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A discourse analyst in the spectrum of autism treatments

Marlene Guirado*

Universidade de São Paulo, Instituto de Psicologia. São Paulo, SP, Brasil

Abstract: This article evinces discourse analysis as a possibility for the clinical care of children diagnosed with autism, which may seem contradictory given the known speech difficulties present in these cases. The conceptual field on which this discussion is based is the institutional analysis of discourse, starting from the assumption that a clinic is an institution where utterance and expectations shift between partners of the discursive scene, which is the context analyzed. The senses would also supposedly be part of the material context of such apparatus, which is, using Foucault's thinking, considered a speech-act. From there arises the thesis that would allow reaching patients with autism: even though they do not speak, they take part in the session's discourse, just as the therapist. Playing, consequently, will be considered a speech act: a procedure outlining places during the practice of utterance. Its therapeutic action is also discussed.

Keywords: institutional analysis of discourse, autism, playing, treatment.

"Andar com fé eu vou,
que a fé não costuma falhar"[1]
(Gilberto Gil)

The act of faith mentioned in the epigraph, in our case, is not set in a target before us, but in a declared commitment to the bases of a certain way of thinking and producing knowledge. Not on the horizon, but in the source. Moreover, faith may be a rather strong concept, committed to a certain context, but we do not deny that, due to the randomness and fortuity around the discourse as we see it, it may express well what we mean to say...

Some interesting facts: in my professional career as a professor and researcher, I have drawn my attention to the practice of psychology as an institution, regardless where it was performed. This has led me, through excessively intricate paths which are not noteworthy here, to develop a certain way of thinking and acting face concrete situations, one that is guided by the borders between ours and other knowledge fields. Thus, psychology will be defined, at first, as close to Freudian psychoanalysis and as its interface, but also to the sociology of material institutions, the pragmatic discourse analysis, and on Michel Foucault's ideas. It is always psychology as an institution, as a practice that can be set by the conceptual field highlighting the following notions: institution, discourse, subjectivity, and analysis, as the heritage of the knowledge mentioned.

This is how the institution ended up not identifying itself with rules, establishments or anything outside or above the people submitted to command groups, but it will be understood as the set of social relations, as the action of its own institutional actors, which are legitimized by repetition and, thus, are conferred a natural character and loose relativity concerning its production mode and context.

When, during the beginning of the 1980s, Guilhon Albuquerque, inspired by Foucault's ideas, drew the attention of psychologists and sociologists due to initiatives in the mental health area, it sparkled a significant political comprehension that concerned institutional agents in their care.

We have brought this resource to the scope of psychology teaching and research in the University of São Paulo (USP) and unfolded it into intersections with the pragmatic linguistics by Maingueneau and discussions on discourse order, power relations, production of truth, and the issue of subject and subjectivity in Foucault. Other concepts/notions were indisputably significant to define an institutional object for psychology: speech as an act, institution, occurrence, power relations as a correlation of forces, one's action over another's, production of truth and subjectivity regarding the context, which demands the analysis to be the act of restoring to speech its coincidental characteristic, in the exact same measure as it points out to utterance conditions.

Specifically, psychoanalysis has the notions of psychic fact, transference relation, and oneiric scene and its analysis, which enable productive interfaces, provided that the outbursts of willing for meta-psychological truth are calmed down.

What seems here to be a harmonic array of words that misleads rather than clarifies meanings, finds in other writings (to which the reader is referred now) what would allow the reader to identify, by his own account, the utterance conditions of our discourse, the starting points, and sources mentioned in the first paragraph (Albuquerque, 1978; Foucault, 1970/1996, 1976/1985, 2004; Maingueneau, 1989; Maingueneau & Charaudeau, 2004; Guirado, 2010).

Working with educational, social, and health promotion institutions, in this order, presented real

* Corresponding address: mguirado@terra.com.br

1 Walking with faith, I'll go / As faith doesn't fail.

challenges so that studies could be adjusted, as well as the concern about concepts that could answer the questions arising during the research, in direct interventions, and in teaching. As time went by, the practice of psychoanalysis took on a leading role, and advancements towards understanding/practicing psychology with such method were made.

Which method? The Institutional analysis of discourse (IAD).

In guided researches, written books, classes, clinic sessions, supervisions, reports, stances taken in meetings, events in the university life and many other occasions, "I find myself thinking" from this point of view. Then, I just need to stop for a moment and to look for the cornerstone of such thoughts to calm down my expectations. The faith in the origins has not failed! Even though the outcome directions are far from repeating themselves. The thinking strategy and context specificity are related in the most intricate and unguided ways (Guirado, 1995).

Within these multiple notions and contexts, the questions I see myself answering to, mostly in the academic context, are noteworthy, since they represent for me a most dear and special challenge.

Due to one of these situations, I ended studying the mysteries of a theme I never imagined I would even probe: autism. Through the analysis of the discourse of psychologists, psychoanalysts, and behaviorists who assisted children with autism, during the supervision of the Master's thesis of Luisa Guirado (2013), as well as the informal follow-up of the work by the *Novo Olhar* Team[2] and the experiences in the sessions Luisa had with a child, which now is assisted by Felipe Martins-Afonso (a PhD student supervised by me), I started recognizing this field that was completely strange to my studies and interests until then.

As the act of intertwining experience "to considerations about its production means" is automatic, I have inevitably been building a kind of casual discourse, with no strings attached and no references to more organized theories on such conditions. This in an initiatory discourse, without the procedures and theoretical specificity my colleagues profess and that somehow suffer from an absolute relativism, which could be an intellectual and professional levity. A speech that, by reaching the conditions to produce experience, acts according to the thinking strategy principles of the institutional analysis of discourse, which is based on the attention to the context, to the speech scenario, in order to provide meaning to what is happening, to the relationships built, which are recognized as truth. What children choose to play, as well as the way they are assisted by the professionals, the theories contained in their speeches during the care and to their parents, the own parents and the stories they tell about themselves, their children, their problems, and their journey through diagnosis and treatments, all of it comprises the context, the discursive scene, the occasion for outlining hypotheses on what may be at stake in the setting of "that autism case" in particular; about the meaning of actions, speeches, gazes and its directions, of the strangeness in relations, and so on.

Until now, there are no news regarding the analysis of any other discourse or institutional practice. What amazes us are the arrival points!

From this commentary others can arise, which may be less specifically factual. We frequently hear that there are few certainties about the autism disorders, its biological, psychic, relational causes, or even about the reach of the treatments. We can rely more on the effectiveness of treatments that begin when the child is very young, has collaborative parents, and favorable living conditions. However, the reader would agree that this is too little, and it has been causing deep suffering to parents and the ones that are older and present autism "in unfavorable conditions".

Something that strikes me is the strength of the truth professed in the speeches by colleagues who, through theories (the many psychoanalysis types) or methodologies (the applied behavioral analysis), *attest indisputable* knowledge about the reasons and motives for their patients' behavior and problems (psychoanalysts), as well as on the procedures for changing their behavior and learning new ones (Applied Behavior Analysis – ABA), while referring to real consultations[3].

Not only, but especially on account of the general indetermination of the autism etiology in scientific discourses being surpassed by the stabilizing sureness of the speeches of institutional treatment practices, the IAD seems to contribute with its only certainty: the one about the partial knowledge it has built until now. For being still related to only a few experiences, it depends on act analysis and on the disciplined exercise of keeping oneself analyzing, within a minimal conceptual field, without using stereotypes or pre-formed theories about autism.

It is possible to keep walking, because faith doesn't fail!

I also think that a way of continuing this text is in the question and answer format. Like the challenges presented to me and others who already begin working with the institutional analysis of discourse with the people positioned, according to an official medical diagnosis, in the autism spectrum.

Let us see how it works!

2 The Novo Olhar (New Perspective) Team is comprised by psychologists and, for some years, has been assisting children and teenagers diagnosed with autism spectrum disorders and other "development disorders".

3 Luisa Guirado's Master's thesis, supervised by me and defended in the Institute of Psychology of USP, being summited to a board of examiners who are, at the same time, main figures in the work and research on autism treatments, within ABA and psychoanalysis, was the concrete occasion to support what I have said. This work, with some additions, was also published as a book, in co-authorship, under the title of: *Tratamentos do autismo: a direção do olhar* (Autism treatments: the view's direction) (Guirado & Guirado, 2014).

Discourse analysis with someone who does not speak?

The first and most expected question is: how to work with discourse analysis when dealing with people who present communication impairment? Ranging from not talking to sensitive difficulties in approaching the "language code", in understanding and uttering speeches?

Considering a significant majority of children from two to three years of age, it can be said that their reception in an environment where they can play, monitored by an adult paying attention to their movements, stillness, gaze directions, space occupation, and material used, will be the occasion for setting positions that suggest the interest and demand of our work. A kind of utterance without words, as an act, literally putting themselves on stage based on places with higher or lower mobility, when facing their interlocutor – a person who can use words, if such rule is instituted for comfort and the productive progress of the work of partners in the utterance, play, scene. The conditions for recognizing and legitimizing the relation created are given, and they are the reference for the therapeutic "contact" stablished by the real relationship between therapist and his/her little patient, with the participation of both in determining places and conduct rules. What is interesting is that, if on the adult-therapist part there is a higher regularity in expressions and actions (after all, their profession has already prepared them for a wide range of reaction possibilities by their partners), there is no (at least there should not be) crystallization of their skills in observing and monitoring the way each client occupies their place in relation to them. Still, on the child/patient's part, there cannot be doubt: the emotional shade is decisive on how each one exerts their place in the sessions' discourse. The loudest ones in their silence, the saddest or more aggressive ones through their gaze and gestures, the most indifferent ones to contact, the most isolated ones, the ones who invite the therapists to play by pulling their hands, the ones that cuddle in the therapists' lap and arms, transforming their bodies into an extension of their own and of their directions, demands and guidance, and (why not?) their wishes, and so on: they are all characters who, having higher or lower control of their movement and attention, more or less conscience about the functionality of their communication, keep on saying, uttering in acts and affection. The session takes on the role of occurrence, of chance, within the therapeutic institution.

Such understanding of a session confronts a certain dimension of these practices, the one of procedures and speeches regulated by what can be said, who can say it, and how to say it, as in any order of discourse (Foucault, 1970/1996). It challenges rules and regulations that sometimes exclude certain speaking possibilities, sometimes certain utterance subjects, sometimes certain contents that per chance may be said.

Understanding a session likewise means *performing it* with an analytical disposition that, in action, suspends the canonical places that constitute rituals, whatever they might be, into sacred disciplines for achieving effects.

What is known, however, is that *even though they claim not to be it*, therapies, due to the profession's characteristics, *present themselves* as ritualistic because of the previous demands of the *analysts' attitude*, defined in the procedures that organize clinical work. It all happens, as Foucault would say, in intentional and non-subjective relations, that is, in actions guided by the targets of strategical power relations, and not by the conscious planning of a subject in these strategies (Foucault, 1970/1996). Let us say that it all happens so that the ends previously proposed and external to that specific session's context may be achieved, which is contrary to the meanings that could be constituted due to the particularities of the context created there, related to exercise arrangements of places, histories, and expectations, of real partnerships[4].

The analytical disposition we mention breaks-up, at first, with the prevalence of theories and methods which would prevent the actual therapeutic work from happening, which step ahead of indeterminations, of the chances, such as occasions when the child, as well as the adult, can be surprised.

On our side, and within the scope of our theme, a word can have the power of an image: "messing up" the sacred therapists' place can be an interesting way out.

We have the impression that the previous paragraphs have more defended than described the idea that challenging a ritualistic order and a control of chances and occurrences in clinical practices does not occurs if not by a concrete decision that disposes all, as from the physical environment to the therapists' listening. Previously we had treated this notion of discourse as an act, according to the thinking by Foucault (1976/1985, 1995, 1970/1996, 1969/1997, 2006).

But is not improvising too much, to work like that? How to justify it?

We should recall the conceptual dimension of what is being said, so that our words do not fall on the common-place of an "essay calling to the activism of doing without thinking", something inexcusable for writings that intend to be argumentative-demonstrative as this one does. Therefore, I insist on resuming some concepts, to gather even more arguments in favor of the proposition here devised. These concepts resume the discussion we have developed here around the notions of *context, practices, scenes*, *discursive genres*, and *analysis*, more directly based on D. Maingueneau, one of the authors that has contributed a lot to the interfaces constituting the IAD.

For this linguist, discursive genres are an analysis vector that considers discourse not only in its linguistic dimension but also as social mechanisms for emitting and receiving speeches. As it can be seen, we

4 Luisa Guirado's master thesis shows many clinical contexts in which this happens. They are narratives by the own therapists about their daily lives, which show this movement of voices in discourse, of granting places and the right to listen and to the "word" or to "speaking". We invite the reader to consult this analytical material. See Guirado & Guirado (2014).

have here a concept that enables some articulation, if well assessed the differences between the knowledge areas and what we understand as institutional/discursive practices. Without adjusting it now, and counting on the reader's trust, we present what we have written in another place about the concepts of the French discourse analysis by Maingueneau.

> Discursive genre [DG] is the condition of possibility for a communication to happen, with certain actions that can then be unleashed according to the expectations concerning the other, calming down on that person the unsureness of the action's directions and helping to determine a meaning to what is done/said. Discursive genre is what, in general, means context. Better yet, it is the scenario or the framework from which a person talks, and that constitutes such speech, its content. . . . Discursive scenes, strictly speaking, are analysis' levels of the discursive genres. Since this is an ideal scenario, its study will be performed by analyzers. Thus, the genre scene and the scenery (current name for the discursive scene) will be the analyzers: both ways to be able to, once again, characterize a discursive genre. . . . The genre scene is set in field of the formal roles, specifically engaged by the discourse genres, as, for example, sellers and buyers in sales, teachers and students at school, therapist and patient in the clinic. . . . The scenery is the foreground framework of the relationship that characterizes the DG. It is its most concrete and complex level, since it is the level of the face-to-face relationship that re-builds the DG. When a teacher, in his generic teaching place, occupies it as a friend to students, he will have a different discourse than those from an intellectual or an impersonal scientist, or even from an "openly authoritarian personality" . . . . Lastly. . . . What about the context? It is such set of discourse and meaning-making, based on the negotiations that the real relationship demands. (Guirado, 2015, p. 113)

Having crossed this path through the outskirts of our discipline, of our knowledge, we believe to have gathered more words to deal with the care for children with autism, who many times do not speak.

It is possible to say that, when someone in those conditions enters a consulting room, more than crossing a door, that person starts up a set of real relations in which he/she will present actions, looking directions, movements, vocalization, expressions, and choices for activities and positions, inevitably captured by a network of senses that occupies a place that is impregnated with expectations concerning the therapists, and of them concerning the patient. In addition, the patient has unrevealed or unacted news about himself, but his partner has, at least, medical information, as well as the ones from relatives and from the theories he/she professes.

Thus, the setting, more than a psychotherapist could imagine, is a scenery and, as such[5], a concrete occasion over which the clinical institution sets its exercising places and turns speeches and procedures into speech-acts. Understanding the relationship child/therapist in such a way implies on intentionally suspending the usual treatment theories and methods, by procedure and method, due to the understanding that there is an utterance function at stake recreating itself from the institutional places of child/patient and adult/therapist, specific partnerships, at large, due to gestures, gaze directions and words (when present). The toys, graphic or plastic expression materials, as well as more immediately imaginative ones (theatre costumes, story books) and the attentive and interested presence of the adult are the counterpart, the constant teasing for something to happen, for the little ones to move in the discursive scenario, thus indicating the direction to be follow.

It is but an intense work, the one by those actors – who are not even amateurs – in the act of playing and, with that, producing the session's discourse by many voices and many bodies, organizing multiple meanings, which the context allows to be reinvented and advanced.

Therefore, playing is necessary. Talking is not necessarily needed. Specially because, supposedly in the way we presented it, playing is a speech-act.

The reader who is more used to Lacanian psychoanalysis must have felt the lack of references to the constitution of a subject of the unconscious, which, in the case of children with autism who do not speak or present echolalic speech, would be missing. Such lack happens because, according to IAD, having an utterance place in the discourse does not involve such theories on the subject nor the word as a discourse.

This professional (or other psychoanalysts, even non-Lacanian ones) may also have found odd the emphasis given to a physical environment where toys and an active therapist presence in playing are strikingly, tainting such actions, and until some extend even guided by the "tips" given by the little partner, instead of assigning an interpretative, silent or outspoken, task.

We reaffirm that, according to IAD, it makes sense to prepare a material context that favors the characteristics usually condemned as misconducts of these children, such as: issues with sensorial and proprioceptive integration, with speech, communication, imagination, and so on. Well, waiting for the patient to "fantasize", speak, constitute him/herself as a subject of the unconscious, of desires, based on a dozen objects that re-present themselves (the same ones!) at each session, hoping that the patient will create imaginative situations, as well as verbal, rational, social interactions, with a speech made from a subjective symbolical position, is betting strongly on the magic that the double set of time/theory can provide. It is also betting

5 We do not intend to repeat ourselves, but it is important to have set that it is the IAD conceptual-methodological approach that allows us to affirm such things, as well as the ones following it.

that the patient does not need to feel pleasure to move to another double set, the one of time/therapeutic relation.

We insist: playing is doing, working, and it is the exercise of the patient position in the session-speech-act. The pleasure that one can have while playing is, indisputably, the occasion for exercising one's place comfortably, exploring the limits of possibilities of movement, communication, creation, and autonomy. The power relations are, thus, re-balanced in clinical practice. The tensions created, if considered as part of this whole labor (by the child and the adult), are productive. They are used to also challenge the therapists' knowledge and thinking: (a) after all, what would have been the starting engine for them or which shifts in scenery, positions of its leading actors (the children and their imaginary characters), of these real and seemingly advancements or retreats?; (b) how to understand certain occurrences, considering the discursive procedures at stake?; (c) how to contribute to understanding the autism institution and its treatments?; (d) how can the development psychology and other knowledge areas, as neurology, speech therapy, and ophthalmology, for example, contribute through its interventions and diagnoses? The answers are not ready in this or that theory or method.

When considering this disciplined and conscious exercise of refusing to work within pre-designed explanations, the experience says that children in these conditions end up speaking or communicating broadly. Within their possibilities, demanding a higher or lower specialized follow-up in speech therapy, in their own singular rhythm and time. But what interests us the most is that: before, during, and after the burst of the "linguistic bubble", a visible power for the meaning-making, of active dialogue, created (and still creates) the grounds on which the possible speech was (and still is) built.

In another strand, a behavior analyst (ABA) could also challenge our justifications to the proposal of institutional analysis of discourse in the therapies with children with autism. At first, curiously enough, the critique would fall on the physical environment: with so much stimuli, how to isolate variables to found the learning – through observation procedures ruled by the method – defined as basic? It would also befall on the analyst/therapist's work: how to act so erratically, without base lines from existing behaviors and with no progressive predictions for adequate behavior? How not to stablish a reinforcement program? And so on.

We believe that, given the arguments related to the IAD already within psychoanalysis, two important aspects that differentiate our suggestion are made clear. The first: no theories nor methods that predetermine partner actions in the clinical scene! The second: the starting point for a therapeutic relationship is guaranteeing the utterance place for someone who, even from his/her difficulties or impossibility of speaking, demands treatment!

In this sense, the research by Luisa Guirado (Guirado & Guirado, 2014) outlines results that cause a certain impact: despite the differences eloquently pronounced by the professionals themselves between psychoanalysis and ABA, in the treatment of children with autism their speeches bring them closer, when regarding the fact that none granted an utterance place to their patients. The silent legitimization of theories, in the case of psychoanalysts, and of the experimental method, in the case of behavior analysts, creates the effect of putting the theoretical/academic/scientific universe before the relationship stablished in a specific real context. They seem not to address the ones who, with their historical singularity and their "diagnosis career", have come to them. They more frequently address the child in the theory or method, or in the requirements for technical procedures. They address the child characterized by such external context to the relationship specifically created in the therapeutic sessions.

Due to that, it can be affirmed that most of times it was the children's gaze direction that indicated autism. However, treatments fail in this exact same point: the therapists seem not to see, not to look at the children, but at their method or theory, which prevails.

Anyhow, it is on this path that our arguments are strengthened, that we receive the drive to keep on thinking… now on such a strikingly field as the one outlined by research and clinical practice… and a question that arises, unfolding from the one we have been discussing, is the one about the *therapeutic value of playing*. The parents, moreover, are usually its most frequent spokespeople. And they do not lack reasons to question it: within the uncertainties around autism's diagnosis and prognosis, they feel distressed regarding the procedures to which their children are submitted. But they are not the only ones: students in the fifth year of psychology, especially when assisting children considered as "difficult cases", usually feel afflicted if they cannot use something more "structured" to conduct a session rather than playing, which does not accept the therapist's "reflexive-interpretative intervals". I have heard many ones considering such situations as a "escape" of the patients (escape = a defense mechanism, sometimes admitted as unconscious).

Let us draft, thus, some answers.

Is it possible to do therapy by "just" playing?

Let us start by an *analysis of the suppositions* present in the *formulation* of such a *question*.

Some of them are: (a) *therapy* is a *serious* business, similar to a *work* (on oneself); (b) it would demand a lot of *effort* and (c) probably *little pleasure*. In conclusion: therapy is "boring" and *far from playing*!

The question, however, drives more issues, and it does so in the shape of a curious "distortion" of the discourse: (d) *playing is too little*, it has a low value in relation to the task of practicing therapy, which is more important in the cases required. Playing is fun and, specifically because of that, is not (or will not be) therapeutic…

Delegitimizing those assumptions is no easy task either but while *playing* of strategically operating with IAD, can even be fun to do it. It all depends on "pleasantly working" on the mistakes of words and of thinking, of the discourse. Let us get to it!

It is indisputable that the therapies are serious business and that they demand work and efforts, but it is not right that, because of it, they should exclude pleasure and should not at least stablish an inverse proportion of seriousness/pleasure or work/pleasure.

We also know that it is a cultural, and not a primary, trait the dissociation between work and pleasure, as well as the association between intense efforts and work. In the religious speech, the phrase "in the sweat of thy face shalt thou eat bread" points out to a strong heritage; and, in the economic practices of a certain social formation, the insertion within the production means and its maintenance is a tough process for guaranteeing the survival of most populations. Thus, the intertwining between what is unpleasant and what is laborious is historically naturalized, but it is not natural. Given that, it is possible to think of pleasant and comfortable conditions in which a job can be carried out with seriousness, pleasure, and meanings intrinsic to the works it implies on[6].

Following this movement, we can recall an analogy previously made between the adult's work and the child's play. This happens because of the place both take in people's different moments in life, including the one for the constitutions of subjectivity. Despite being inserted in contexts of different complexity, work and play have an essential effect on the organization of the functions that are responsible for coexisting with others and for the development of the relationship with the world in a broadly manner.

Taking from this scenario and analogy the ability of playing along, with the serious positivity of the subjective organization immersed in fun and pleasure, we can now bring them closer to the therapies that carry the same traits. It is possible to perform one by using the other, as a work about oneself. Seriousness, positivity, (re)organizing subjectivities that do not find the possibility of pleasure strange. We remove the ambiguity in words to invest them in other kinds of discourse. Why not?

The reader, however, may still ask us what does all this have to do with the real care situation. The answer is: it has a lot to do! If the therapist enters the scene and takes his/her place with such imaginary willingness, with such assumptions (including also playing), a stage opens, which is the occasion for relationships that are not yet defined, written, in theories and methods previous to the characters.

How can this be therapeutic?

Well, we must now surpass the borders of the sessions and sceneries, of basic recognition that invest the exercise of the adult/therapist's place and, consequently, of that which is granted to the exercise of the child/patient's place, to gather once more conceptual justifications. The analyses that we were able to do until now, be it in the academic research field, be it in clinical practice or with other institutions, allow us to recall, especially for the theme discussed in this text, some concepts of the interface network that comprises the IAD, which bring us closer to psychoanalysis.

I have written, for a lecture on institutional sheltering (shelters) during the celebration of 25 years of the Statute of the Child and Adolescent (ECA), about the rights children have to the telling of their own histories when in sheltering conditions. I refer the reader to the book (Guirado, 2016) in which the full text is, and I seize the opportunity to draw the attention to the fact that the arguments are, in the conceptual level, very close to the ones I show when talking about clinic practice. There is no indication of an incorrect transposition from this to other psychology fields and practices. What happens is that the interface between psychoanalysis and other knowledge areas for the production of the IAD approach made it (psychoanalysis) perform significant concept adjustments (which we have already mentioned, but not detailed). These adjustments provide us a thinking scope that, from consulting offices to institutional practices, are the references and/or analysis' vectors.

These comments are, now, characterized as conceptual-methodological, epistemological ones, but also concern the aspect of the psychologist's work being performed with children who, due to its *wider social and concrete institutional position*, could have been deprived of their right to taking an *utterance place* in the scenes they are part of.

Furthermore, these comments are the ones that characterize the ethics in these works: addressed to the ones that demand it, as well as to their well-being. Always, whatever the context may be (shelters, schools, consulting rooms), such end is immutable.

That is how, by the beginning of therapy, even if not able to express themselves clearly due to their age or impairment, children, according to what our suppositions (IAD) led us to conclude, have the register of a history that does not fairly and openly fit the predictions or names and categories the psychological/psychoanalytical discourse has given to them. Beyond their diagnoses or the complaints made by the ones seeking assistance for the children, we assume they have a version, a personal-emotional-imaginary registry, a memory of their real or fantastic experiences; and that this constitutes their subjectivity. That is, up to the exact moment of meeting the therapists, under the prevalence of family relations, children have built a complex of experiences and, based on the places they took in it, the registry of such relationships were made, of their strength and intensity, of their meaning;

6 Freud not only admits it, but also places it in the route of possible paths for fulfilling the pleasure principle, as the psychoanalytical hypothesis for the reasons and motives for human persistence in search of happiness. In his argument, he brings up the psychic device's tendency to rebalance the tensions to which it is submitted by civilization (Freud, 1930/1976g);

likewise were made the registries of themselves and the others, of their values, competences and limits, of their place in the world.

It is important to add that these registries are scenes, some more and others less clear and conscious marks, more or less close to the experienced reality, but always a result of the possible imaginary arrangement.

At this point, our thinking strategy is based on what Freud has called a "magic block", a model for the working of the unconscious memory: facts would not be fixed just as they are experienced – separately - but in structures that always modify new experiences according to previous ones, thus displaying a flexible and changing ground for new registries.

Memory, then, would never create trustful registries and imagination would always be somehow connected to reality, or better yet, to the lived experience, being produced together in a same and single strike (Freud, 1925/1976f, 1937/1976h).

The reader should pay attention here to the emphasis given to a *certain notion of the unconscious* within the context of Freudian metapsychology to advance the understanding of the subjectivity issue; which was only possible since psychoanalysis is now much changed by the interfaces with other knowledge areas (Guirado, 2015).

Following this path, it is now necessary to clarify *another concept taken*, and then reconsidered, from psychoanalytical theory to act on and *by IAD: the transference concept*. Let us now devote some words to the way such concept from the psychoanalytical discourse was reconsidered.

Originally, when Freud theorizes about transference, he does so to cover something that happens in the (loving) relationship between patient and doctor – himself, in the beginning of his writings, when treating Dora, an exemplary case of hysteria in his consultations (Freud, 1905/1976a). This "something" is a bond expressed by repetition, with the analyst, of fantasies and psychic expressions that would bring up, as current and present issues, what was repressed in the past, denying all discrepancies of time, space, and personal characteristics among early characters (parent figures and/or figures that are significant for early loving relationships) and the ones who are currently "elected", or better yet, taken as its substitutes. It would all be an unconscious process and it would, more specifically, be the condition for "connecting" so that the analysis could take place, since emotional bonds could be reedited and recovered from the "deep entrails" to which they had to be thrown for being unbearable to the consciousness. As the patient's total responsibility, what is transferred in the session is what will move it forward, as well as its opposite, the resistance to the interpretative advances by the analyst. On handling this, lies the analysis' possible success (Freud, 1905/1976a, 1912/1976b, 1912/1976c, 1913/1976d, 1915/1976e).

As it can be perceived, despite being a concept of the theory of technique, it moves to what happens in the real session, the main product of metapsychology as the operator of the analyst's listening: unconscious, pulsion, repression, psychic device, resistance, cathexis. At the same time, it puts the analyst out of stage, since, apart from "blind-spots", the doctor is a character above suspicions of major transference for Freud. To the doctor, a possibility of lucidity (blunder, in this case) is guaranteed to interpret (Guirado, 2000, 2010, 2015).

We have taken, from these initiatory considerations about something that happens in the relationship between patient/therapist, the idea that transference can be a name given to the "patient's work" and the interpretation (or analysis), the therapist/analyst's work, shifting these concepts for the concept framework we use here. Moreover, we take: the idea that transferring is the act of repeating and reediting into new contexts, and add: the place we see ourselves taking in previous relationships and contexts, in which we create expectations (which are not the least active for the consciousness) in relation to possible satisfactions, interlocutions, answers; a place we tend to reedit readily in different contexts and of which exercise and effects we "know well", that means we naturally "recognize" it while "ignoring" the own repetition fact and its reasons.

We have removed from psychoanalytical considerations, however, the idea of an early bond that remains unharmed in face of the others, "waiting" for the analyst/therapist to then be updated, as well as the idea that the therapists are strange to the clinical scene. They could never be so, since their theoretical references set the script, the text to be analyzed is this one, not other; their theoretical references are the ones listening to a patient that has an unconsciousness that he/she represses, resists, transfers; it is this listening that tells them who it is, how it is and what that one set as their client feels.

Considering this background to the real session, both partners transfer!

The emphasis given to the reconsideration of the transference concept to work analytically in the care to children with autism is in accordance to the concepts we marked as important for the interface with other knowledge areas. Above all, we have suspended, as we have said in the beginning of this text, the place of the metapsychology of the unconscious and drives, to make room for the concepts of institution, discursive scene, and speech-act. Following this, without warning the reader, we have put the analyst inside the scene as someone who also transfers. After all, the analyst somehow brings expectations about the client. Even in the IAD, in the best-case scenario (with no false modesty, I hope…), the analyst would "listen" according to the suppositions of this conceptual strategy.

Let us now go back to the scene of a child's entrance in therapy.

If, at each new life experience, the registries move on, the first movement of a boy and/or a girl, on this occasion, will be reproducing their way of being in situations like this, with adult people they do not know and who welcome them in a certain way, with a certain

look, a certain expression, tone of voice, body posture, in an environment that is equally little familiar and sometimes more and others less similar to what is known. It must be supposed, one way or the other, an expectation of welcoming, in the broadest sense, that implies on the possibility of being/acting as one always is or acts, and having, as a response, within the new context, answers and reactions that are recognizable and identifiable, which can be continued by the mere fact of being able to predict what comes next. All kinds of affection are at stake then: reassurance, frustrations, disappointments, power or impotence feelings, anguish, helplessness, strength and so on. From the bearable adjustments or mismatches arises the first possibilities for the pair to "work" and acquiring the profile the little patient attributes to it.

Or then therapy, which will be reproduced as a block, as in a fixed model and without minimal specific features, will be a candidate to not being therapeutic. To not being a therapy.

This happens because we assign a therapeutic characteristic to an unequal adult/child relationship in which the first one is, in principle, the occasion for welcoming and safety for the second one, who can, as an output, only reedit a place and expectations so that the memory network of bonds, of possibilities of imagining, saying, moving, achieving, speaking, quieting, communicating, failing, being frustrated, attacking, and collaborating, among others, are activated.

That is why all those environment characteristics, as well as the therapist posture, which we have talked about when dealing with playing as a discourse, matter.

Playing during a session is the discursive scene, the scenery that displays both partners in their positions so that reeditions can be effective for the registries, expectations, and the child's history marks to be recreated and take on, within the inevitable tension, another path, another movement. Imaginative plays, reading books by many voices and many bodies, as we have mentioned before, improvised acting, building games and characters (even the ones currently being shown in the media) can embody each one's histories, providing them words, memories, scenes, with higher or lower motor or linguistic skills and pleasure. All kinds of pleasure, even destroying an imaginary enemy. Also, in this scenario, free narratives with the repetition of excerpts, truncated retreats and advances, in which the characters are dressed in the likes of who is telling the story, surprisingly or intentionally, can be highly powerful resources for reconstructing their own history.

For some children, as the ones we address in this text, it is also a part of their history the autism forged in the diagnosis chain, in medical and therapeutic assistance that have, until then, required from them and their families the most diverse actions and reactions, and most probably uncomfortable ones; it is a part, the autism forged in the relationships and feelings involved in the "patient career" and in the particularities of communication throughout this process.

To be consistent to what we said until now, when receiving a child in these conditions for a session, it is possible to suppose that their first movement towards us is to repeat this history that is a part of how their "autistic symptom" has been constituted into affection and acts. As such, it will have its place in the therapeutic practice of the sessions by both scene partners.

Therapy, thus, embraces talking and showing yourself. It is a therapy and it is playing.

The therapist is the one who, in each living experience with the child, follows and provokes this voice that talks about oneself. Given that, the therapist is, definitely, a privileged listener.

But what about the interpretations? Are they not done?

Strictly, from the level of the theoretical suppositions that constitute the therapist's listening, interpretation seems out of place in this clinical practice outlined here and that we commonly call *analytic of subjectivity.* We aimed to demonstrate that such suppositions "foreshadow truths" born in theory, which have their own characteristics and not, as one could imagine, being related to the unconsciousness or desires and/or psychic reality of the person submitted to therapy. In this case, making an interpretation would not make sense at all.

For the ones who work using the perspective drawn here, what is done are scene constructions, of imaginative games that, when done by the therapist, make the discourse move and work as shifts in the path and places the little actors take and have taken in their lives and relationships. Differing from the interpretations, these constructions work for feeling once more affections and disaffections, happiness and sadness, insults and comfort. They also produce imitations and creations, rebuilding the action and narrative scripts, changing the beginning, middle or ending of the story with characters in which their own doing, feelings, and wanting are invested on.

A situation that depicts what we just said, and it makes so pleasing all tastes and tendencies, including the most canonic ones in psychoanalysis, so our hypothesis cannot be deemed flawed: a six-year-old patient with autism diagnosis has one of his session brought to supervision.

Amid dinosaurs, characters from known cartoons and stuffed animals, Gustavo was creating a narrative in which these "actors", specially *a* dinosaur and *a* little pig were teasing each other saying "It's mine!" and the other would answer "No, it's mine!" over a disputed object. Gustavo was playing these characters' voices, shifting from low-pitched to squeaky voice tones. The analyst, used to play along in those stories, held one of the dinosaurs available in the room and put it in the scene, asking "What is going on?", right after that, Gustavo turns himself to the dinosaur in the analyst's hand and says "Nothing, daddy!". The session goes on, and he brings to the story, besides

the dad, the mom and the child-dinosaur's girlfriend. And the story's general theme, which surprised the analyst-dinosaur, shifted to: who dates whom?

If this scene example brings an odd similarity to the psychoanalytical discourse, in the voice of the child himself, in a text that until now seemed to question the status of theoretical and technical truths applied to clinical situations, it is important to say: *the problem is the anticipation of these truths, in the therapists' thinking and, in the interpretations made by them, as well as the generalizing and systematic application of technique*. That is where it comes back and reincarnates the effects of recognizing and ignoring a legitimized and naturalized practice, that tends to strengthen the discursive institutions rather than answer the demands of the one who is being monitored/treated. Our little Gustavo had led the scenes and speeches to *his own truths, with no anticipated interpretations by his analyst* and, moreover, he gave voice to the emotional shades of the struggles of his life in that moment: surprised, loving, smart, involved, involving and completely led by his imaginative creations, reorganizing his paths in the interlocution to his new adventure partner.

A stricter reader, however, may still ask about the paradox suggested in the article's title and expressed throughout it: how to work using discourse analysis with children with autism and who do not speak?

We believe to have shown, by the way we organized the writing, that an institutional analysis of discourse in autism clinic points out the urgency, not for the establishment of new methods nor new understandings and/or interpretations for treatments. Our proposal is less systematizing itself as a methodology and theory, but to set some caution prescriptions in this context. The discursive genre of therapies or treatments, in which I include the ones with psychoanalytical characteristics, was presented here in order to enable understanding it as a thinking strategy that could recover it: (a) as an institution; (b) as a speech-act-mechanism; (c) beyond and before the word/speech; (d) as the exercise of institutional contexts of utterance in which the adult/therapist and child/patient are partners in a scenery that can (and should) be playful due to the client's development characteristics; overall, (e) being the act of playing the analyzed speech-act; (f) without anticipation guided by strictly pre-defined methodological interpretations and/or procedures; (g) as an act happening only in a physical-material environment with prepared characteristics that are displayed according to the child's choice and actions and having the special and essential attention by the therapist.

What we aimed to do with these observations was to outline an ethical profile for performing the treatment of people in those conditions, and not to oppose another closed and definite method to the existing one. After all, this would be a contradiction.

What we intended to do was to outline a set of prescriptions supported by a minimal conceptual field that should always be subjected to historical and empirical verification on its assumptions. Regarding that, we are constantly searching for opportunities to keep on thinking and challenging the certainties that insist on (de) stabilizing themselves.

Let us finish, thus, with an exemplary situation that is nothing but an excerpt of a session, a completely ordinary one, that portrays with no mysteries what we have pointed out in the previous paragraphs.

Rafael is a three-year-old boy who produces certain sounds, rarely oriented towards communicating; hums some songs that we assume are from children's movies he watches. He usually expresses little or nothing of his comprehension that he is entering a session, with the exception for when he feels annoyed, because then he cries/screams his lungs out.

Certain day, his mom complained that he had started a new ritual (he has many ones and, during sessions, gets angry when, unknowing, the therapist cuts through some of them): he was refusing to eat, accepting only bananas and shoestring potatoes. Obviously, the family adults, concerned with it, would insist a little (we do not know how much) and he would respond aggressively, kicking and screaming. The therapist recommended the family not to insist during these moments.

In the following session, Rafael comes into the session as he always does: as a flash, half tired and half targeted, going to the toys with which he makes his session happen. Among them there is a small group of Playmobil® dolls that are in a little wooden house. Those were not the ones he chose to start his "task", he got the track along with the cars he has, for more than a month, been playing with. Simultaneously, the therapist was playing and talking to the dolls, occasionally inviting Rafael to play. It took some time, but he eventually accepted it, and, for some time, he produced repeated and new actions with those characters. Then he saw a small scenario build by the therapist, especially for that day: a small toy sitting on the kitchen table. Rafael goes to it, looks at it attentively, and immediately turns the doll's back to the table. The therapist says something like: "Oh… he doesn't want to eat anything we have there!"

A simple description of the action during the scene and a supposition of the character's intention in the story had an unbelievable effect: Rafael ate more that night in his real table.

More attention by his partner in the clinical scene can open new paths so that the following days arrive with him more willing in his eating task. We suppose that the feelings or physical discomfort involved in his refusal, in time, can be brought to these character's actions and even to his actions towards the therapist. Then, the attention will be essential to confer, in the discourse, some meanings to the gestures looking for definition.

For now, this discourse analyst in the spectrum of autism treatments has nothing else to declare.

Uma analista do discurso no espectro de tratamentos do autismo

Resumo: Este artigo apresenta a análise de discurso como possibilidade de atendimento clínico a crianças com diagnóstico de autismo, o que pode parecer paradoxal, dadas as conhecidas dificuldades de fala nesses casos. O campo conceitual que sustenta essa discussão é o da análise institucional do discurso, que parte do pressuposto de que a clínica é uma instituição em que se exercem lugares de enunciação e se movem expectativas entre os parceiros da cena discursiva, ocasião de análise. Os sentidos se constituiriam, também por suposto, no contexto concreto desse dispositivo, que é, por filiação ao pensamento de Foucault, tomado como discurso-ato. Deriva daí a tese que permitiria atingir pacientes com autismo: mesmo que não falem, fazem o discurso da sessão, assim como o terapeuta. O brincar, por implicação, será então considerado como ato discursivo: procedimento a delimitar lugares no exercício da enunciação. Discute-se, ainda, sua ação terapêutica.

Palavras-chave: análise institucional do discurso, autismo, brincar, tratamento.

Une analyste du discours dans le spectre de traitements de l'autisme

Résumé : Cet article présente l'analyse du discours comme possibilité de soins cliniques aux enfants atteints d'autisme diagnostiqué, ce qui pourrait sembler paradoxal, étant donné les connues difficultés de parole dans ces cas. Le champ conceptuel qui soutient cette discussion est l'analyse institutionnelle du discours, celle-ci suppose la clinique comme une institution où sont exercés les lieux d'énonciation et où les expectatives entre les partenaires se modifient dans la scène discursive, occasion de l'analyse. Les sens se constitueraient, également, dans le contexte concret de ce dispositif qui est, grâce à une affiliation à la pensée de M. Foucault, entendu comme discours-acte. On arrive donc à la thèse qui nous permet de soigner les patient atteints d'autisme : même si eux ne parlent pas, ils font le discours de la session, ainsi que le thérapeute. L'acte de jouer, par implication, sera alors considéré comme un acte de discours : la procédure qui délimite les lieux dans l'exercice d'énonciation. Et plus : on présente son action thérapeutique.

Mots-clés : analyse institutionnelle du discours, autisme, jeu, traitement.

Una analista del discurso en el espectro de los tratamientos del autismo

Resumen: Este artículo plantea el análisis del discurso como una posibilidad de la atención clínica a los niños diagnosticados con autismo, lo que podría parecer paradójico, teniendo en cuenta las dificultades conocidas del habla en esos casos. El campo conceptual que apoya esta discusión es el del análisis institucional del discurso, que parte del supuesto de que la clínica es una institución en que se ejercen lugares de enunciación y se mueven las expectativas entre los aliados de la escena discursiva, ocasión de análisis. Los sentidos también se constituirían, por supuesto, en el contexto especifico de este dispositivo. Dispositivo, que es, por una afiliación al pensamiento de M. Foucault, tomado como acto discursivo. De ahí deriva la tesis que permitiría llegar a pacientes con autismo: aunque no hablen, realizan el discurso de la sesión; del mismo modo que el terapeuta. El jugar, por implicación, se considerará como acto discursivo: el procedimiento para delimitar lugares en el ejercicio de la enunciación. Incluso más: se discute su acción terapéutica.

Palabras clave: Análisis institucional del discurso; Autismo; Jugar; Tratamiento.

References

Albuquerque, J. A. G. (1978). *Metáforas da desordem: o contexto social da doença mental*. Rio de Janeiro, RJ: Paz e Terra.

Foucault, M. (1985). *História da sexualidade: a vontade de saber* (6a ed., Vol. 1). Rio de Janeiro, RJ: Graal. (Trabalho original publicado em 1976)

Foucault, M. (1995). Sujeito e poder. In D. P. Rabinow, & H. Dreyfus (Eds.), *Michel Foucault: uma trajetória filosófica para além do estruturalismo e da hermenêutica* (pp. 231-249). Rio de Janeiro, RJ: Forense Universitária.

Foucault, M. (1996). *A ordem do discurso*. São Paulo, SP: Loyola. (Trabalho original publicado em 1970)

Foucault, M. (1997). *Arqueologia do saber* (5a ed.). Rio de Janeiro, RJ: Forense Universitária. (Trabalho original publicado em 1969)

Foucault, M. (2004). *Ditos e escritos: ética, sexualidade, política* (2a ed., Vol. 5). Rio de Janeiro, RJ: Forense Universitária.

Foucault, M. (2006). *Ditos e escritos: estratégia, poder-saber* (2a ed., Vol. 4). Rio de Janeiro, RJ: Forense Universitária.

Freud, S. (1976a). Fragmentos da análise de um caso de histeria. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 7, pp. 1-119). Rio de Janeiro, RJ: Imago. (Trabalho original publicado em 1905)

Freud, S. (1976b). A dinâmica da transferência. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 12, pp. 129-143) Rio de Janeiro, RJ: Imago. (Trabalho original publicado em 1912)

Freud, S. (1976c). Recomendações aos médicos que exercem a psicanálise. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 12, pp. 146-159) Rio de Janeiro, RJ: Imago. (Trabalho original publicado em 1912)

Freud, S. (1976d). Sobre o início do tratamento. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 12, pp. 163-190) Rio de Janeiro, RJ: Imago. (Trabalho original publicado em 1913)

Freud, S. (1976e). Observações sobre o amor transferencial. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 14, pp. 205-223) Rio de Janeiro, RJ: Imago. (Trabalho original publicado em 1915)

Freud, S. (1976f). Uma nota sobre o "bloco mágico". In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 19, pp. 281-290). Rio de Janeiro, RJ: Imago. (Trabalho original publicado em 1925)

Freud, S. (1976g). O mal-estar na civilização. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 21. pp. 75-171). Rio de Janeiro, RJ: Imago. (Trabalho original publicado em 1930)

Freud, S. (1976h). Construções em análise. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 23, pp. 290-304). Rio de Janeiro, RJ: Imago. (Trabalho original publicado em 1937)

Guirado, L. (2013). Autismo: uma análise institucional do discurso dos tratamentos. (Dissertação de mestrado, Universidade de São Paulo, São Paulo, Brasil).

Guirado, L., & Guirado, M. (2014). *Tratamentos do autismo: a direção do olhar*. Saarbrücken, Deutschland: Novas Edições Acadêmicas.

Guirado, M. (1995) Análise do discurso e psicanálise: matrizes institucionais do sujeito psíquico. Curitiba: Appris.

Guirado, M. (2000). *A clínica psicanalítica na sombra do discurso: diálogos com aulas de Dominique Maingueneau*. São Paulo, SP: Casa do Psicólogo.

Guirado, M. (2010). *A análise institucional do discurso como analítica da subjetividade*. São Paulo, SP: Annablume; Fapesp.

Guirado, M. (2015). Clínica e transferência na sombra do discurso: uma analítica da subjetividade. *Psicologia USP*, *26*(1), 108-117. doi: 10.1590/0103-656420140022

Guirado, M. (2016). Acolhimento em abrigos: direito à construção de narrativas da própria história. In J. O. Moreira, M. J. G. Salum, & R. T. Oliveira (Orgs.), *Estatuto da Criança e do Adolescente: refletindo sobre sujeitos, direitos e responsabilidades* (pp. 160-170). São Paulo: CFP.

Maingueneau, D. (1989). *Novas tendências em análise do discurso*. Campinas, SP: Pontes.

Maingueneau, D., & Charaudeau, P. (2004). *Dicionário de análise do discurso*. São Paulo, SP: Contexto.

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