




# Psychic and linguistic constitution of a subject with autism spectrum disorder immersed in a family vulnerable by post-war immigration

Constituição psíquica e linguística de um sujeito com transtorno do espectro do autismo imerso em uma família vulnerável pela imigração no pós-guerra

Constitución psíquica y lingüística de un sujeto con trastorno del espectro autismo inmerso en una familia vulnerable por inmigración de posguerra

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## Abstract

**Introduction:** this article presents the psychic and linguistic constitution of an autistic young man, from a post-war immigrant family, in which themes such as mourning, the transgenerational psychic constitution, and the presence of anxieties in the process come into question of the child development in a unique situation that is the presence of autism. **Objective:** to analyze the unique effects of immigration and multiculturalism in a case of autism and its therapeutic evolution. **Method:** longitudinal case study, which used a clinical diary and footage of sessions with observations of the development of R. from eighteen months to adulthood. As a therapeutic approach and analysis of results, contributions from the psychic constitution of psychoanalytic theory, and on linguistic development in an enunciative perspective,

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### Authors' contributions:

APRS: Theoretical conception in language and review of the article

MCRMA: Collection of the relevant points of the therapeutic work performed with the child and in writing the article.

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were used. **Results:** Multiculturalism posed a greater challenge to the process of language acquisition by the child with autism, while the consequent silence of the pain of grief, present in adults, hindered verbal exchange and delayed their psychic constitution. Autism, in turn, presented itself as qualitative disorders in communication, requiring greater investment on the part of its caregivers for the acquisition of language to take place, as it needed to be hooked for our culture. **Conclusion:** Given this situation, this clinical case demonstrates the importance of therapeutic support to the family and the continuous investment in subjectivity, considering and valuing the different cultural codes that make up the family nucleus.

**Keywords:** Autism Spectrum Disorder ; Immigrants ; Posttraumatic Stress Disorder, Multiculturalism

## Resumo

**Introdução:** este artigo apresenta a constituição psíquica e linguística de um jovem autista, proveniente de uma família de imigrantes em situação de pós-guerra, em que entram em questão temas como o luto, a constituição psíquica transgeracional, e a presença de angústias no processo de desenvolvimento da criança em uma situação singular que é a presença do autismo. **Objetivo:** analisar os efeitos singulares da imigração e multiculturalismo em um caso de autismo e sua evolução terapêutica. **Método:** estudo de caso longitudinal, que utilizou diário clínico e filmagens de sessões com observações do desenvolvimento de Rafael, desde os dezoito meses até a idade adulta. Como abordagem terapêutica e análise dos resultados, foram utilizados aportes da constituição psíquica da teoria psicanalítica, e sobre o desenvolvimento linguístico em uma perspectiva enunciativa. **Resultados:** O multiculturalismo acarretava um desafio maior ao processo de aquisição da linguagem por parte da criança com autismo, enquanto o silêncio consequente da dor do luto, presente nos adultos, dificultava a troca verbal e atrasava sua constituição psíquica. O autismo, por sua vez, apresentou-se como transtornos qualitativos na comunicação, necessitando maior investimento por parte de seus cuidadores para que a aquisição da linguagem se desse, pois o paciente precisou ser fígado para a nossa cultura. **Conclusão:** Diante de todo esse quadro, o caso clínico demonstra a importância do suporte terapêutico à família e do investimento contínuo na subjetivação, considerando e valorizando os diferentes códigos culturais que compõem o núcleo familiar.

**Palavras-chave:** Transtorno do Espectro do Autismo; Imigrantes; Transtorno de estresse pós-traumático; Multiculturalismo.

## Resumen

**Introducción:** este artículo presenta la constitución psíquica y lingüística de un joven autista, proveniente de una familia inmigrante de posguerra, en la que se cuestionan temas como el luto, la constitución psíquica transgeneracional y la presencia de ansiedades en el proceso del desarrollo del niño en una situación única que es la presencia del autismo. **Objetivo:** analizar los efectos singulares de la inmigración y la multiculturalidad en un caso de autismo y su evolución terapéutica. **Método:** estudio de caso longitudinal, que utilizó un diario clínico y metraje de sesiones con observaciones del desarrollo de R. desde los dieciocho meses hasta la edad adulta. Como abordaje terapéutico y análisis de resultados se utilizaron aportes desde la constitución psíquica de la teoría psicoanalítica y sobre el desarrollo lingüístico en perspectiva enunciativa. **Resultados:** El multiculturalismo supuso un mayor desafío al proceso de adquisición del lenguaje por parte del niño con autismo, mientras que el consiguiente silencio del dolor del duelo, presente en los adultos, dificultó el intercambio verbal y retrasó su constitución psíquica. El autismo, a su vez, se presentó como un trastorno cualitativo en la comunicación, requiriendo una mayor inversión por parte de sus cuidadores para que se produjera la adquisición del lenguaje, pues necesitaba engancharse a nuestra cultura. **Conclusión:** Ante esta situación, este caso clínico demuestra la importancia del apoyo terapéutico a la familia y la continua inversión en la subjetividad, considerando y valorando los diferentes códigos culturales que conforman el núcleo familiar.

**Palabras clave:** Trastorno del espectro autista; Inmigrantes; Trastorno de estrés pós-traumático; Multiculturalismo

## Introduction

Although currently defined as an autism spectrum disorder (ASD)<sup>1,2</sup>, Asperger syndrome<sup>3</sup> was first described by Hans Asperger, an Austrian paediatrician, in 1944. The condition he described was called “autistic psychopathy”, indicating a stable personality disorder marked by social isolation. Despite preserving their intellectual skills, affected children show remarkable poverty in nonverbal communication, which involves both gestures and an affective tone of voice, as well as poor empathy, a tendency to intellectualize emotions, an inclination towards verbose speech in monologues and sometimes inconsistent language tending towards formalism (Asperger called them “little teachers”), interests that occupied their full focus and attention (involving unusual topics that dominated their conversation), and motor incoordination<sup>4</sup>. Children who were previously classified in the Asperger syndrome category are currently part of autism spectrum disorder (ASD) of level I<sup>4</sup> and lack a specific category in the classification of DSM5 or ICD-11. For patients with Asperger syndrome, difficulties in social interaction and communication involve impairment in the introjection of the social code. These difficulties may become more pronounced when family vulnerability is considered, as in the case discussed here, related to the migratory process.

Throughout the history of humanity, we can observe different types and causes of migration. It is often involuntary, as in cases of war, natural catastrophes or political exile<sup>6</sup>. When immigration entails bereavement, i.e., the elaboration of material and structural losses, it is arduous and requires time and therapeutic work. In cases of postwar migration, migrants become vulnerable to posttraumatic stress disorder (PTSD), characterized by exposure to a traumatic event, intrusive symptoms associated with the event, persistent resistance to people or places that bring memories of the trauma—relative social isolation—and negative changes in cognition and mood associated with the traumatic event<sup>5</sup>. Grief and the symptoms presented in PTSD comprise a demand external to parenting, and therapeutic work for the elaboration of these symptoms is essential for mental health<sup>7</sup>. These symptoms are directly experienced by parents but are transmitted to children in different ways<sup>8</sup>.

The Transcultural Clinic discusses the effects of migration on parenting. It has been described, from this perspective, how the children of immigrants are vulnerable to developmental disorders. The focal studies conclude that the time of greatest vulnerability for these children is the postnatal phase, when a baby and its mother must adapt to each other<sup>8</sup>. In part, this vulnerability can be explained by the external demands of parenting to which these parents are subjected, which decrease parental availability, impairing early mother-infant interactions and, consequently, the psychological construction work performed by parents—with the result that the baby is harmed<sup>9,10</sup>. In addition, immigrant parents, by connecting their child with their own culture, share with him moments of satisfaction and introjection of two cultural codes: the one of origin the parents’ original and the foreign code<sup>11</sup>. Cross-cultural growth and development demand much work from the parent-infant pair. The child of a migrant coexists and internally organizes the world of family culture and the world outside his home<sup>8</sup>.

The combination of these sociocultural factors of migration, associated with the effects of TEA, produces a major challenge in the development of the assisted children, which is addressed in this article. Thus, this article analyses the psychic and linguistic constitution of a subject exposed to three distinct cultures and the challenges of migration and coping with, from the age of 18 months to the age of 18 years, a diagnosis of ASD.

## Method

To fulfil our objective of discussing the construction of internal objects, subjectivation and linguistic evolution of a child vulnerable to ASD, immersed in a family challenged by the migration process, we highlight the relevant points in the period in which the child was accompanied, which occurred from the age of eighteen months to the age of eighteen years, when the process was interrupted by the family moving to Europe. Some updates on Rafael’s life in Europe at age 22 are added. This case is part of the research project “Child development and its relationship with parental adaptation to the child’s disability: Analysis of the association with sociodemographic aspects and clinical and educational opportunities”, approved under CAAE number 02235218.9.0000.53.46, therefore

complying with Resolution No. 510/2016 of the National Health Council, which regulates research involving human beings. The boy's family provided authorization. The therapist provided the data for the project after signing the free and informed consent form.

The therapeutic approach used was based on psychoanalytic theory and knowledge about children's cognitive and linguistic development. The analysis of the data presented is anchored in the psychoanalytic theory of the constitution of the psyche and the enunciation of language acquisition and development.

This case was treated by the first author, Dr Maria Cristina Abreu, specialist in child psychiatry at the Center Alfred Binet (CAB), associated with l'Hôpital Pitié Salpêtrière, in Paris\*. The second author, Dr Ana Paula Ramos de Souza, aided in its linguistic interpretation and writing.

## Presentation of the clinical case

The presentation of this clinical material indicates the need for therapeutic work for the construction of the internal world of a child in a family that is unable to perform its functions satisfactorily due to the trauma resulting from experiencing war and immigration. In addition to these risk factors, the child, in the second year of life, presented signs of psychological distress that indicated a condition of vulnerability for autism spectrum disorder (ASD).

The psychotherapeutic treatment of the case in question was developed alongside the child, family and school, aiming at the improved psychic constitution of the child. This study was based on the psychoanalytic theory of Winnicott<sup>12</sup> and the

psychopathological elements developed by Lebovici et al. in 1989.

The boy, Rafael, in his first meeting with the therapist at eighteen months of age, was brought by his mother with the following main complaints: "atypical body movements, developmental delay and little contact". During direct observation, it was found that he did not respond promptly when called by his name and his body expression was poor: he did not smile, point, speak, or provoke any mother/therapist interaction but nevertheless showed interaction with his gaze. There was no exploration with his body or search for toys, objects, or books on display.

In the first meeting, after a long moment of apathy, he accepted a toy car offered by the therapist. As she watched the child in this first meeting, the mother spoke a little of her story.

The child's father lived most of the year in his country of origin in a Portuguese-speaking African country. The maternal grandmother accompanied the child at home to complement his time at day care. At that time in the construction of parenthood, his mother was absent for fixed periods of 24 hours to attend to her duties as an on-call nurse in the healthcare field. This was a family under construction, with foreign parents from the African continent and with an uncommon organization. The code that imposed itself was inevitably multicultural, and the main parental functions were performed by the father – who lived most of the time on another continent – as well as by the mother and maternal grandmother in his daily life, along with visits by African aunts, who remained for a long time at his residence in Brazil. European and Brazilian Portuguese were dominant in the life of Rafael, whose cultural codes were constituted by the influence of Portugal, the African country of origin and Brazil. The family emigrated from their country due to a war that had led to the loss of their home and of more direct contact with their culture.

The second meeting was held with the maternal grandmother. She was a very polite woman, with strict codes, more Portuguese than African, and a very sad look, but she showed a great deal of tenderness towards her grandson. Her silence and love for her grandson conveyed the hope and pain of someone who had lived through difficult times. The grandmother, greatly affected by the trauma of the war, could not convey her story to her grandson in words. In this first meeting with the grandmother,

\* The CAB was created by Dr Lebovici, Dr Diatkine, Dr Soulé and collaborators. Dr Diatkine has valued and promoted speech therapy in Paris and at the CAB, and Dr Lebovici has created multidisciplinary teams with therapeutic medical consultations, psychotherapy and speech therapy. Based on this structure, the CAB team, with the same psychoanalytic theoretical basis as Winnicott, developed an important child, adolescent and baby psychiatry service in Paris associated with l'Hôpital Pitié Salpêtrière and the neighbourhood school. In addition to the CAB and following the same line of work, Lebovici implemented at the University the psychopathologie service of l'enfant et de l'adolescent à l'Hôpital Avicenne de Bobigny and has highlighted the study of the family dynamics of immigrants, having on his team, emeritus professor of ethnopsychiatry in France, Tobie Nathan and psychiatrist Marie Moro .



she did not accept the invitation to participate in the session and remained in the waiting room, while the boy entered the workroom without will or contestation; he entered as an object.

In the session, the therapist introduced him to the material: toy car, the books in the corner, a box formed by the coloured squares, balls, and a space for drawing. After a long period in which he remained seated without reaction, the therapist offered him a toy car.

He took the toy, but the scenario did not change, and he did not show any activity. Furthermore, at 2 years of age, after 6 months of therapy, there was some involvement with the therapist through the coloured squares.

Over the course of the meetings, and from a satisfactory therapeutic alliance with the mother, there was a greater adoption and evolution of the maternal function. The mother's workplace followed an intermittent shift system, and the child spent much of the time with his grandmother. The father could only live with them from time to time due to his work. He divided his time between rebuilding his country and parental construction. Despite the physical distance between Brazil and Africa, he always took care of his children, making his African code prevail. The intermittent presence of the mother and the silence of the traumatized and bereaved grandmother, in addition to the intermittent disappearance of the father, with no explanation of this given to the child, put the child at risk for developing psychological issues, that is, problems in the constitution of subjectivity. On the other hand, the difficulty of this immigrant family in exercising emotional restraint was understandable.

In the beginning, there was no internal space in the family for the necessary care work with the child. During immigration, the family had lost the cultural opportunities necessary to deal with their grief. Every culture has its own buffer, its art to cushion the pains of life, but this family had not yet had time to incorporate the Brazilian buffers – music, dance, and theatre, among others – necessary to deal, through identification, with so many emotional difficulties.

The maternal side of the family had been torn apart in the post-war period. Each member had left for a different continent. The mood in the boy's residence was one of mourning. The grandmother had lost her husband, house, and life with her other children. Traumatic and persecutory feelings were

very present in that grandmother's silence. The small child, due to this history, occupied a place very charged with emotions for the grandmother and the parents, and therefore, home was a very important and difficult place for him – important as an object and a descendant and difficult as a subject to construct subjectivation.

The interaction with his father was greatly impaired by physical distance and culture. The father's stays in Brazil were not long, so there was little time for therapeutic work, which requires rhythm and close attention to cultural codes to ensure effective interactions with the therapist. Many times, the father could not understand the reaction of his son. When he arrived from a trip, the child would panic and refuse to go near him. The physical approach of his father caused him to cry, recoil and panic. Many questions arose due to this recurrent behaviour: What scared him so much? Was it the absence or the presence of his father that frightened him? What did his father mean to him?

However, the therapeutic work continued its natural development. The sessions took place with the father when he was in Brazil and with the mother whenever possible. The grandmother participates in sessions in the waiting room. At this rate, his story was constructed and reconstructed until the fear of his relationship with his father dissolved, but the fear of his father's absence remained.

At that time, after 18 months of work, the family was still very silent. The therapeutic meetings were very important for the adults to be able to discuss and elaborate slightly more on their questions, opening space for the child to further evolve his internal world.

In one of the meetings, following one of the father's trips, the mother reported her son's reaction to his absence. The child took a picture of the father, tore it up and put it in a box. He would not let anyone else approach the pieces inside the box. Broken or not, this father was introjected, and the boy reacted to the pain of having him in pieces as all children react to such pieces; that is, he internalized his father and understood that his physical presence was intermittent. This act shows us the evolution of the construction of his internal world. He now understood object permanence, intermittency, container, and content, and the three people involved – father, mother, and child.

In parallel with these events, in the office, the game with coloured squares in which he had



become interested was able to evolve. At first, he was connected to his parents' culture through the voice trap <sup>11</sup> used in this game involving coloured squares and the names of colours. Then, after a few sessions, the game became an imitation game involving placing the cars inside the box formed by these squares. In the evolution of play, the active participation of the child was observed. He dropped a toy car into the box and waited for the therapist to vocalize the onomatopoeia. Next, the complete drive circuit observed: the harmony of the dance between the therapist's onomatopoeia and the toy car falling into the box suffered a mismatch due to the delay in vocalization, and the child spontaneously vocalized the onomatopoeia and resumed the rhythm of relational play <sup>13</sup>. Finally, the game evolved into moving the box like a car formed with the coloured squares and his body. The symbolic game of moving the box like a toy car accompanied the process of subjectivation and advanced the child through the symbolization of words to the scenes experienced. The pleasurable sensation via this symbolic car game was very strong. At that point, he could now move, symbolize, and use words. Then, at 2 years and 8 months of age, his first word appeared: "MAIS" (MORE).

This word appeared from a place of absence, from his desire for the continuity of pleasure, that is, when the therapist stopped pushing the car, he wanted to continue the game and requested this with the word "MAIS".

Finally, at 2 years and 8 months of age, after 1 year of therapy, the exchanges, including playing with the coloured box through the displacement of his body, vocal interactions, interactions with looks and the awareness of something lacking, gave rise to the first word, "more". From there, other words, such as fell, yellow, red, and blue, arose. These words were part of the game with the coloured box and the toy cars. Sometimes, he used the colour words for sonic pleasure in interactions, sometimes as stereotypes, lining up the coloured squares. Eventually, he began using his own dialect. When he was not yet 3 years old, he started sentences with adequate meanings but not always directed to another person, such as "grandma fights" or "Pedro hit". At that time, he was unable to interact with his friends, causing many conflicts at school. At first, his verbal language evolved without phonological problems but with pronominal inversion and the

use of colours and numbers in a stereotyped way, without there being a fluid dialogue.

He continued to structure his expressions and faced other challenges in the process of subjectivation, such as the advancement of expressive language and the possibility of interaction in the school environment, as in the history of the humanization of Pinocchio. In fact, a Cinderella book and, later, a Pinocchio book joined the symbolic game of moving the box like a cart in accompanying the process of subjectivation and advanced the child through the symbolization of words to the scenes experienced, becoming important objects during the therapeutic process. Even before speaking, he would pick up the Cinderella book and look for a long time at the image of her crying. He identified with the sadness of the character. Later, looking at Pinocchio, he repeatedly played the character as a process of himself. It is not irrelevant to recognize that like him, Pinocchio was undergoing the process of subjectivation. In these scenes, articulated speech cannot be taken as the only evidence of insertion in the field of language. Through these images, the boy demonstrated the construction of the capacity of mental representation, the understanding of history; he called attention to the sadness of Cinderella, a character with whom he identified.

Another very important playful practice that took place in the office was the recording of sounds and their history. In the space reserved for books, we provided a story about a mom and dad who met in Brazil, married and then had a child. The therapist tried to reproduce, in a childish language, what his mother had reported so that he could understand his family's different origins, as his family was structured differently than those of his peers.

After the acquisition of verbal language, he continued to make use of recorded stories about himself, including the frequent clips enabled due to the evolution of technology. He had to acquire the function of reconstructing the memory of his own history to belong to such a silent bereaved family. He almost always asked to listen to recordings from previous sessions, and at some point, he asked to record something new.

Subsequently, at around the age of four, when he became interested in graphic representations, he began to reproduce the letters of the names of his relatives and friends, as well as numbers, especially the numbers of the buses he used to travel in the city where he lived. Shortly thereafter, he learned to

read and write on his own. At that time, it was not only Rafael who made progress. In his family, his mother was an immigrant who, despite not being able to drive her own car, evolved in the coexistence of the codes of Brazilian and African culture, making achievements in her maternal function.

In the office, Rafael interacted by engaging with content – colours, numbers, letters and the names of relatives and friends. This stereotyped content was interspersed with affirmative or negative responses concerning the presence of his father, mother, grandmother, and words or phrases with some intercurrency in the family or with classmates at school. The games typical of children his age involving balls, cars, dolls, and animals did not interest him; he preferred numbers, colours, planes, and books with pictures, especially the book with the image of Cinderella crying, a representation of a woman's emotion.

The following is an example of a dialogue with the therapist at around the age of four, in which, amid his drawing and use of colours, important themes such as the father's travels emerge:

R: *Blue, yellow, vemelyo (red).*

T: *R. show me what you drew.*

A: *Otto paper.*

T: *You want another one, I will give it to you, but what did you draw?*

A: *The plane (looking at the therapist).*

T: *It is the plane!*

*And who went by plane?*

A: *Dad.*

T: *Where did Dad fly?*

A: *Daddy emboa (away) (unintelligible follow-up).*

T: *Where did Dad fly?*

A: *One, two... otto paper.*

At first, he had no interest in interacting with others at school, but after two years of therapy, at approximately three years and six months of age, he began showing interest. Even so, it was difficult to make friends. In addition to his difficulties with social skills, a characteristic of ASD, he faced other challenges: he could not understand the Brazilian cultural code transmitted by the families of his peers. This was one of the reasons for his inability to participate in group games or vent his emotions. He exhibited cognitive development compatible with the rules of play, but most of the time he was isolated, and sometimes he could not keep up with his peers. In the classroom, he was often scolded by a teacher who did not understand that not every-

thing is universal and that his code was different. This all made him very sad and agitated, creating impactful conflicts in the school environment.

To minimize these cultural and personal issues, the therapist proposed a joint effort among his teachers, peers, and father. The current theme of the bimonthly school unit was the continents. Thus, elements were introduced that could show the differences between the Brazilian and African codes. This work was developed around daily activities: diversity in food, clothing, housing, etc. He took to school a book full of pictures that explained the diversity in his parents' country of origin. This study had important repercussions for him, helping him accept Brazilian school meals and other differences and for his differences to be better accepted in his school group.

His school relationships evolved, and there was a significant acquisition of content, despite ASD and its stereotypes. He exhibited *flapping* when excited, put his hands over his ears when someone scolded him, answered with colours or numbers to questions considered emotionally difficult, voiced inappropriate content at times, and attacked peers and their families when faced with certain difficulties.

His cognitive development was much faster than that of his age group. He understood math beyond the ability of his peers of the same age and taught himself to read. At the age of 5, he was literate, which made his father very proud and increased his value in family and school groups.

At the same time, his father worked on communication at home, using devices to be more present in everyday life, even though he lived in another country most of the time. He recorded, on video, the main points of the routine proposed by him for his son and decorated his space with certain objects from his residence in Brazil. These artifices helped the child understand the place of authority of the father figure, the family code, and the roles of the father, mother, and child. The relationship among the three of them was strengthened, and his relationship with his father began to grow through voice communication via telephone. This communication with his father through telephone calls was once impossible. The mother, in turn, introduced the father into the daily routine, and these telephone conversations evolved and were structured in a frequent and important way, facilitated with a state-

of-the-art cell phone during his adolescence. The phone closed the physical distance between them.

This broken family continued to seek cohesion. In the process, his parents decided to return to his native country to live together, and he moved with his family to Africa at the age of seven. Immersed in another culture, he held onto his Brazilian identity; he did not adapt to the new culture and, against his father's wishes, chose to return to Brazil. As a preadolescent, he argued during several sessions for the importance of returning to Brazil to live with his grandmother and remain with his friends at school. One of his descriptions of school in one of his videos is transcribed below, showing his linguistic evolution and way of dealing with feelings when he was 16 years old:

R: "Can you start?"

T: "Yes".

R: *I like it when at school they ask me to say the names of people who were born on that day of the week. As Katia has done so many times, and Maria has done it a few times and the others keep doing it from time to time. I like to be asked, but I just will not be able to answer when I'm too busy that I cannot leave. Then, I can say:*

R: *I'm busy now.*

R: We need to say what we have to do and what we do not have to. Occupation is sometimes very important. You need one.

At age 17, contrary to the inclusion policy of his school, he took the ENEM exam and entered university to study languages in Europe, where his uncles and cousins lived. At that time, the formerly scattered family was reunited in Europe. The maternal branch of the family was torn apart by the war in their country of origin, and with the migration of Rafael's family nucleus to Europe, this branch took on a new configuration. Rafael started living with his maternal grandmother, father, mother, brothers, uncles, and cousins in the same city. This new, stronger configuration brought him new opportunities for his internal and external development. He acquired more autonomy and independence in this city and evolved his verbal language structure to a higher level.

At 22 years of age, on a cognitive level, he had evolved very well; he was studying languages at a renowned university and was above average in performing mathematical calculations. The typical characteristics of ASD remained but did not prevent cognitive and linguistic progress from the point of

view of the grammatical mastery of different languages. There were, however, discursive difficulties. The way he spoke oscillated among the more automatic stereotyped speech and the subject's speech, that is, Rafael's speech. As a child, he also oscillated among stereotyped words – numbers and colours – and their appropriate, emotionally charged verbal expressions.

*Lisbon, 2019, statement by Rafael at age 22:*

- *Good afternoon, everyone.*

- *I'm Rafael ON, I'm 22 years old, and I have Asperger's Syndrome.*

- *So...*

- *I'm...*

- *I have been attended by a doctor since I was 1 year old and, with very special and welcoming care, it was with her that I learned to speak, I learned my first words, I also learned to know the world in the easiest way. She also helped me deal with my younger brother, Miguel, when I was jealous because... then I learned to share my mother when she had my brother, a 2nd child, and then after that I went to live in Africa.*

- *Then, I... I returned to Brazil, studied at Paraiso school, and she was always present in my life to help, both in primary and secondary school, to help me interact with friends... And, I was making friends little by little, because they were... I was inviting them to come over to my house, to have fun; this made my friend group bigger and bigger.*

- *Then, after 2014, I moved to Portugal, and the adaptation was very difficult; to the climate, culture and then... but even so, I managed to adapt well, although the 1st year was painful, the 2nd year still a little bit. But then, I started to adapt well, and I started to like Portugal.*

On the affective level, he continues to evolve using the instruments that were built over time with the help of therapeutic work. These instruments make it possible for him to enjoy the emotions, pleasures, and duties of life. He interacts with his colleagues in basic issues, but he is still immature in terms of psychosexual development.

Thus, the possibility of a child enjoying life depends on the construction of the child's internal world, regardless of the disorder present, whether it is deafness, blindness, or ASD. In turn, this construction is conditioned by a satisfactory "parental" interaction, which is very difficult to develop when parents lose their codes of origin and have not yet acquired others to manage the pain in life.



## Final Considerations

This child, when starting his therapeutic treatment, presented three points of vulnerability regarding his subjectivation and language development: being vulnerable to autism spectrum disorder, being the child of immigrants and belonging to a family whose members experienced post traumatic stress disorder (PTSD).

The pain of losing their homeland, culture, home, and family, which any immigrant may feel being in another country, demanded intense internal work on the part of the parents for them to satisfactorily exercise their parental roles<sup>14</sup>. It is necessary to understand that different areas of pain may be interrelated<sup>15</sup>; thus, the pain of anguish, expressed by tantrums and other symptoms during the subjectivation of this child, relates to the pain of a bereaved immigrant family member who has lived through situations of significant loss. Castration anxiety, the mourning of what the child does not have or cannot have, is expressed in a cry of pain and must be welcomed by the caregiver for the child to continue the process of subjectivation. However, this expression of the child's pain is unbearable for those who dislike hearing someone in distress. The cry of an anguished child awakens the anguish of those who listen to it. The subject who listens does his best to buffer the sound that represents this unbearable pain of anguish in that moment.

Thus, the child in question was constantly reprimanded to make him fit into a code where there was no room for contestation. His voice was not heard, and his cry was not welcomed. The norm did not provide justifications, only more strict rules to ensure that as immigrants, they were not rejected by the local culture.

Notably, after such significant losses, the bereaved caregiver had difficulties maintaining compassion for the child in this process of natural losses in the subjectivation process, e.g., the acquisition of the word "no"<sup>16</sup>. He identified with the child and cried along with him, but for different losses, and tried to help him ignore his suffering due to what he lacked, harming the process of accepting what one does not have. This process is fundamental in the subjectivation, psychic constitution and emergence of verbal language. In addition, the silence of the caregiver impoverished the exchanges in

verbal language and provided a certain mutism by identification.

This family was built from three different cultures that shared a similar linguistic code, the Portuguese language, which, although differing greatly between Brazil and Portugal, allows identification with a language. The adaptation of the child in Brazil required conscious transmission by the parents of the cultural codes of three continents to provide a unified family code of their own. His speech, at first, was characterized by a Carioca accent and the use of the African expressions used mainly by his grandmother and mother. After 18 months living in Africa, at age 8, when visiting Brazil, changes in his speech were noticed. He assumed a clearly African language structure and accent, which reflected his immersion in the culture. However, recently, after living in Europe for five years and at 22 years of age, his speech has become closer to the Brazilian accent, containing certain expressions and constructions inherited from Africa mixed with a vocabulary from three continents.

Some linguistic aspects can be highlighted from an enunciative point of view. The first is the oscillation between the use of verbal stereotypes and more meaningful speech. The fact that Rafael enunciates stereotypies when faced with more complex situations from an affective point of view is reminiscent of an observation made by Klinger and Souza<sup>17</sup> suggesting that stereotyping is not devoid of discursive meaning, even though it may be incomprehensible and sound strange to those listening. They describe the case of a boy who used the repetition of the word "jump" to escape a very direct discursive and interaction situation. Notably, the stereotyped form of expression showed progress in Rafael's productions because as an adult, he no longer materialized discursively via the repetition of colours but offered some phrases heard in the speech of others, such as "occupation is sometimes very important", which seems usual for a teenager to say. This highlights the difference between a progressively greater grammatical domain, since stereotypies are no longer evident in words but in sentences with intonation, and the discursive level at which the subject marks himself in his utterances in the enunciative act. In each enunciative act, the subject's agency in his semiotic domain's grammatical resources is semanticized during dialogue. Rafael's semiotic domain has thus evolved to the point of allowing him more resources during the

semantization process. However, this process still highlights the need for more automatic productions in situations that emotionally deregulate him, something predicted in the work of Cardoso<sup>18</sup> on the principles of intersubjectivity and relationships, which form meaning in the evaluation of language disorders from the enunciative perspective. The estrangement that the addressee experiences arises, however, from the fact that this type of production seems to have the character of storing words or phrases divorced from their meaning, or usual use, as made by neurotic people in both first and second languages<sup>19</sup>. This feature has already been addressed in descriptions of the language of people with ASD, but it acquires a unique condition in each case, in which the subject's agency is distinct and peculiar resources are used to enunciate it<sup>18</sup>.

The therapist is responsible for supporting the functioning of language and welcoming discourse through attentive listening that allows subjects, whether neurotic or with ASD, to overcome their difficulties. This is what happened to Rafael, who, once his feelings about his father's absence were understood amid the limitations and demands of TEA, was able to advance in the process of subjectivation due to attentive listening by his therapist, who grasped that his stereotypes were his means of enunciating, including the relevant aspects of his subjectivity under construction.

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