https://doi.org/10.23925/2176-2724.2020v32i3p445-453

ARTICLES

The communication of an adult diagnosed in Autism Spectrum Disorder

A comunicação de um adulto diagnosticado no Transtorno do Espectro do Autismo: relato de caso

La comunicación de un adulto diagnosticado en el Trastorno del Espectro Autista

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Abstract

The therapeutic work with the communication of an adult diagnosed in Autism Spectrum Disorder (ASD). **Objective**: To identify and describe the advances of the communicative performance of an adult with ASD after 2 months of therapeutic care in speech therapy. **Method**: a qualitative case report study of an adult diagnosed with Autism Spectrum Disorder treated in a group through the Kitchen Workshop therapeutic device. **Results**: change in look alternation, transposition of mediate echolalia, substitution of frozen actions by words, and some marking time. Thus, it is possible to assume the subject's entry into the intersubjective game.

Keywords: Autism; Adult; Communication; Feeding.

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Resumo

Alterações na comunicação compõem uma das maiores dificuldades de pacientes diagnosticados no Transtorno do Espectro do Autismo (TEA), sendo que a intervenção precoce é considerada a melhor opção de tratamento, visando a obter bons resultados. Porém, há indicações na literatura de que o

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Authors' contributions:
RCCDC - was responsible for data collection, analysis of results, article writing and review
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Received: 12/19/2019
Approved: 5/28/2020

trabalho terapêutico com adolescentes e adultos pode ter resultados semelhantes .**Objetivo** identificar e descrever os avanços no desempenho comunicativo de um adulto com TEA, após 2 meses de atendimento fonoaudiológico Método: estudo qualitativo, do tipo estudo de caso de um adulto diagnosticado no Transtorno do Espectro do Autismo atendido em grupo por meio do dispositivo terapêutico Oficina de Cozinha **Resultados:** modificação na alternância de olhares, transposição de ecolalias mediatas, substituição de ações congeladas por palavras, algumas marcações de tempo. **Conclusão:** os resultados indicam que o paciente deu entrada no jogo intersubjetivo, condição para adequadas atitudes comunicativas, que já podem ser observadas.

Palavras-chave: Autismo; Adulto; Comunicação; Alimentação.

Resumen

El trabajo terapéutico con la comunicación de un adulto diagnosticado en el Trastorno del Espectro Autista (TEA). **Objetivo**: identificar y describir los avances de un adulto con TEA en su desarrollo comunicativo después de 2 meses de atención terapéutica logopédica. **Método**: estudio cualitativo de informe de caso de un adulto diagnosticado con trastorno del espectro autista tratado en un grupo a través del dispositivo terapéutico Taller de cocina. **Resultados**: cambio en la alternancia de la apariencia, transposición de la ecolalia media, sustitución de acciones congeladas por palabras, además de algunas marcaciones de tiempo. Por lo tanto, es posible asumir su entrada en el juego intersubjetivo

Palabras clave: Autismo; Adulto; Comunicación; Alimentación,.

Introduction

Patients diagnosed with Autism Spectrum Disorder (ASD) have changes in communication that may affect the development of language and other skills and competences that are essential for socialization and learning[1,2].

Recent studies suggest that there are signs of primary communicative dysfunctions already in the exchange of gaze between mother and baby, as well as in the shared attention in the initial plays, and in the procedures for imitating gestures and vocalizations[3]. Thus, visual interaction and shared attention, alongside other signs, should be observed in children from an early age, as a change far beyond typical expectations may be an alert for ASD[4].

As the communicative profile of the patient may be a predictor of development, the assessment of these communicative skills is important in any clinical case. In addition, the therapeutic approach to communicative skills is also a way to improve the results in an intervention plan[5]. Improvements in communicative skills seem to be related to the reduction of behavioral problems, allowing to establish more productive situations that will promote greater development.

Therefore, communication skills are always included in the objectives of therapeutic planning and early action in communication is a determining factor for more successful interventions.

A long time ago, some scholars analyzed the therapeutic experiences with young people and adults with autism, even suggesting the possibility of achieving an efficacy similar to that obtained with children[6]. These studies guided a more systematic research with adolescents and adults, driven by the idea that the *time of maturation would create obstacles*[7], since *development progresses effectively in its complexity, but not (only) due to a biologically determined or physically derived adaptation process*[8:78], which would explain the therapeutic work whose effects could be observed by the scholars.

More recently, the literature has reported some successful experiences of speech-language pathology work with the language and communication of adolescents and adults with ASD through a therapeutic device called Kitchen Workshop (KW)[9,10].

This procedure must be conducted in groups, in a kitchen setting understood as a dialogical space. This setting is explained by the fundamental value of food in symbolic practices, which are early care practices. In this setting, *eating represents a discursive condition and*, therefore, *a conversation with others*[11:32]. In this way, the definition of an eating setting may (re-)introduce the patient to this symbolic practice, thus promoting their involvement

with language and, consequently, with communication, from a conversation setting.

It is a simple everyday setting from a feeding context. However, there are several fundamental concepts supporting this action: the awareness of this setting as an *interaction*, the addition of a *temporality* in the structure of the interaction, the assumption of the idea of subjective *anticipation* in relation to the patient[12].

The assumed perspective indicates that language is a space of intersubjectivity, as a back-and-forth between subjects, staged by dialogical interaction and enabled by language, which is a cultural heritage that provides the subject with ways to move around in this space[8:244].

However, the language only provides empty ways that will only make sense at the very moment of the conversation, which means that there are only words in the intersubjective game. If not in this game, there may be frozen ways as those identified in echolalia, which is common to autistic people.

The word that is not in the interaction game is not only not associated with the speech of the other, in echolalia, but can also be lost in the immediate action in progress or in the object discussed at that moment, [13:81]which is also observed in the particular behavior of autistic people. These actions shape the concrete experience, but crystallize the meaning, becoming inaccessible to any metaphorical rupture that may bring the difference. Thus, these actions represent the possibility to make room for the word, as frozen actions or in the object addressed or even in the own body of the autistic person.

In this way, language is the field of intersubjectivity, as it structures individuals in their condition as subjects and thus cannot be considered a *mere instrument of communication. In this context, the language is the place where the subject lives [...], and while the language provides the possibility of subjectivation, the speech provides its effectiveness [...], and that speech is always directed to someone*, thus establishing the basis for dialogue[8:244]. This concept gives rise to the assumption that, if the speech of autistic people is dysfunctional due to lack of communicative intent, it is due to the fact that it is outside the discourse, the dialogical staging. The KW has a structure and dynamics that, above all, aim to have an impact on the interaction game.

The KW is always performed in the same structure, in a *redundancy*; therefore, it is never performed in identical situations. This is in line with the study by Groisman and Jerusalinsky[8:250] that reported that *redundancy* is *to repeat the same thing in another way; that is, to insist on the idea, or replacing the letter, or replacing the significance in which we are working. It is to insist on different language positions [...] in our work as a language therapist, it is to respect the way language operates in the field of structuring the subject, through redundancy and not through activity repetition*.

In KW, the therapist always communicates through speech in intonational curves with height variation and an upward direction, associated with a dialogical context[14], thus revealing that the patient is recognized as a speaking subject, in a process that anticipates subjectivity[15]. The therapist also responds to the patient's communication, interpreting them as words, although very different and distant from those. The patient's frozen actions and speeches are placed in unprecedented relations, as these communications must be introduced in different associative fields so that the letter is not a mere robotic reproduction, or a mere expression of automatism, but a place for the associative articulation of the subject[8].

It is important to interpret communications as words, since words refuse the immediate action (or the object), establishing a temporality. And, as *there is no time in action, it is now*[8: 244], the movement is embodied in the action or in the object, which is something observed in the behavior of autistic people.

The exchange of glances is also part of the structure of this device[16,17]. This is due to the fact that *an autistic person is characterized precisely by not looking at the other person, [...] which is a fundamental negative*[15:59] and, thus, the therapist is responsible for important aspects of the interactional situation, as seeking the exchange of gaze, keeping the gaze directed to the patient, and seeking the patient's gaze at an object.

Finally, the KW structure also implies the introduction of the patient in the line of temporality. Recording the cadence of the activity, as well as the different parts of the situation, and its duration[18,19]: start and end of the situation/start and end of the setting of the scene/start and end of food offer and consumption/start and end of the dismantling of the scene. It also implies recording the waiting time, which is difficult for the autistic person, especially because as the autistic person does not have other

ways to overcome it, the waiting reflects on they in the form of anxiety.

This is the case study of an adult patient assisted in a group by the researcher, through the therapeutic device known as Kitchen Workshop (KW) in order to develop his communication skills.

Purpose: To identify and describe the advances in the communicative skills of an adult patient with ASD after two months of speech-language pathology therapy.

Methods

This is a qualitative research that was developed through a single case study.

Single case study: The case enrolled is related to an adult diagnosed with Autism Spectrum Disorder, who attends a group of patients from a specialized institution, which includes many rehabilitation and educational activities that are systematically performed. One of the activities is the weekly speech-language pathology therapy developed by the researcher through the KW. Despite being a group assistance, the observations and analysis focused on a particular patient, which was chosen for having a very affected communication and manifesting changes after a short time of intervention. Therefore, the detailed case study provides the possibility to identify and describe important changes in the patient's performance, which can provide a rich discussion on communication in cases of ASD.

Procedures

Data collection: recording of speech-language pathology therapy performed using the KW therapeutic device. Twelve consecutive sessions were selected and transcribed, including notes on nonverbal, physical and behavioral manifestations, as well as aspects of the context.

Data analysis: the case study tool was used supported by the literature in the field.

Ethical approval: The study was carried out according to the standards and regulatory guidelines for research involving human beings, with a favorable opinion of the Research Ethics Committee, under the protocol no. 69035817.0.0000.5482, and all parents and guardians of the subjects read and signed the informed consent form (ICF), in addition to the consent and permission from the institution involved.

Case presentation

This case is an example of the difficulties that a family faced until recently in the diagnosis of autism[20].

Carlos[1] was a child desired by the parental couple, and there were no complications in the pregnancy. However, there seems to have been some perinatal problem, which his mother was not able to explain very well, and so he had low Apgar score and was admitted to the neonatal ICU for a week, when he was discharged.

From the beginning, he was a very soft baby. He started walking after 3 years of age, had problems with sucking and chewing, and difficulties with all food transitions and had no language until reaching 2 years old, when he started to vocalize. Given Carlos' delayed development in his early years, the pediatrician referred him for neurological examination, which was complemented by a global assessment. Then, according to his mother's report, he was diagnosed with mental retardation, without other changes. He was referred for multidisciplinary therapeutic care and school integration.

When Carlos was 5 years old, his father passed away. Also according to the mother, it changed the child's behavior, as he became "more silent and sad, with a lost look". However, this also changed the family's life, since the child was withdrawn from specialized services and school. So he stayed at home again, under maternal care.

There was another attempt at schooling when he was 6 years old, without success. He started to be assisted by a speech-language pathologist, due to the major impact in his communication, but it was soon interrupted, as the therapist "did not see a future" in the intervention, as reported by the mother.

There was a new attempt when the child was about 10 years old, when his mother enrolled him in a Specialized Institution for the Intellectual Disabled, in which he remained for a while. This institution disagreed with the child's diagnosis and referred him to the AMA (*Associação Amigos do Autista*). Finally, he was diagnosed with Autism Spectrum Disorder at the age of 13. Then, he started attending an institution specialized in dealing with these cases, where he was until the moment this report was made, six years later, when he was 19 years old.

1 fictitious name to preserve his privacy

Entering this institution was not easy. The professionals reported in their medical records that it took weeks for him to enter the building itself, requiring a careful and time-consuming "socialization" work from the team with his class group and with the institution's members, therapists and caregivers. An extensive family orientation work was carried out concurrently, not only to adjust the conduct towards Carlos, but also to deal with the medication incorrectly provided, which could lead to the uncontrolled outbreaks, agitation and aggression on the part of the patient.

The specific work in rehabilitation managed by a multidisciplinary team - psychologists, occupational therapists, speech-language pathologists, and educators - is reported, but not described in detail in the report, neither in terms of the aspects addressed nor in the techniques and/or strategies used.

The researcher entered the institution six years later, when Carlos was already 19 years old, and he began to participate in a speech-language pathology therapy through the Kitchen Workshop (KW) therapeutic device. This service was developed in groups in weekly sessions of approximately one hour.

The observations made in the first sessions motivated this study, since Carlos showed important signs of change. Thus, the recordings started immediately, from 12 consecutive sessions for systematic data collection.

At the time this study was started, Carlos was administering Ziprasidone 80mg, showed controlled aggressiveness and participated in all educational and rehabilitation activities proposed by the institution. His medical records indicated the absence of visual and/or hearing impairments.

The researcher performed the patient's speech-language pathology assessment and found that he had signs and symptoms that are commonly reported for patients with ASD: tendency to isolation, echolalia, and hypokinesia/hyperkinesia.

He had a distant behavior in his group, without looking, participating, and speaking, in a constant search for isolation, remaining paralyzed. However, in the face of any excitement in the environment or by colleagues, he would be affected, by losing control and requiring to be isolated to calm down and return to a more appropriate behavior.

Carlos showed great difficulty in participating in unusual, unknown and unrepeated situations, showing intense excitement and overall difficulty in dealing with the difference, and in allowing himself to or being able to confront the new.

He did not show any visual interaction with others: he did not look, just as he did not seek the look, did not keep the eyes at the other and also did not share the attention. He showed a radical symptom of denial in the game of otherness.

He also presented a constant mediate echolalia of words, sentences, and songs. In echolalia, he used a loud voice and a fast speech rate. He did not answer calls or call the other. And when called upon with great insistence, he reacted breathing hard.

Visual interaction and shared attention, as well as answering or making a call are important because they indicate the participation in the interaction game, in the movement of a conversation. To look at the other person, to seek the gaze of another, to share a look at another or an object, to answer to a call and to call the other, it all implies the recognition of the *self* and also the recognition of the *other*, which are basic discursive positions and a condition to use words[8:244].

The mediate echolalia, which is constant in the behavior of Carlos, also showed his distance from the interaction game, expressed by the conversation. Echolalia is not a verbal gesture, as it represents frozen forms[17], sounds associated in the other's speech and which are lost in time, in a kind of wandering between one mouth and the other.

He also showed the frozen actions that are called demarcation signifiers[13], which limit the signification and that are present at the beginning of the process of language acquisition by children and in psychopathologies[13:34]. Such actions are also not gestures, as they are immutable and attached to the object or to the body itself. In some situations, Carlos showed such crystallized signifiers embodied in the object or even in his own body. Such as when he tried to enter and/or leave an environment by putting his hand on the door handle and remaining there, motionless, silent , without looking at anyone, without talking or shouting or even trying to open the door.

An aspect that is also quite weak in Carlos refers to the way he faces the situation of waiting to the beginning of a task or parts of it, as it occurs in the food setting: you should wait for the food, then you should wait for the meal to start, then wait for your turn to choose the food , wait for the meal to end before you can leave, etc. The waiting shapes the temporality or parts of the temporality

of a situation, something still beyond its possibility, as an incapacity represented by intense excitement. And the only *waiting behavior*[19] that Carlos showed was to fall into anxiety. Waiting implies anticipation, which is a condition completely detached from the concreteness of the here and now; that is, an abstraction that is conditioned to the use of the word. As the words were absent, the wait had an impact on Carlos, who showed discomfort with this situation through physical changes.

Finally, Carlos showed a behavior that represented his displacement from conversational situations, with evident denial of intersubjective relationships, as noticed in the look, in the echolalia and in the motor actions, which even showed a certain timelessness in his behavior. Both the frozen speeches and echolalia, and the frozen actions and demarcation signifiers, suggest the lack of time marking, which indicates the absence of the word and, thus, the impossibility of a communication.

Results

The effects of the speech-language pathology therapeutic work and the changes in Carlos' communicative performance

The changes presented in Carlos' performance seem to indicate that, at last, *the word seemed to interest the subject of this therapeutic action*, as Groisman and Jerusalinsky[8:251] reported in view of any attempt to work with the autistic person. Carlos started to move himself in the interactional framework, positioning himself in discursive positions, which is a fundamental condition to represent the communicative disposition. He showed the following changes: exchanging gazes, transposing mediate echolalia, replacing frozen actions with words, some time markings, reacting to calls and calling others. That is, he seemed to respond to the intersubjective game.

At first, Carlos did not recognize the alternation scheme: reacting to the call/looking at the therapist/looking at what was being asked or offered/responding (in any case). He started to breathe hard, echoing sentences, and walking around the room.

Over time, Carlos started to react to the call and to look at, not yet at the therapist, but at the requested table material or at the food being offered. Then, he may react to the call, looking at the material on the table and then he may pick up some utensil/look at the food offered and accept or refuse with head movements and, finally, verbalizing it with 'yes' or 'no'. There were signs **of exchanging gazes and sentences**.

> 2nd Session
> T: *Who is going to help?* (To prepare the materials on the table)
> C: ignores the call/remains seated, wringing his fingers/shaking his body
> 3rd Session
> T: Offering to each one/asking *do you want it?*
> C: Watching every movement, looking alternately at each and at me
> T: Looks at Carlos and asks: *Do you want it?*
> C: Looks away, retracts, and breaks contact
> 4th Session
> T: Do you want it? (Rice)
> C: Responds by nodding affirmatively, looking at me
> C: Then he looks at me and says: *Alice, rice!* (Asking for more)
> 5th Session
> T: Looking at C: *Would you help me make a fruit salad?*
> C: *No!* Following me in all movements to prepare the dish

It can be noticed that there are new reactions: an element to call someone ("*Alice*") that introduced the speech, even without looking at it, in addition to a verbal communication by following with the look, **which indicates new associations between parts**.

It is also interesting to note that Carlos starts to make verbal markings at the beginning of the KW at the moment that he is able to participate minimally in the alternation game in the offer/acceptance/refusal of food, including verbal communication, and in the assembly and disassembly of the scene, at different times, at the beginning and end. Naturally, these markings made by Carlos are **transpositions of mediate echolalia**, but this transposition is relevant, as they assign some meaning to speeches and give the impression that he is communicating.

> 4th Session
> (Note that in all previous sessions T starts the KW by greeting "*Good morning!*")
> C: Enters the room and says *Good morning, mom!*
> T: *Good morning! Do you want to help me?*
> C: C immediately breaks contact and starts to say names (maybe from his relatives) and to walk around the room

These transpositions of frozen fragments to other sentences are also present in other situations:

6th Session
C: Enters the room very excited and saying: *Reinaldo didn't come, he's sick*, when he comes across the therapist, and he looks at her and restructures his speech *Alice, Reinaldo, he didn't come, he's sick,*

It is worth noting that here there is a combination between a calling element, and a frozen segment. It is a sentence that someone told him when he arrived at the institution and that he was already repeating it even before entering the KW.

There was an **interesting change** in the seventh session **between mediate echolalia and speaking with authorship**.

7th Session
C: Calls the therapist, who is distracted assisting another participant, *mom*!
T: Looks at him, responding to the call.
C: He immediately makes the call again, changing the word, and now he says *Alice!*

These changes are successive and mixed, which indicates that Carlos still hesitates between the outside and the inside of intersubjective relations. However, almost always **indicating a difference, as when he uses the name of T and the 'I', in a dialogical game between 'you' and 'me'.** An example can be seen in the eighth session:

8th Session
T: When preparing the material on the table, she asks "*Who is going to help me?"*
C: *Do you want help? Ask for Pedro!* (A change from the frozen text, since Pedro was the employee of the institution who was always called in the face of any need). However, in this same session, when asked if he wanted more dessert:
T: *Do you want more?*
C: *No, I don't, Alice*, Using the therapist's name and the pronoun 'I', thus occupying a discursive position in the Me-You game.

Carlos moved well in this Me-You framework in the ninth session, seeming **to be entering the game of intersubjectivity**:

9th Session
T: *Do you want strawberry or pineapple?*
C: Answers by looking at T and to food offered: *Pineapple!* (This could be an immediate repetition, but the sequence of the dialogue allows us to assume that it was not)
T: *Do you want more pineapple?*
C: *No, I don't*, with a negative nod and looking at T

Carlos **also began to change demarcation signifiers for words**. There are two illustrative examples of this new shift.

Frozen gestures were often used by Carlos, such as: he kept looking at the therapist when he needed something without expressing any other sign of meaning, thus being at the mercy of the interpretation of others who did not always realized and followed the signs that could lead to understand his request. Another example is when he held a glass when he wanted something to drink, even without showing any other sign, or speaking, but without looking or making any other gesture.

6th Session
C: *Glass, water* (without any other sign, "staring at nothing") and he does not wait for the answer or help from T and loses focus, walking around the room, and ignoring any speech or gesture by T.

However, there was a remarkable change in the last session:

10th Session
C: He was going to start eating, but then he realized he was missing the cutlery and started to stare at the therapist
T: She didn't realize the situation and insisted on trying to figure out the problem and why he was looking at her "What happened, Carlos? What do you want?"
C: *Fork*, looking and T and waiting for reply

It is interesting to note that at this moment, Carlos **was already more tolerant to waiting time**, as the waiting caused him anguish on previous occasions: making him twist his fingers and swing his arms. In the seventh session, he asked for the juice to drink and the therapist asked him to wait a while, as she was serving another participant. Carlos reacted calmly and distracting himself with the friend who was beside him at the table. This reaction is an improvement, since it generated a **form of waiting**.[19] When possible, the therapist returned to his request, which he asked for again and was provided.

Discussion

The KW is a device whose structure and dynamics enable the establishment of the intersubjective game. The ritual developed in this activity generates very precise markings in the alternation of speeches and looks between the subjects, and may even include the object of the situation as a new element. Therefore, the alternation of turns may include a shared attentional attitude, thus closing the full cycle of intersubjectivity expression[16,21,22]: visual interaction, shared attention, exchange of speech turns. Of course, if this cycle has no meaningful transaction effect, it can only be an act. Therefore, it must be assumed that each movement of this cycle is operated in the field of meanings as intended by the use of the KW, since it reveals the fundamental presence of the other, in the role of the therapist and in the construction of this intersubjective space. This presence is expressed in the anticipation of the other as a subject[15] of language.

The changes showed by Carlos allow us to glimpse some evidence that he is still very fragile in the intersubjective field. Therefore, there is still a strong fight between isolation and interaction. Given that the changes are only indicative, it shows that there is a long way to actual communicative situations. It takes a long way and a long historical and psychic process, so that the self [...] does not establish itself as being its own origin [...] the self is constituted in the relationship with the other, and this otherness lives permanently in the core of the self.[23:240] It is necessary to consider that this constitutive relationship is also, and above, discursive and, thus, the transition between subjective positions, and between the subject and the other, implies the transition between discursive positions and between the self and the you. This transition is still fragile in the case of Carlos, but is already being worked on, which allows to predict truly communicative attitudes.

This discursive transition is performed by Carlos sometimes, as when he is calling the therapist and changes from a mediated echolalia '*Mother!*' to her name '*Alice!*' or else, when he refuses the food offer and says '*No, I don't, Alice!*'.

The look also acts in this discursive transition, as a marker of dialogical shifts, in addition to the word itself. Answering a call or calling by looking, or even combining the word and the look, are movements that show paths for dialogue. Gradually, Carlos starts to look at the therapist in an absolutely brief way and also to share his gaze with her in relation to an object or a person; however, this alternation improved until the end of the study period. It seems that he still finds it difficult to position himself in the '*self*' in the word and in the look, which clearly expresses the slowness and complexity of the process of building intersubjectivity, a condition for the experience of communication.

Carlos' speeches are mainly frozen fragments displaced in time and in discursive situations; therefore, they are probably the so-called mediate echolalia. However, it is worth reflecting on them in the set of sessions as a whole, since Carlos changes from an almost absolute silence to mediate echolalia in his relationship with the therapist and to situations of change. As shown in the ninth session, at the end of the workshop when he calls the therapist: *Mom!* And when she looks at him, in response to the call, he says *Alice!,* which was the name of the therapist.

It is interesting to observe the movement of silence and refusal when analyzing the mediate echolalia that seems to be plausible for the situation to which it was brought, followed by looks.

Another symptomatic aspect of this difficulty refers to the constant use of demarcation signifiers for actions or situations that freeze the transition of meaning. Three moments in which these signifiers were constant in the activity: when he was holding the doorknob to enter/leave the room, without any verbal or non-verbal sign; when he was holding the glass when he wanted water or juice, in the same way, without any verbal or non-verbal sign; and when he was holding the plate when seated at the meal table, without any verbal or non-verbal sign.

Faced with these signifiers, the researcher insisted on taking them as gestures, including the manifestations within the dialogical game. Thus, these frozen actions are gradually moving, and Carlos may approach the word as in session 10, which was already described in the scene transcript.

Conclusion

Working with the communication of adolescents and adults with ASD is feasible and somewhat successful, as pointed out by some studies and as observed in this case study. It is important to consider that the patient has a gradual progress in terms

of change, and not immediate, as it was possible to notice, especially in the last sessions when the progress stands out and becomes more evident. In addition, progress evolves in a kind of network, in which several associated aspects express their effects combined, as reported. Finally, it is important to notice that communicative attitudes are the result of a change in discursive position, which is a condition for assuming subjective positions; that is, they result from entering the intersubjective game. This study aimed to point out precisely this process.

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