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Brief communication

Prevention and intervention in cases of antisocial tendency under a Winnicottian perspective: language changes as an initial symptom of environmental deprivation

Prevenção e intervenção em casos de tendência antissocial em uma perspectiva winnicottiana: alterações de linguagem como sintoma inicial da deprivação ambiental

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ABSTRACT

Purpose: to carry out a theoric-pratical reflection on antisocial behavior, under a Winnicott's perspective and its relation with language disturbs as initial symptom of environmental deprivation.

Methods: theoretical revision of emotional maturation of the subject and its implication for prevention and intervention policy, contextualized to the present day, considering the language disorder as initial symptom of environmental deprivation by three cases reported that arrived in a scholar-clinic of speech therapy.

Results: they demonstrated the theoretical relevance of Winnicott concepts when used in clinical reflection of cases of language disorders in which there was environmental deprivation.

Conclusion: the antisocial behavior can make language oral and write disorder as initial symptom.

Keywords: Antisocial Personality Disorder; Crisis Intervention; Primary Prevention; Mental Health; Language Disorder

RESUMO

Objetivo: realizar uma reflexão teórico-prática sobre o comportamento antissocial, sob uma perspectiva winnicottiana e sua relação com a presença de alterações de linguagem como sintoma inicial.

Métodos: revisão teórica do amadurecimento emocional do sujeito e suas implicações para prevenção e intervenção, contextualizadas aos dias atuais, considerando o distúrbio de linguagem como sintoma inicial a partir da vinheta de três casos que chegaram a uma clínica-escola de Fonoaudilogia.

Resultados: eles demonstraram a atualidade e pertinência teórica dos conceitos winnicottianos quando utilizados na reflexão clínica de casos de distúrbios de linguagem nos quais houve deprivação ambiental.

Conclusão: a tendência antissocial pode ter como sintoma inicial a presença de alteração de linguagem oral ou escrita.

Descritores: Transtorno da Personalidade Antissocial; Intervenção na Crise; Prevenção Primária; Saúde Mental; Distúrbio de Linguagem

INTRODUCTION

Taking care of a difficult child or teenager is not an easy task. This is because the environment must be stable enough not to be shaken by momentary destructive attempts that may occur. It may be uncomfortable for parents, school, community or therapist to watch an aggressive episode expressed in the behavior of an antisocial child or adolescent, especially if the environment suffers a direct attack.

Punishment is a common reaction against antisocial behavior, because most environments, especially external (non-family), as a school, for example, do not feature enough elements to support and deal with one's aggressive expression, since it can be harmful or threatening. Nevertheless, it is important that those, who are personally involved with antisocial children or adolescents, are aware of the underlying hope at this work.

Thus, it is utterly important to know the origins of the antisocial behavior. By having subsidies and knowledge, those involved with these children and adolescents can understand the real meaning of it and intervene in the best way possible. In addition, they can prevent new behavioral recurrences and avoid the emergence and crystallization of symptoms by treating them right at the beginning of the first signs of antisocial tendency, on a preventive level. It is important to highlight that, according to the case snippets analyzed, language disorder can be the first symptom in some cases of environmental deprivation. Therefore, this theoretical reflection is relevant to the speech therapy field.

In order to reflect upon these issues, a theoretical study was undertaken in the works of Winnicott and contemporary Winnicottian authors. This could bring elements to support health professionals to deal with the issue, especially those working with mental health, schools and childcare among other care activities. Early identification is key to reversing the symptoms, either by specific actions with the family or even through the referral to therapeutic intervention. In order to reflect some of the concepts from the review on Winnicott (1896-1971), this paper also presents three theoretical case snippets: one of early deprivation and two other in the same family. In the second and third cases, the antisocial tendency was initially expressed associated with oral language disorder in the younger brother and with written language and learning disorder in the older one. Winnicott's works show that the renowned English psychoanalyst noted the importance of the baby's first relations with its mother and its dependence from this environmental care as fundamental in the constitution of his psyche. In World War II, he observed children who suffered harmful effects of environmental deprivation and subsequently showed antisocial tendencies and delinquent behavior.

Considering these aspects, the objective of this work is to perform a theoretical and practical reflection on antisocial behavior under a Winnicottian perspective and its relationship with the presence of language disorders as initial symptoms of environmental deprivation.

METHODS

In order to carry out this paper, theoretical researches in Winnicott's books on the topic were made. Added to that, articles referring to the author or child development in journals indexed in the Scielo system over the past five years built a narrative review of the literature.

The clinical case snippets were taken from early intervention group studies, in which the authors of this brief communication take part. The Ethics Committee of the Federal University of Santa Maria authorized clinical research in the project "Parental Roles and Risk Factors for Language Acquisition: Speech Therapy Interventions". The approval number is CAE 0284.0.243.000-09. Those responsible to participate in the survey had read and signed the Free and Informed Consent Term, agreeing with the disclosure of data.

Data analysis for this brief communication focused on relevant clinical content according to the theoretical discussion of this paper. The data was analyzed based on therapeutic daily records and on second paper author's memories on those relevant case themes, since she was the clinician responsible for them. Therefore, the intention is not to present the cases on their entirety, but case snippets concerning the theoretical debate held here.

RESULTS

The results will be presented in two sections. The first deals with the theoretical research and the second on how to operationalize the interventions from clinical case snippets.

The Environmental Factors and their Implications on Antisocial Tendency Development

The environment has undeniable influence on the development of a child. This influence can be both positive and negative for a healthy development. Considering this, it is possible to think about the existence of factors that can generate and relate to situations of suffering, symptoms or pathologies[1-4]. In antisocial behavior, there was a failure at some point during the development process. This statement provokes a reflection on the environmental and relational factors that may have gone along the development of a behavior seen as antisocial, so that it is possible to find justifications for it, emphasizing the environment and the people responsible for the child's emotional development.

During the emotional development there are undeniable aspects for this to occur as expected, such as the early baby relationship with his mother (or caregiver) and the relationship with the environment[5]. The maturing theory aims to understand what can happen during baby development when mothering is inefficient and, oppositely, when there is an environment and a good enough mother.

There are mothers who, for some reason, do not successfully meet the functions of a good enough mother. A deficient motherhood can lead to the emergence of a symptom along the personal growth process. Although the primary maternal preoccupation is a psychological state naturally developed with motherhood, there are women who are reluctant to take on such a role since this position demands regression. Some women are focused on their own activities and cannot and do not allow to identify with their babies. Many will perform a rigid mothering governed by intellectually established rules, which may provide the baby with some basic care, however they will not be able to develop a deep and meaningful communication with the child. The baby might not have its demands identified and met as the mother, who acts mechanically, do not think about the baby's needs. She rather thinks on what she determined to be done in terms of care, food and hygiene[5-8].

There will be a possible deficit in the child maturation when there is failure in its development process. This deficit is directly linked to the time when the failure occurred in the developmental pathway, which begins at an absolute dependence stage through a relative dependence and towards a relative independence. Considering this perspective, if there is failure of the maternal functions and the environment in which the baby is experiencing the stage of absolute dependence, there may be a stoppage or interruption in the maturation process. Affective disorders and even more serious conditions may appear[2,5-7].

Some symptoms may be related to the following types of care failures: holding, handling and presentation of objects (maternal care type). The flaws in early stages of development can also contribute to serious pathologies. In later stages, the pathologies may become less severe due to ego maturity[3,8-11].

In the absolute dependence stage, the mother and the environment conditions must be good enough, so that there is no development of non-organic mental retardation or schizophrenia[11]. In the relative dependence stage, the person can be traumatized, hence a failure may cause antisocial tendency and affective disorders. Lastly, during the relative independence phase, the child tends to have the ability to take care of itself, therefore environmental failure is not necessarily harmful. This is because the baby's dependence on the environment and his mother is absolute at the beginning of the development. This dependence will become relative and less and less necessary in the later stages of child development[5,10]. However, it is important to point out that, at any of these stages, the child's conflicts and the way the environment receives it will always be the key aspects to the development, be it healthy or pathological.

The mental illness would be a type of immaturity or a stoppage in the continuing to be of the individual, as a defense or reaction to the anguish that emerges from an invasion or from the impediment of something that had to have happened but had not. The disease is the result of a failure in primary care and environmental provision or simply deprivation of these elements[1,3,9,11].

In the context of antisocial behaviors, behind the suffering experienced there is a faults history produced by a not good enough environment, insofar as they did not fit the demands of the baby during the dependence stages. Despite feeling the anxiety caused by environmental failure, the baby is too young to organize and defend itself from it.

In regards to the antisocial tendency, it can be said that it arises as an early response to the loss of reliability in the mother and the environment. This loss may have happened at a time when the baby's development was occurring fully and when the environment was giving all good enough care for the child's growth. However, the care failed at some point, consequently something

necessary for the child's healthy development was lost at that moment. Therefore, children who developed antisocial tendency may have presented a good start in their emotional development. Because of an unexpected withdrawal or change of care received by then, the child suffered a significant support break to stop the healthy cycle of emotional maturation[1,2,8]. This break in the care the child was receiving, and for some reason stopped during the relative dependence stage, is called deprivation. In other words, there was a loss of something good and it occurred over a longer period than that which could have been supported by the child[12,13].

In the relative dependence stage, there is already a certain acquired maturity of the ego which enables the child to realize that the failure comes from the environment. This perception and ability in the child will determine the development of an antisocial tendency. Differently from a psychotic illness, which has its origin in failures occurred in the absolute dependence stage. Despite the maturity of ego, the antisocial tendency will happen because the subject is still fragile. Thus, he is still not able to protect himself from environmental failure and avoid suffering[1,2,8].

Predictability and consistency produce a feeling of trust in the environment and are essential for the baby to have enough security to face conflicts related to maturity. A child's sense of security is closely connected with the type of relationship it has with its parents. The baby naturally expects its parents to provide sufficient environmental references for its development. If they fail, the child can get to the point of resorting to an external environment where it finds signs of trust. As an antisocial child, who asks society for a limit and stability necessary to continue his personal growth[1,2,4,13].

The baby can use its impulses, including aggression in a positive way, without creating difficulties for the environment and for itself only when there is safety in the environment. The aggressiveness, especially that expressed by the baby in its first year of life that coexists with love, must be supported by the environment to contribute to the child's emotional development. The environment must necessarily remain stable and intact to the attacks suffered. The resistance of the environment and the baby's mother against these demonstrations allows him the feeling of continuing to exist[5,6,8,9].

The healthy development of children requires a sense of confidence which is constant and able to recover after every attack, because trust in the environment will be tested by children whenever they feel the need. Only with the permanence of reliable and safe environment is that children will develop the ability to worry about their acts, redirecting aggressive impulses to constructive impulses. In contrast, children may develop distortions such as essential absence of fault on their personalities if there is no minimum reliability[7,9]. If children cannot develop a sense of guilt, they can reach the state of not allowing the impulse. They will be dominated by inhibition and fear in relation to all the feelings built through aggressive impulses[1,8].

One needs to feel in a safe environment in order to express aggressive impulses. Moreover, one must be developed in terms of total personality in order to realize the responsibility required by expressing these impulses. Destructiveness belongs to all subjects; when the right to exercise it and take care of it is lost, the price must be paid. Therefore, the ability to take responsibility is lost and mental health is linked to this capacity[8].

It is also important to remember that aggression is linked to feelings of love and hate, but aggression would be related to fear. Winnicott[8] is emphatic when affirming that the expression of aggression should not be denied, because only then the human being can take it to repair and restore his aggressive actions through the development of internal resources from a good internal environment. The unconscious desire to want to repair, correct, drain the instinctual and recognize the cruelty that exists in itself is fundamental for the maturing of the being. This is the only way to sublimate these impulses through constructive activities. The child whose home did not offered it a feeling of security and care for these manifestations may seek a reference outside, by resorting to grandparents, aunts and uncles, family friends and the school. Likewise, an antisocial child looks even further by resorting on society instead of the family when seeking stability it needs in order to surmount the first stages of its emotional growth. If it did not have the opportunity to create a good internal environment, it will search for external control.

Moments of hope are characteristic of the child with antisocial behavior. The child's referential structure crumbles when there is environmental failure, making it too distressed. If there is still hope, there is search of new references and external stability which guarantees maintenance of an integration state[1].

When a child behaves in an antisocial way, it does not necessarily mean that it is ill. Antisocial behavior is usually a request for a control that must come from

outside and carried by strong, loving and confident people, who can make affective involvement possible. However, the word illness becomes sometimes appropriate since for many children the feeling of safety was never part of their lives. By being under external control, the antisocial child may be fine. The child seeks this control and when it does not have it, at some point it will feel threatened by madness and it will transgress against its family or society, unconsciously aiming to restore the control from the external environment. This search is permeated by a feeling of hope of finding in the external environment something that failed at some stage of its maturation. In the case of antisocial tendency, it happens during relative dependence stage[1]. Still, antisocial behavior should not be understood as an illness, since its actions are loaded with hope as an indication that there is still a desire for cure. This is a sign of health. It is an attempt to overcome the lack of safety experienced by environmental failure[2,8].

A child with antisocial tendency will sometimes try to recover something that was his or hers, such as the ability and continuity for maturation. By remaining hopeful, it will seek the good object which was presented to it but not exactly in the required time. When the mother does not fully exercise her maternal functions, for instance showing her breast when the baby is hungry, the child may lose healthy contact with objects and the ability to find anything creatively, as well as the subjective reality and the illusion of omnipotence which is crucial to later perceive reality objectively[6,8,14]. In this sense, antisocial acts performed by children or adolescents are justified when there is still hope of finding the object once lost. This can be characterized with the robbery moment when what matters and has value to the child is not the stolen object, but what it can reach with it. In this case, it is the affective maternal care, which is a child's right. It is also observable in antisocial behavior the fact that the subject has an impulsive search for the father, who represents power and force. In front of this father, the child will be able to recover its impulses of love as well as guilt and a repairing gesture.

Aggressive behavior usually arises in society as an unexpected and not accepted expression, which results in inability to deal with it. Both the family and society as a whole may fail with the child by not understanding the meaning of these behaviors. Additionally, they will probably not meet the needs of a child who commits this type of act.

There are two forces vying for space within the personalities of these children. When hatred forces threaten to master the forces of love, something must be done to preserve oneself. For this, one may feel the need to externalize the inner reality, which is difficult to be supported, playing a destructive role in search of control by any authority in the external environment. Frequently, this demand cannot be achieved because those responsible for them are unable to comprehend it.

In the antisocial tendency, the youngster feels attacked by the environment at some point. The reaction to this may be an attack on this same environment. This is one of the reasons for antisocial behavior to manifest itself at home or in a broader sphere.

Ideally, the environment would respond to antisocial acts by recognizing and managing them. Consequently, the moment of hope could be matched. The environment that does not respond in this way leaves the child hopeless, thus it will look for hope in antisocial acts again[1,2,8].

Regarding the antisocial tendency, it seems to be of utmost importance that actions are taken at the beginning of its development, either within the family or the clinic, since it becomes more and more difficult to achieve a cure for it over time and the child can become increasingly difficult. It is important to prevent the installation of organized antisocial defense in the conduct of the subject, as this would result in delinquency, that is regarded as a clinical phenomenon in psychology. In delinquency there are side gains in the acts, complicating even more the likelihood of interventions that lead to cure. In addition, the social reactions to delinquent acts intensify up, making the situation even worse.

In order to avoid cases of antisocial tendency evolving into delinquency, an attitude linked to basic care is fundamental to prevent its manifestation. Should parents and guardians be oriented and informed about the relevance of their duties and roles for the healthy development of their children, they would understand that lack of sufficient environmental attributes for emotional maturity may lead to antisocial behavior as a reaction to deprivation.

The language disorder as early symptom of antisocial tendency

In the early stages of antisocial tendency, it seems fundamental that the environment should be able to

deal with the antisocial child's recovery on its own, without external therapeutic aid.

The child may be fortunate to have an environment to heal it through the restoration of essential care provision which was lost at some point. Undoubtedly, this would be the ideal cure, the one provided by affective and emotional care and not by specialized treatment[2,8,12]. The special care received within the family could compensate for the deprivation suffered. The school or other institutions can also fix the flaw by providing a remedial environmental context. Adequate assistance can take the subject back to the time prior to failure and so rediscover the good object that was lost[3].

According to Winnicott, it is in the familiar environment that the first treatment to antisocial behavior should occur. The family has a special meaning in the life of individuals and it can help them better than any other person or institution in order to overcome their symptoms and reestablish the course of their emotional development by supplying remedy to suffered failures. The environment should be open to dialogue with the child and facilitate the integration of its impulsiveness. It is important to exercise the law of which the family is responsible, without using retaliation or simply punishing[15].

For all the reasons already explained, the family should serve as a therapeutic tool in intervention or prevention in cases of antisocial behavior. The presence of an expert therapist may be important with the purpose of informing the family group its ability to recover the child who presents this behavior. Identifying it early allows rapid intervention which can prevent the establishment of an organized antisocial defense [2,13].

Considering this early phase, two case snippets of children in early intervention age can be brought. In both cases, the first symptom of environmental deprivation was the language disorder: the first of a 2-year-6-month-old girl who was referred to speech therapy for speaking too little and the second of a 2-year-old boy who also arrived at the school-clinic for the same reason. Although diverse, important signs of environmental failures were identified in both cases.

In the case of the girl, when she was 6 months old, her mother underwent gallbladder surgery that caused complications which nearly led to her death and resulted in an abrupt separation from the girl for 56 days. As an effect of this distance, there was retreat of the girl from entering into a relationship with her mother. Added to this retreat, there were moments of humor oscillation, irritability for any break in her expectations, compulsive eating behavior, which led to weight limit, and delay in language acquisition. Early intervention took place at that time through mother-daughter treatment, initially by a speech therapist who invested in conjoint musical and recreational activities in order to try to reestablish a reassuring environment for the girl. This resulted in the start of the girl's speech, decreased her humor oscillation and also compulsive eating behavior, as well as restored a healthy relationship between mother and daughter. The family realized that the girl's retreated behavior was not, as stated by the neurologist, necessarily an autism spectrum behavior, but possibly a reaction to environmental failure caused by the abrupt break in the mother-daughter contact that occurred early and intensively. It was also explained to her mother and father, right in the first sessions, that it would be necessary to restore the mother-daughter relationship and be patient with a possible resumption of symbiosis that would have a remedial effect for the girl. The father would be in charge of supporting the family environment for such a remedial effect to happen. That was exactly what was observed in the first month of early intervention. In the second month, presenting difficulties in family interactions, which included the elder 5-year-old sister, the family was taken to therapeutic support with a psychologist. In six months the girl was discharged from speech therapy and continued on psychological intervention. It was perceived that the language symptom relented and behavioral problems became the keynote of the case, although they were more attenuated than six months before at the beginning of speech therapy work.

The boy's case took a rather different direction because his mother was present but with a violent behavior. Unable to sit because of the pain, he had frequently arrived at the school-clinic with scratches due to maternal physical assaults. This fact was expressed in the boy's apathy that did not present any communicative intent. From the early intervention with the child and continued interviews with the mother, it was possible to reduce domestic violence and mobilize a reassuring environment for the boy so that he could have at least partially remedied the lack/difficulty of maternal holding and handling. The boy was treated by a speech therapy intern and the continued interviews were conducted by the second author of this brief communication, who was the internship supervisor at that time. During the continued interviews, it was observed that the mother had suffered domestic violence from her own mother. Her consciousness that

she was repeating it with the 2-year-old boy as well as with the 11-year-old son, who had written language disorder, was essential to reverse her behavior and conduct her to psychological care. As a result, both the younger and the older boys overcame their language disorders, the first with oral and the second with written language. Additionally, the older boy had also overcome some antisocial symptoms that emerged in the school environment. Also in this family the father was mobilized to assist them in the process.

The 11-year-old son went from a problematic student to student who scored top marks in Portuguese and is now a famous skateboarder in his environment. It is worth noting that at the beginning of the therapeutic work carried out on a group of teenagers, the boy showed challenging behavior and there was an initial punishing tendency from two therapists and other colleagues in the group. There was a change in everyone's attitude after an intervention from the second author of this brief communication, who was the group supervisor, when the boy was praised and developed his sense of belonging to the group. This demonstrates that welcoming actions rather than punishment are much more effective for attitude change of children and adolescents with a history of environmental deprivation. Another relevant factor was the mother starting to invest in purchasing second hand magazines of interest of this child. That happened during the continued interviews when she realized she was reproducing with him the violent actions she received from her parents.

Later, the mother had another child, a daughter. However, violent behavior was not perceived towards the girl. The younger boy remains in written language therapy until today, but without significant psychiatric disorders. The older boy was discharged that same year.

DISCUSSION

Considering the theoretical debate and the clinical case snippets, it can be said that interventions should respond to the demands of the child with antisocial tendency at the very moment hope is manifested by it. When hope appears, the act must be there.

The antisocial symptoms are attempts to environmental recovery. Their meanings must be understood, because only in this way it will be possible to give the child what it truly needs. That is, finding affection, love, attention and rescuing the attention of its love object; finding an answer based on real hope that is expressed through acts. The child needs to regain confidence in the environment, its stability and repairing capability[1,7,8]. It is observed in the case snippets that it happened to the two young children and the adolescent, a recovery of confidence in the maternal figure supported by the father.

If there is a need for clinical service, the therapist must necessarily engage with the child's unconscious impulse. The therapist's management, tolerance and understanding are more important than the techniques[3,7]. It was observed the need for clinical intervention in the snippets presented. Besides the fact that language symptoms emerged in parallel to the problem in maternal care, the family could not provide a remedial environment without professional help. However, it is understood that had the professionals not been sensible enough to realize that the mother's deprivation and violence were crucial aspects of the case, it would not have been possible to listen to the suffering of children and adolescents.

Among the conducts of the therapist, some are fundamental: allow the child to remember the moment environmental deprivation was established as an inescapable fact, enable it to re-experience the suffering that preceded the loss reaction through the established transference relationship, provide some care ceased during in its infancy and establish a bond of trust. The child needs to find a welcoming and caring environment. Despite involving aggressive impulses[8], these conducts allow the child to recover the ability to find objects, the lost security and the creative relationship with external reality in which spontaneity was safe. It is important to highlight that in the girl's case this occurred even with therapeutic support to events of corporal aggression from girl to the therapist and mother. Hence, family counseling to deal with such moments was given. In the boys' cases, while the younger one needed someone to listen to him, offer affection and physical security, the eldest needed much encouragement to believe in his academic possibilities. In addition, the presence of the law with love and life energy provided by the therapeutic group this adolescent was initially inserted added to individual care provided by speech therapist with him, were enough to provide the necessary repair in his case.

If the child is aided by an analyst, this person must be prepared to withstand the impact and strength of antisocial behavior aspects which could fall in the analytical context, but for this to happen it is essential that the child can regain the ability to revive its suffering[7,8]. Interestingly, in the case snippets

presented a watchful health care professional, even without analytical skills, could play an important role in the repair process. It does not mean that we should prescind the analytical intervention that can have profound and lasting effects.

When children are aggressive or steal something, the most common reaction from society is to punish, along with a moralistic discourse. This is due to most people's ignorance on the real meaning of these acts.

Children do not need to be confronted with morality, unless it is a wish of their own. An inquiry in pursuit of objective truth does not make any sense to them. Unfortunately, society increasingly acts in this way. They forget that approaching the child's reality is what could allow healing. Making yourself available in a deep level communication with the child is the path used by therapists and should be followed by society[8], which would avoid fruitless inquiries in search of a confession. These children usually present a dissociated personality and the only access to them is with deep communication repairing the previous environmental deprivation[8,13].

Psychotherapy should enable communication at a deep level and this should be done as early as possible – that is, as soon as the first signs of antisocial tendency arise, only this way there can be cure. This statement is justified because it is in the early antisocial manifestation that the subject can accept and feel the need to heal if there is the possibility of the existence of guilt that will provide the desire for reparation[8]. Repairing the environmental flaw in this period may be a preventative approach to the establishment of delinquent conduct in the future. This would be ideal in terms of "cure"[1]. The case snippets indicate this possibility since the antisocial tendency was already apparent in the 11-years-old boy and could later emerge in the two other children. Early intervention with the young ones and a restorative comprehensive intervention with the elder boy were important to revert the situation of environmental deprivation, which was the root of the antisocial tendency in the teenage boy.

How to treat children who are deprived of a family? They can enjoy the benefits of psychotherapy and/or be aided to find and live in a good enough environment allowing them to continue their personal maturation[1,16]. They may respond quickly and positively to the environment, demonstrating that their demands were met and that their problems are solved. Nevertheless, when feeling some confidence in the environment, they can express their aggressive impulses again, even to test the reliability of the environment. The new family must understand that surviving these impulses is essential for the child's cure[1].

This also takes place in therapeutic environments as seen in little girl's case snippet during episodes of exacerbated tantrum and physical assault against the therapist and the mother. Likewise, the teen boy was disruptive during the first sessions of group care, but received the care needed both in the group as in individual sessions, conducted in the second half of therapeutic intervention. The case snippets illustrate how aware the audiologist must be of the child's overall history, because understanding the link between psychosocial aspects and language development can be critical to the progress of the case, as demonstrated by numerous studies[17-19].

Therapeutic appointments were reported by Winnicott in his clinical cases as another type of treatment for antisocial tendency. It is not psychoanalysis, but the therapist should be familiar with the psychoanalytic technique. This type of intervention is of great value in cases where a rapid symptomatic change is preferable[20]. This technique was developed to meet the needs of a large number of people looking for help, many of them in low income which makes it difficult to take a long term treatment as psychoanalysis, for instance. Furthermore, at the time it was developed, there were few professionals available, which ultimately resembles the lack of professionals in the current public service to meet the demand. The technique consisted of three interviews in which the therapist was put in a position to promote regression to the point of deprivation and a repair that allowed children and adolescents continue their personal growth with the suppression of antisocial tendency. It can be observed that a health professional with some training on antisocial tendency can facilitate this safe environment, which, in the aforementioned case snippets, was represented by the following agents: the participation of the second author of this brief communication in the therapeutic care, the girl's therapist, the boys' case supervisor and the listening of boys' mother in order to forward her to therapy.

Despite all these features available for treatment and cure of antisocial tendency, in today's society there is a portion of teenagers immersed in a world of violence and crime that were not treated in perfect time or who had no possibility to receive any care. However, by no means they should be ignored. In addressing these cases, there are those who hope to socialize children and adolescents and those whose goal is simply to

keep these youngsters in custody until they are old enough to be held in ordinary prisons for adults in order to preserve society because they will keep committing crimes. Society needs to be responsible in some way, even if it is by supporting those who work directly with these cases. It is known that those children who did not obtain the possibility of repair will go to the courts, yet those who had the opportunity to be treated in time will be citizens contributing to a more humane and fair society[1].

FINAL CONSIDERATIONS

The reflection promoted in this brief communication suggests the importance of the topic to health and education professionals. Once the possible meanings of antisocial tendency are understood, brief and precise interventions may have important effects on the mental health of children and adolescents, preventing them from becoming socially maladjusted adults. From an early age, language symptoms can announce that something is wrong in child development and timely intervention can prevent crystallization thereof, as well as the emergence of serious psychopathologies. Given its involvement with the psychic development, language is one of the spaces in which suffering can emerge. Similarly, the schooling process can become truncated on account of the antisocial tendency.

As seen in the cases exemplified, the subjects turn to speech therapy for clinical treatments, therefore it is important that these professionals master the subject reported here so that they can make necessary referrals to health teams, as well as support the subjects to overcome the symptoms, as Winnicott did in his brief appointments. This should be until they can take place in other interventions such as psychological, whether psychoanalytical or not, since there are different study perspectives on delinquency in psychology, covering ethical and social complex aspects[21-24]. It can be highlighted the strength of Winnicott's psychoanalytic approach for intervention as seen in the numerous cases reported by him, as well as in the case snippets presented in this brief communication.

Obviously, for this approach to take place one must problematize the uncritical adherence to statistical diagnostic manuals and re-think the singularity, as many psychoanalysts have warned in recent communications[25,26]. It is necessary to retake the act of listening as a key area in the clinic.

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