented by Bezerra (2019), who analyzes how religious and medical discourses contribute to the crystallization of negative conceptions about deafness, which can lead to the rupture of parental bonds.

Also according to Silva and Gonçalves (2013), the absence of adequate guidance at the time of diagnosis promotes guilt, insecurity and the search for other diagnoses that reaffirm the "medical error", as in the case of F2. or F5, with the speech therapist saying to the family: "God will not heal, you have to accept it"; This statement is emblematic, as it directly confronts the imagery of spiritual redemption associated with healing.

The confirmation of deafness is not only a clinical event, but a communicative restlessness. The recurring question in the interviews is: "how am I going to talk to my child?". F6 verbalizes this dilemma: "I didn't even know that Libras existed (...) It was a shock." The lack of linguistic reference, as Stelling (2015) points out, compromises the socialization of deaf children in hearing homes, leading to the absence of significant dialogical interactions.

Rodrigues (2022) says that this absence causes anguish and can only be mitigated by the construction of moments of exchange, even if they are minimal. Bittencourt and Hoehne (2009) highlight that communication is a fundamental condition for autonomy and quality of life. When there is a lack of knowledge of Libras, the linguistic block that prevents the full constitution of the deaf child's language is evidenced. Silva (2021), reinforces that families without access to Libras will have less interaction and more communication difficulty.

There are also symbolic disputes about which language is legitimate for the child. This is because, although families emphasize accepting and recognizing Libras, their priority is orality. According to Silva, Zanolli and Pereira (2008), this desire for "normality" reveals ambivalent feelings, between acceptance of difference and the search for traits that bring the child closer to a normative standard.

3.1 REGARDING POST-DIAGNOSIS: USE OF RESOURCES AND COMMUNICATION

In order to understand the family's interactions with the deaf child, we present the picture and analysis.

Table 1

Type of loss, post-diagnosis orientation, communication, and family interactions

Family	Child (gender/age/education)	Loss Type / Resource	Guidance received	Highlighted communication and observed interactions
F1	C1 – Girl / 7 years old / 1st year	Profound loss; Hearing aids	Phono, special school, otorhinolaryngology, audiometry, CMAEE-S	He uses LS spontaneously, homemade gestures;

		(do not use often)		he does not understand his mother well; he does not use Libras with her; father is studying LS
F2	C2 – Girl / 10 years old / 5th grade	Bilateral profound loss; IC	Conversation with mothers, exams, surgery; prohibited from using LS until age 9	Predominant orality; mother learning LS; with others use Shadowblade and talk
F3	C3.1 – Boy / 11 years old / 5th gradeC3.2 – Boy / 5 years old / EI	The mother prefers to call it Differentiated Loss; both with hearing aids	Few explanations; sought information from other mothers and readings	C3.1 uses speech; C3.2 gestures and minimal orality; Both use signals with third parties
F4	C4 – Boy / 10 years old / 5th grade	Bilateral profound loss; Indicated hearing aid (not used)	CI surgery (did not do it - they did not have resources); speech, therapy, SL and lip reading	Limited orality; gestures and LS with other people still under construction
F5	C5 – Girl / 5 years old / EI	Severe and profound loss; IC	IC Surgery; phono initially banned Libras; then he started to allow it. After IC banned again	Short conversations; difficulty in understanding; notes at school; Mother uses homemade gestures and speech at home
F6	C6 – Girl / 13 years old / 6th grade	Profound loss; IC (does not use the connecting device)	Phono and implant; LS indicated only at 9 years old	Uses LS, orality and gestures; only close family members use LS
F7	C7 – Boy / 9 years old / 4th grade	Bilateral CI	Phono to stimulate speech	Orality, gestures, screams; Out of home mixes resources and

				means of communicating
F8	C8 – Boy / 9 years old / 4th grade	Bilateral CI	CI surgery, speech therapy, call center; LS oriented late	Uses gestures, speech and LS; mother does not understand LS; father uses LS and research; The boy is socially isolated
F9	C9 – Boy / 9 years old / 2nd year	Hearing loss; HA (does not use)	Indicated for APAE, LS indicated; moved to another city due to lack of LS and specialized resources	Communication by SL still fragile and homemade gestures; use of interpreter at school, but does not understand

Source: Authors' organization, 2025.

From the mothers' information, and observing the children in contact with them, we highlight what was observed.

The caregiver (F1) reports that she communicates well with her daughter (C1), who predominantly uses Sign Language (SL) and also orality. However, during the observations and interactions carried out, it is verified that the student does not present an effectively developed communication: she does not speak, does not signal, nor does she use gestures with clear communicative intentionality. The mother interacts verbally with the child frequently, but C1 limits herself to responding with affirmative or negative nods which, although indicating a certain intention, do not necessarily correspond to the content of the message received, but rather to an expression of her own desires or immediate perceptions.

According to F1, when he needs to communicate something more specific, he resorts to resources such as *Google* Translate for Libras, various applications or a vocabulary notebook. However, such strategies are insufficient, because C1 does not understand the signs, nor does he have knowledge of the linguistic structure of Libras, in addition to not making functional use of orality. However, significant attention is paid to facial expressions and other non-manual elements, which reveals visual sensitivity to nonverbal aspects of communication.

Also according to the mother, the child "speaks well", although, in the observations, only two words articulated with great effort and phonological limitation are identified: "Pô" (referring to "teacher") and "no". A similar situation is verified with F7, although the mother indicates good interactions, C7 uses vocalizations, conventional gestures from the family environment and screams as a form of interaction. However, the use of a structured language, whether Libras or orality by the child, is not verified.

F9 reports that, although C9 has a clinical indication for the use of hearing aids, this resource is not used because it is not effective and C9 does not have an effective language for communication. The mother states that her son uses Libras and homemade gestures, however, during the observed interactions, his gestures are difficult to understand, being limited to notes and attempts to express himself through drawings and mimes, often without enough coherence to convey his emergency needs.

In the discourses of the families, the difficulty in establishing a common point of communication with the deaf child is evident. What can be seen is a continuous effort, although still incipient, in the search for strategies that enable contact. As Rodrigues (2022, p. 17) points out, there are important challenges in the conception of the deaf person, especially when he is understood as someone with a cognitive disability. In these cases, what is offered to children are limited interactions, often marked by homemade gestures, isolated signs and attempts at orality. Practices that, despite alleviating family anguish, do not promote full linguistic development, nor quality socio-interactional relationships.

F3 demonstrates awareness that their children's speech is not always intelligible, we observed that C3.1 communicates in a very restricted way, only the essential, while C3.2 depends almost exclusively on gestures. Misunderstanding in the family environment is a recurring reality among the deaf children participating in the research. Although family members recognize the impact of language restrictions, there is little effective investment in structural changes that favor the acquisition and use of a complete language, such as Libras.

This scenario reinforces what Streiechen and Krause-Lemke (2014) point out, that many deaf people feel like foreigners in their own homes, which emphasizes the importance of early acquisition of Libras, even if orality is indicated. A significant example is F2, which reports the prohibition of the use of Libras due to cochlear implant (CI) surgery. Her daughter, who only had contact with Libras at the age of nine, after linguistic insufficiency was found, currently uses sign language with more fluency and competence and spoken words, but her vocabulary remains restricted to less than ten words understood and used orally. A similar situation is observed in the families of C5, C6 and C8.

F5 reports that, although her daughter was initially inserted in the use of Libras, after the CI she was instructed to abandon her, as there would be a risk of interference in the development of orality. The mother expresses insecurities about technological dependence and understands that, without the device, her daughter remains deaf. Communication with C5 is limited to notes and gestures without a basis in Libras, which generates frustration and affective distance.

F6 describes similar difficulties, because after the CI, there were no significant advances in orality, with Libras being the way that enabled communicative development, although the extended family does not accept deafness or the use of SL. F8, on the other hand, reports that, even after the CI performed at the age of four, the son was not successful with orality, at the moment he uses gestures and signs of Libras, but communication within the family remains compromised. Outside the family environment, isolation intensifies, and the child remains without meaningful interaction with other people.

These reports reveal the direct impact of communicative difficulties on the socialization process. The absence of a structured language compromises not only the construction of thought and cognitive development, but also the formation of a solid deaf identity. As highlighted by Thomaz et al. (2020, p. 2), deaf children without access to meaningful linguistic interactions tend to become withdrawn, insecure, and more vulnerable individuals when compared to their hearing peers.

It is important to highlight that this chapter does not aim to evaluate the clinical results of cochlear implants, since there is no access to the integrality of these children's experiences with health professionals and family participation in the process. The focus is on the analysis of family interactions and the forms of language use in the child's daily life.

From the data collected, it is observed that, despite the social and medical expectation that the deaf child, after the CI, will develop hearing and orality, many of the students surveyed were not successful in this trajectory. In general, they maintain a restricted communication, through homemade gestures and limited vocabulary, often devoid of a clear linguistic function.

Several studies (Streichen and Krause-Lemke, 2014; Jorge, Levy and Granato, 2015; Bruno and Lima, 2015; Carvalho, Possidônio and Joca, 2020; Kelman et al., 2011; Yamashiro and Lacerda, 2016; Thomaz et al., 2020; Silva, 2015; Silva, 2021) address the challenges of communication in deafness and reveal both the desire of families to communicate with their children, and the frustrations experienced by children when they realize that they do not meet idealized expectations. Communication restricted to isolated gestures and signs does not promote the strengthening of deaf identity or allow the full development of language and participation in different sociocultural contexts.

Most of the families interviewed report that they go out little with their children and that they do not adequately understand their needs or speeches. They describe the children as "intromissive", curious and questioning, and the spaces frequented are restricted to relatives' houses or, possibly, to the church. This shows that deaf children are not exposed to contexts of discursive exchanges with other deaf people or with people who favor quality interactions.

Kelman et al. (2011, p. 352) argue that the non-acquisition of oral language compromises the understanding of meanings, hindering access to others and harming the cognitive and psycho-affective development of deaf children. Stelling (2015) reinforces that, from the first years of socialization, deaf children from hearing homes face communication blocks and irregular use of homemade signs, which delays or makes it impossible to access Libras, as a complete and structured language. Thus, children often do not find reliable linguistic references in their own homes.

The scarcity of financial or information resources is also a limiting factor. Oliveira et al. (2004, p. 190) and Silva and Gonçalves (2010, p. 298) state that poverty is often understood as synonymous with disability, because the lower the purchasing power, the greater the child's limitation, either due to restricted access to specialized services or the absence of quality information. Thus, cultural capital directly influences the linguistic and sociocultural development of deaf children, as in the case of C4's family, which faced difficulties due to the lack of guidance and investments to carry out the CI.

The contributions of Vygotsky (2007; 2009) and Bakhtin (1988) are fundamental to understand the role of language in social interactions and human development. For Vygotsky (2007), language is the main mediating tool of thought and, through it, subjects transcend biological conditioning and expand their cognitive capacities, anchored in culture (p. 34). He also points out that learning and cultural appropriation are dependent on social mediation. Specifically, Vygotsky (2009, p. 121) points out that it is possible to teach deaf children through visual language, because human communication, even in its non-oral dimension, allows the development of higher psychological functions through symbolic mediation.

In view of this, it was sought to understand what forms of communication are established between the deaf child and his family, as well as the family perspectives in relation to language, considering the barriers, clinical myths, sociocultural prejudices and the child's right to full linguistic development.

Table 2

Communication used at school, with other people in the family and perspectives and fears

Family mothers	**Communication with school and family**	**Perspectives and fears**
F1	C1 uses Gestures and his SL and orality is limited. At school he communicates only with a friend; other than that, he faces general incomprehension, because no one knows Libras. She is often irritated by not being understood, especially when playing.	The mother wants C1 to improve irritability and have "normal" communication. There is concern about the screams, resistance to the use of the device and frustration for not being able to speak like the others. He asks us if there is a way to make her stop the screaming.
F2	After CI, Libras was initially banned, but introduced at age 9. Since then, C2 has developed better speaking, reading and	The mother considers Libras a relief and wants her daughter to develop, recover gaps and have a future with autonomy and profession.

	learning. With his family, he uses Libras and speaks a few words.	
F3	C3.1 uses orality; C3.2, gestures and signs. There is an attempt at complementarity between the brothers. C3.1 faces exclusion at school. Both have difficulties interacting outside the family environment	The mother wants both to have autonomy and not suffer exclusion. He values the use of Libras and does not fear that it will hinder speech. He wants them to be treated as listeners and that C3.1 helps C3.2 to speak.
F4	She uses LS and lip reading at school. With his family, he communicates better with his mother and younger brother. It adapts well, using drawings and gestures when necessary. The son avoids oralizing, according to the mother, it is because he does not like it.	The mother fears that C4 will not learn to read/write and will be frustrated by it. He wants him to develop vocabulary and access to the Portuguese language.
F5	He uses orality at school, but with little effectiveness, restricted vocabulary. At home, communication takes place through notes and homemade gestures. He shows interest in Libras, but did not have institutional access.	The mother wants her daughter to learn Libras. She regrets the limited effort of orality and the lack of support for the child at school in Libras. There is excessive protection at home and Libras has not been released even at school, but the child signals on school transport with deaf classmates.
F6	For a long time, there was an exclusive focus on speech, without success. After the decision and refusal to speak by the child himself, the use of Libras was released. Today, she communicates by LS with an interpreter at school and close family members.	She hopes that her daughter will finish her studies and fulfill her dream of being a teacher-interpreter. The acceptance of Libras was decisive for its advancement.
F7	Uses orality with limited vocabulary, gestures, and unstructured LS. Family is learning Libras to improve communication.	The mother wants C7 to be understood as any hearing child and to face fewer social difficulties and prejudice.
F8	She started Libras late (at the age of 8). She uses gestures, domestic LS and lip reading. Family does not understand sign language, only the father makes basic use of it.	The mother believes in her son's potential, avoids treating him as "disabled" and dreams of a future as a teacher. He values discipline and firmness.

F9	At school, he communicates through an interpreter, but uses gestures, mimes and drawings. At home, he uses homemade signs and gestures. He shows intelligence and good understanding, but has difficulties in being understood outside the family environment.	His mother fears that he will not be able to communicate effectively with others. He wants to be autonomous and socially understood.

Source: Authors' organization, 2025.

The interviews reveal challenges in communication between deaf children and their families, aggravated by biologizing clinical decisions, lack of adequate guidance, and social barriers.

C1's mother reports the use of Libras and minimal orality and her daughter's irritation when she is not understood, expressed by behaviors such as "stamping her foot" or screaming. Although he says that there is understanding, communication is fragile, based on disconnected gestures and babbles, without sufficient exposure or development of Libras. C1's reactions reflect incomprehension of the world and linguistic limitation, not being able to express desires or thoughts clearly.

In the case of C2, the mother reports the initial fear that the use of Libras would interfere with orality, but observes the opposite, that there was significant progress in both. Despite the lag in learning, the mother understands that Libras has brought relief and development. Stelling (2015) and Kyle (2001) emphasize that sight is the main learning channel for deaf children and that SL does not impede the development of LO (Oral Language). As Stelling (2015, p. 54) points out, if the mother is the central figure, it is necessary for her to appropriate Libras so that the child feels that he has someone to count on and develops his identity.

The mother of C3.1 and C3.2 reports the use of speech and gestures, which are not always understood. It is concerned with the school exclusion experienced by C3.1 and the lack of sensitivity in the school and talks about prejudice and social misunderstanding, as Conceição and Martins (2019) warn. C4's family points out that he doesn't like to talk and communicates better with his brother through LS. The family is foreign and faces challenges with the Portuguese language, making it difficult to access

Libras and written Portuguese. The mother fears that her son does not understand the value of reading, affecting his cognitive development and interests in learning.

For C5, Libras has been prohibited since the IC, generating communication restricted to homemade gestures and notes. The mother recognizes that her daughter learns quickly with signs, but faces resistance from the school to accept bilingualism. As observed by Santos (2019), deafness intensifies inequalities in parental roles, the father became absent after the diagnosis, dedicated as a maintainer and the mother overloaded, over time the father has overprotected C5, even if he does not realize it.

C6 had more effective access to Libras after taking a stand and rejecting orality. As a result, he showed improvements in several aspects, including self-esteem. The mother reports frustration with the demands of speech therapy in the face of low speech performance throughout the girl's history, revealing the consequences of the attempt to hear (Bruno and Lima, 2015; Yamashiro and Lacerda, 2016), even in the face of her family's efforts, the success of orality was not a reality for her.

C7's mother highlights the desire for him to be understood as a listener. The child uses orality and gestures, and the family is seeking to learn Libras, but there is still the desire for "normalization", when they highlight that the goal is for the child to speak as a listener. This reinforces the argument of Petean and Borges (2003), about the parental fear of Libras, seen as an obstacle to speech.

For C8, there is basic family contact with signs and the mother states that the child is not clearly understood. He gets frustrated with the CI, tries to take it out when he gets home. The mother regrets not understanding his language, even though he has created visual signs for his parents, she tells us that at home they don't talk to him, because they don't understand him. Dizeu and Caporali (2005) observe that family pain resides in the communicative difficulty and not in deafness itself, but we highlight what Yamazaki and Masini (2008) say, that family dynamics influence and are influenced by the child, so isolation can be a reflection of this dynamic of saying that they do not understand him, but not taking actions to change reality.

C9's mother says that he uses Libras and gestures, but that communication is still difficult, especially outside the family nucleus. She mediates almost all communication and seeks help in tools such as *Google* and images. He expects his son to develop ways to communicate autonomously. These reports show that most families face significant limitations in the use of Libras and in access to bilingualism, often due to clinical guidelines that prioritize orality, even without satisfactory results. As Rodrigues (2022) and Paiva e Silva (2006) argue, deafness is still socially understood as incompleteness, and the impediments to the use of Libras restrict affective, cognitive, and linguistic development. Let's look at Table 3.

Table 3

The deaf child in interactions with the researcher and the family's view

Children	Interaction with the researcher	Understanding the family	Observations and perspectives
C1	He babbles, shouts, does not understand questions, refuses interaction, without an established language.	Mother says that they communicate, but reports irritability and absence of Libras or orality.	She expresses frustration at not being understood. Without functional means of communication.
C2	She uses Libras and orality with awareness, but has limited vocabulary, recognizes difficulties and prefers Libras. He shows little understanding of the figure of the fathers.	Family knows little Libras. He reports advances after the inclusion of SL.	She wants to be a Libras teacher. Demonstrates linguistic and affective awareness.
C3.1	She uses orality and Libras, with the support of her family. He is constantly corrected by family members in his answers. He has unclear desires of what he wants. Their expressive language is adequate, but their comprehensive language is limited.	Family values orality, reports recognizing the importance of using sign language, but prefers speech.	He wants to be a pizza maker, to work to help his mother. Demonstrates a desire for family inclusion in Libras.
C3.2	He uses disconnected words, repeats what he hears, depends on his brother as a	Family recognizes that he communicates better with his brother.	No consolidated linguistic structure. High

	mediator, who does so through pointing and gestures.		communicational dependence.
C4	He uses typing, gestures and Libras. Confusing, disconnected answers, but he tries to express himself.	He reports mixed use of languages in the family. Partial communication.	It demonstrates effort and a desire to learn. He has emotional bonds with his brother. But he does not understand what he is told. He wants to draw and not study.
C5	Limited comprehension, repeats words, answers: "hungry" in several questions in an attempt to end (incomprehension).	Mother tries to mediate, but perceives little understanding. He doesn't use LS, only gestures and speech, but they don't understand each other.	He speaks isolated words, he is easily restless. You need gestures to understand the basics.
C6	Uses Libras fluently, refuses CI, expresses deaf identity. No difficulty in understanding or answering the questions.	He uses Libras with close family members. Good communication with mom and brother.	She wants to be a teacher. Well-built linguistic and personal identity, after inclusion and development in Libras.
C7	He uses signs and typing, but has difficulties in understanding. He uses orality limited to a few everyday words.	Family reports that they use LS, but communication is confusing and limited to a few signs.	He dreams of studying and being a player. It demonstrates a desire for inclusion and growth. She feels happy because her mother is starting to learn Libras
C8	Receptive, he responds with joy. Uses LS with restricted vocabulary. He signals in a confused way, he does not understand well what others signal. He does not know the names of his parents or	She reports that her father knows Libras, but confuses information. He reports that the child is isolated and that even at home no one understands him or talks to him.	He wants to be a mechanic. He shows curiosity and motivation with this information.

	family members. He understands little.		
C9	No organized language. He repeats the researcher's signals, without understanding. He tries to change his focus when he realizes that he does not understand and is not understood. It uses mimes and shows things/objects and their use.	Teacher reports lack of effective communication. The mother says they understand each other, but for others she has to mediate.	Very restricted communication. No clear support from the family in the use of LS. He does not understand what he is told, with his family he only agrees.

Source: Authors' organization, 2025.

Talking to C1 proved to be a significant challenge. The student does not understand basic signs of Libras, nor does she demonstrate symbolic recognition of her own mother's image, even with visual support and attempts mediated by structured vocabulary. The notebook with images of everyday life, although pedagogical, is still not functional for her, who keeps it with irritation when she is encouraged to signal. What is observed are negative notes and gestures, especially in the face of tasks that they do not want to perform. There is, therefore, no language in use, nor a system of communication that is understandable and shared with those around her, neither at home nor at school. The absence of a shared linguistic medium isolates it from the most basic interactions.

The same occurs with C9, which does not have an organized linguistic structure. The mother reports that they communicate through Libras learned in SEA and homemade gestures. During the interview, the student used notes, mimes and facial expressions that, although intentional, were not structured in effective communication. Orality is limited to a single word: "NO" and the response to gestures or mimics by the researcher results in mechanical repetition, without comprehension. The sounds he vocalizes are random and disconnected, and even with the mediation of an interpreter, C9 limited himself to copying signals without semantic relation, showed discomfort and refusal to continue the interaction.

These situations explain an alarming condition, which Silva (2008, p. 399-400) names as **"**subjects without language**"**: deaf children who have not acquired either Sign

Language or Portuguese. The absence of a complete and recognized language places them in a communicative, social and affective limbo. According to Stelling (2015, p. 53), the use of homemade gestures and restricted communicative systems, when not accompanied by an effective process of acquisition of a complete language, such as Libras, can severely compromise the linguistic and cognitive development of these children, further delaying access to knowledge and social interaction.

As the same author points out, without a legitimate language in use, these deaf children are excluded from the symbolic exchanges that build identity, autonomy and belonging. In the case of C1 and C9, it is observed that the absence of regular exposure to Libras and the late or inconsistent investment in the construction of a real means of communication places them in a space of vulnerability, where silence is imposed by social, family and institutional barriers, rather than by deafness itself.

When we observe the materiality in C2's experiences, she does not recognize the mother as her main interlocutor and this fact is pointed out by the mother as reality. For her, her parents have limited, almost zero knowledge of Libras, which is her language of safety, and this puts her on the margins of family narratives. His communication through Libras is dialogical, while orality appears intermittently and fragilely articulated. According to the mother, even though C2 speaks a few words, there is low comprehension of what is said to him, absence of cohesive sentences and significant lag in language and learning. Similar cases are observed in C6, C7 and C8.

C6, for example, underwent the cochlear implant (CI) late and was unsuccessful in oralization, he was inserted in Libras only at the age of nine. According to the mother, C6 interacts primarily with his siblings and mother, using SL. Their oral vocabulary does not exceed ten words and there are difficulties in formulating meaningful sentences. In the interaction with the researcher, she resorted exclusively to Libras and typing with coherence. She lives with deaf people only in the Specialized Educational Service (AEE), is the only deaf child in regular school, where she stands out for teaching Libras to her hearing colleagues.

In the case of C7, he has incipient communication, uses gestures, some signs and few spoken words. The mother claims to be learning Libras and uses different communicative strategies, including drawings and gestures. C7 identifies himself as deaf, but does not know his age, nor the names of his parents or school, although he can spell terms such as "father", "mother" and "school" by typing (manual alphabet). When asked who he talks to the most, he answers: with the "WOMAN", referring to the mother, without using the corresponding sign or the first name. Even so, she shows joy in recognizing that her mother knows Libras, revealing the positive impact of this linguistic sharing.

C8, is described by the mother as an isolated child. The family recognizes that most people do not talk to him because they do not understand what he is saying. However, during the interaction with the researcher, C8 communicated in SL, identified himself as deaf and indicated the use of cochlear implants. Although he does not know the names of his parents, he used typing and wrote: "FATHER" and "MOTHER". When asked who he talks to, he remained silent, perhaps because he did not identify effective communication relationships in his family environment. He was, however, the only one in the age group who was able to express a clear perspective for the future: he wants to be a mechanic.

These cases reveal a worrying pattern, parents are often referred to as common nouns, without proper nouns. This is repeated in C7, who calls his mother "WOMAN", and in C2, who only knows the names of his nieces and sisters, justifying that his mother never told him her name and never tells him things about the family. In common, the cases of C2, C6, C7 and C8 share the use of CI, but the results of oralization remain unsatisfactory, while advances in Libras lack investment, or had late access.

Whatever the path of language, the role of the family is decisive in this process. According to Stelling (2015), the acquisition of a full language by deaf children depends, to a large extent, on family interactions. Yamanaka et al. (2010, p. 467–471) highlight that CI awakens in hearing parents the expectation that their children can fully integrate into the auditory world, which often leads to the denial or abandonment of Libras. Vieira et al. (2014, p. 416), show that, for hearing families, deafness is often perceived as a pathology to be corrected, unlike deaf families, who deal with the condition as a natural variation of the human experience. There is also the aggravating factor that diagnoses and guidance commonly come from the health area, and are not always clear about other possibilities of access to language and the deaf person, other than normalization through speech and biotechnology resources.

The absence of linguistic sharing can prevent the deaf child from recognizing authority figures, establishing secure affective bonds or experiencing quality dialogical relationships. There is, therefore, a communicative void that depotentializes family interactions. In the case of C8, for example, the mother interprets his curiosity as "getting involved in everything", when, in reality, he seeks only to exist and be noticed as a participant in the family.

On the other hand, C2 and C6 reveal how the use of Libras can positively transform the communicative experience. Signaling proved to be a legitimate path for building bonds and expanding subjective expression, corroborating Quevedo and Andretta (2020, p. 3), who state that deafness, by itself, does not prevent communication, what restricts it is the absence of a shared language. Libras, in this context, is a bridge to social inclusion and to the recognition of deaf identity.

In the case of siblings C3.1 and C3.2, there is a visible attempt to align themselves with the normative expectations of the family, to the detriment of the construction of a consolidated linguistic identity. C3.1 identifies himself as a listener, but expresses the desire for the family to learn Libras. Their communication is permeated by confusion and a constant need for maternal validation. While C3.2, despite being more observant, repeats disconnected words, does not formulate sentences and does not present an organized language, neither in SL nor in orality. Both are encouraged to speak with little exposure to SL.

This search for normalization directly impacts the self-esteem and autonomy of deaf children. According to Paiva and Silva (2006, p. 84), removing the child from gestures compromises mental processes and integral development. The acquisition of L1, in this case, the SL, must precede any attempt to teach and learn the majority language.

C4, being a foreigner, had contact with a bilingual proposal in his country of origin. The mother, however, attributes the absence of speech to the child's laziness, revealing a lack of knowledge about the challenges of the deaf child's linguistic development. C4 does not differentiate between "father" and "mother", calls both "Daddy" and uses disconnected signs, without context, compromising the clarity of interactions.

C5 experiences an equally delicate reality. According to the mother, the child started using Libras before the CI, and after the surgery she was forbidden to signal, being encouraged to use her exclusively orality. This led to the creation of homemade gestures, as formal communication in LS was disrupted. Currently, C5 speaks few words and needs paused speech and eye contact to understand. The mother says that they rarely talk at home, and that her daughter learns signs by watching other deaf people during the school journey. She is the only deaf person in the school, as well as the other children interviewed. During the interview, he showed little understanding, used loose words and tried to avoid the conversation; the only coherent expression was "HUNGRY", which was followed by his refusal to continue participating.

In the cases analyzed, it is evident that SL is not yet a consolidated reality for most deaf children and their families. As Carvalho, Possidônio and Joca (2020, p. 11) point out, the acceptance of SL as the mother tongue (L1) of the deaf child is essential, as its absence can trigger insecurity, self-rejection and emotional imbalances. However, there is a delay in the recognition of Libras as a legitimate language by family members. The early and almost exclusive investment (only) in oral language has compromised the possibilities of affective and linguistic interaction of these children within the family.

C4's experience illustrates the contradiction, her family, although she received bilingual guidance in her country of origin, did not effectively develop either orality or Libras. This reveals that, in addition to the clinical diagnosis, it is the direction and intentionality in the use of language that determine the possible paths of communication. In many contexts, this direction is fragile or non-existent, and mothers, even protagonists and committed, act from listening, fragmented and late information, which compromises the child's first years, which are decisive for their subjective and relational constitution.

Silva (2008, p. 401–405) contributes to this debate by stating that the language of the deaf or hearing mother offers the child a way to access language, indicating that gestures carry meanings and construct meanings. Even when Libras is prohibited, interactions marked by two distinct materialities arise: oral Portuguese and homemade signs. The intertwining of these languages, even if not institutionalized, gives rise to a kind of "mother tongue of the deaf child", a tool of symbolic structuring that needs to be recognized and valued.

The so-called homemade signs are present in almost all the families observed, which indicates a legitimate attempt at communication. Although these interactions are often marked by a low dialogical quality, there is a desire for encounter in them. As Vygotsky (1996; 2007) states, language is not limited to a grammatical system, but is constituted in social practices, as a mediating element of individual and social adaptation. And Bakhtin (1988) emphasizes that dialogue is central to human development and in the case of the deaf, gestures and signs are fundamental for this dialogue to happen.

The problem is not in deafness, but in the absence of a common language between the child and his family, as highlighted by Schemberg, Guarinello and Massi (2012, p. 19–25). The language barrier that stands out in this text is socially constructed, as the child does not find space or opportunity to participate in family activities fully. Alienation is not due to the auditory condition, but to the lack of quality interactions through a common language.

Silva (2015, p. 286) reinforces this thesis by stating that the construction of the child's representations of the world depends directly on the interactions he establishes with his environment. For the deaf child, it is essential to have access to a language that enables not only daily communication, but also the constitution of meanings and senses about themselves and the world. However, what is observed in the family reports is the recurrent feeling of estrangement, difficulty in mutual understanding and, often, frustration in the face of difficulties in oralization, an experience that falls on both the child and their guardians.

It should be noted that the children investigated are inserted in so-called inclusive institutions, where they are the only deaf people, which further compromises the possibility of linguistic exchanges and positive identification with their peers. This absence of coexistence with other deaf people compromises the formation of the deaf identity and reinforces the feeling of inadequacy. For authors such as Kleman et al. (2011), Paiva and Silva (2006), Petean and Borges (2003), Yamashiro and Lacerda (2016) and Akiyama (2006), it is essential that the deaf child be inserted early in environments where there is the presence of other deaf people and, especially, of deaf adults as an identity and positive reference. According to Akiyama (2006, p. 178), contact with deaf adults can transform the way the family perceives deafness, shifting the focus from disability to linguistic and cultural differences.

To speak of the language of the deaf child, therefore, is to speak of belonging, of identity, of possibilities of being in the world. If the child's primary references, his parents and relatives, do not share a common language with him, the process of symbolization and construction of himself can be compromised. In this sense, it is necessary to remember Vygotsky: "A word without meaning is an empty sound" (1996, p. 150). Meaning is the structuring element of language, and it only exists when there is the possibility of exchanges. Orality, in isolation, does not fulfill this role and neither does Libras if there is no affection, listening and recognition of the child as a subject of language.

Therefore, it is necessary to guide family members properly from the diagnosis, which requires training and knowledge beyond what is pathological. It is also necessary to build, with the child, a space where there is meaning, where the spoken or signed word is a means of existing and being understood. Language, in this context, is a condition of possibility for the deaf child not only to communicate, but to constitute himself as a full subject in his singularity.

4 CONSIDERATIONS NOT INTENDED TO END

The approach to the deaf community and listening to children and family members in this study revealed challenges that go beyond the communicative plane, involving affections, silences and absences. If, at first, it is expected that the family is a privileged space for bonds and symbolic exchanges, what was evidenced throughout the research was the opposite: absence of linguistic sharing, fragile relationships and misinformation that makes it impossible to build effective communicative experiences.

The process of discovering deafness, marked by clinical diagnosis, inaugurates for families a path permeated by expectations, mourning and idealizations. Affective bonds often become conditioned to the possibility of developing orality. And when this development does not materialize as expected, frustrations arise that silence the child and obscure his identity. It is observed that, even in contexts where there are discourses of acceptance, the denial of deafness as a difference prevails, and it is common to try to correct the condition through oral speech, making its linguistic and cultural uniqueness invisible.

Over the last few decades, the deaf community has consolidated its identity through Libras and its visual culture, gaining rights and visibility. However, advances face setbacks when the biologizing clinical perspective dominates family decisions, as observed among the children participating in the research. Most of them live in school and family contexts in which they are the only deaf people, which limits their linguistic experiences; and without access to a full language, whether oral or signed, they may find themselves and remain in a condition of linguistic, social, affective and identity vulnerability.

The analysis of the reports shows that the first place of rupture occurs in the initial orientation received by the families. The diagnosis, usually provided by medical professionals, presents deafness as a disability to be overcome, leaving it in the background, or even ignoring Libras as a legitimate possibility of communication and constitution of the world. Families, trusting in the technical knowledge offered to them by the clinical area, tend to invest only in oralization, often to the detriment of the quality of daily communication with the child. Therefore, there is a lack of an interdisciplinary guidance network that offers updated information based on the bilingual and sociocultural perspective of deafness.

In this context, Libras, even legally recognized, continues to be interdicted or postponed. Although many families develop homemade gestures and their own communicative strategies, these forms of communication do not replace a structured language, nor do they guarantee interactions with meaning and significance. The question that emerges, then, is: what is lost when the deaf child does not have access to a language from the first years of life? What is denied when one insists only on the path of oralization?

It is not a matter of blaming parents, but of recognizing that many of the choices are guided by technical recommendations that ignore or disregard deaf experiences and the subjective effects of living without full language. Mothers, who traditionally take the lead in care, are also victims of this process, pressured to cope with affective, communicational, and therapeutic demands without adequate support. What we heard from the children, in contrast to the mothers' reports, reinforces this mismatch; children who do not feel named, who do not recognize family figures and who do not participate in their own history.

The absence of a common language in the family creates barriers that extend beyond the communicative level. The absence of meaning in words, the impossibility of expressing desires and feelings, the difficulty in establishing symbolic bonds, contribute to loneliness and the feeling of not belonging of these children. The overvaluation of orality, presented as the only way to inclusion, disregards the urgency of full communication, by any means.

It is necessary to overcome the myth that Libras delays oralization. On the contrary, as several studies have pointed out, early access to sign language favors the cognitive, emotional and linguistic development of deaf children. The family can and should be a space for symbolic and affective encounters, as long as it is guided from an inclusive perspective, which values difference and recognizes the right to communication as a structuring element of subjectivity.

The research shows us that, when the family is misguided, valuable time is lost to live together, and often the child himself is blamed for the lack of communication failure, as if his deafness were synonymous with laziness or lack of interest. This reinforces the need for qualified training of professionals who work in both health and education, so that they can welcome, inform and direct families in an ethical, sensitive and committed way to the rights of deaf children.

The data revealed that most of the children investigated are in linguistic isolation, with no deaf peers in their daily lives, with limited repertoire and difficulty in narrating their own story. By listening to them, we understand the urgency of expanding their possibilities of expression, guaranteeing access to multiple languages and, above all, of building environments in which they can signify the world and themselves. In view of this, and reiterating that these considerations are not intended to end the debate, we highlight some central implications of the research:

- Shallow affective and linguistic relationships limit the development of the deaf child: families need to be oriented, from the time of diagnosis, about the different linguistic possibilities that guarantee access to meaningful communication.

- Although orality can open paths, its failure cannot mean silence. Access to Libras is a right and a basic need of every deaf child.
- Mothers remain protagonists, but they have little space to elaborate on their own pain. They need emotional and formative support to understand deafness and their own child, in addition to the disability.
- Educating cannot override the bond: when the relationship is reduced to therapeutic effort, affection, play and the sense of belonging are lost.
- The child cannot be delegated the responsibility for overcoming his difficulties when deafness is in focus. It is the State, society and the family, based on public policies, that must guarantee the means for their full communication and inclusion.

This research does not end here. There is still much to be understood, deepened, faced and overcome. We hope that in the near future more deaf children will be able to name their affections, narrate their stories and recognize themselves in the bonds they build with others. That they can be heard and understood beyond the norm, and that we stop expecting from them what we do not offer: the right to communicate, to belong and to exist in its fullness.

If communication is understood as a one-way street, there will never be the development of truly human relationships. Although it seems complex, and in fact it is; bilingualism in Libras and in the Portuguese language (oral or written) remains the way to ensure meaning, expression and humanity for deaf people.

REFERENCES

Akiyama, R. (2006). Análise comparativa da intervenção fonoaudiológica na surdez: Com a família ou com os pais? [Master's dissertation, Universidade de São Paulo]. Repositório USP.

Bakhtin, M. (1988). Marxismo e filosofia da linguagem (M. Lahud & Y. F. Vieira, Trans.). Hucitec. (Original work published under Volochinov)

Bardin, L. (1977). Análise de conteúdo. Edições 70.

Bezerra, V. da S. (2019). A Libras e sua capacidade de romper silêncios e criar laços no contexto familiar pais ouvintes de criança surda [Master's dissertation, Universidade Federal de São Paulo]. Repositório UNIFESP.

Bittencourt, Z. Z. L. C., & Hoehne, E. L. (2009). Qualidade de vida de familiares de pessoas surdas atendidas em um centro de reabilitação. Ciência & Saúde Coletiva, 14, 1235–1239. https://doi.org/10.1590/S1413-81232009000400033

Bockorni, B. R. S., & Gomes, A. F. (2021). A amostragem em snowball (bola de neve) em uma pesquisa qualitativa no campo da administração. Revista de Ciências Empresariais da UNIPAR, 22(1), 105–117. https://doi.org/10.25110/unipar.v22i1.2021.105

Botteon, L. A. F., & Dragone, M. L. O. S. (2021). Relatos de mães ouvintes sobre os processos comunicativos com filhos surdos. Temas em Educação e Saúde, 17, e021002. https://doi.org/10.26673/tes.v17i00.021002

Brasil. (2002). Lei nº 10.436, de 24 de abril de 2002. Dispõe sobre a Língua Brasileira de Sinais - Libras e dá outras providências. Diário Oficial da União. http://www.planalto.gov.br/ccivil_03/leis/2002/l10436.htm

Brasil. (2005). Decreto nº 5.626, de 22 de dezembro de 2005. Regulamenta a Lei nº 10.436, de 24 de abril de 2002, que dispõe sobre a Língua Brasileira de Sinais - Libras, e o art. 18 da Lei nº 10.098, de 19 de dezembro de 2000. Diário Oficial da União. http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2005/decreto/d5626.htm

Bruno, M. M. G., & Lima, J. M. da S. (2015). As formas de comunicação e de inclusão da criança Kaiowá surda na família e na escola: Um estudo etnográfico. Revista Brasileira de Educação Especial, 21(1), 81–94. https://doi.org/10.1590/S1413-65382115000100006

Carvalho, M. C. F. de, Possidônio, V. F., & Joca, T. T. (2020). Visitando o estudo, um estrangeiro em família – revisão de tese. Research, Society and Development, 9(11), e64891110172. https://doi.org/10.33448/rsd-v9i11.10172

Conceição, B. S., & Martins, V. R. de O. (2019). Discursos de pais de crianças surdas: Educação Infantil e a presença da Libras. Educação, 44, e20190024. https://doi.org/10.5902/1984644435666

Dizeu, L. C. T. de B., & Caporali, S. A. (2005). A língua de sinais constituindo o surdo como sujeito. Educação & Sociedade, 26(91), 583–597. https://doi.org/10.1590/S0101-73302005000200014

Freitas, H. R. M. de, & Magalhães, C. M. C. (2013). Metas e estratégias de socialização que mães de crianças surdas valorizam para seus filhos. Revista Brasileira de Educação Especial, 19(4), 545–562. https://doi.org/10.1590/S1413-65382013000400005

Jorge, B. M., Levy, C. C. A. da C., & Granato, L. (2015). Adaptação cultural da escala de qualidade de vida familiar (Family Quality of Life Scale) para o português brasileiro. CoDAS, 27(6), 534–540. https://doi.org/10.1590/2317-1782/20152015022

Kelman, C. A., Silva, D. N. H., Amorim, A. C. F. de, Monteiro, R. M. G., & Azevedo, D. C. (2011). Surdez e família: Facetas das relações parentais no cotidiano comunicativo bilíngue. Linhas Críticas, 17(33), 349–365. https://doi.org/10.26512/lc.v17i33.3494

Kyle, J. (2001). Deaf children learning to sign. Revista Online da Biblioteca Professor Joel Martins, 2(3), 27–37.

Oliveira, R. G., Simionato, M. A. W., Negrelli, M. E. D., & Marcon, S. S. (2004). A experiência de famílias no convívio com a criança surda. Acta Scientiarum. Health Sciences, 26(1), 183–191. https://doi.org/10.4025/actascihealthsci.v26i1.1629

Paiva e Silva, A. B. de. (2006). Aspectos psicossociais da surdez: A representação social de mães ouvintes [Doctoral dissertation, Universidade Estadual de Campinas]. Repositório UNICAMP.

Petean, E. B. L., & Borges, C. D. (2003). Deficiência auditiva: Escolarização e aprendizagem de língua de sinais na opinião das mães. Paidéia, 12(24), 195–204. https://doi.org/10.1590/S0103-863X2003000300006

Quadros, R. M. (2017). Língua de herança: Língua Brasileira de Sinais. Penso.

Quevedo, R. F. de, & Andretta, I. (2020). Crianças e adolescentes surdos: Perfil discriminante de habilidades sociais. Psicologia: Teoria e Pesquisa, 36, e3638. https://doi.org/10.1590/0102.3772e3638

Rodrigues, Z. M. M. (2022). Crianças surdas, famílias ouvintes: Refletindo sobre as experiências e práticas construídas pelas famílias [Master's dissertation, Instituto Nacional de Educação de Surdos]. Repositório INES.

Santos, A. C. F. Q. dos. (2019). Vivência da parentalidade com filho surdo: Desafios e possibilidades [Master's dissertation, Pontifícia Universidade Católica do Rio de Janeiro]. Repositório PUC-Rio.

Schemberg, S., Guarinello, A. C., & Santana, A. P. de O. (2009). As práticas de letramento na escola e na família no contexto da surdez: Reflexões a partir do discurso dos pais e professores. Revista Brasileira de Educação Especial, 15(2), 251–268. https://doi.org/10.1590/S1413-65382009000200007

Silva, A. B. de P. e, Zanolli, M. de L., & Pereira, M. C. da C. (2008). Surdez: Relato de mães frente ao diagnóstico. Estudos de Psicologia, 13(2), 175–183. https://doi.org/10.1590/S0103-166X2008000200009

Silva, L. S. G. da, & Gonçalves, C. G. de O. (2013). Processo de diagnóstico da surdez em crianças na percepção de familiares e gestores. Acta Colombiana de Psicología, 18(4), 293–302.

Silva, P. H. de M. (2021). A família como fator de apoio à aquisição da Libras por crianças surdas [Master's dissertation, Universidade Federal de Uberlândia]. Repositório UFU.

Silva, S. G. de L. da. (2015). Consequências da aquisição tardia da Língua Brasileira de Sinais na compreensão leitora da Língua Portuguesa, como segunda língua, em sujeitos surdos. Revista Brasileira de Educação Especial, 21(2), 275–288. https://doi.org/10.1590/S1413-65382015000200008

Stelling, E. P. (2015). A orientação familiar aos pais que têm filho surdo: A construção do livro "o filho é surdo, a família quer saber" [Master's dissertation, Universidade Federal Fluminense]. Repositório UFF.

Streiechen, E. M., & Krause-Lemke, C. (2014). Análise da produção escrita de surdos alfabetizados com proposta bilíngue: Implicações para a prática pedagógica. Revista Brasileira de Linguística Aplicada, 14(4), 957–986. https://doi.org/10.1590/S1984-63982014005000016

Thomaz, M. M., Milbrath, V. M., Gabatz, R. I. B., Freitag, V. L., & Vaz, J. C. (2020). Interação entre a família e a criança/adolescente com deficiência auditiva. CoDAS, 32(6), e20190156. https://doi.org/10.1590/2317-1782/20202019156

Vieira, S. de S., Bevilacqua, M. C., Ferreira, N. M. L. A., & Dupas, G. (2014). Implante coclear: A complexidade envolvida no processo de tomada de decisão pela família. Revista Latino-Americana de Enfermagem, 22(3), 415–424. https://doi.org/10.1590/0104-1169.3214.2432

Vygotsky, L. S. (1996). Pensamento e linguagem. Martins Fontes.

Vygotsky, L. S. (2007). A formação social da mente: O desenvolvimento dos processos psicológicos superiores (7th ed.). Martins Fontes.

Vinuto, J. (2014). A amostragem em bola de neve na pesquisa qualitativa: Um debate em aberto. Temáticas, 22(44), 203–220.

Yamanaka, D. A. R., Silva, R. B. de P. e, Zanolli, M. de L., & Silva, A. B. de P. e. (2010). Implante coclear em crianças: A visão dos pais. Psicologia: Teoria e Pesquisa, 26(3), 465–473. https://doi.org/10.1590/S0102-37722010000300009

Yamashiro, J. A., & Lacerda, C. B. F. de. (2016). Ser irmão de uma pessoa surda: Relatos da infância à fase adulta. Revista Brasileira de Educação Especial, 22(3), 367–380. https://doi.org/10.1590/S1413-65382016000300006