



Psychism and language in the interdisciplinary clinic with young children

Psiquismo e linguagem na clínica interdisciplinar com crianças pequenas

Psiquismo y lenguaje en la clínica interdisciplinaria con niños pequeños

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Abstract

Purpose: To analyze the presence of psychic risk in a group of young children complaining of language delay in an interdisciplinary perspective between psychoanalysis and enunciative theory of language, comparing the clinical analysis from different evaluation instruments. **Method:** Qualitative study of five cases in the age group from two years to four years and four months, with a complaint of delay in language acquisition. The psychic diagnosis was performed by the psychologist through the IRDI-questionnaire, the Childhood Autism Rating Scale (CARS) and the Psychoanalytic Assessment of the Three Years (AP3), and the language evaluation was performed by the speech-language therapist through video analysis, based on the enunciative principles. **Results:** The psychological assessments, AP3 and IRDI-questionnaire, showed that all five cases had or has psychic risk, but psychoanalytic assessment was more sensitive to different types of risk. CARS has detected a case of autistic disorder. The enunciative view of language evaluation allowed us to observe the relationship between psychological aspects and

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language acquisition, especially when considering the process of semantization of the language and the principle of intersubjectivity. Early intervention by the speech therapist can reduce psychological risk when crossed by psychoanalytic and enunciative theory. **Conclusion:** The psychoanalytic and enunciative theories were complementary in the detection of psychic risk and language evaluation among cases of delayed language acquisition, demonstrating that their instruments were effective in the diagnostic differentiation.

Keywords: Child development; Language; Psychoanalysis; Speech, Language and Hearing Sciences.

Resumo

Objetivos: Analisar a presença de risco psíquico em um grupo de crianças pequenas com queixa de atraso de linguagem, em uma perspectiva interdisciplinar entre psicanálise e teoria enunciativa de linguagem, comparando a análise clínica a partir de distintos instrumentos de avaliação. **Método:** Pesquisa qualitativa de estudo de cinco casos na faixa etária de dois anos a quatro anos e quatro meses, com queixa de atraso de linguagem. O psicodiagnóstico foi realizado pela psicóloga através do IRDI-questionário, *Childhood Autism Rating Scale*(CARS) e Avaliação Psicanalítica dos Três anos(AP3), e a avaliação da linguagem foi realizada pela fonoaudióloga através da análise de vídeos, a partir dos princípios enunciativos. **Resultados:** As avaliações AP3 e IRDI-questionário demonstraram que os cinco casos tiveram ou têm risco psíquico, mas a avaliação de base psicanalítica foi mais sensível aos diferentes tipos de risco. A CARS detectou um caso de autismo. A visão enunciativa de avaliação da linguagem permitiu observar a relação entre aspectos psíquicos e funcionamento de linguagem, sobretudo quando considerado o processo de semantização da língua e o princípio da intersubjetividade. A intervenção precoce realizada pelo fonoaudiólogo pode diminuir risco psíquico quando atravessada pelas teorias psicanalítica e enunciativa. **Conclusão:** As teorias psicanalítica e enunciativa foram complementares na detecção de risco psíquico e avaliação de linguagem nos casos de atraso na aquisição da linguagem, demonstrando que seus instrumentos foram efetivos na diferenciação diagnóstica.

Palavras-chave: Desenvolvimento infantil; Linguagem; Psicanálise; Fonoaudiologia.

Resumen

Objetivo: Analizar la presencia de riesgo psíquico en un grupo de niños pequeños con queja de retraso del lenguaje, en una perspectiva interdisciplinaria entre psicoanálisis y teoría enunciativa de lenguaje, comparando el análisis clínico a partir de distintos instrumentos de evaluación. **Método:** Investigación cualitativa de estudio de cinco casos en el grupo de edad de dos años a cuatro años y cuatro meses, con queja de retraso del lenguaje. El psicodiagnóstico fue realizado por la psicóloga a través del IRDI-cuestionario, *Childhood Autism Rating Scale* (CARS) y Evaluación Psicoanalítica de los Tres años (AP3), y la evaluación del lenguaje realizada por la fonoaudióloga a través del análisis de videos, a partir de los principios enunciativos. **Resultados:** Las evaluaciones psicológicas, Ap3 e IRDI-cuestionario, mostraron que los cinco casos tuvieron o tienen riesgo psíquico, pero la evaluación de base psicoanalítica fue la más sensible a los diferentes tipos de riesgo. La CARS detectó un caso de trastorno autístico. La visión enunciativa de evaluación del lenguaje permitió observar relación entre aspectos psíquicos y adquisición del lenguaje, sobre todo cuando se considera el proceso de semantización de la lengua y el principio de intersubjetividad. La intervención precoz realizada por el fonoaudiólogo puede disminuir riesgo psíquico cuando atravessada por la teoría psicoanalítica y enunciativa. **Conclusión:** Las teorías psicoanalítica y enunciativa fueron complementarias en la detección de riesgo psíquico y evaluación del lenguaje en casos de retraso en la adquisición del lenguaje, demostrando que sus instrumentos fueron efectivos en la diferenciación diagnóstica.

Palabras claves: Desarrollo infantil; Lenguaje; Psicoanálisis; Fonoaudiología.

Introduction

The relationship between psychism and language in children's clinic, especially in an interdisciplinary perspective that takes psychoanalysis as theory of subjective constitution, situate the language between the structural aspects of the development from the intersubjective character present in the process of language acquisition^{1,2}. From these researches and clinical observations in the institutional reality in which this research was carried out, emerged the need to discuss the differential diagnosis between language disorders such as Specific language Impairment (SLI), backlinks of language linked to psychic risk of non-autistic nature and language disorders related to autism.

It is important to this study to qualify the psychic constitution in order to produce the differential diagnosis between autism and other psychopathologies³ that may be structuring and their interfaces and effects on disorders of language acquisition/delay⁴⁻⁶. The motivation for this differentiation lies in the frequent attribution, in the clinical reality of the city where the research was carried out, from medical diagnoses of autism to risky frames for psychosis or even delay in language acquisition whose diagnostic hypothesis could be circumscribed to the SLI.

In literature, the SLI is characterized by a delay of at least 12 months in the maturation of the language, not associated with sensory deficits, intellectual, neuronal or social-emotional, with possible slowing down in the processing of linguistic information characterized by failures in cognitive organization or in the semantic representation, or in the understanding of sentences, words, or in praxis production in speech^{4,5}, or unique combinations of these symptoms. Although a better prognosis is predicted from early diagnosis, it is not always simple, in view of the difficulty in differentiating it from autism in the first three years⁵. Other cases are still only identified at school, when the child begins to have learning difficulties, due to deficits that the SLI can cause, especially in the acquisition of written language, which is evident in the association of this disorder with dyslexia⁴.

It is known that autism covers the criteria of deficits in communication and social interaction in various contexts, including deficits in socio-emotional reciprocity, and nonverbal communicative behavior (body language, visual contact, etc.)

(criterion A). Gravity is based on repetitive and restricted behavior, and in the social communication. Criterion B corresponds to repetitive and restricted patterns of behavior, interest or activities, manifesting at least two of the items in this criterion. 1- Speech, motor movements or use of stereotyped or repetitive objects; 2- Interest in same things, inflexible routine or ritualistic verbal or nonverbal behaviors; 3- Fixed and restricted interests that are abnormal in intensity and focus; 4- Unusual interest in sensory aspects of the environment, may have hypo or hyper reactivity to sensory stimuli. In criterion C, the symptoms must be present from the beginning of the subject's development, may not be manifested until he is placed in a social situation that exceeds his limit, taking him out of his comfort zone. And it can also be masked with strategies that the subject later learns to deal with according to situations. Criterion D corresponds to the damages that these symptoms cause in the life of the subject, in social relations, in professional life, and other important areas⁷.

Neurosciences have sought to explain through models that study neuronal connectivity, or by faults in the mirror neurons, deficits that would hinder the emergence of theory of mind⁸. Specifically in relation to language, it is known that the deficit in intersubjectivity and the emergence of the theory of the mind connects with the difficulty in which the parents can sustain the initial protoconversation, since many of these babies do not react to the motherese or when they do not establish a necessary communicative interaction so that the acquisition of language typically occurs⁸.

With the advent of DSM-V⁷, centered only on symptoms and on neurobiological issues, there was, however, a grouping of childhood psychosis, clinical structure proposed by psychoanalysis, under the label of Autism Spectrum Disorder (ASD), however in this research the term autism will be used to refer to this psychopathology. Although diagnosed close to adolescence, it begins the structuring in the first years of life, and may present similar symptoms to some repetitions and perseverations observed in cases of ASD, as well as changes in language. The psychosis, which may originate in detectable psychic risk in the baby, needs to be identified early so that the direction of treatment is adequate³.

In the vast group of young children who arrive at the speech-language clinic complaining of

language delay, there are cases of ASD, of autism and risk of psychosis, among others, since language and psychism develop concomitantly and are based on the initial protoconversations, whose most important principle is intersubjectivity. They first arrive at the speech therapist, because the most evident symptom is the non-emergence of speech production. Even when they present characteristics in the interaction and in the organization of play that demand an interdisciplinary look for the accomplishment of the differential diagnosis and choice of the most appropriate direction of the intervention, the search for psychology is later, because there is a refusal and even an ignorance of parents in realizing that their children may have changes in the process of subjectivation. In this sense, the interdisciplinarity between Psychology and Speech Therapy is necessary for the global comprehension of the subject and to analyze the possible factors that contribute to the emergence of the language symptom (the delay in language).

It is important to emphasize that in order to have therapeutic evolution from speech-language intervention, it is necessary to understand a hypothesis of language functioning in which the psyche plays an important role, since psychism and language develop concomitantly, the psychic alterations can corroborate in the alterations of the language. The way in which the dialogues between mother and (or substitute) child are organized or not, as well as of the child with other people of her coexistence, provides key elements for differentiating whether children have limitations in the grammatical domain of the language or in the process of semantization of the language or in both aspects. While the semiotic domain reveals how much the child was able to organize her grammatical knowledge, the process of semantization reveals if the child can update such knowledge in support of the dialogue with her family and with the therapist. The close observation of this operation has revealed that the bond between mother (or substitute) and child determines in a large extent how the mother will support the child in the dialogue. In the same way, limitations for intersubjective exchanges, as in autism, may also impede the dialogue.

From these considerations, the objectives of this research were to analyze the presence of psychic risk in a group of small children complaining of language delay, in an interdisciplinary perspective between psychoanalysis and enunciative theory

of language, comparing the clinical analysis from different evaluation instruments. Among the instruments were IRDI- questionnaire^{9,10}, Childhood Autism Rating Scale-BR(CARS-BR)^{11,12} and Psychoanalytic Assessment of the Three Years (AP3)¹³. The IRDI-questionnaire and the AP3 were used for their foundation to be psychoanalytic, being the first able to detect the history of risk and the AP3 to make the psychoanalytic diagnosis. The CARS-BR was used to compare the results obtained by an instrument whose focus is only the risk of autism. It was also sought to relate the results of psychic evaluations with the data obtained through an enunciative analysis of the language, following the principle of intersubjectivity and the principle of relations between form and meaning.

Method

In this research the exploratory multiple case study was used as strategy, performed in a clinical school of Speech Therapy located in a medium sized city of Rio Grande do Sul, in which evaluations are offered: therapeutic care, diagnostics, accompaniment and family counseling by Speech Therapy and Psychology.

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Sample selection was for convenience, considering cases with psychic risk and with different functions of language and psychic constitution. Inclusion criteria were children aged between two and six years old, with a complaint of altered language, who underwent therapy or who were evaluated in the Clinic- School of Speech Therapy, with suspicion of psychic risk, but without diagnosed syndromes or neurological diseases. Thus, the five cases chosen could provide an example of routine situations in the history of the children's clinic practiced by the research group, in other words, cases that commonly arise with complaint of delay in language acquisition.

Thereby, the sample consisted of five subjects ranging from two to four years and four months old, with complaint of language alteration. The subjects' mothers were invited and clarified about

the research objectives and procedures, and once in agreement, signed the informed consent form.

From the five subjects in the study, only one had speech-language intervention prior to the psychological evaluation performed in this study. The research was collected in two meetings, the first lasted approximately one and a half hours, with the mothers of the subjects for an interview and application of the instruments, and the second of approximately one hour with the child; in this meeting with the child there were 10 minutes of recording of the mother interacting with the child and then another 10 minutes of recording of the researcher interacting with the child (the recordings were used for later speech-language evaluation).

The collection procedures for this research included an interview with mothers, speech language evaluation, the application of the translated version of the scale Childhood Autism Rating Scale (CARS-BR)^{11,12}, IRDI- questionnaire^{9,10} and the Three Year Psychoanalytic Assessment – AP3¹³. The interview with the mothers and the application of the instruments CARS-BR, IRDI- questionnaire and AP3 were carried out by the psychologist of this research, as well as the result of the psychodiagnosis of the children through these instruments. This psychodiagnosis was performed from the moment the speech therapists who attended the cases realized that there were psychic issues involved in the delay of the language thus leading to psychological evaluation. The following are the instruments and procedures for applying each item of the evaluations.

a) *Interview with mothers*: The interview with the mothers was fulfilled by the psychologist, in order to collect more information about the children in view that not all the evaluative items of the instruments would be possible to evaluate in only one meeting with the child, addressing aspects of the autonomy of the child and family dynamics, because they are factors that influence the development of children's language and psychism. It also sought to investigate situations and behaviors that only those who live with the child may know. As an example, issues such as: how was it for taking off the diapers? Does the child sleep all the time in her room?

b) *The evaluation of language*: was performed by a speech therapist, who is also teacher and

supervisor of cases, This evaluation was done by analyzing the recordings, which occurred with the participation of the mothers, for 10 minutes and of the evaluator, for another 10 minutes, in playful interaction with toys suitable for the children's age group. As some children were already in speech therapy, the evaluation occurred at the same time of the psychodiagnosis with the objective of relating the language data with the results of the psychic evaluation and to compare with the history obtained by the IRDI- questionnaire⁹.

The principles and strategies of analysis followed presuppositions of the enunciative theory proposed for the evaluation by Cardoso¹⁴. Considering the children's language evolution, who generally still spoke little at the time of evaluation. Two principles were chosen for the analysis: the principle of intersubjectivity and the principle of relations between form and meaning. To observe the principle of intersubjectivity, which deals with the child's capacity to communicate / interact communicatively with different interlocutors, it was analyzed if there was a difference in the behavior of the child with different interlocutors, as already analyzed in the study of Flores and Souza¹ and what was the enunciative support made by the mother (family member present at all the filming)^{1,2}. The enunciative support was verified through aspects such as: the mother giving the child a turn to talk, await the child's response, to promote the extension and improvement of the child's statement through metaphorical processes, offering more precise paradigmatic options to the expressive desire of the child (semantic and phonological improvement), and metonymy, complementing statements of a word or two towards the syntactic and morphological formulation. To analyze the relations of form and meaning, characteristics during the dialogue covering the semiotic domain were considered, concerning the grammatical domain of semantic aspects, phonological, syntactic and morphological characteristics of the Portuguese language, and the process of semantizing the language, concerning the ability to mobilize grammatical knowledge to enunciate during interlocution, aspects already used in previous studies^{1,2,14}. It should be emphasized that some clinical speech-language observations were included in the cases in therapy to better understand the evolution and aspects of language.

c) *CARS-BR (Childhood Autism Rating Scale-BR)*

CARS was developed by Schopler et al¹¹. It is an instrument used to aid in the diagnosis of childhood autism. Its translation and validation in Brazil were carried out and published by Pereira, Riesgo and Wagner¹². The information for the scale marking is obtained through the parents / guardians, and observation of the child made by the examiner. Its applicability is indicated for children over two years of age, relating the results found based on a child with typical development and of the same age. The instrument has 15 items, addressing domains that are usually affected in autism, and their scores range from 1 (typical development) to 4 (symptoms of severe autism), a 7-point ladder with intermediate values of half a point is used. The capabilities analyzed in this instrument are: personal relationship; imitation; emotional response; body use; use of objects; response to changes; visual response; hearing response; response and use of taste, smell and touch; fear or nervousness; verbal communication; nonverbal communication; activity level; level and consistency of intellectual response; and overall impressions. The score ranges from 15 to 60 points, its cut point is 30 points, below this value it is considered absence of autism. A score of 30 to 36 indicates mild to moderate autism symptoms and above 37 indicates symptoms of severe autism.

d) IRDI- questionnaire

Child Development Clinical Risk Indicators (IRDI) is an instrument composed of 31 affirmative items, for analysis of “present” indicators, “absent”, and “unverified”. It was developed and validated by Brazilian authors, to be an instrument used by health professionals. The objective was to observe the mother-baby interaction, from birth to 18 months, in order to verify signs of risk for general child development¹⁵. The IRDI- questionnaire is a new instrument and an adaptation of the IRDI, where the indicators are retrospective questions addressed to parents of children up to seven years of age, and their responses consist of a five-level scale, with scores respectively: never=4, rarely=3, sometimes=2, often=1, always=0, and an option “do not remember” without punctuation. The cut-off point for psychic risk is 32.5 points, below this value it is considered as no risk. The IRDI-questionnaire was developed with the aim of early identification of

risk signs for the development of autism spectrum disorder, and it is still under study^{9,10}.

e) *AP3 (Psychoanalytic Evaluation of Three Year Old Child)*

The research of AP3, according to Jerusalinsky¹³ was developed for the validation of clinical indicators of psychic risk and development, from birth to 18 months, because at this stage the psyche is essentially at the origin of its formation, as well as the mental functions of the child.

When the child is in a psychic conflict, she demonstrates it in the form of symptoms, which may present themselves in two ways: 1- Symptoms of structure, in which they allow the subject to continue to evolve into adult life, so the child can create resources to work out the problem. In the child these symptoms present themselves as typical behaviors of the child subject, can expand the imagination, through lies, drawings, plays, circumstantial enuresis, etc. 2- Clinical Symptoms, is when the subject is unable to elaborate the problems unconsciously, having indicators or pathological assumptions, such as: the psychosis¹³.

Thus, the AP3 is presented as a diagnostic tool for the detection of psychopathologies that are beginning or in progress. Of clinical and qualitative character, it has four categories of analysis: *Game and fantasy; Body and its image; Position in relation to the law; and the position of the subject in the language*. Through the analysis of these categories, a table named Clinical Symptom Table was built, in which the clinical outcome is defined, resulting in indications of presence or absence of problems in the child’s development, as well as the presence or absence of risks to the psychic constitution of the subject¹⁶.

Results

Next, each case will be presented with the report of each evaluation and then in Table 1 the main characteristics of the five cases will be summarized, in order to provide an overview of the results, as well as provide a reflection on the presence of these profiles in the children’s clinic.

Case Presentation

Case 1- A – Boy 3 years and 4 months old

Initial interview: His mother sought the speech-language clinic because he did not present adequate oral language for his age group. The boy lives with his mother, 11 year old sister and maternal grandmother, that help in the care of A. The father does not reside in the same state and visits the family monthly. The mother realizes that the boy has different characteristics from his peers what made she seek a speech-language and psychological evaluation in the nucleus of care, showing greater concern about language delay and “strange” behaviors.

A. likes connect toys, modeling clay, mirrors, etc. He does not sustain the look or the exchanges with the other, even with adults or his peers. He has some signs of sensory change like not enjoying wearing clothes, especially in the lower part of the body, has difficulty to take a bath, when he has his milk it has to be cold, and cannot handle very loud noises. Still makes use of diapers, and has difficulty to sleep. He has good auditory and visual memory. In relation to language he demonstrates to understand what is said in some moments, he produces some words spontaneously and others by mirroring the speech of the other. On the scale CARS A. obtained 41 points, indicative of severe autism.

Psychoanalytic Evaluation at 3 years old.

Game and fantasy: Poverty of script in the play; little initiative, passivity and some curiosity; symbolic poverty, although he can understand the make-believe.

Body and its image: difficulty in controlling sphincters; selective feeding; puts himself in danger; sleep disturbance and intense tantrums, it is often necessary to restrain him from injuring himself or injuring someone.

Position in relation to the law: the mother has difficulty imposing limits; he demonstrates confusion and anguish in the face of the law and intense disobedience.

Position of subject in language: poverty in communication; restricted vocabulary; sometimes has the speech translated by the mother and does not form sentences.

IRDI Questionnaire: He obtained 60 points, indicative of psychic risk.

The following items were marked as rarely present:

3- Did the child react to the motherese?

7- Did the child use different signs to express his different needs?

13- Did the child ask for the help of another person without being passive?

15- During body care, did the child actively seek games and lovely plays with his mother?

16- Did the child seem to like something or not?

20- Did the child make funny?

22- Did the child accept semi-solid feeding, solid and varied?

27- Did the child look with curiosity at what interested his mother?

31- Did the child differentiate maternal, paternal and own objects?

The items never present were:

19- Did the child have favorite objects?

21- Did the child seek the look of adult approval?

Language Assessment: It was observed, in enunciative terms, that A. was able to engage in very brief dialogical exchanges with the mother and the examiner. In relation to the principle of intersubjectivity, it was noticed that the mother sought to sustain enunciatively A., interpreting and valuing the initiatives of the boy when he verbalized or even gestured. The mother always sought to attribute meaning to his manifestations. No differences were observed in the behavior of A. in the interlocution with the mother or the examiner. Therefore, the process of semantization took place in a similar way with different interlocutors.

In relation to the semiotic or grammatical domain, A. showed that he could establish the co-reference with the interlocutor, in other words, he named the present objects in the scene so that the interlocutor could recognize the sign. This recognition did not always come quickly, because the speech of A., sometimes, was unintelligible, which demonstrated difficulties in the vocal performance of the articulatory gesture (phonological-phonetic domain). A., in some moments, insisted on the attempt to produce the word, demonstrating that he could consider the non-understanding of the interlocutor.

Therefore, he presented two strategies of the second enunciative mechanism: deictic appointment in the proximity of a referent and repetition of the saying before the lack of understanding of you. However, he did not accept convocations from you (adult interlocutor) for the production of words or sound structures. Besides that, he did not seem to recognize the effects of his speech in the interlocutor, a basic aspect of the first enunciative mechanism in language acquisition¹⁷. A. did not have any strategy of the third enunciative mechanism¹⁷. Still in terms of semantization of the language, sometimes, produced words addressed to the interlocutor, others drifted, demanding an effort from the speaker to dialogue with A..

Case 2-B.- Boy 3 year and 1 month old

Initial Interview: Parents brought B. to the school clinic because he was not speaking properly. It was noted that he had a baby-like appearance in his robes (he wore a soft overalls) and continuous use of pacifier in the mouth. His parents referred to him as a baby.

B. lived with his parents, and slept with them, demonstrating difficulty in separating from them. He had good understanding ability, but did not accept the proposed limits, often acting aggressively, which occasioned corporal punishment by the parents in some moments.

He was curious, and enjoyed exploring the toys, he loved cars, but in the play I had difficulties in the make-believe. In non-verbal language he could express what he wanted, but in the verbal expression there was delay, speaking only isolated words. On the scale CARS B. obtained 23 points, indicative of absence of autism.

Psychoanalytic Evaluation at 3 years old

Game and fantasy: there was often no script and constancy in the game; symbolic poverty and difficulty in constructing the make-believe.

The body and its image: He had difficulties controlling sphincters; aggressive attitudes; difficulty to separate physically from mother; puts himself in danger; he demands constant attention; showed inhibition in front of the other's gaze; intense tantrums.

Position in relation to the law: B. had to be punished to obey; presented confusion and anguish in relation to the law and intense disobedience.

Position of the subject in language: the language was infantilized; communication poverty; vocabulary poverty; speech translated by the parents and did not form phrases.

IRDI- Questionnaire: He obtained 39 points which is indicative of psychic risk.

Among the items that were rarely present were:

8- Did the child ask the mother and took a break to await the response?

15- During body care, did the child actively seek games and lovely plays with his mother?

19- Did the child have favorite objects?

27- Did the child look with curiosity at what interested his mother?

Language Assessment: B. had significant psychomotor agitation, not taking into account the mother's proposals for the exploitation of a children's book at the start of filming. He could not focus on any activity. He explored some objects addressing some attempts of deictic appointment to the mother. She did not always understand the productions of B. that were difficult to understand, because he was almost always with the pacifier in his mouth. Besides that, several toys were scattered around the room, which, most of the time, did not allow the meeting of both in terms of interest and sharing of activity.

This condition has changed slightly when the examiner entered the room, B. runs into the mother's lap and at times holds little attention and concentration to what the examiner addresses to him. However, it is perceived that speech is less addressed to the examiner than to the mother.

In terms of semiotic domain, B. possesses strategies of the first enunciative mechanism as to produce sound structures from the summoning of you, seemed to realize what his speech caused in the other. Already had strategies of the second enunciative mechanism of deictic appointment and requests, but there was no reformulation of the saying from the dialogue with the interlocutor, especially with the mother, because there was no investment in the dialogue long enough, and this was due to psychomotor agitation and lack of organization in playing.

It was noticed that, when B. was with his mother, although more disorganized in playing, spontaneously produced more nominations. When the boy was with the examiner he would sometimes

answer his requests, but in a quieter way, which demonstrated distinctions of behavior in terms of the principle of intersubjectivity. His productions were always addressed to the other and he could perceive and understand the productions of the other. He lacked practice in dialogue, but there was no impossibility in sustaining the dialogue, since it presented semiotic dominance that would allow a greater investment of the mother in that aspect for if he was not considered like a baby, in other words, he lacked a speaking place. This shows a greater change in the process of semantization as the origin of the delay in the semiotic domain, in other words, the delay in mastering grammatical structures seemed to be related to lack of practice with the dialogue.

Case 3- C. -Boy 2 years old

Initial interview: C. arrived at the speech-language evaluation based on the mother's concern about the delay of his speech emerging. He was inserted in a German-Portuguese bilingual environment, in which German was the dominant language. The mother was a farmer and her father worked with truck transport. C. was at home with the mother who presented clear signs of depression. When C. arrived for speech-language assessment, his mother was already on psychological treatment.

There was a maternal and familial fantasy about the intelligence of C. due to head marks related to forceps delivery. He lived with his parents and according to his mother, until recently he slept with her, but during the evaluation the mother reports that he is able to sleep in his own bed. He still used diapers and pacifiers. He interacted well with people and liked to play with carts, ball and animals, even, sometimes, still in an exploratory way, common to his age group. C. obtained on Scale CARS 18.5 points, indicating absence of autism.

Psychoanalytic Evaluation at 3 years old

Game and fantasy: He presented a playful exploratory motor in transition for symbolic play.

Body and its image: in the phase of organization of sphincter control. He showed that he knew and used his body properly, and recognized himself in the mirror.

Position in relation to the law: he could respect the limits that were proposed to him, often looked for the look of mother's approval, before taking an initiative, such as: pick up an object that was

not his, demonstrating intersubjective behaviors compatible with an initial separation and submission to the law.

Position of subject in language: there was poverty in verbal communication and vocabulary; speech was translated by the mother as a function of bilingualism; still did not form sentences.

IRDI- Questionnaire: He obtained the score 34 considered compatible with presence of psychic risk. The items never present in the maternal responses were: 17- Do mother and child share a particular language?

19- Did the child have favorite objects?

26- Did the mother no longer feel obliged to satisfy everything the child asked for?

Language Assessment: C. and the mother looked at the objects together; they played without difficulty to maintain shared attention. The mother was attentive to the demands of her son and also took the initiative in presenting objects to him and playing with him.

In the recording the mother alternated the production of words in Portuguese and German. C. could listen and share attention with what his mother, and also the examiner proposed. He followed the mother's playfulness, started plays, with conventional use of objects in some moments and with exploitation in others.

The mother sought to sustain dialogue with pleasure, doing onomatopoeia and exploring the objects with the child. In a moment, the boy repeated the saying of others (according to enunciative mechanism), while the mother wrote and named the word baby. The boy closely followed everything that the mother and the examiner said and was able to relate and play separately from the mother's body. There was an exchange in the dialogue even if there were no appointments or other spontaneous speech productions by C. He presented, therefore, well-established strategies of the first enunciative mechanism, and the repetition of the saying of others in the second enunciative mechanism, which may be an initial strategy to start talking.

It is interesting to note that C. played and kept non-verbal communication with the examiner, when she entered the room, getting safe away from mother. In enunciative terms it can be said that at the beginning of the intersubjectivity there was a boy well subjectivated, occupying a speaking

place, although still with nonverbal gestures. The difficulty seemed to lie in the semiotic domain and not in the process of semantizing of the language. The speech-language hypothesis in this respect was that the oscillation of languages in the same scene created a very great challenge in the process of grammatical dominance for C. From the largest therapeutic investment in the German language (the speech therapist who attended the case was a native German speaker), of greater dominance in his family environment, C. initiated deictic appointment procedures, word combination, among other strategies of the second enunciative mechanism, confirming the initial hypothesis of the speech therapist supervising the case.

Case 4-D.- girl 4 year and 4 months old

Initial Interview: D. lived with parents and slept with them. She was able to separate from her mother, did not use diapers anymore, neither pacifiers. Before starting speech therapy she had unintelligible speech, she used a pacifier and could not separate from her mother. On these questions the parents were oriented to promote the autonomy of the girl with the aim of favoring her individualization.

She had no motor difficulties, but presented difficulties of spatial orientation (up, down, in, out) according to the mother. She used to play symbolic plays, she liked playing with modeling clay, drawing, and cutting out. She has evolved in her speech since she started a speech therapy, presenting some difficulties in the articulatory scope of speech. On the scale CARS the girl got 22 points, being indicative of absence of autism.

Psychoanalytic Evaluation at 3years old

Game and fantasy: played symbolically, evidencing script and constancy in playing, and understood the make-believe.

The body and its image: She had selective feeding; food refusal. Sometimes, puts herself in danger.

Position in relation to the law: When she arrived to treatment there was no setting of any limit. After guidance from the speech therapist about this aspect the parents established limits and D. responded positively, accepting them.

Position of the subject in language: Inversion of phonemes or syllables in spontaneous speech

while sustaining a dialogue. There were times when speech was unintelligible.

IRDI- Questionnaire: she obtained 32 points, indicative of absence of psychic risk, but presents borderline punctuation.

She rarely got the answer to the item below:

15- During body care, did the child actively seek games and lovely plays with her mother?

The answer was never obtained for three items:

2- Did the mother talk to the child in a style particularly directed at her (motherese)?

3- Did the child react to the motherese?

17- Do mother and child share a particular language?

Language Assessment: The analysis of the footage showed that D. showed a well-developed dialogue with the mother, presenting clearly strategies of the second and third enunciative mechanisms, because she already produced phrases, intimated, interrogated, used the pronoun I, retakes previous statements in the production of stories, including comments from the mother statements (supposes that she is angry while drawing).

When the examiner entered session, D. played and dialogued with her without having to resort to the mother or to glue to the mother's body as was usual before speech therapy. She sustained the dialogue, like the one she did with her mother, in the same way with the examiner who was someone who she was just meeting. Her speech was addressed to the other and well supported by the mother demonstrating only some difficulties in the vocal performance of the language, in other words, some unintelligibility of speech at the phonetic-phonological level. This demonstrated that D. was at the stage of narrative development which was in agreement with her age group, although her phonological productions were not yet fully adequate for the typical development of her age.

Case 5- E.- boy 3 years and 1 month old.

Initial Interview: E. lived with his parents and his 15-year-old sister. He had difficulty separating from his mother, still used diapers and breast fed. He slept in the crib in the parents' room. At the moment he could not play symbolically, he only explored toys, and when he was with his peers presented difficulties in the interaction. Occasionally, there were moments of motor agitation, lack

of coordination, easily unbalancing. Sometimes, responded to the demands of the other in a lethargic way. When he was excited, turned and screamed. He used to make tantrums for what he wanted and his parents could not sustain the proposed limits. He spoke loose words, but contextualized, sometimes he repeated the saying of the other, having difficulty expressing himself spontaneously. E. obtained 29 points on the scale CARS, indicative of absence of autism, although it is a borderline score.

Psychoanalytic Evaluation at 3 years old

Game and fantasy: symbolic poverty, in script and constancy of play; lack of make-believe.

Body and its image: difficulty in controlling sphincters; agitation and motor difficulty; puts himself in danger. Difficulty of separation; demand constant attention, severe tantrums and change in sleep.

Position in relation to the law: sometimes he needs to be punished to obey; confusion and anguish about the law; intense disobedience.

Position of subject in language: infantile speech; poverty in communication; vocabulary poverty; speaks translated by parents; does not form sentences.

IRDI- Questionnaire: got the score 20, indicative of absence of psychic risk. Among the items that he had answered sometimes were:

3- Did the child react to the mother's voice?

8- Did the child ask the mother and took a break to await the response?

19- Did the child have favorite objects?

25- Did the mother offer toys as alternatives to the child's interest in the mother's body?

28- Did the child like playing with objects used by his mother or father?

30- Did the parents put small rules of behavior for the child?

Language Assessment: In this case it is interesting to observe that in filming with the mother she presented the objects naming them, giving little space for the child to speak. The mother proposed the ball game, with trolleys and E. sometimes attended her, sometimes, he was concentrating on playing carts alone in repetitive functional use.

In the dialogue with the examiner, which seeks to follow and observe E. in his initiatives, proposing and speaking less than his mother, the boy began to repeat the examiner's words to produce words (second enunciative mechanism) and engaged in dialogue, including answering the question whether he liked soap bubble with the statement "likes" (strategy of the instantiation of the subject in the speech by means of the verbal flexion of third person, evidence of the third enunciative mechanism). He also named in a deictic form the bubble and the ball godly and took initiative to play, although with psychomotor difficulties, inventing a play of throwing some objects up, with which he had fun and smiled a lot.

It was observed, therefore, that the principle of intersubjectivity offered the visualization of occupation of the place of distinct speech when he was with the mother with whom he was quieter and isolated in playing with carts, than with the examiner with whom the dialogue flowed more and E. took the initiative to speak. In this case, it was noticed when E. spoke that his vocal performance of the tongue was very good, because the interlocutor could recognize the sign he produced. He still did not present other strategies of the third enunciative mechanism, but used well some of the second mechanism with the examiner. This fact suggested that the problem of E. could be more in the process of language semantization.

Considering that his greater daily coexistence was with the mother, this difficulty ended up impacting his grammatical domain, producing a considerable delay in evolutionary terms in the acquisition of language, in other words, in the field of grammatical structures (signs, phrases, etc.).

From the individual observations of each case, it can be observed that there was a singular combination in the relation between semiotic domain and semantization process and that this combination was related in some way to the way the relation with the mother was happening. In Table 1, an overview of the cases that allows to synthesize the observation that the psychic risk of a different nature is offered (autistic in A.) and non-autistic in other subjects was related to the type of language functioning.

Table 1. Synthesized assessments of cases in order to provide an overview of the relationships between the cases.

Subject/ Age	Speech-Language Intervention Time	AP3	IRDI –Q cutoff 32.5	CARS cutoff 30	Speech-Language hypothesis
A -3a 4m	Without intervention	Risk for Autism	60	41	Language disorder secondary to autism
B - 3a 1m	6 months	Psychic risk related to difficulty in separation	39	23	Language delay associated with psychic risk and difficulty in separation.
C- 2 a	6 months	No psychic risk	34	18.5	Delayed language related to poorly coordinated bilingualism.
D- 4a 4m	1 year and 6 months	No psychic risk. Historic of difficulties in separation overcame.	32	22	Language delay associated with initial difficulties in separation overcame after intervention.
E-3 a 1m	6 months	Psychic risk with separation difficulty	20	29	Delay of language associated with psychic risk.

Discussion

Often, speech therapists are the first professionals to have contact with children who present psychic risk, because parents worried about the absence of oral language seek this professional. Not infrequently, as could be seen in the results of this research, there is an association between psychic problems and difficulties in language acquisition as can be seen in four of the five cases analyzed here, since D. exceeded the psychic risk after the period of early intervention of one year and six months, if we compare the risks presented in the IRDI-questionnaire that is retroactive, with the AP3 which analyzes the psychic risks in the present. This finding can be observed in other studies such as Flores e Souza's¹ and Vendruscolo and Souza's².

In this sense, the use of IRDI-questionnaire, idealized to identify the psychic risk in the first 18 months of life from the parental memories, especially the risk for autism^{9,10}, by health professionals, may be a mean of the speech therapist, who does not have a Psychology professional or with training in psychoanalysis in his or her team, to better understand the aspects of the subjective constitution of the child and the effects on the functioning of language. This also allows him to request a psychoanalytic and / or psychological evaluation to the professional of Psychology and / or Psychoanalysis, to deepen the understanding of the subject that he attends. This could also be observed in the results of this research from the moment the IRDI-

questionnaire was confirmed in two of the cases by AP3. This is convenient; however, remember that in the case of C. the mother presented major depression in the first year of life of the boy, which may explain the IRDI-questionnaire, overcome after therapy. In the case of D., the score 32, border with the 32.5 cut for psychic risk makes it possible to identify the risk before intervention.

It was verified that of the five children analyzed, three scored higher than 32.5 (cutoff) of IRDI-questionnaire, signaling psychic risk, whether for evolution towards autism (case A.) or to another psychopathology such as psychosis³. Despite the IRDI-questionnaire has been designed for autism screening^{9,10}, the results of this research indicate that this instrument, the example of IRDI¹⁵ also captures risk for other psychopathologies, because of the four subjects with psychic risk by IRDI-questionnaire, one presented a diagnosis of autism (A.) and three difficulties in the separation process, suggesting risk for structuring a psychosis. Therefore, these results broaden the diagnostic scope of this instrument beyond the cases of autism and allow the speech therapist and other professionals of the early intervention team to better understand possible relationships between the psychic constitution and language functioning, as already pointed out.

The Three Year Psychoanalytic Assessment applied to the five cases showed that in two of the cases there was agreement between the IRDI-questionnaire and this evaluation (A.;B.), demonstrating

that both still presented psychic risk. In cases C., D., and E. there was no agreement between the two evaluations, considering the fact that AP3 has been performed after the child's therapy, in other words, some aspects of psychic risk had already been overcome by children and their relatives.

C. received speech-language intervention with the presence of the mother. Beyond that moment set in the early intervention session, the mother was on psychological therapy almost a year before the start of C.'s therapy. It was observed in the mother's interaction with the child that she, at the time of the evaluation of this research, could sustain him in a relation from the effects that the therapy had both in the mother, and in the son, since at the beginning of the visits there was no such possibility.

It should be noted that in this case no changes in the discursive positions are observed, but a difficulty of the mother in the handling of bilingualism. Although native German speaker, she alternated between the two languages in the same scene, which seemed to be connected to the insecurity in the exercise of its function and doubts about the health of the boy. The mother blamed herself for her initial state of depression, and there was also a ghost about the intellectual abilities of C. due to the marks on his skull due to the use of the forceps during his birth and of family comments due to the delay in speech acquisition. The displacement of the problem to the identification of poor coordination of bilingualism, together with the statement that she was a good mother and that C. was typical in neurological terms, made it possible for her to understand the difficulty of the child and to allow himself to use his mother language. In this sense, the bilingual therapist was fundamental in the case, which stimulated C. in the German language.

Also D., which was answered in an interdisciplinary perspective by the speech therapist, demonstrated evolution in the separation process. It is interesting to note that, despite the absence of risk in the IRDI-questionnaire^{9,10}, the difficulties of separation were observed by the speech therapist at the beginning of the therapy, because D. could not play with her, without the presence of the mother. Therefore, the therapeutic approach included working the separation, both with D. and with her mother and father. The establishment of rules, the possibility of being alone, among other aspects was addressed both in session and in meetings

with parents who gradually changed their behavior with the girl.

After the difficulty in the separation process has been overcome, D. presents without psychic risk in the evaluation of the AP3, which was evidenced in the analysis of language, through which D. was engaged in the dialogue with the interlocutor and with the parents, and with productions compatible with the second and third enunciative mechanisms^{1,2,14}.

In relation to E., it is observed that the results of the IRDI-questionnaire were normal (20 points) when compared to the analyzed by AP3 in which several difficulties were observed, especially in the separation process.

This result is confirmed in the border score of 29, obtained in CARS, since E. did not fit into the diagnosis of autism, but approached this diagnosis, which can be taken as an indicator of psychic risk. It can be hypothesized that the disagreement between IRDI-questionnaire e AP3 in this case is because of the initial difficulty of the mother in the response to the first instrument, because she did not perceive her son's difficulties. When she was asked again about some issues, she perceived that some indicators were absent or rarely present, when her initial responses were that these were often present. Still, it is important to emphasize, that E. demonstrated different behaviors in the dialogue with the mother and the examiner as other works predicted by valuing intersubjectivity as a principle of enunciative evaluation^{1,2,14}.

The behavior of E. was distinct from B. which, although he also has difficulties in separating, presents a bond to the maternal body, when the examiner entered the room the boy spoke less to him than to his mother. In the case of B. there was participation of the father in speech therapy, but there were difficulties both of him and of the mother to uphold the law for the boy.

In the case of A., the diagnosis of autism was confirmed by the three instruments. The boy in all interactions observed in the evaluation, with his mother, with the examiner and with the grandfather showed not to have the third time of the pulsional circuit¹⁸ and absence of various indicators, suggesting risk for autism in the first year of life as absence of reaction to the motherese, of loving exchanges and of looks with the mother, all indicating difficulties in the process of alienation.

The importance of the differential diagnosis between risk for autism and risk for psychosis was clear in the psychoanalytic approach provided by AP3. In the case of A., whose diagnosis was of autism from all protocols, there was a refusal of the baby to be alienated in relation to the other. And in cases of risk for psychosis it was observed that the person who exercised the maternal function could not reposition the baby in its place and suspend the enjoyment, preventing the paternal function from being established³.

If considered only to the DSM-V and the instrument CARS, three cases investigated in this research would not receive the deserved attention to the psychic aspects, would be addressed only as language disorders. The tendency to apply purely instrumental approaches could have been unsuccessful in such cases, if there wasn't the look on the subjectivity launched by the speech therapists that treated the cases.

It is possible to realize, from the language analysis performed by the speech therapist, that the distinction between the semiotic dimensions or grammatical domain and the semantics or process of semantization of the language^{1,3,14}, allows the visualization of the effects of intersubjectivity in the acquisition process of subjects' language. The subject D., after intervention, demonstrated grammatical dominance and semantization appropriate to the current age group, excepting the phonological acquisition, which delay was expected from delay in early speech.

In the case of C. maternal depression and poor management of bilingualism also produced a delay that was overcome by investing in a language of maternal empowerment. The three cases showed that intersubjective processes^{1,2,14} were well supported from the speech-language intervention crossed by a psychoanalytic and enunciative look, which produced evolution in language.

On the other hand, in cases of E. and B. in which the speech-language intervention was more recent, the difficulties in the process of semantizing the language^{1,2,14} seem to suffer the effect of difficulty in the exercise of paternal function. While in the case of E. the mother assumed a more engulfing position, with B. there was more psychomotor agitation. The effects of this on the functioning of language became more present in the principle of intersubjectivity^{1,2,14}, because E. seemed to be more available for the interlocution with the examiner

than with his mother, and B. exactly the opposite. The analysis allowed concluding that in the case of B. the mother offered a place of speech despite the difficulty in letting the boy grow. In the case of E., the maternal presence was so protective that she left no space for the boy to put himself as a subject and to be a speaker.

Final considerations

The psychoanalytic and enunciative theories were complementary in the detection of psychic risk and in the evaluation of language in cases of delayed language acquisition, demonstrating that their instruments were effective in the diagnostic differentiation. In the interdisciplinary relationship between Psychoanalysis and Speech Therapy it was possible to verify the psychic risk in several of the cases analyzed with alteration in language, and three of the five cases analyzed showed a psychic risk only by the psychoanalytic evaluation. The results also indicate that the enunciative perspective was able to capture language changes that are in the process of semantization of the language and its effects at the semiotic level, demonstrating that dialogue is an important unit of evaluation in this age group. Also, through dialogue, it was possible to perceive the relevance of the principle of intersubjectivity in language, both by the emergence of psychic factors in the way the dialogue was sustained by mothers and children, and child behavior with different interlocutors.

References

1. Flores M, Ramos-Souza AP. Diálogo de pais e bebês em situação de risco ao desenvolvimento. *Rev.CEFAC*. 2014; 16(3): 840-52.
2. Vendruscolo J, Ramos-Souza AP. Intersubjetividade no olhar interdisciplinar sobre o brincar e a linguagem de sujeitos com risco psíquico. *Rev.CEFAC*. 2015; 17(3): 707-19.
3. Kupfer M. Notas sobre o diagnóstico diferencial da psicose e do autismo na infância. *Psicol.USP*. 2000; 11(1): 85-105.
4. Crestani A.; Oliveira L.; Vendruscolo J.; Ramos-Souza AP.; Distúrbio Específico de Linguagem: A relevância do diagnóstico inicial. *Rev. CEFAC*. 2013; 15(1): 228-37.
5. Markiewicz K, Pachalska M. Diagnosis of severe developmental disorders in children under three years of age. *Med sci monit*. 2007; 13(2): 89-99.
6. Chericoni N, Wanderley DB, Costanzo V, Gonçalves AD, Gille ML, Parlato E, et al. Pre-linguist vocal trajectories at 6-18 months of age as early markers of autism. *Frontiers in Psychology*. 2016; 7.



7. American Psychiatric Association. DSM-5: manual diagnóstico e estatístico de transtornos mentais. 5 ed. Porto Alegre: Artmed; 2014.
8. Muratori F. O diagnóstico precoce no autismo: guia prático para pediatras. 1ed. Salvador: Núcleo Interdisciplinar de Intervenção Precoce de Bahia; 2014.
9. Machado F, Palladino R, Cunha MC. Adaptação do instrumento Indicadores Clínicos de Risco para o Desenvolvimento Infantil para questionário retrospectivo para pais. *CODAS*. 2014; 26(2): 138-47.
10. Machado F, Lerner R, Novaes B, Palladino R, Cunha MC. Questionário de Indicadores Clínicos de Risco para o Desenvolvimento Infantil: avaliação da sensibilidade para transtorno do espectro do autismo. *Audiol., Commun. res.* 2014; 19(4): 345-51.
11. Schopler E, Reichler R, Renner BR. The Childhood Autism Rating Scale (CARS). for diagnostic screening and classification in autism. New York: Irvington Publishers. 1986.
12. Pereira A, Riesgo R, Wagner M. Autismo infantil: tradução e validação da Childhood Autism Rating Scale para uso no Brasil. *J.pediatr.* 2008; 84(6): 487-94.
13. Jerusalinsky A. Considerações acerca da avaliação psicanalítica de crianças de três anos – AP3. In: Lerner, R.; Kupfer, M. (Orgs.). *Psicanálise com crianças: clínica e pesquisa*. São Paulo: Escuta; 2008. P.117-36.
14. Cardoso JL. Princípios de análise enunciativa na clínica dos distúrbios de linguagem. [Tese]. Porto Alegre: Universidade Federal do Rio Grande do Sul; 2010.
15. Jerusalinsky A, Kupfer MC, Bernardino LF, Wanderley D, Rocha P, Molina S, et al. Valor preditivo de indicadores clínicos de risco para o desenvolvimento infantil: um estudo a partir da teoria psicanalítica. *Journal Of Fund. Psychopath Online*. 2009; 6(1): 48-68.
16. Bernardino LF. Avaliação Psicanalítica aos 3 Anos (AP3): uma revisão crítica. VII Congresso Internacional de Psicopatologia Fundamental e XIII Congresso Brasileiro de Psicopatologia Fundamental; 2016 set 8-11; João Pessoa, PB. Brasil; 2016.
17. Silva CLC. A criança na linguagem: enunciação e aquisição. 1 ed. Campinas: Pontes editores; 2009.
18. Crespin G, Parlato-Oliveira E. Projeto PREAUT. In: Jerusalinsky A. *Dossiê autismo*. São Paulo: Instituto Langage; 2015. P.435-55.

