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Autism and Language: A Case Study of an Adolescent

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Abstract

The present work aims to offer a different perspective on the use of language in autism, dissociating it from a defective and pathological view. The first part of this paper will present a literature review, from the first description of autism to the most recent psychiatric definition of Autism Spectrum Disorder. Both DIRFloortime® and a Lacanian psychoanalytic understanding of language in autism will be provided. In order to revisit theoretical paradigms and to investigate how an individual diagnosed with autism makes use of language, the second part will include a case study of weekly meetings with a young autistic man over the course of three months. By exploring content, associations, and language addressed to the other, the intent is to advocate that language in autism should not be reduced to its defective and pathological characteristics. Instead, it should be seen as meaningful and purposeful for the autistic subjects and for those who may engage with them.

Key-words: Language, autism, DIRFloortime®, Lacanian psychoanalysis

1. Introduction

This work stemmed from a desire to rethink the use of language in autism. I started from the premise that, since its first description, autism has been characterized by an atypical use of language. In 1943, Leo Kanner described abnormal speech, pronominal reversal, literalness and inability to use language for communication as crucial symptoms characterizing autism (Wolff, 2004). A few decades later, the psychiatric classification included gross deficits in language development and peculiar speech patterns to diagnose infantile autism (APA, 1980). Today, in its fifth edition, the same psychiatric manual defines persistent deficits in social communication and interaction as one of the two main criteria for Autism Spectrum Disorder (APA, 2013).

Throughout the last seventy years, the fields of psychoanalysis and developmental theories have also offered their understanding of autism. DIRFloortime®, a developmental approach, acknowledged that autism involves, among its core symptoms, problems in relating and communicating (Greenspan & Wieder, 2006), which clearly, entails language. Within the field of psychoanalysis, the Lacanian perspective hypothesized that autistic subjects¹ are *in* language, making use of it to represent themselves (Laurent, 2014). However, their use of language is not always articulated to the Other – this term referring here to the field of language, where meaning and signification take place. Such a view suggests that autistic subjects usually use language outside its social scope.

It is clear that language is a central piece in the history of autism. Whether through the lenses of psychiatry, developmental theories, or psychoanalysis, autism is

¹ Throughout this work I will use the word subject instead of individual

characterized by an atypical use of language (Wilkinson, 1998; Wolf, 2004, Laurent, 2014; Sterponi, de Kirby, & Shankey, 2016). However, within these distinct fields of knowledge, there is a radical difference in the way language in autism is perceived. On the one hand, psychiatry claims that language in autism is defective, symptomatic, and, hence, pathological (APA, 2013). On the other hand, both the DIRFloortime® and a Lacanian perspective affirm that language in autism is not defective, but rather a meaningful and purposeful expression of the autistic subject.

Because of these different perspectives, the treatments offered to people with autism differ radically. Among psychologists and clinicians, the most common treatment in the United States is Applied Behavior Analysis (ABA). The ABA model relies on the systematic development of communication skills and “seeks to reduce language, learning, and social barriers that can interfere with the development of these skills” (Sundberg, 2016, p.81). Through intensive training, the behavioral approach aims to improve socially significant behaviors and to reduce language and communication deficits in order to socially adjust the individual.

Differently from the perspective of medicating, training, and adjusting the subject, both DIRFloortime® and psychoanalysis seek to engage with each subject in his particularity. Rather than labeling language in autism as defective and pathological, both perspectives acknowledge that the subject has found a way to express and represent himself in an unusual and unique use of language. Therefore, this work stems from a desire to rethink the use of language in autism, dissociating it from a defective view. As supported by the developmental and psychoanalytic perspectives, this thesis also aims to

investigate how language in autism can be meaningful and purposeful for the autistic subjects and for those who may engage with them.

To approach the object of study, i.e., the use of language in autism, this investigation will be divided into two sections. The first section will present a literature review on autism, from its first description to the most recent psychiatric definition of Autism Spectrum Disorder. Both DIRFloortime® and a Lacanian psychoanalytic understanding of language in autism will be provided. The intention is not to present all the information that has already been published about the use of language in autism, but to inform how these three different perspectives conceptualize language in autism.

In the second section, a case study will be introduced to revisit the theoretical paradigms and to investigate how an individual diagnosed with autism makes use of language. The empirical material was obtained over ten weekly sessions with Robin (his name has been modified for privacy reasons), an autistic young man. During those meetings, my intention was not to study Robin himself, but rather the use of language in autism that characterized my topic of study, and Robin would enable me to explore my questions. At first, my inquiries were: how do autistic subjects make use of language? How do they communicate and interact with the world around them? How do they use language to express and represent themselves?

The meetings with Robin led me to focus my investigation on two aspects: (1) the content and (2) the addressing of his language. For the purpose of this work, the second aspect refers to whom Robin addresses his language when he speaks, while content refers to the topics present in his language as well as the associations between them. During the sessions, Robin would jump from one topic to another unrelated matter, but he would

also resume talking about a previous theme, which led me to analyze the content and the associations recurring in his language. Still during sessions, he would stop addressing his language, his gaze, and his voice to me, but would continue to whisper and murmur incomprehensibly. I felt as if he had “turned off” and disconnected from our meeting.

Concerning the first aspect, the questions orienting my investigation were: is he revealing something about himself in his language? How does he do so? Is there any kind of association in his language? Besides, how does the content of his language indicate that he is interested in connecting with the world around him? In regard to the second aspect, the questions were: is he addressing his language to the Other in the Lacanian sense, meaning field of language, place where meaning takes place? What happens when he “turns-off” from our interaction? In every session, Robin alternated between moments of connection and disconnection with me. What causes him to connect or disconnect?

The questions above guided the analysis and interpretation of the case study, in the sense of understanding what happened during these moments, and more broadly speaking, how Robin used language to connect and disconnect with the world around him. Lastly, it is important for the reader to know that this work, ironically, makes use of different languages: concepts from both DIRFloortime® and Lacanian psychoanalysis have meanings that are different from those we use in everyday language. Such technical terms will be explained throughout the work.

2. Language and Autism: An Overview

2.1 From Kanner to the DSM-V

While we might consider autism as a recent diagnosis due to its increased prevalence during the last years, it was actually described more than a hundred years ago. This complex disorder has been explained, classified, and treated in various and differing ways. The medical understanding about the condition has changed over the years, which brought about changes of diagnostic names, criteria, and treatments.

Swiss psychiatrist Eugen Bleuler first used the term *autism* in 1911. The word *autism* comes from the Greek word “autos”, meaning self. Therefore, Bleuler used the term to describe schizophrenic patients who were removed from social interaction, hence becoming an isolated self.

Influenced by the work of Bleuler, the autistic disorder was thought to be an early form of childhood schizophrenia for many years. However, by 1979 this idea had been long abandoned (Wolff, 2004). With the clinical and empirical work of Austrian-American psychiatrist Leo Kanner from the John Hopkins Hospital, the term *autism* gained a new meaning and a new description. His clinical work with children led to the dissociation of autism and schizophrenia, even though he considered the disorder to be a psychosis (Wolff, 2004).

In 1943 Kanner described a unique syndrome not previously identified - an autistic disturbance of affective contact with emotional basis, identified since the beginning of life. He thought the syndrome was probably rare and may have been confused with schizophrenia in the past (Wolff, 2004). In his description, he listed as

crucial symptoms: “extreme autistic aloneness; abnormal speech with echolalia, pronominal reversal, literalness and inability to use language for communication; and monotonous, repetitive behaviors with anxiously obsessive desire for maintenance of sameness” (Wolff, 2004).

Curiously, around the same time, Viennese pediatrician Hans Asperger described cases of “autistic psychopathy of childhood”, a lifelong condition that could be recognized in early childhood. Children’s condition depicted by Asperger was characterized by an extraordinary gift with creative and original modes of thinking, along with poor social and emotional relationships, stereotypic behaviors, pervasive special interest, and idiosyncratic use of language (Wolff, 2004).

Both Kanner and Asperger were extremely influential in the medical understanding and classification of the autistic condition. In 1980, for instance, the DSM-III was published and it included “infantile autism”. The diagnostic criteria were: (1) onset before 30 months of age; (2) pervasive lack of responsiveness to other people; (3) gross deficits in language development; (4) peculiar speech patterns as echolalia or pronominal reversal; (5) bizarre responses to aspects of the environment as resistance to change or peculiar interest; and (6) absence of hallucinations, delusions, loosening of associations, and incoherence as in schizophrenia (APA, 1980).

This first cataloged description clearly included aspects noted by Kanner and Asperger as: onset in early development, abnormal speech, lack in social communication, desire for maintenance of sameness, and pervasive special interest. In 1987, the APA published its revised edition (DSM-III-R) and “infantile autism” was replaced by “autism disorder”. Instead of the six criteria established in the DSM-III, the revised edition

contained sixteen items and eight out of the sixteen should be present in order to make the diagnosis.

On the DSM-III-R (APA, 1987), the four core criteria were: (1) impairment in social interaction; (2) impairment in verbal and non-verbal communication and in imaginative activity; (3) markedly restrictive activity and interest; and (4) onset during infancy or early childhood. That is, the characterization of the autistic disorder was basically the same as the one described by Kanner, Asperger and the previous DSM, but the list of symptoms dramatically increased. In my understanding, this increase expressed a broader comprehension about the autistic condition, but it also established a larger range of possibilities that may have augmented the number of diagnosed individuals.

The following editions of the psychiatric manual, DSM-IV (APA, 1994) and DSM-IV-R (APA, 2000), kept the same four diagnostic criteria for autism disorder. Nonetheless, an important sub-classification was included in 1994 - "Asperger's syndrome" (AS). Although Asperger's work appeared in 1944, it was only in 1981 that psychiatrist Lorna Wing named his previous description as "Asperger's syndrome", which was incorporated into the DSM-IV in 1994 (Wolff, 2004).

AS was added to the fourth edition of the manual in order to include milder cases of autism with high functioning individuals. Generally speaking, these individuals had impairments in social communication, interaction, and non-verbal behaviors (typical symptoms of autism), but they could function socially in a more sophisticated way.

Regardless of the relatively high number of people diagnosed and identified with AS, the diagnosis disappeared in the latest edition of the manual, the DSM-V, as a sub-category of autism. The current manual states that individuals with Asperger's disorder

should be given the diagnosis of autism spectrum disorder without language or intellectual impairment (APA, 2013).

Strangely, the DSM-V does not mention the reasons that led the American Psychiatric Association to remove AS from the manual. They - the APA - simply left the subjects identified and named as “Asperger” with the anxiety of losing their diagnostic specificity, along with the discomfort of being included in a broad category that does not fully correspond to their condition (Laurent, 2014). As we will see next, the new “autism spectrum disorder” is the current psychiatric diagnosis that, not only excludes previous classifications, but makes autism an even broader diagnosis.

In the current edition of the Diagnostic and Statistical Manual of Mental Disorder (DSM-V), autism is named as Autism Spectrum Disorder (ASD) and is listed within the group of neurodevelopmental disorders. The manual describes the diagnostic criteria and features, severity levels, associated features that support the diagnosis, prevalence, development and course, prognostic factors, social-related issues, and functional consequences of the disorder. This extensive description is the culmination of years of clinical and academic research on autism etiology and symptoms.

It is important to discern what the DSM establishes as neurodevelopmental disorders. This group of disorders includes childhood-onset conditions. According to the DSM-V (2013), “these disorders typically manifest early in development, often before the child enters grade school, and are characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning” (p. 31).

The range of deficits varies from limitations in learning or controlling executive functions to global impairments in social skills or intelligence. For instance, intellectual

disability, social communication deficit, hyperactivity, repetitive behaviors, restricted interest, insistence, and sameness are some of the symptoms that appear among neurodevelopmental disorders. In respect to the similarity between all these disorders, the DSM-V (2013) states that they may include “the specifier associated with a known medical or genetic or environmental factor” (p. 32). That is, neurodevelopmental disorders can be associated with medical, genetic and/or environmental factors that may explain a certain condition. This statement suggests that one neurodevelopmental condition may be related to multiple causes. Despite the number and types of causes, what is certain is that this group of disorders describes neurologic deficits that come into being in the child’s early period of development.

Now that we have established where ASD is situated among mental disorders, we can delve into the specificity of the autism spectrum disorder. The first definition that appears in the DSM-V (APA, 2013) is:

Autism spectrum disorder is characterized by persistent deficits in social communication and social interaction across multiple contexts, including deficits in social reciprocity, nonverbal communicative behaviors used for social interaction, and skills in developing, maintaining, and understanding relationship. In addition to the social communication deficits, the diagnosis of autism spectrum disorder requires the presence of restricted, repetitive patterns of behaviors, interest, and activities. (p. 31)

As this description indicates, ASD is essentially defined by (1) a persistent deficit in social communication and social interaction across different contexts along with (2) restricted and insistent patterns of behaviors, interest and activities. Accompanying these

two diagnostic criteria, the manual establishes that in order to reach diagnosis (3) symptoms must be present in the early developmental period and (4) must cause clinically significant impairment in social, occupational, or other important areas of current functioning. A fifth criterion is still included stating that (5) ASD frequently co-occurs with intellectual disability, presenting with social communication below that expected for general developmental levels (APA, 2013).

More specifically, (1) deficits in social communication and interaction can be observed through abnormal social approach, failure of normal back-and-forth conversation, deficits in nonverbal communication - as eye contact and body language, and difficulty in developing, maintaining, and understanding relationships. In short, here the deficit is related to communication and interaction with the other.

The (2) restricted and repetitive patterns of interests and activities are manifested through the individual's body and use of language. For instance, symptoms in this realm may include: repetitive motor movements, use of objects or speech; insistence on same routines, rituals, or behaviors; fixed and intense interests or preoccupations; and hypo or hyperactivity to sensory input. In brief, these symptoms seem to express an excess of information and/or input that is difficult to regulate and address. Also, many restrictive and recurring behaviors, such as echolalia and repetitive questioning, involve language and social communication, which makes the role of language and interaction with others even more evident in autism (Prelock & Nelson, 2012).

With respect to the (3) disorder's early onset, the "symptoms are typically recognized during the second year of life (12-24 months of age) but may be seen earlier than 12 months if development delays are severe, or noted later than 24 months if

symptoms are more subtle” (APA, 2013, p. 55). The (4) clinically significant impairment in everyday functioning should be understood as the individual’s difficulty in attending and relating to social demands, requirements, or norms. That is, even in the psychiatric view, autistic behavior presents with an intense difficulty in establishing social bonds.

Furthermore, according to the DSM-V, autism has three levels of severity that may vary according to context and fluctuate over time (APA, 2013). The severity is gauged considering current symptomatology and level of required support. In that matter of symptomatology, the most important criteria (1 and 2) should be rated separately.

Since ASD includes considerably variable levels of severity, need of support, symptoms, and correlated disorders, the term *spectrum* seemed suitable to the American Psychiatric Association. They explain that “manifestations of the disorder also vary greatly depending on the severity of the autistic condition, developmental level, and chronological age; hence, the term *spectrum*” (APA, 2013). However, it is believed that the broad term chosen by the APA attests to the singularity of each subject, which could not be named without a broad and inclusive word. *Spectrum* is a way to handle and encompass the uniqueness of each individual.

Considering these complexities, the diagnosis of ASD must be carefully investigated. It should be based on multiple sources of information, including clinician’s observation, caregiver history and interviews, and, when possible, self-report. The clinician should consider aspects as age, class, gender, and culture when listening to the individual’s history in order to render an impartial judgment, beyond social norms. After all, the narratives of the individual and of his caregivers are essential for the diagnosis; it is through their tales that the disorder’s development and course can be traced.

Still consonant with the DSM-V (APA, 2013), onset description might include reports about early developmental delays, delayed language, losses in social language and skills, deterioration of social behavior and communication, lack of interest in social interaction, odd play patterns, and unusual communication patterns. These are some examples of symptomatic behaviors that can appear around one or two years of age, and that especially affect social, language, and communicative competences.

Although some symptoms may change throughout life, getting better or worse, the psychiatric manual states that autism is not a degenerative disorder. Its course varies from individual to individual and learning abilities, compensation strategies, coping mechanisms, and other interventions can affect the course of the disorder. The lack of a determined course in autism leads us consider risks and prognostic factors in ASD.

The prognosis is based on intellectual disability and language impairment (APA, 2013). In this sense, the best prognostic sign is the presence of functional language by the age of 5 years. The presence of severe language impairment along with severe intellectual disability indicates a worse prognosis. The DSM-V establishes two categories of risk: genetic and physiological, and environmental.

As to genetic and physiological risks, the manual points out that “currently, as many as 15% of cases of autism spectrum disorder appear to be associated with a known genetic mutation” (APA, 2013, p. 57). However, even when ASD is associated with a known genetic mutation, it does not appear to be fully determinant. This leads to the conclusion that the remainder of cases appears to be polygenic, with perhaps hundreds of genetic loci making relatively small contributions (APA, 2013).

In respect to environmental risks, the psychiatric description mentions: “a variety of nonspecified risk factors, such as advanced parental age, low birth weight, or fetal exposure to valproate, may contribute to risk of autism spectrum disorder” (APA, 2013, p. 56). Even though some genetic mutation can be found in 15% of cases of autism, and nonspecified environmental risk factors may or may not contribute to the incidence of ASD, **there is no determined cause yet.**

In conclusion, from a psychiatric perspective, ASD is characterized by deficits, most of them related to language. The deficits in social communication and interaction accompanied by restricted and repetitive patterns of (unconventional) behaviors are prominent. In turn, these main symptoms have functional consequences that affect life in society as a whole. The cause of ASD is speculated about but not yet determined and psychiatry offers a broad diagnosis to be made, attesting to the ongoing epidemic of the spectrum. More importantly, in all medical descriptions, language appears as a cardinal characteristic for identifying and diagnosing autism. I will now leave the psychiatric field and look into two different perspectives on autism and language, beginning with the developmental one.

2.2 The DIR Perspective

The Developmental Individual-difference Relationship-based approach, (DIRFloortime®), is a model created by Drs. Stanley Greenspan and Serena Wieder. As the name suggests, it is a developmental approach that considers the singularity of each individual and posits an affective relationship as the basis for the therapeutic alliance.

The approach aims to “build foundations for healthy development, rather than to work only on surface behavior and symptoms” (Greenspan & Wieder, 2006, p. X).

The DIRFloortime® perspective offers a particular understanding of autism, which presents differences and similarities with the current psychiatric conception. In respect to the similarities, it acknowledges autism as a neurodevelopmental disorder involving problems with social interaction, language, and a range of emotional, cognitive, motor, and sensory abilities (Greenspan & Wieder, 2006). It also recognizes that the cause of autism is unknown, but that some ongoing studies indicate a multicausal model whereby many factors work together to produce cumulative risk. As the psychiatric perspective, DIRFloortime® recognizes genetic, physiological, and environmental factors as some of the risks that may cause the disorder.

Regarding the differences, the model states that all symptoms observed within the autistic spectrum arise, in fact, from three more fundamental problems in *relating*, *communicating*, and *thinking*. As Greenspan describes (2006), problems in establishing interpersonal closeness; in communicating in a continuous way; and in using words and symbols with emotional intent represent the core of autism. In turn, these three core difficulties in relating, communicating, and thinking trigger the secondary symptoms that are observed in autism.

Symptoms such as repeating words in a scripted way; as the tendency to persevere with a certain behavior; or as the narrow range of interest, are secondary due to the fact that they stem from the core deficits. For instance, because children expand their range of interests through communication with others, their range of interest remains narrow and limited when they don't interact in a continuous way to express their wishes and needs

(Greenspan & Wieder, 2006). Here, it is clear how fundamental problems in relating and communicating, which, in turn, are related to language, generate secondary symptoms.

Moreover, the DIRFloortime® approach strongly states, “ASD should be viewed as dynamic, not static. A static trait is fixed – the child will be this way no matter what the environment, context, or circumstances” (Greenspan & Wieder, 2006, p.8). Children that were diagnosed with ASD and were then treated according to the model showed varied levels of progress (Greenspan & Wieder, 2006). Based on these clinical examples, their perspective on autism is far from understanding it as a static disorder. Instead, the three core deficits described above are seen as “dynamic traits” that can and do change – more for some children than for others, and more with certain kinds of treatments programs than with others (Greenspan & Wieder, 2006). This perspective on treatment and prognosis seems to go along with the psychiatric understanding – ASD is not a degenerative disorder and development, prognosis, and treatment vary from individual to individual. Moreover, the DIR model considers the uniqueness of each individual diagnosed in their biological and subjective functioning.

We can say that this developmental model conceptualizes autism as a dynamic neurodevelopmental disorder characterized by problems in relating, communicating, and thinking. However, the cause remains unclear. Greenspan (2006) states that “the primary problem of individuals with ASD is a biological difficulty in connecting emotion to motor actions and, later on, to symbols” (p.17). And since emotions link different types of mental functioning, “when these linkages are not properly formed early in life, a variety of downstream effects may occur, including difficulty with giving purpose and

meaning to actions or words and forming age-expected pathways between the different areas of the central nervous system” (Greenspan & Wieder, 2006, p. 17).

In order to fully understand Greenspan’s hypothesis regarding how autism develops, it seems important to first understand how he conceptualizes development. His theory describes six primary stages of functional emotional capacities that mark children’s development and three advanced stages that characterize continuing development in adolescents and adults. Mastery of all stages is essential not only for typical emotional development, but also for cognitive development, high-level thinking, and a fully developed sense of self (Greenspan & Wieder, 2006). It is a theory that intertwines emotions and cognition throughout development and establishes a difference between typical and atypical, if not normal and pathological, paths of development.

Looking at the typical development, the first functional and emotional stage is defined by the ability to share attention and regulate or coordinate movements in general. It is about connecting emotions to actions and sensations, which can be seen through purposeful responses to sound, touch, or other sensory experiences (Greenspan & Wieder, 1997). The second stage is marked by engagement and relatedness with others. For instance, growing expressions of intimacy such as initiated and sustained smiles illustrate such stage. The third one refers to intentionality and purposeful emotional interactions. What portrays such period is “a range of back-and-forth interactions, with emotional expressions, sounds, hand gestures, and the like used to convey intentions” (Greenspan & Wieder, 2006, p. 30).

Long chains of back-and-forth emotional signaling and shared problem solving define the fourth stage. At this point, children can sustain a chain of communication to

solve a problem with someone else. With a more developed language, the fifth stage is illustrated by a creative use of words and symbols. Meaningful uses of words and phrases along with interactive pretend play with caregivers or peers are examples of such stage. The sixth and last stage of child development is called “building bridges between ideas: logical thinking” (Greenspan & Wieder, 2006, p.30). At this point, the child can connect ideas in a logical way, involving, for instance, causality and consequences.

From the sixth stage on, higher levels of imaginative, creative, and logical thinking are developed. For example, multicausal and triangular thinking describes stage seven, since children progress from recognizing simple to multiple causes. Stage eight is called the gray-area or emotionally differentiated thinking. Because they mastered the previous stage, children can now “understand the varying degrees or relative influence of feelings, events, or phenomena” (Greenspan & Wieder, 2006, p.51).

The last emotional and functional stage refers to a growing sense of self and to reflecting upon an internal standard. It is by puberty that more complex emotional interactions help children progress to thinking in relation to an internal standard and to a growing sense of self (Greenspan & Wieder, 2006). Once the nine functional emotional capacities are reached, the individual keeps developing throughout life. Development is an ongoing phenomenon based on fundamentals for relating, communicating, and thinking, which are achieved in all the nine stages described above.

Resuming Greenspan’s view on how autism develops, he hypothesizes that biological factors affect the ability to connect emotions or intent to motor actions and, later, to symbols (Greenspan & Wieder, 2006). On the one hand, those biological factors are still unidentified, but on the other hand, the inability to connect emotions to actions

and symbols refers to a very early stage. As we saw, the first stage of functional and emotional development already involves a level of connection between emotions and actions, which can be seen through regulation and shared attention. An infant at risk for ASD may find it hard to regulate and coordinate movements in general. He can also lack sustained attention to different sights or sounds (Greenspan & Wieder, 2006). Since the mastery of each stage highly influences subsequent development, signs regarding critical functional and emotional interactions early in life will affect the ongoing development of relating, communicating, and thinking.

Nonetheless, it is important to note that the onset and subsequent development of autism is different for each individual. According to Greenspan (2006), depending on the severity of biological factors, some children with ASD may show delays in one of the first four stages of development; others may master the first three stages before showing signs of a disorder; while some get delayed in stage one. In any case, signs of a disorder seem to appear in an early stage of development and biological factors, yet to be identified, seem to be the cause of such delays.

A last important observation within the DIRFloortime® model regards the development of language. Even though developmental levels are not specific to language and communication, but rather to a general perspective on functional and emotional capacities, they are integrated with the interpersonal and symbolic domains of language at every stage.

Longtin and Gerber (2008) argue that, more recently, corresponding developmental levels of speech, language, and communication have been generated within the first six stages of the DIRFloortime® paradigm. They include (1) self-

regulation and interest in the world, (2) forming relationship and affective vocal synchrony, (3) intentional two-way communication, (4) first words, (5) word combinations, and (6) early discourse. It is evident how interactions with the world and with other people not only start very early in life but also promote language development - which is manifested even before the first words.

In the case of autism and DIRFloortime®, the process of learning to communicate and to use language becomes even more difficult (Longtin & Gerber, 2008). Greenspan (2006) states that communication begins at the preverbal level, with gestures, sounds, smiles, and scowls. He argues that for words to have meaning and for children to talk and use language successfully, they first need to master communicating with gestures (Greenspan & Wieder, 2006). However, such preverbal level involves mutual and two-way communication, which is impaired in autism. Because of biological challenges, individuals with ASD find it hard to engage with others and to be part of a shared world, whether by using gestures, sounds, or words (Greenspan & Wieder, 2006).

To conclude, in the DIRFloortime® paradigm, autism is a neurodevelopmental disorder, primordially caused by biological determinants that, early in life, are manifested through difficulties in connecting emotions, motor actions, and language. Such impairments of basic capacities represent the so-called problems in relating and communicating with others. In accordance to the history of autism, such developmental approach also places impairments in social interaction and communication, i.e., in language, as a central piece characterizing autism. Let us now examine if a psychoanalytic perspective is also in accordance with the role of language in autism.

2.3 The Lacanian Perspective

“As the name indicates, autistics hear themselves. They hear lots of things. Normally this even leads to hallucination, and hallucinations have always a more or less vocal character. Not all autistics hear voices, but they articulate lots of things, and what they articulate, it is a matter of discovering where they heard it.” (Lacan, 1975, p.19)

The Lacanian perspective on autism is the one based on the teaching of French psychiatrist and psychoanalyst Jacques Lacan. As one of the most important psychoanalysts after Freud, Lacan returns to the Freudian field more influenced by linguistics, structuralism, and philosophy than by his own medical training. Thus, the Lacanian perspective has a few features similar to the main psychiatric view, especially because it considers the hypothesis of the unconscious and reformulates the notions of typical and atypical development.

Regarding the specific issue of autism, Lacan rarely addresses it and the quote above is one of the few commentaries we can find. However, resorting to other psychoanalysts oriented by his teaching, it is possible to find more on this matter. Even though there is no consensus among Lacanian analysts as to what autism is, here I choose to introduce some conceptualization about the autistic subject, specifically with regard to his relationship with language.

The quote above is from a conference given by Lacan in 1975, when he refers to the etymology of the word *autism*, alluding to the fact that autistics hear themselves. In that same occasion, Lacan goes on by saying that “you can't say that he (the autistic) doesn't speak. That you have trouble hearing, grasping the point of what they say, doesn't

prevent these people from being rather verbose” (1975, p. 20). Lacan clearly states that autistics make use of language: they hear, they speak, and they articulate a lot of things, even though we may have trouble grasping what they say.

Lacan also mentions the hallucinatory aspect that may take place in autism. Briefly speaking, in Lacan’s usage, hallucinations are not reduced to nonrealistic perceptions without an object in the outer world (Vanheule, 2011, p.91). Nor are they a simple confusion between the internal and external realities. Instead, hallucinations are perceptions that speak about the subject who constructs them. “Lacan claims that hallucinations bear witness to an internal structure that reflects what exactly the hallucinating person is struggling with” (Vanheule, 2011, p.102). That is, hallucinations not only express something about the subject’s structure, but also have the function of addressing what the subject is experiencing. For instance, the specific topic of a hallucination is not random, but rather a direct manifestation of one’s struggles.

Without elaborating on how autism may lead to hallucinations, Lacan suggests that, through hallucination or not, autistic subjects hear and articulate, in the sense of associating, a lot of things. And grasping what they articulate is a matter of discovering where they heard it, i.e., from where the content of what they articulate comes from. Lacan emphasizes the importance of investigating in what context the autistic subject heard what he articulates. On this matter, Vanheule (2011) reaffirms the Lacanian view according to which “hallucinations should be read to the letter and clinicians should carefully examine the context that led to their production” (p.103). Not only regarding hallucinations, but everything that autistic subjects hear and articulate should be thought in the context that caused their production.

Further in the conference, Lacan (1975) adds that autistics don't hear us, but in the end there is surely something to say to them. Such statement brings up the question of communication and invites us not to recoil when faced with autism (Morilla, 2002). If we have something to say to them, we assume that communication is possible in the sense that they can also hear us. Thus, there is this autistic subject who may be able to hear, speak, and even hallucinate, but who cannot always communicate with us.

Lacan's few commentaries on autism raise the following questions: what makes communication in autism so difficult, but not impossible? Lacan mentions that some articulation, i.e, some association, is at stake in autism. What kind of association would it be? In order to address these questions from a Lacanian perspective, we need to explore how the subject enters into language and makes use of it.

Differently from the DIRFloortime® paradigm, Lacan does not offer a developmental theory composed of delimited stages that involve mastery or failure of different functional and emotional capacities. Although Freud does offer different phases of development (oral, anal, phallic), Lacan formulates it in the form of logical operations that, in turn, determine the constitution of the subject – subject that, in Lacan, is always the subject of the unconscious. That is, in opposition to the ego, Lacan's concept of the subject represents the Freudian notion of *das Es* or the Id (Verhaeghe, 1998).

To approach the two logical operations that constitute the subject - *alienation* and *separation* -, we will examine the primordial connection that the human, as a baby, makes with language. Looking through the lens of the Lacanian perspective, we start from the premise that, in this primordial moment, the baby faces an ocean of signifiers, i.e., of words and sounds, without grasping language in its complexity. The phenomena

of *mom talk* (the prosody of the mother's voice) and *lallation* (the baby's babbling) represent protoconversations where the voice summons the baby and he, caused by the desire of the Other (the mother, in this primordial moment), becomes able to assume his own sounds, building then his own voice to, in the future, speak (Travaglia, 2014).

As mentioned above, during this primordial moment, the mother occupies the place of the Other – for Lacan this means the field of language, the set of all signifiers. With her voice, its intonation, volume, and rhythm, she addresses the prosody, known as *mom talk*, to the infant. Here, it is important to note that both *mom talk* and *lallation* are not reduced to the maternal position, in the sense that someone other than the mother can perform this function. Also, the content of the message addressed to the infant is not important at this moment, but rather the musicality that the voice contains. It is from this musicality, from the voice in its sonorous function, that words, signifiers, and, broadly speaking, language will inhabit the baby. Travaglia (2014) offers the metaphor that, if music is the root of words; it is from the germ of words that the subject can sprout.

Looking more closely at *mom talk*, adults surround the baby with the sound of their voices and with the musicality contained in their words. The baby, even without knowing the content of these messages, starts to alienate himself within these calls and to respond to them. The baby alienates in the sense of distancing himself from something that he was before entering language. Babbling, the crying, and the smiling are some of the baby's first attempts to address something to the otherness. In *mom talk*, inasmuch as the mother talks with the infant and lends him her voice, she considers him an interlocutor, summoning him to language and anticipating his position as a speaking being (Travaglia, 2014).

In addition, it is also through these first exchanges of sounds, words, and their intervals that alternation of presences and absences is introduced. After all, *mom talk* is not constant, which gives space for the baby to be present. Absence and presence not only give the baby the opportunity to be present, but to deal with the dimension of the lack of the Other. The mother, while occupying the position of the Other, lacks for the baby, since she is not always present. At the same time, her absence indicates that she looks for something else than the baby, which shows that she also lacks. Thus, the dialectic of the voice starts to introduce the baby into language, and hence to the Other; it gives him a place to emerge as a speaking being; and it also introduces him to the dimension of the lack in the Other.

From the exchange of sounds, the baby gradually moves to the exercise of speech², which involves the presence of an otherness. Travaglia (2014) states that in *lallation*, baby's babbling, it is crucial to have someone who can listen and respond to the child's sounds, recognizing that they come from the child. It is through the recognition of the other that the child can assume a position of a speaking being, identified with his own voice. In this sense, "the noises emitted by the child, as well as the sonorous chaos that he hears, are organized as a voice, so that in another time the voice may lose its sonorous dimension and enter the signifier dimension by organizing itself into words, speech, and language" (Travaglia, 2014, p. 267, free translation).

The signifier dimension is understood as a certain use of words that, when addressed to the Other, aim at producing meaning. The sonorous dimension involves a different use of sounds and words, where there is no addressing to the Other or

² Here, *speech* is understood in the Lacanian sense, meaning the subject's enunciation.

production of meaning. As will be broadly provided in the case study analysis, one dimension involves comprehensible meaning, while the other does not.

Going back to the *lallation* concept, it configures a moment when, experimenting with his voice, the child babbles and interacts with the Other. It is a period of entry into language, i.e., of alienation within the babbling with no intentionality from the part of the child. According to Lacan (1963/2014), while the child is a primordial subject, not yet barred (by the impossibility of language to entirely represent himself), there is no intentionality in his communication, but instead the instruments of communication are on the side of the Other.

As well as *mom talk*, *lallation* also invites the child to be part of language through the voice. In order for the child to emerge as subject of the unconscious, he must deafen himself to the purely sonorous dimension to reach the signifier dimension, which is the one that involves the search for meaning. Once the child allows himself to be alienated within the signifier dimension he starts to *intentionally* address his speech to the Other. It is through such a path that the child emerges as a speaking being, addressing language to the Other in order to represent himself.

One hypothesis among Lacanian analysts states that, in autism, the child does not assume the position of a speaking being because he does not reach the signifier dimension, the dimension of the search for meaning. That is, he stays on the level of the sonorous dimension, not allowing himself to be alienated within the Other - set of all signifiers, place where signification takes place. As Lacan states, the autistic child speaks, but not from the position where he is submitted to the signifier dimension; where he makes use of the signifiers that are in the field of the Other.

Another way to state our hypothesis, is to say that, in autism, what is at stake is the choice of the *one signifier alone*. An important remark concerning alienation is that there are two choices logically allowed at this moment. The first choice is that of the *one signifier alone* (Fink, 1990). It is when no alienation within the Other happens. It is language all alone, not submitted to the signifier dimension. The second choice, *the choice of meaning* (Fink, 1990), involves the use of the signifiers that are in the field of the Other, which allows for the production of signification (Fink, 1990). In the case of autism, it is believed that, during the mythic moment of alienation, something in the summons of the child or in his consent to alienate seems not to proceed (Travaglia, 2014).

The effects of alienation in autism lead us to briefly comment on the second logical operation. As we saw through *mom talk* and *lallation*, when the primordial Other, usually represented by the maternal position, is actually not present, she shows to the baby that she desires something else than her child. This failure of the mother to provide the child with her full desire - being constantly present - is not negative, but rather a positive event in the constitution of the subject, i.e., separation is necessary.

Fink (1990) suggests that “children's endless why's are not, to Lacan's mind, the sign of an insatiable curiosity as to how things work, but rather a concern with where they figure in - what place they hold, what importance they have to their parents. They are concerned to secure (themselves) a place, to try to be the object of their parents' desire” (p.8). That is, the intervals between presence and absence of the (primordial) Other lead the child to deal with a double lack: the lack of the Other, who looks for something else than the child, and that of the child's own lack, since the Other, in his

absence, lacks for the child. As follows, separation involves these two lacks: that of the child and that of the mother. In autism, it is believed that the logical moment of separation does not take place. Since the autistic child does not alienate himself within the Other, he will not deal with the lack of the Other, nor with his own.

Nonetheless, let us remind ourselves that, in 1975, Lacan clearly stated that autistic subjects are in language and make use of it. They speak, hear, and articulate a lot of things, even if sometimes we can hardly grasp what they are saying. Our difficulty does not prevent them from speaking; they are actually verbose, Lacan says. However, our difficulty may come from the fact that their use of language lies in the sonorous dimension, whereas ours is submitted to the signifier one. For the autistic subject, language does not seem to be always articulated in order to produce meaning or signification in the field of the Other.

Combining theoretical paradigms and empirical data, we will now approach the case study in order to illustrate how language may take place in autism. First, I will introduce Robin. Then I will investigate some aspects of his language, such as content and addressing another.

3. Case Study: Fragments of an Encounter

3.1 Meeting Robin

I wanted to investigate the field of language in autism and go beyond the theoretical hypothesis and descriptions. I wanted to encounter individuals diagnosed as autistic, so I could hear them, talk to them, and then revisit my theoretical paradigms. It

was in this context that my co-advisor suggested that I meet Robin, an autistic young man, with whom she had been working as a DIRFloortime® therapist for a long time.

Robin himself was not my object of study and the demands of such work would be met by me and not by Robin, his therapist, or his family. Once I decided to work with him, I asked for his agreement and his family's consent. I also clarified that my work with Robin did not aim to verify or refute any preconceived hypothesis and that it was not Robin who was being investigated. Instead, it was the use of language in autism that characterized my topic of study, and Robin would enable the exploration of my questions.

Before the first encounter with Robin, I had to determine under what conditions our meetings would take place. I planned to have 10 sessions, one per week, each about 45 minutes. It was also mentioned that, if needed, I could have more meetings with Robin. The location where our sessions would take place was pre-established. Robin's home is where he sees his therapist and so that would be the location of our meetings. More specifically, his room would be the setting of our sessions.

I also had to decide what would happen during our meetings. Because Robin's therapist (and my co-advisor) had already mentioned his interest in conversation, I decided not to plan ahead and see if he would also be interested in talking to me. My idea was simply to meet weekly with him so we could talk.

Another consideration was data collection. At first, I resisted video recording the sessions. I believed that writing session summaries and notes, shortly thereafter, would be enough to collect data, so I did not video or audio record the first session. Due to the huge amount of information and the fluidity of my conversation with Robin, I decided to use a

tape recorder along with session summaries and notes. After the third session, I decided to use video recording considering that I could gather even more information.

Another important planning factor was the way I wanted to conduct the weekly sessions. My idea was to combine some principles of both DIRFloortime® and psychoanalytic paradigms. The idea was not to become Robin's therapist or analyst. Instead, my experience as a clinical psychologist oriented by psychoanalysis along with the supervision of a DIRFloortime® therapist would influence my work with Robin, despite the fact that I was not acting as his therapist. In this sense, the conduct of the sessions and the analysis of data would be guided by the two approaches.

DIRFloortime®, a child-centered approach, suggests that caregivers and therapists follow the lead of the child. To follow the child's lead is to follow his emotions, affects, and interests in order to engage and build new interactions and experiences (Greenspan & Wieder, 2006). In such a paradigm, there are no pre-established exchanges between the patient and the therapist, although there is a goal to "maximize learning and human development" (Greenspan & Wieder, 2006, p. 229). As explained in the literature review, the DIRFloortime® approach conceptualizes stages of development and the treatment aims to foster one or another capacity of each stage, promoting the learning of new skills and the mastering of one's environment (Greenspan & Wieder, 2006).

In my effort to follow Robin's lead in our interaction, we would talk about the topics he would initiate; we would also change topics according to his interests; and we would sit in silence if it were what he wanted. However, it was not my intention to challenge him in order to promote learning or a healthier development. My intention was

solely to interact with him by following his lead, emotions and affects and DIRFloortime® served as the guiding paradigm in which these interactions took place.

Regarding the psychoanalytic orientation, I was taking into consideration the hypothesis of the unconscious and the premise of free association (Freud, 1950). That is, I acknowledged that the subject makes himself present when he speaks. He represents himself through the intonation, volume, and rhythm of his voice; through the content and associations in his language; and also through the way his language is addressed to the Other. In this sense, my work with Robin bet on listening to him and connecting to him, when that was possible. Nonetheless, it is worth noting that my position as listener was not intended to be passive. Quite the contrary, I expected to mirror back what I heard, whether in the form of questions, punctuations, or even silence.

After having established the conditions of my work with Robin, my co-advisor introduced me to Robin's mother, so we could schedule the first session. At this point, it is important to remember what little information I had about him. Before our first meeting, I knew that he was 18; that he was diagnosed with ASD when he was a child; and that he was currently attending school.

As soon as I arrived at his house for our first session, Robin and his mother greeted me. I introduced myself and he immediately began to ask me many questions. "Where are you from? Are you from Brazil? Do you speak Portuguese? How does the letter H sound in Portuguese?" were some of the questions to which I barely had enough time to respond. At this time, his mother started talking to me and Robin went to his room. I received consent from her and then, following his mother's instructions, I went to Robin's room.

Before entering his room, he met me at the door and asked me: “What are we going to do?” “We are going to talk,” I said. “About what?” he asked me. “About whatever you want,” I answered. He then let me into his room, and immediately resumed asking questions about my last names, my native language, my family, my work, and my studies. Sometimes I took the opportunity to ask him the same questions and he was always very concise and brief in his answers, showing more interest in asking than in answering anything about him. However, in his own way, Robin told me a little bit about his story. When asked, he told me about his siblings - a brother and a sister, both younger than him; he mentioned that besides the United States, he lived in Poland and France, and also that one day he wanted to go to college.

In his responses about his family, he said: “I’m glad you didn’t mention....” And suddenly stopped talking, ran to his bed, and, while loudly vocalizing, he repeatedly banged his head on the pillow. I then repeated his last uncompleted sentence with the intention of learning the rest of the phrase, but he did not finish it. He kept banging his head and jumping on his bed instead in a very agitated and euphoric way. I waited until it was over and then Robin calmly sat on the bed and, after a moment “being away”, he returned his gaze to me.

He resumed our conversation by saying that he would go to San Francisco during spring break. I asked questions about the trip and he suddenly changed the topic, asking if I took the train. I took this opportunity to conclude the session, saying that it was my time to leave and that I would be back the following week. Robin quickly said, “Goodbye.”

My first meeting with Robin, along with the work of writing session summaries and notes, raised several questions. First, there was the issue of his body movements. In

response to a certain situation, his body irrupted and became agitated, with no boundaries or limits. Along with that, there was the feeling that I had disappeared from the room or, at least for him, I was not there anymore. Throughout the whole session, there were some moments when Robin stopped addressing his language, his gaze, and his voice to me. He would continue to talk and murmur things that were incomprehensible to me and to look at different points in the room. Even though I was there, watching, listening, and talking to him, my feeling was that he had “turned off”, unplugged, and disconnected from our meeting.

Another interesting issue that emerged from this first session was the fluidity of the topics he raised. Several times during the session Robin would abruptly jump from one topic to another unrelated topic. For instance, while we were talking about the time he lived abroad, he unexpectedly asked me with which airline I flew to Brazil. Nonetheless, at the same time his language seemed fragmented and disorganized to me, it seemed that he was making associations and even discussing something that was meaningful to him. As an example, when speaking, he would suddenly change the topic, but he would also unexpectedly resume talking about a previous topic.

Therefore, my first contact with Robin caused me to reflect on Lacan’s words about the encounter with autistic subjects and their language. That is, the fact that we may have trouble hearing and grasping what they say does not prevent these people from being rather verbose (Lacan, 1975). In my first experience with Robin, he was making use of language, he was being verbose, but sometimes I had a hard time grasping what he was saying. First, it was hard to follow the fluidity, the content, and the association of his

language. Second, during a good part of the session, the “turning-off” moments took place and he stopped addressing his gaze, voice, and speaking to me.

In view of such conditions, I decided to focus my investigation on two different aspects of Robin’s use of language: (1) content and (2) addressing. We understand content as the topics present in his language as well as the associations between them. We understand addressing as to whom Robin addresses his language when he speaks. Concerning the first aspect, the questions orienting my investigation were: within his disorganized and fragmented language, is he saying something about himself? How does he do so? Is there any kind of association present in his language? How does the content of his language indicate that he is trying to connect with the world around him? In regard to the second aspect (addressing to the Other), the interrogations were: is he addressing his language to another person? What happens when he “turns-off” from our conversation and enters a sort of private speech³? What may cause such private speech? Is there any addressing to the Other, as the field of language?

In an attempt to answer these questions, the following investigation will be divided in two sections: *Robin’s language* and *Robin and the barriers of contact*. In the first part, I will discuss the content and the associations that come up in his language. In the second part, I will analyze the addressing of his language and what I’m calling as the “turning-off” moments using the categories of reciprocity and private speech. During the investigation, I will refer to both Lacanian and DIRFloortime® paradigms as well as to different authors that may work within other perspectives. Language transcriptions from my sessions with Robin will be used in order to illustrate my analysis.

³ We refer to *private speech* as a formal category (see Kohlberg, Yaeger & Hjertholm, 1968). Here, the connotation of speech is different from the one used in the Lacanian perspective, which was presented in the first section of this work.

3.2 Robin's Language

- Robin: "Guess what? I'm gonna tell you about Christmas"
- Me: "What do you want to tell me about Christmas?"
- Robin: "What airline...what did you do?"
- Me: "I went to Brazil"
- Robin: "When? What airport did you fly out? And what airline? Did you take a car or a taxi?"
- Me: "I took a cab to the airport and then I flew Latam to Brazil. What about your Christmas?"
- Robin: "I went to NYC and I ate lunch with my dad's parents. Do you wear glasses? To read? Rrrrrrrr, aaaaaaaaa! Tell me that...aaa"

As is evident in this example, Robin was verbal, talkative, and interested in making connections. Frequently, I could observe him using his language to ask questions as well as to organize, make sense, and inform about his own experience. At the same time, the way his language was articulated and addressed was often fragmented and confusing. In the dialogue above, we can clearly see how his language was loaded with questions and information. We can notice three topic changes and an interruption of our exchange accompanied by an eruption of sounds. This example indicates how Robin's abundant language was often difficult to follow and understand.

Rather than classifying his language as defective or symptomatic, the sessions with Robin showed me that his language was purposeful and meaningful, if only to him at times. Even if through some sort of fragmentation, confusion, repetitive questioning,

and restricted interest, something about him was being revealed. It was as if another mode of association of thought and addressing of language was in use.

What follows is an analysis of Robin's language, especially through its content and associations. Looking at the content and associations present in his language, I intend to give some examples that illustrate how some utterances of language express something about Robin and his experience. I will also reinforce, with the help of some psychoanalytic concepts, the view that, in his own way, Robin was trying to make connections with the world around him.

Before starting the analysis of Robin's language, I want to acknowledge an essential aspect that occurred each time I met with him. It was the encounter of our different languages. Robin was born and raised in the United States and English is his first language. I was born and raised in Brazil, and Portuguese is my first language. Although the sessions were all in English, the fact that English is not my native language was part of our meetings in surprising ways. At times, it showed itself by hindering my understanding about what he was saying, whereas in other moments it motivated our interaction – as we will see, Robin was very interested in different languages as well as in the meaning of words.

For instance, the way Robin talked could range from a slowly and dragged manner to a fast and twisted one. Also, his articulation was not always clear, so it was difficult for me to grasp what he was saying. When I did not know if I had understood what he was saying, I often repeated the word or phrase I had heard. Occasionally, I found myself repeating a sound or even what could be a neologism. In each case, he either confirmed my understanding by saying a simple “yes” or he corrected me by

repeating what he had said in a louder and slower way. Less often, he remained in silence or changed the topic of our conversation.

On the one hand, these situations could be frustrating for me and for Robin. When they happened, I sustained my desire to understand what was being said. If by chance he decided to change the topic, I would follow him. On the other hand, these same situations became a great opportunity to promote back-and-forth interactions, which, within the DIRFloortime®, is important in terms of fostering ongoing patterns of communication. Encouraging back-and-forth interactions with others means engaging in a shared world and to enable meaningful communication (Greenspan & Wieder, 2006). Therefore, my own barriers with the English language along with Robin's interest in clarifying the content of his speaking ended up creating a space where we could share our different native languages in a meaningful way. That being said, we can move on to the analysis of Robin's language, looking at its content and associations.

Content and Associations

As already mentioned, in the case of Robin, it was often difficult to follow the flow of his thought and keep the conversation going. Wilkinson (1998) states that difficulty in turn-taking, persistent questioning, and immediate and delayed repetition of words or whole phrases, are some of the phenomena observed in autism. Moreover, according to her, "all these behaviors appear to reflect difficulties in applying language for communication purposes" (1998, p. 74).

With Robin, I experienced some of these phenomena. For instance, I often asked a question and even before I finished Robin said, "Yes, yes." In these situations, I could

observe a difficulty in turn-taking or a lack of interest in hearing what the other could have to say. The phenomenon of persistent questioning was also recurrent in all sessions. In accordance with the well-known symptom of restricted interest, Robin's persistent questioning was always around the same topics and regardless of the answers I gave to his questions, the questioning continued. They were always: "How do we say good evening in Portuguese?" "How do we say good afternoon in Portuguese?" "Which countries have you been to?" "Which airline you flight in?" or "From which airport?"

Curiosity around different languages and countries along with an interest in airports and airlines configured the main topics present in Robin's questioning. However, it is crucial to note that such persistent questioning and restricted interest were not random. Quite the contrary, they were related to Robin's family and, hence, to his personal history. For example, part of his family comes from Italy and another part from Michigan. Every year, he travels to both Michigan and Italy. Also, during his early childhood, he lived in different countries, such as Poland and France. Not by chance, among the foreign languages that he was very interested in were Polish, Italian, and French. Going frequently to multiple airports and traveling with several airlines has also been part of his life.

In this sense, the so-called symptomatic behaviors of repetitive questioning and restricted interests, very recurrent in his language, must be perceived as ways of expressing something about him. These repetitions are ways that Robin tells us about his history, interests, curiosities, and even difficulties. They inform us about his experience and they may also serve as communicative and self-regulatory functions. Sterponi, de Kirby and Shankey (2015), advocate that some language utterances present in the autistic

language may serve communicative purposes, thereby defying their assumed automaticity and lack of communicative intent.

In one of the sessions, Robin was repeatedly talking about different countries, cities, and family members in a significant disorganized manner. At first, I couldn't understand what he was saying. The content of his language lacked coherence and continuity. It was only when I attempted to enter and interrupt the flow of his language that some understanding emerged. Let us look at the transcription.

- Robin: "I asked him, yeah...so he said, this year, when we were in Michigan, my cousin did say they would gonna try to go to Paris, when we were in Michigan this year"
- Me: "When did you go to Michigan?"
- Robin: "In June, they did say that"
- Me: "Oh, so that was last year"
- Robin: "Last year! They did say that they would gonna try to go to Paris and Italy, they said, they did say that...so that's why we thought about maybe going to Paris and Italy again. And so then, that's why and then we thought about that and we thought after that, then since my parents came back to Germany and they did love Germany so much, so they thought about going to Germany and Italy...yeah, that's why...and then Madrid and I kind of love that idea"
- Me: "You loved the idea of going to Madrid?"
- Robin: "Yes, I kind of love that idea a lot! So we kind of talked about flying to somewhere like Pisa in Italy and not to Milan, so that's mean yeah, we should fly to Pisa, yeah...to Pi saaaaaa, so next year, yeah....so that's why I thought that maybe....I don't really like that idea...my parent's friends came from

Holland, so we thought about Holland and Austria and Italy... fly to Marseille and then drive to Italy, he said”

- Me: “Who said that?”
- Robin: “My dad. But I think more about Paris than Emirates said mom and Robin thinks more about Emirates”
- Me: “So do you prefer to fly Emirates than going to anywhere else than Italy?”
- Robin: “Yes. I love Emirates! I prefer Emirates, but they said it’s definitely Italy and Paris. I guess it’s not definite, she said”
- Me: “I see. So you still don’t know where you are going besides Lucca, in Italy...But if you could choose, you would choose Emirates”
- Robin: “Yes, yeah...I like Emirates more”

In the dialogue above, we can observe aspects of confusion and disorganization in Robin’s language: it is hard to know when the events happened, who said what, and finally, where he finds himself in this story. However, he was telling me a story and I was willing to understand it. Once I started asking simple questions just to follow what he was saying, we not only kept our back-and-forth interaction, but rather some production of meaning took place for both of us. Throughout his speaking, I heard that, for him, it was more important to fly Emirates than the actual destination of his trip. I mirrored-back my understanding to him, and from there he was able to formulate what he wanted.

In addition, the dialogue also shows that some sort of association of ideas was taking place. Robin was associating what the different members of his family wanted, including him: his cousin wanted to go to Paris and Italy; his parents thought about Germany, but in the end, his mom wanted to go to Paris and he, Robin, wanted to fly

Emirates. As it is evident in the example, the question as to where the family should travel was something that was present in Robin's thoughts. However, it was only through our back-and-forth interactions that we were able to organize his associations and locate where he and his will were in the situation.

Therefore, it is essential to note that we should not only think about the manifestation of what may be a disorganized language in terms of symptomatic categories. In light of what the examples above showed us, Robin's restricted interests, repetitive questioning, and sometimes disorganized language are ways to express something about him, to tell about his history, and to connect with the world around him. In addition to that, analyzing the content and the associations present in his language, we saw that he was communicating his experience and trying to make sense of it in his own way. We will continue the analysis of Robin's language, but now through the lens of psychoanalysis.

Encounters with the Other

One day, right after we started the session, Robin asked me: "And guess what? Do you have a Christmas tree at home?" "No, I don't have a Christmas tree at home," I said. "Why?" he immediately asked me back. "Because I'm Jewish," I explained. Such brief exchange was enough to trigger a long interaction, where Robin started telling me all the Jewish people he knew: his friend Daniel, his sister's friends Sara and Hanna, and so on. Clearly, he was associating me with all the Jewish people he knew. I tried to ask some questions about the people he was mentioning, but he was not interested in answering

them. He wanted to continue listing his Jewish friends until it was over. At a certain point, he said:

-Robin: "Isabel... so you never celebrate Christmas?"

-Me: "I do celebrate Christmas with my family"

-Robin: "How come if you are Jewish?"

-Me: "My grandmother really likes to celebrate Christmas, so that's why we have dinner together on Christmas's Eve"

- Robin: "Why you still don't have a Christmas tree?"

- Me: "Because I don't feel like having one. I don't want to have one"

- Robin: "Right...so you don't want a Christmas tree...you don't want it, you don't...it's a choice!"

- Me: "Yes! It's a choice! You can choose if you want to have a Christmas tree or not"

After Robin realized that I could choose to have a Christmas tree or not, he was in silence for a few minutes. He was intrigued and amazed by his new discovery, while I was positive that something extraordinary had happened. In fact, not only his insight was extraordinary, but also his associations, knowledge, and the curiosity (about religions, rituals, choices, and me) that emerged during our conversation.

Now looking at this dialogue, we clearly see Robin's association between religions and rituals. In his reasoning, if I'm Jewish I will not celebrate Christmas neither have a Christmas tree. He also gets really intrigued and surprised by the fact that, even being Jewish, I do celebrate Christmas. His astonishment continues when he discovers that, even celebrating Christmas, I don't have a Christmas tree at home. It is evident that his reactions indicate a certain rigidity of thought. However, at the same time as things appear to be rigid and concrete, he concludes that I can choose. More broadly speaking,

he realizes that *we* can choose. Not by chance, at the end of this session, he asked me: “When are you coming back?” “Next Tuesday,” I said. “I *want* you to come every week,” he stated. Robin concludes this session stating what he wanted and making the choice of seeing me every week.

Putting this dialogue in Lacanian terms, we would say that there is a relationship *with* and *to* the Other. First, there is a relationship *to* the Other as field of language, set of all signifiers, and place where signification and meaning can take place. In the dialogue, it is clear how Robin’s use of language enters the signifier dimension, which is the dimension of meaning and signification (Travaglia, 2014). Addressing his language *to* the Other and articulating the signifiers that are in the field of the Other, he ends up signifying that we have a choice. Second, there is also a relationship *with* the Other, with me as another person about whom he is curious and wants to know more. Robin not only asks me questions, but more importantly, waits for the Other’s answer, he is curious about what I have to say. The fact that he waits gives space for me to be present, which allows an encounter with the Other.

On this matter, Lacan refers to the fact that “typical for such an encounter with an-Other is that it calls into question one’s “existence as a subject” (1959/2006, p. 460). In other words, the encounter with the Other, or as Lacan puts it, “an-Other” (being both the Other and another person), brings out to the subject something about his own existence. In the example above, such encounter calls into question something about Robin’s existence, which is the possibility of choice.

Another example of an encounter with the Other can be observed in the following situation. After Christmas and New Year, Robin was very excited about his holidays. In a

very descriptive, detailed, and sometimes confused way, he listed the places he went to, the food he ate, and the presents he got. Very often, his sentences began with: “Guess what?” “And guess what else?” “Guess what I got”. However, as I have already mentioned, most of the time he did not allow me time to respond, much less guess. At a certain point, while he was telling me about the presents he got, I interrupted the flow of his speaking and said: “Oh, let me guess”. Surprised, he looked at me (his gaze was completely away), and unable to wait, he spoke again. I insisted and asked:

Me: “Do you want to give me a tip? I want to guess what you got”

Robin: “What’s that? A clue?”

Me: “Yes, a clue”

Robin: “That’s another way of saying a clue”

Me: “Can you give me a clue?”

Robin: “Like, what is an idiom?”

Me: “Hum... What is an idiom?”

Robin: “Like once in a blue moon”

Me: “Or like out of the blue?”

Robin: “Means like nowhere. Do you know other idioms like this? Hold your horses. Like, yeah...you don’t like, yeah...and if it’s a boy, like even, a careful example, like, even, yeah, mmmm...and guess what I got from my dad’s parents”

Me: “I asked for a clue”

Robin: “What?”

Me: “You asked me to guess what you got from your dad’s parents and I asked you to give me a clue”

Robin: “It’s a vehicle”

Me: “Hum, a vehicle. Ok. Let me see”

Robin: “A flying”

Me: “A flying vehicle. Is it a balloon?”

Robin: “No. Is a flying vehicle on earth”

Me: “Hum, a flying vehicle on earth. Is it a helicopter?”

Robin: “No. An airplane”

Me: “Oh, you just said, Robin”

Robin: “Yeah...yes, I did”

In this dialogue, we can observe many important aspects that lead to an encounter with the Other. At first, when Robin says “Guess what”, he does not seem to be addressing his language to me; he does not give me space to guess or even say anything; the Other is not present. I then make a first attempt to engage with him by saying, “Oh, let me guess,” but he does not respond to it. When I make a second attempt, asking for a tip, he immediately responds. Interestingly, he does not respond by giving me a tip or a clue, but rather by exploring the meaning of what I asked for. “What’s that? A clue?” not only indicates that he heard me, but also that he is now addressing his language to me. Once again, there is a relationship *with* the Other, with what I said, and there is also a relationship *to* the Other as his use of language enters the signifier dimension, the one of meaning and signification.

The dialogue follows with Robin associating tip, clue, and idioms to the point where his language comes out of the signifier dimension, becoming confused and fragmented again. I wait, until he repeats the question: “Guess what I got from my dad’s parents.” I resume the kind of game we were playing previously and then our encounter takes place again. We go back-and-forth several times, until it seems hard for him to wait, so he ends up giving me the answer.

In this exchange, the outcome is not what interests me, but rather what I'm calling an encounter with the Other. When this encounter takes place, Robin is interested in something that comes from the field of the Other, whether it is something about me (if I have a Christmas tree) or about the meaning of the words (as tip, clue, and idioms). He is interested in connecting with me and with the world around him, and so the flow of his language changes: he asks questions, he waits for an answer, and he allows an encounter where meaning can be produced.

Robin's interest in connecting with the world around him can also be observed through what I was analyzing in the previous section. There, I pointed out his interest in distinct languages, different airports, airlines, airplanes, and cities. If we look attentively, all these topics are about making connections. Airplanes, airports, airlines, and languages are ways of connecting things and people around the world. Not by chance, these are recurrent contents in Robin's language; after all, he is interested in the encounter with the Other and in engaging with the world around him.

Along with the moments of connection, I also experienced the opposite. As introduced earlier in this work, the "turning-off" moments represented the moments of disconnection to which we will now direct our investigation.

3.3 Robin and The Barriers of Contact

In the sessions with Robin I experienced what I have been calling as "turning-off" moments. That is, the situations in which Robin stopped answering me, addressing his voice, his language, and gaze to me, to start a sort of private speech while looking

somewhere else. When in these moments, Robin seemed to be disconnected from the reality of our meeting and immersed in his internal life.

During the sessions, the “turning-off” moments could be triggered in a few different contexts, they could last for a short or long period of time, and they could be interrupted for several reasons. When in such situations, Robin could stay in silence, looking at different points in the room or he could play with his nylon string while murmuring and whispering words that I could not hear or understand. In any case, the “turning-off” moments were recurrent (happening every session) and they were always marked by a disconnection from me, from the reality of our session, or even more broadly speaking, from the external reality that was not Robin’s inner life.

This recurring phenomenon of detachment raised a number of questions. First, what happens during the so-called “turning-off” moments? Can the categories of reciprocity and private speech help us understand them? Second, what do they tell us about Robin and the Other, as field of language? Is Robin disconnected from the Other when in the “turning-off” moment? If yes, what are the effects that such detachment entails in Robin’s use of language? Does he stop addressing language to the Other? Finally, what may provoke such disconnection?

To respond to these questions, we will first look at the categories of reciprocity and private speech. They can illustrate part of what happens to Robin when he is unplugged from the reality of our meeting and immersed in his internal reality. Next, we will resort to some psychoanalytic notions in order to keep investigating what happens in the “turning-off” moments. All our effort is in the direction of understanding something that poses as a barrier of contact with Robin.

Reciprocity and Private Speech

Let us begin by pointing out that both categories of reciprocity and private speech contemplate the questions of addressing language and detachment from reality, so they can be observed in my sessions with Robin. Concerning reciprocity, we find it when responsiveness and connectedness are lacking during the “turning-off” moments. More appropriately, the lack of reciprocity characterizes Robin’s immersion in his inner life. In respect to private speech, we can observe it through Robin’s murmuring and whispering of words and sounds, which cannot be understood or heard.

Reciprocity is characterized by a mode of relationship in which mutual exchanges take place (Gernsbacher, 2006). Gestures, joint attention and eye contact are some examples that may express reciprocity. In regard to autism, the lack of social or emotional reciprocity is listed as one of the possible symptoms that characterize ASD since the DSM-IV (APA, 1994; APA, 2013).

In my experience with Robin, signs of reciprocity were not continuous, persistent or sustained. For instance, sometimes I could observe eye contact when he was talking to me or I was talking to him, while other times there was no eye contact at all. When in the “turning-off” moments, no eye contact seemed to be possible. As to joint attention, Robin had several placards spread out on the walls of his room. One day, in the middle of a back-and-forth interaction, I pointed to one of the placards and made a comment about what was written on it. Robin did not look to where I had pointed neither commented on what I had said.

However, it was possible to experience reciprocity in different situations. For instance, every day when I arrived at Robin’s house he would greet me: sometimes by

saying my name, others by taking me to the room where our sessions took place. In any case, Robin was always reciprocal in acknowledging my arrival. Another situation of reciprocity happened when, in some exchanges, we shared a meaning. In one of the dialogues presented earlier, I asked Robin for a tip and, from then on, we started talking about clues and different idioms in English. In this exchange, we clearly created a situation in which we shared meanings and were reciprocal with what we were talking about. If reciprocity is about something that is experienced and felt by both sides (Gernsbacher, 2006), we were positively experiencing it.

Therefore, signs of reciprocity could be observed and experienced throughout the sessions, even if they were not continuous. Robin would alternate moments of reciprocity with the recurring “turning-off” moments, when reciprocity was lacking. When not reciprocal, I would observe Robin gazing at different points in the room, his lack of responsiveness when something was asked or pointed at, and finally, the presence of a sort of private speech that was not intended to be addressed, understood or shared.

As private speech, we understand “a speech that is not addressed or adapted to a listener (other than the child) and which is carried on with apparent satisfaction in the absence of any signs of understanding by a listener” (Kohlberg, Yaeger & Hjertholm, 1968, p. 692). We may also say that private speech does not involve a will to share, since it is not expected to be heard or to be understood.

According to this definition, it is possible to state that the use of private speech was exactly what happened when the “turning-off” moments took place. One of these situations happened while Robin was telling me about Chester Village Hall. We were having a back-and-forth conversation until I asked him what kind of place the Village

Hall was and he stopped answering me. I waited. After some seconds in silence, he said: “One day, (inaudible words)...this year, guess what, it is, how often do you fly...ooooo”. I tried to enter the flow of his language by repeating, “How often do I fly”, but he didn’t respond to me. Instead, while looking at different points in the room (and not at me), he kept his private, sometimes inaudible and incomprehensible, speech.

A similar situation arose during another back-and-forth interaction. Robin was telling me about some of his Spanish-speaking friends, and I was asking for their names and home countries. He then started telling me about the time he studied Spanish, and that he chose Spanish instead of French. When I asked him: “Do you know why you wanted to study Spanish?” He answered: “Because, but but, expect...but you spend a lot of time with Costa-Rican friends girls, like Maria, Carmen, Ana, and Miriam, so that’s make sense for me to study Spanish.” “Oh, so you want to communicate with your friends in their language, that’s why you wanted to learn Spanish,” I said. “Yeah...that’s why I wanted to study Spanish,” he said. “That’s really nice, Robin. Did it help you?” I asked. “Yes, yes,” he briefly said. We remained in silence for a while, until I asked him if he wanted to tell me about the program where he met all those friends. He said no, and after that, he disconnected.

Looking at different points in the room, he started saying: “And then guess, and so then, and after that, then, then, then, then...the next day, but then, after that, that he thought maybe, after that, syyy, can I, syyy Gat said we can’t have a clock in the playroom and then, so then, but they said syy, but option said, you can’t have a clock in the playroom.” Once again, I tried to enter the flow of his speaking, asking if Gat was his teacher or his friend. Robin did not answer or looked at me. My impression was that he

wasn't addressing his speaking to me anymore; he did not want to share it and I was expected neither to hear nor to understand it.

Therefore, the examples meet the definition given above and go along with my description about the "turning-off" moments. At first, we find ourselves in a back-and-forth interaction, in which we seem to be sharing the same experience. At a certain point, that connection is replaced by a detachment: Robin stops answering and looking at me, his gaze seems to be away, and his language is no longer addressed to me. Instead, it is more private speech that takes place and that is reaffirmed when my attempt to enter it is denied.

Finally, it is interesting to note how the phenomena of reciprocity and private speech complement each other. On the one hand, the lack of reciprocity empties Robin's responsiveness and connectedness with our interaction. On the other hand, private speech is precisely what replaces the connection with the external reality. It is a solitary choice that takes places over a shared one. It remains unclear what may trigger these "turning-off" moments of detachment, lack of reciprocity, and private speech. We will discuss a psychoanalytic perspective that can elucidate this somewhat.

Lalangue

Already in the end of his teaching, Lacan (1972-1973) formulates the concept of *lalangue* - a term that provides us with a different perspective on Robin's "turning-off" moments, especially on the phenomenon of private speech. By merging two words, two signifiers, Lacan creates the neologism *lalangue*: a fusion of the French article *la* (the) with the French noun *langue* (tongue). Evidently, *lalangue* and language do not carry the

same idea; otherwise he would not have coined the new term. While language involves a system of rules tied to a social context, *lalangue* is speech (in the psychoanalytic usage) before its grammatical and lexicographic ordering (Bastos & Freire, 2006). *Lalangue* is speech not subjected to language laws: it is something like the very sound of language, such as homophonies or phonemes, considered apart from the creation of meaning.

According to Lacan (1972-1973), the origin of *lalangue* lies on the residues that remain from the primordial Other. As we saw in the literature review, the primordial Other is the one who, through *lallation* and *mom talk*, summons the baby to enter language even before he can grasp language in its complexity. It is precisely the debris that resounds from the language spoken by the Other that constitutes *lalangue* (Bastos & Freire, 2006). It is outside of signification or conventional meaning. At first, *lalangue* would be the speech characterized by babbling and sounds that the baby emits, devoid of any intentionality of communication. Later, language, as a system of rules tied to a social context, becomes a construction with *lalangue*, with what remains, in the unconscious, from the primordial connection with the language of the Other.

Bastos & Freire (2006) state that “the concept of *lalangue* emerges to address the manifestations that are not circumscribed in the social scope of language, that ignore communication and do not target the other” (p.108, free translation). In this sense, the productions of *lalangue* have not only an individual, but also a singular and solitary character. This explanation is very similar to what I described as the “turning-off” moments, characterized by a lack of reciprocity along with the occurrence of private speech. *Lalangue*, just as Robin’s private speech, is marked by a speech that does not aim

at any communication with the other; that ignores language in the social scope, and hence is not intended to be heard or understood by another person.

“I will use the, like, I don’t, because you can’t like, you can’t yes, like...um um um.” “Friiiiiiday, um um, you can’t say that, (incomprehensible sounds), you can’t say that, guess is not, for example, like...and then, guess what?” Here we have two examples of Robin’s private speech involving sounds and words that are not articulated with each other nor tied to language in its grammatical and lexicographic usage. What we have is a battery of disjoint signifiers (Bastos & Freire, 2006). We have a speech that does not follow language laws, is not intended to be addressed to the Other or to another person.

Therefore, the “turning-off” moments would be moments of pure *lalangue*, of absence of an otherness and disconnection from the Other - as field of language, set of signifiers. It is interesting to note that Robin’s language could range from moments of pure *lalangue* to moments where language was tied to a social context, willing to be addressed and understood. In Robin’s case, there was a sort of alternation between *lalangue* and language, between private speech and language in its social scope.

Lastly, the question remains about what would cause Robin’s “turning-off” moments. Was there any pattern that would trigger them? In which kind of situation would Robin turn-off from our shared reality and use language apart from its social scope, ignoring communication and the presence of an otherness?

Even though my experience with Robin only lasted for about 3 months, it was possible to observe a pattern. In some occasions, Robin disconnected from our shared reality when he was overwhelmed by our encounter. In turn, some situations would make him feel overwhelmed, while others would not. Reflexive and subjective questions about

him, involving what he thought or how he felt, very often triggered these moments of disconnection. When asked about himself, Robin stopped talking, redirected his gaze, and resumed a private speech that was incomprehensible and not to be addressed to me. The detachment replaced our encounter.

The reason why such questions overwhelmed Robin is material for another investigation. What my brief experience with him informed me is that, being “turned-off” and disconnected from our shared reality was a way to deal with something that was overwhelming for him. The “turning-off” moments, along with the manifestations of *lalangue*, configured his particular way to manage the presence of the Other and even to allow an encounter to take place. It is as if these moments of disconnection were necessary for the connection to take place.

4. Discussion

This study aimed to rethink the use of language in autism, dissociating it from a defective view and considering it as meaningful and purposeful for autistic subjects and for those who may engage with them. The literature review showed the central role that language plays in understanding autism, whether through the lenses of psychiatry, developmental theories or psychoanalysis. More importantly, the analysis of the case study demonstrated the importance of going beyond a defective view in order to engage with autistic subjects in their uniqueness.

In regard to the overview of autism and language, it is reasonable to state that psychiatry and its manuals do address the autistic disorder. The symptoms depicted in the diagnostic classifications of ASD express fundamental aspects of autism, such as: an

atypical use of language utterances that usually escapes the social scope of language; a difficulty in establishing and maintaining social interaction and communication; and the presence of restricted and repetitive patterns of interests and behaviors. Nonetheless, this psychiatric perspective fails to recognize that, through the so-called symptoms, something unique of each subject is being manifested. We believe the term *spectrum* is not only a way to handle and encompass the different levels of impairment, but also attests to the singularity of each subject - hence the need of a broader terminology.

In contrast, the perspectives of DIRFloortime® and Lacanian psychoanalysis go beyond a defective view of symptoms. Although there are significant differences between the two viewpoints, both advocate language in autism as a meaningful and purposeful way in which the subject expresses and represents himself. Using these paradigms to conduct and analyze the case study only clarified and affirmed the necessity to go beyond the perspectives of medicating, training, and adjusting.

It is also believed that, within a perspective of training and adjustment the encounters with Robin would not have happened. As extensively described in the analysis of the case study, Robin alternated moments of connection and disconnection from me and, broadly speaking, from our shared reality. Instead of focusing on his behaviors or adjusting his language, it was pointed out how, in his singular use of language, he was addressing something that was meaningful to him. Robin's interest in connecting with the world around him along with the presence of someone willing to listen to him, in his particularity, allowed the encounters, the reciprocity, and the production of meaning to take place.

With respect to the “turning-off” moments, the categories of reciprocity, private speech, and the psychoanalytic term *lalangue* certainly advanced the understanding of what happens when Robin disconnects. As important as the study of these categories is to recognize the specific function that these moments seem to have for Robin, i.e., when overwhelmed he needs to detach so that the encounter can take place again.

Overall, my encounter with Robin confirmed the need to keep rethinking the use of language in autism, always analyzing case by case. It has also endorsed the notion that speaking involves the universal of language, crosses the particular of one culture, and finds the singular of one subject (Travaglia, 2014). When dealing with autistic subjects and with what may be called an atypical use of language, we should not *recoil* ourselves much less reduce its manifestation to symptomatic categories. We should bet on the encounter, and after the “turning-off”, we bet again.

Lastly, it must be acknowledged that this study did not address many issues adjacent to the main question, i.e., the use of language in autism. Within the developmental model, categories such as pragmatics, semantics, phonology, or syntax were not approached. Fundamental notions central to Lacanian psychoanalysis, such as *jouissance*, desire, and object, were not discussed, although they were pertinent to our topic. These were limitations of this study, but issues that should certainly be addressed in future work.

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