

# THE LANGUAGE IMPAIRMENT IN TWO SUBJECTS AT RISK DEVELOPMENT IN AN ENUNCIATIVE PERSPECTIVE OF THE LANGUAGE WORKING

## *O distúrbio de linguagem em dois sujeitos com risco para o desenvolvimento em uma perspectiva enunciativa do funcionamento de linguagem*

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### ABSTRACT

This study aims to analyze the importance of a hypothesis of language working, considering the form/meaning relationships and the enunciative mechanisms and strategies in the analysis of language of two subjects with language impairment and risk to development. Two subjects and their families were followed from the first to the eighteenth month of age, through the Indexes of Risk to Child Development. Between 21 and 24 months, the subjects were filmed with relatives (mother, father, brother) and with the researcher, in a playful situation, in a similar way to what happens at home. The recordings were orthographically analyzed and transcribed and also analyzed by means of mechanisms and enunciative strategies, the relative form/meaning, trying to identify the function of language. While one of the subjects showed greater possibilities of vocal accomplishment, but with restricted enunciative strategies and mechanisms, the other one had almost no speech, inducing the adult to speak in his place. There were differences in the functioning of language, the resources to relate form and meaning, as well as the use of enunciative mechanisms and strategies between both subjects, which demonstrates the need to identify a hypothesis of language working in the evaluation process of the children language.

**KEYWORDS:** Language Development; Child Development; Risk; Child Health

### ■ INTRODUCTION

Traditionally, the studies that focus on language disorders in childhood have explained the biological and linguistic limits of clinical cases<sup>1-10</sup>, while other ones have approached the initial interactions<sup>11,12</sup>. On the other hand, studies in a enunciative perspective are recent, in particular those ones directed to the subjectivity in language. In this area, the authors Surreaux<sup>13</sup> and Cardoso<sup>14</sup> are in evidence, once they point out this relationship in language disorders, in

an enunciative perspective. These authors, as well as Silva<sup>15</sup> in the field of language acquisition, initiate a new thinking about language that brings important contributions to the speech/language clinic of early intervention.

Silva<sup>15</sup>, at the moment he moves the enunciative perspective of Benveniste to the language acquisition, he assumes that, through the enunciation, the child is part of the language, because this child emerges as the subject (constituting herself/himself as I) when it is consisted by the other (the **you**). The dialogic relationship of I and you mark a space of presence (**I-you**) and, at the same time, of absence (**he**). Thus, the child, in the enunciation, places herself/himself in the use of language by the dialogue structure, essential to the constitution of the subject in the language<sup>16</sup>. That requires the other

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become her/him a subject<sup>15</sup>, by instantiating her/him in language, place of intersubjective relations and she/he appropriates the language as a system of units<sup>14</sup>. The authors of the enunciative field explain that enunciating is taking the place of the **I** in the dialogue, then abandon it in favor of **you**, in order that it also assumes the place of **I**.

Cardoso<sup>14</sup> understands that language impairment presents a particular view of the relationship of the speaker with the language. The errors classified as pathological, which are present in speech, in a conception of enunciative language, constitute the set of elements, linguistic and extralinguistic, that enable the speaker to enunciate. The language involves two universes: the repertoire of signs (semiotic) and of discourse (semantic). The sign must be recognized, and the discourse understood. In language disorder, there is a problem in the recognition of the sign (semiotic) or a difficulty in understanding the idea (semantic), or, even, there are cases in which both aspects are involved. From this perspective, it faces the deviant speech as a unique form of organization of the language system of a speaker who, when transforming the language into a speech by an individual act, advances to the condition of subject. It proposes that the analysis unit of this construction, considering the importance of the adult in this process, must be the dialogue. Surreaux<sup>13</sup> states that thinking about these relationships demand to considerate that the subject enunciates how it is possible to enunciate that time. The author also states that it is from the support of symptomatic speech, that the therapist allows the attended subject to appropriate of this speech and produce displacements, ie make creative use of her/his symptoms to get out of it<sup>17</sup>. Thus, the therapist needs to be apprehended by the working of the language, and be distinguished from the approaches that understand the deviant speech only as sign of a pathological language system<sup>18</sup>.

In the clinic of babies, the symptom of language usually configures itself as an absence of speech or a little talk. Then, it is interesting to think of a hypothesis about the language working of children in the acquisition process, because it is agreed that the speech of the child involves the (ir) regularities of language and the uniqueness of the subject that enunciate<sup>13</sup>. It is also important to reflect about the relationships and mechanisms form/meaning<sup>14</sup> and in the enunciative mechanisms and strategies of acquisition that are present in these cases<sup>15</sup>.

The study of the cases, presented in this paper, are from a longitudinal research carried out in a midsize city of Rio Grande do Sul, in which subjects were monitored through the Risk Indicator to Child Development<sup>19</sup>, whose quantitative results were

already published in other papers<sup>20,21</sup>. This study has a qualitative focus and it is about the language working of two boys who reached the therapeutic process at different ages.

So, the aim of this paper is to discuss the working of language, considering the form/meaning relationships and the enunciative mechanisms and strategies in the analysis of the language manifestations of two subjects at risk for language impairment and for deviations in the development.

## ■ PRESENTATION OF THE CASES

This research is associated to the research "Parental functions and risk for the acquisition of language: speech therapy interventions" approved by the Committee of Ethics in Research of the University under the protocol number of CAEE - n. 0284.0.243.000-09.

That research project performed a longitudinal follow-up of a group of children according to Risk Indicators to Child Development (IRDIs) in the reality of a midsize city. For this study, a convenience sample consisted of two subjects who were 2 years, here named as T and M. The selection criterion that was used is related to the presence of language disorders in both candidates and also presenting a risk to development in a cohort study of the most extensive research. We excluded infants who had congenital malformations, genetic syndromes, congenital infections detected in the neonatal period, before the beginning of the study, because these aspects would already represent a risk factor for her/his development.

Babies and their families were contacted during the neonatal hearing screening conducted at the University Hospital. At that time, the parents were invited to participate and they had detailed explanations of the goals and procedures of the study, emphasizing their right to voluntary and confidentiality of identity. When they authorized the study, they also signed a consent form.

Parents and babies were monitored from the first to the tenth eighth month of age, through the application of IRDIs, in accordance with the requirements for each age group and also through ongoing interviews. It is important to mention that in the first month of collection some interviews were applied about the experience of maternity<sup>22</sup> and scale of Beck<sup>23</sup> by psychologists, being the language evaluated at 12 months and 24 months in a qualitative way by speech therapists. Thus, it was considered for the analysis of this paper the history of each child in the study 1-18 months, as well as the specific collection carried out at 24 months.

The two boys were filmed with his family (mother, father, siblings) and with the researcher in the Clinic School of Speech, Hearing and Language Sciences Major, where the survey was carried out. It was asked to the mother (father and/or brother) to play with the child at home. The recordings were analyzed and transcribed orthographically. According to Surreaux and Deus<sup>24</sup>, the transcription of linguistic data concerning language disorders is an enunciative act, in which two enunciators can be observed: the one who talks (in the scene) and the one who transcribes. Thus, in clinical language, it seems to be a feature of writing that allows listening, perceiving what a unique enunciation evokes<sup>24</sup>.

In the orthographic transcription of the scene the subjects are indicated by their initials T, M, the mothers by the letter M followed by the initial of the subjects (MT, MM), the brother the letter B followed the initial (BT), the father of M as FM and researcher as R. To transcribe the language data standards, it were adopted the Enunsil database (Enunciation and Symptom in Language) of the research "Enunciation and Language Disorders", coordinated by the Professor/Doctor Valdir Nascimento Flores, at the Institute of Arts of the institution of origen<sup>18</sup>. It is given the context of enunciative scene at the beginning of each transcription. Speech acts are divided into two/three columns, according to the interlocutors. The transcription conventions are shown in Figure 1.

(.) a full stop between parenthesis	This indicates that there is an intra or inter-turn short pauses
(...) suspension point between parenthesis	This indicates that there is an intra or inter-turn long pauses
Capital letter WORD	This indicates a speech with intensity above the others that are next to
Word-hyphen	This indicates an abrupt interruption of the speech
( ) empty parenthesis	They indicate that the transcriber was unable to transcribe what was said - uninterpretable segment.
(( )) double parenthesis	They indicate comments of the transcriber about the restrict enunciative context

**Figure 1 - Convections of transcritio<sup>18</sup>**

The analysis of the language of children was performed according to the enunciative mechanisms of Silva<sup>15</sup>, in order to check the enunciative support of the child, from enunciative categories and their mechanisms, namely: 1<sup>st</sup> enunciative mechanism - the relations of conjunction I-you and of disjunction I/you, 2<sup>nd</sup> declarative mechanism - the semantization of the language and the construction of the co-reference by dyad (I-you)/he and 3<sup>rd</sup> enunciative mechanism - the introduction of the subject in language-discourse. It was also used the research of Surreaux<sup>13</sup> to think about a hypothesis of language working what would be appropriated to the three cases, due to the analysis of the symptom, ie the way the baby enunciated in the dialogue with adult from the family. The research of Cardoso<sup>14</sup> made possible to perform the language analysis through the form/meaning relationships and the distinction between semiotic and semantic level.

The case reports will be carried out by the exposure of each child clinic history and also by enunciative scenes that reveal the language working of the children.

## ■ RESULTS

The results are presented in this section, through a brief history of the subject, mainly in relation to risk ratios, and parts of the filming of the children, their mothers and the researcher in interaction.

### The subject T.

T. was born from an unplanned pregnancy, preterm and he had no complications at birth. The boy is the fourth son of MT (27 years old) and husband (29 years), who have four more children, two girls (4 and 10 years old) and two boys (6 months and 8 years). The mother does not have the help of her relatives in relation to child care. In the evaluations, she seemed to be very tired and depressed. All people lived in the same house, and the oldest children attend school in the neighborhood. The mother of T is a housewife and she has not concluded elementary school, his father works as a mason and he has not concluded high school.

In the first stage of IRDIs, the mother presented some level of depression (results obtained from an objective assessment – the Beck Inventory<sup>23</sup>). There was the absence of IRDI 2: ("The mother talks to the child in a style particularly directed to

her [*manhês*]). It is important to mention that when the researcher spoke with the baby using *manhês*, T. responded with smile and vocalizations. MT presented difficulty to tune his speech with manifestations of T, indicating a failure in the interpretation

of his actions, even though he could establish his demand when crying (IRDI 1).

This fact can be observed in Figure 2, which shows the interaction between MT and T. Researcher (P) also attended the meeting.

MT	T	P
1) T! ((in aggressive tone)) (...)		
2) Uhn~~~~! ((the mother tries hard to lift him up, as if he was heavy)) (...)		
3) Tua mãe ta estressada (.) T! (( the mother takes the baby from the front and makes him to look at her))		
4) (...) Ohhhh! Bebeeê, bebeeê?! ((She speaks reproachfully))		
	5) ((T. starts to put his hand at his mother's mouth))	
6) Ãããh ((the mother grumbles and denies the affection by turning her face ))		
7) (...) Uhum! Não me belisca.		
	8) ((T. moans and keeps his hand in the mouth of the mother ))	
9) Não é pra belisca euuu! ((reproachfully))		
	10) (( the baby continues trying to play with his mother's face ))	
11) Uhm! Não é pra beliscá a mãe (((the mother breathes deeply, sounding annoyed with the play of her son.)) (.))		
12) Olha a vó. Cadê a vó? ((the maternal grandmother is in the living room. MT does it to distract T from her face))		
	13) ((T. looks at the video camera))	
14) Qué mexê lá? Não dá pra ti mexe bebê. Heinn! ((for the first on the scene the mother goes in line with what the baby wants ))		
	15) ((T. no longer looks at the mother and smiles at the researcher))	
		16) O que vocês conversam em casa? ((She asks for the mother))
	17) ((T. centers his attention again to the mother and he returns to touch her her face ))	
18) Uhm! Ai, não belisca ((She seems pretty bothered)) (.))		
19) Não belisca forte.		
	20) ((T. smiles and stares at the mother ))	
21) Não belisca. Não belisca. Não belisca. (...)		
22) Páaaaa ((She speaks in very low intensity))		
	23) ((T. keeps touching the face of his mother, who turns her face))	
24) Páa bebê! (.))		
25) Issss (.) pará quieto! ((reproachfully))		
	26) ((T. turns himself to the video camera))	
		27) O que mais tu diz pra ele em casa?
28) Ah! Digo bastante coisa...		
	29) ((T. keeps looking at the video camera))	
		30) Fala! Vê se ele olha pra ti. ((She addresses to the mother))
31) Aahh! Quando ele tá intretido pra cima, ele olha pra tudo e na dá bola pra gente (.))		
32) Tira a mão da boca ((She takes his hands off his mouth))		
	33) ((T. looks at P, smiles, stirs and moans))	

Figura 2 - Cena de Interação entre T, MT e P.

Considering the enunciative context, in the scene, MT, T., P and the grandmother of T are present. The baby is in the lap of his mother in the evaluation of IRDIs (close to 4 months). P. asks to the mother to talk to her baby, as she does at home.

In this scene, it is observed that the mother does not give “speech turns” to T in some moments (lines 1,2,3,4). Besides, the tone of her voice is aggressive, in many times reproving the behavior of T. (lines 1,4,9,11). It is noticed that MT was not tuned to the demands of T, with no filling of the other part (mother) in a tuned way, which materializes itself as a difficulty in the first enunciative mechanism observed by Silva<sup>15</sup>, in tuned speech of **you** (adult) to the demand of **I** (child).

MT interpreted the gestures of T in the exploration of his face as an aggressive action to her. It is noted that at the occasion, the mother was asked to join a group of mothers with signs of depression; however, she did not find it important to participate.

During the second and third stages of the assessment, T. at 6 and 10 months, respectively,

no missing indexes on the observation of the dyad. When the fourth stage of IRDIs was performed, at 13 months, we observed the absence of IRDI 16 (“The child supports well the brief absences of the mother and responds to extended absences”), and 18: (“Parents impose little rules of behavior to the child “). T. did not stay with anyone who was not the mother, or he would cry too much in her absence. Moreover, no rule was inserted in his education. In the presence of strangers, T. clung more to his mother, who also reported that he was breastfed on free demand.

At 24 months of T., it was performed a new filming of the interaction of the dyad and, on this day, he was with his 8 years-old-brother (indicated in the transcription as IT). Figure 3 shows excerpts of the filming with the subject and his family members.

T, MT and IT are present in the scene, in which there are toys distributed around the room. T., MT and IT explore the toys, but they do in a superficial way.

MT	T	BT
<b>SCENE 1</b>		
1) Aqui ó, vem! Liga pra vó? Liga pra vó! (She takes T. that is on top of the ladder in the window)		
		2) Liga pro pai pra vê como que tá o pai.
3) Alôô! (She picks up the phone and places it near the ear of T.)		
	4) Mãe (.) aôô ((He talks on the phone while squeezing the alligator, which plays a song))	
		5) Assim ó faz assim (.) alô! ((T. tightens the alligator))
6) Faz alô pra vó! Alô vó!		
	7) Aô ((T. leaves with the phone in the ear and carrying the ramp toward the window))	
8) Pega o carrinho dele lá! ((MT stands up, seeks the car and takes the ramp))		
	9) Mãe mãe manhê, pai, paiê, (( T. goes with the phone toward the mother and puts it in her ear))	
10) Alôô paizinho ((MT puts the car on the ramp and lowers))		
	11) Paiêê! ((T. takes the phone off and puts in his own ear))	
<b>SCENE 2</b>		
	12) Ei, ei eieiei ((He looks out the window and yells, he is on the ladder))	
		13) Ei! ((BT speaks approaching T.))
	14) Ei ei, bo...a ((He screams and points out the window))	
		15) Carro! É o carro ((IT explains to T))
	16) EI EI!	
17) Não é pra gritáá! ((She speaks of where she sits in the chair, her voice is with a strong intensity))		
	18) AÔÔÔ! ((He hits the mirror with his hand))	

19) ( ) ((She speaks quietly, with T. muttering, then she inhibits T. motor activities and places him on the ground))	
<b>SCENE 3</b>	
	20) Aiee ((T. laughs and climbs the ladder again))
21) T. , T. joga a bola aqui pra mim ((T is close to the ball and MT asks him to play, but he does not))	
	22) Ó lá ó, ó o pai! chama o pai! ((He points to the window, as if the father were out there))
	23) Paiee ((He calls his father by the window))
	24) E a Cátia? Chama a Cátia?
	25) Catiaa! ((He calls his sister))
	26) Chama a Nicole.
	27) Niiii!
	28) Chama o Ruan!
	29) UAN!
	30) Chama a mãe!
	31) Manhêê!
	32) Chama a vó!
	33) Voo.
	34) Chama o vô!
	35) Vô vô.
	36) Chama o tio!
	37) Tio.
	38) Chama o carro!
	39) Cáo!
	40) Chama a moto!
	41) Mato
	42) Chama o prédio!
	43) Tá.
	44) Chama tudo!
	45) ((T. looks at BT and laughs)) (...)

**Figura 3 - Cenas de Interação entre T, MT e IT, aos 24 meses**

In scene 1 of Figure 3, it is observed that there was an improvement regarding the difficulty of MT in giving speech turns to her son, when compared to exposed in Figure 2 scene, but MT and IT speak almost the same time (lines 1, 2,3), giving little time for T. to take the initiative on his own, ie, MT and IT are direct in the dialogue with T. (lines 1, 6). That could be explained by the anxiety of the meeting, and they also may want to show that T. can do in terms of talking to the therapist. In this distress, MT and IT give commands sometimes dubious to T. (lines 47, 49).

It is noticed that at the beginning of the filming, MT interacts with T, trying to interpret it, who, in turn, mirrors the speech of his mother by stating “aô” (lines 4,7) for “hello”, reproducing the speech of you (MT) in the speech of I (T). He passes the shown reference to the spoken one, as Silva<sup>15</sup> provides at the second mechanism, but there is a working faced to the speech of the other. However, it is noteworthy

that during the whole filming, the mother of T. does not support in an enunciative way, for a long time.

In scene 2 (Figure 3) It is also noted something that is common to all filming, there is no space for a more focused game. T., as well as his brother, remains quick-tempered throughout filming, and adult language has no regulatory function of his behavior. Similarly, in this scene, it is observed that the difficulty of the dyad relationship between MT – T, which was evident in the first stage of IRDs, returns in many occasions, as in lines 17:19 in which the mother takes the enunciative space of T. and she bans his actions, being very angry with the child.

In contrast, in lines 20–45 of scene 3 (Figure 3) is perceived improvements of T. in the semiotic level, because he is using resources for the /k/, /p/, /v/, /t/, /m/ vocal realization of the language as the phonemes /k/, /p/, /v/, /t/, /m/ and production of syllables, and mirroring the speech of IT. There is in the scene a game of repetition of the speech of you, that although it was predicted as an enunciative

strategy for establishing co-reference, it is expected that it is not the only strategy in this mechanism, and that the dialogue is not directed only to demonstrate to others that the subject can enunciate in semiotic terms. It seems, therefore, that IT is more concerned with showing, the researcher, what T. could talk than talking to him. It does not seem to have an expectation in IT and MT that T has something to say for himself. They do not provide a dialog that anchors productions of meaning, ie, where the form is mobilized to produce a common meaning. When T manifests spontaneously, the mother interprets his manifestations as screams. This fact was observed not only during filming, but also in other assistance that the family did not seem concerned with the observation of the therapist.

Although T. has strategies from the first and second enunciative mechanisms, they are restricted because they do not notice the emergence of more elaborate strategies such as combination of words or even the initiative of a dialogue by T and recognition of this initiative by IT and MT, expected for the second mechanism. In semiotic terms, there is restriction on the field of vocal resources, but no pathophysiological signals because T does not seem to have difficulties to memorize/retain the sign, both in its vocal dimension and in terms of meaning.

T. can understand phrases and, when concentrated, can understand the enunciations of the interlocutor. In contrast, in the process of semantization, it is observed that they is totally able to perform strategies which in his speech is still attached to the speech of the other, and he just repeat the production of the other, not being recognized when using any linguistic resources that he has for saying what he wants. In general, the dialogues do not refer to a greater development as in the semiotic domain of T, as in the establishment of authorship on his speech.

### The subject M.

M. was born at 8 and half months of pregnancy of a planned pregnancy. He is the boy and the 2<sup>nd</sup> child of a family which consists of his mother (40 years old), his father (33 years), and his sister of 14 years. Regarding education, the father has concluded elementary school and the mother has not concluded high school. The mother is a housewife, and his father works as a plasterer. The family has an income of R\$ 2,000.00.

The baby had no complications at birth. In the evaluation of the first stage of IRDIs, M. was a month old; his mother was very shy during the filming, but she seemed to be fine and, as she reported, the baby was already looking for the voices of his parents when they spoke to him.

In the initial interview, the mother reported that she had depression for a year due to concerns on the job, but she decided to leave it to get pregnant and then she got better. She took medication for a few months (prescribed by a general practitioner), and quitting the job for her own.

Between one and eight months M. presented no risk to development. In contrast, in the third stage, when he was 12 months, it was detected the absence of IRDI 12 ("The child stranges people who are not known to him"). In the last stage of IRDIs, M. was 15 months and very attached to his mother, he would just stay with his father in case she was not next to. The mother said he started to be afraid to walk since he fell. In the evaluation, he stayed only in the lap of his mother, did not play with the evaluators, once he did not get far from his mother. M. still had free breastfeed demand in the evening. It was observed the absence of IRDI 15 ("The mother alternates moments of dedication to children with other interests") and 16 ("The child stays well with the brief absences of the mother and he responds to extended absences").

At 21 months, M and his mother returned for evaluation; in Figure 4, it was observed the interaction between mother (MM) and baby (M). There is good turn-taking between mother and M., who engages him in the scene. In a few moments, it was verified MM offers different signs in a little time. That seems to occur because of the anxiety of the near absence of speech of M; he produces only a few onomatopoeias (lines 8, 23).

In line 2 it is noted the instantiation by **you** (MM) of family routine structures for the I (M), which fills its enunciative place with gestures. Another interesting point to mention in this scene is the rejection of M. when the mother put the telephone close to his ear (line 28).

In scene 1, of Figure 4, M and MM play alone in the room, with the available toys. The scene 2 of the same figure shows the interaction of PM and M, playing alone in the room.

MM	M
<b>SCENE 1</b>	
1) Vou arrumar aqui (.) Olha aqui o bum bum! ((She holds the Velcro of the sneakers of the son and shows that the car was on the floor))	
	2) ((M moves a small train on the floor))
3) Ó! A música. Ó a música! ((She shows the alligator with music))	
	4) ((He tightens the alligator to hear it, but he still keeps his other hand on the train))
5) Ó o cavalinho ó! Ó o cavalinho! O cavalinho ó! ((She places the plastic horse in front of son ))	
	6) (( M takes the plastic horse in hand ))
7) Olha aqui, olha os bichinho ó. Ó o elefante ó, elefante! Ó o leãozinho ó, leãozinho. Põe o cavalinho ó? ah? ah?(( She shows a basket of plastic animals to M))	
	8) Hum hum ((He vocalizes, grabs the basket and puts the cow on the floor with the other animals))
9) Ah? Ó, tartaruga! ((She shows the turtle to M.))	
	10) ((M touches the tortoise and removes the dinosaur from the basket))
11) Cadê o outro ó? Ó a vaca, ó vaca! ((She takes a small chair and sits))	
	12) ((M moves in animals from the basket and remove the horse ))
13) Ó! O cavalo! É o cavalinho? Ó! O cavalinho, ó,! Pocotó, pocotó, pocotó. ((MM comments on the animal that M has on hand ))	
	14) ((M looks at animals and organizes them side by side, throwing some from the basket to the floor ))
15) Ó o au-au lá ó (.) pega o au-au ((She shows the dog)) Ó, pega o au-au. Cadê o au-au? ((She gives orders)) (...)	
16) Hum, o que que é esse ali? (She shows the dog and asks to M)	
	17) ((While the mother speaks, M moves in the animals from the basket))
18) O au-au, pega o au-au (.) Onde tá o au-au?	
	19) ((M takes the animals from the basket and organizes them on the floor))
20) Onde tá o au-au? Pega o au-au (.) onde tá o au-au?	
	21) ((M takes the dog from the basket))
22) Olha o au-au! ó, o au-au! ((She takes the dog and shows to M))	
	23)Hummmm.
24) Onde tá o au-au? (...) Vamo pega o cavalo ó, ó o cavalo. Ó o cavalo, ó.((She gives the horse to M))	
	25) Uuuuu ((M walks with the horse on the floor))
	26) Huhu ((He looks around looking for new toy and catches the ball ))
27) Olha o boi, ó! (.) ó vum-vum. Ó o telefone, ó. Ó o telefone, ó, alô! ((She shows the ox, and the car phone in sequence, hold the phone close to the ear of M ))	
	28) ((M rejects to say something on the phone, get it away from him with his hand. He takes the dog and put it at the side of the other animals))
<b>SCENE 2</b>	
FM	M
	29) ((M gives the wheel of the car to the father, so he could fix))
30) Deu, ó!O vunvum! (He gives the car after putting the wheel))	
	31) Eoaaaaaaa ((He celebrates and hits the ground with his hands))

32) Oba oba! Ó o auau: auauauauau ((He also celebrates, by hitting the dog on the floor)) (...)	
33) Ó M. esse? tem trenzinho, vou te mostrar, ó o trenzinho, trenzinho (.) foi lá embaixo o trenzinho.	
	34) ((M takes the train, explores new toy))
35) Olha só, coloca aqui de novo, a vaquinha ó! A vaquinha, meu amor! Ééé... ((He puts the cow on top of the alligator. Speak softly, like a motherese))	
	36) ((He takes the cow and shows the father))
37) Ó.O cavalo cavalo cavalo ((He puts the horse on top of the alligator))	
	38) ((M bends down and puts the cow on the ground, takes the horse that was on top of the alligator and gives to the father))
39) É? O cavalo pro papai? É? Cavalo pro papai, meu amor. Hein? ((He speaks in commanding tone, while the boy picks up other animals and the father))	
	40) ((M takes two animals from the floor and gives to the father))
41) Credo! Que que é isso aí, que que é? (.) É a vaquinha também? (.) É a vaquinha é? olha só, ó, ó, viu? ((He comments about the animal that M is at hand and places the animals side by side on the floor))	
	42) ((M bends down to pick up the animals and handle the cow))
43) Ó o porquinho ó, ó o porquinho! É a vaquinha, é, é? (.) Ó ó o pocotó, segura ele ((He places the animals closer to M))	
	44) Hum humhum ((M is with one hand at the animals and the other one on the telephone))
45) Mais um boi, ó óó (.) Me dá o cavalo? (.) O cavalo? É? ((He puts more animals on the floor and wins a horse from M))	
	46) Humhim hum ((He gives the horse to his dad))
47) Com a vaquinha aqui? (.) Ó ((He puts the horse beside the cow))	
	47) (( M moves with the animals and then the phone))
48) ( ) Alô, diz alô, ó? Fala alô pra mamãe! Alô! Alô, mamãe! ((He puts the phone in the ear of M and in his own ear))	
	49) ((M refuses the gesture of the father, by saying no with his head))
50) O que é hein? (.) aqui ta outro ó! ((He puts one more animal to M))	
	51) Himhim ((MM looks at the dad and smiles))

**Figura 4 - Cenas de Interação entre M, MM e PM, aos 21 meses**

In scene 2, line 31 (Figure 4), it is observed the presence of the strategy of the first enunciative mechanism<sup>15</sup>, of presentation by I (M) in indistinct sound structures from the convening of you (MM). Also in this scene, there was good turn-taking between the father (PM) and M. The father presents less anxiety in relation to the mother in the offer of sight to M. In this scene with his father, again, M. refuses to talk on the telephone (line 49), which is understandable when it is noticed that the vocal resources of M. are very precarious.

It is verified that like in the scene with the mother, in the scene with the father, no theme is created for the game. M. vocalizes a little, with some onomatopoeias and prolongations of vowels, which demonstrates an important limitation, including in the possibilities of babbling. His understanding is

satisfactory once he can pay attention at applications of the mother and father who, in turn, try to sustain it (by language) especially for naming objects. Consequently, M. presents initial evolutionary strategies, such as the production of undifferentiated sound structures (common to the first enunciative mechanism), but the second mechanism (related to the establishment of co-verbal reference) is absent. It is noticed that M. basically induces parents to complete turns with the nomination as an attempt to make the boy talk.

## ■ DISCUSSION

Considering the aims of this article, some aspects become essential: the possible relationships

between risk to the development and emergence of language disorder, the analysis of mechanisms and enunciative strategies and how emerge the relations of form and meaning in the dialogue between the boys and their families, and the importance to have a working hypothesis of language in the process of assessing the language of the subject.

Regarding IRDIs, T presented changes in the first stage, which showed problems in the performance of maternal functions, and the fourth stage, with involvement of the paternal function. M., on the other hand, showed changes after the third stage, in which the exercise of the paternal function is highlighted. Both presented language impairment, considered here as an enunciative restricted condition, which proves the predictive value of IRDIs regarding the risk to development<sup>19</sup>, thus among the instrumental aspects of development, it is the language. The presence of altered states of maternal mood, postpartum depression of MT and the before the delivery of MM, demonstrates the importance of monitoring the mental health of pregnant women, as observed in other studies<sup>12,20</sup>.

Deepening the relationship between the axes changed in IRDIs and the observation of the working of language, it is noticed that in T. there were problems with the establishment of demand (ED) and the assumption of subject (AS)<sup>19</sup>. These absences were identified by the difficulty of sustaining a proto-conversation between mother and her son. MT was unable to tune her expressions to the ones of T., she just seemed connected to expressing her feelings of fatigue and discouragement in relation to T. The establishment of demand is highlighted with Kupfer<sup>19</sup> as the axis that underlies all subsequent insertion activity of the subject in the field of language and also of the relationship with others. The assumption of a subject (AS) refers to an essential anticipation for the accessing of the baby to the meanings offered by the mother to his appeals and how she faces him. It is observed that MT was not tuned to the demands of their children, and then she could not attribute sense (by language) to the manifestations of T. The way how that emerged into the dialogue between MT and T was the difficulty in completing the turn by MT in a tuned way to the manifestations of T. As effect in the relationship form-meaning, it is noticed a disparity in scenes of Figure 2, in which the facial operation of T in the mother is seen as an affront. The mechanism is present, but with a peculiar working that will reappear in the scenes of T. at 24 months of age. In situations of language disorder, it can occur that the signifiers do not find the meaning, or producing an unstable meeting<sup>25</sup>.

Changes of the paternal function, detected in the evaluation of T. after 12 months, are considerable

superficial because of the agitated and hyperactive behavior, already observed in other studies<sup>26</sup>. Kupfer and Bernardino<sup>26</sup>, from the results of the multicentric survey IRDIs, observe a statistically significant relationship between the clinical symptom of difficulty of separation from parents, on the one hand, and clinical symptoms of restlessness, aggressive behavior and difficulties in accepting the law, on the other hand.

In the third stage of IRDIs, also, the prolonged breastfeeding on demand free to the breast by T and MT seems to be a form of T. having the mother to him, and that demonstrates the difficulty in feeding transition and change of the paternal function axis, also shown in qualitative studies<sup>21</sup>.

In contrast, in the case of M., there are changes in the final stages of evaluating of IRDIs, corresponding to changes in the paternal function. Although the father of M. is present even in the therapeutic process because it was the only one to attend the speech/language evaluation, faces more resistance from mother-child symbiotic relationship. It was observed a protective and anxious mother trying to fill the needs of the child through excessive nomination, or talking for him. Unlike MT in which the father is present in his speech, in the case of M. the father is absent in the speech of MM.

The alteration of the paternal function, in both cases, demonstrates the difficulty in psychic stabilizing of the boys. This function, due to Borromean Knot of three registers that she offers: a symbolization of a lack, a response to the real anguish of castration and an imaginary contention for the body<sup>26</sup> is essential for the complete access to the symbolism. While in T. the difficulty in the paternal function becomes superficial in terms of restlessness, in M. the same happens in terms of a withdrawal seen in the lack of initiative in playing and the inclusion of the other in this playing. The scenes of the playing are restricted in both cases, because the symbolic cutting does not allow children transiting to a stage of greater symbolic exploration of objects and full access to language. It is important to mention that it has not formulating a causal relationship between alteration of the paternal function and problems in playing and language, but trying to demonstrate the complex and unique combination that a change in that can reflect in the relationships of each boy with their families.

Considering the relations between form and meaning, T has a language disorder that is evident in a greater impairment of in the process of language named semantization and M. presents an important constraint in the establishment of the semiotic field of language, and also in the semantization of the limited resources he has, who compensates for the

use of facial expressions, gestures and non-verbal sounds<sup>25</sup>. Both mother (MM) and father (PM) try to include M. in a linguistic working, but his semiotic field at the time of filming, besides limiting his participation in the dialogue, creates an anxiety in parents that causes some disparities between M. and the others speakers during the dialogue, for example, the excessive use of nominations of the mother in her turns. This behavior in the dialogue was also observed in other cases of biological limits of language in which mothers had depression and/or anxiety<sup>12</sup>. In both cases there is a restriction of the enunciative mechanisms and strategies<sup>15</sup>, showing that the working of language is ready to announce a symptom, i.e., a language disorder.

In the analysis of the two cases, it becomes evident the uniqueness of each case in the working of language as Surreaux<sup>13</sup> points out. To Surreaux and Lima<sup>27</sup> mentioning this uniqueness implies considering the peculiarity by which a specific speaker will make his journey in the appropriation of a particular language. T. and M. exhibit natural behaviors in interactions with MT, IT, MM and MP, pointing to the need to have a hypothesis of language working. This includes not only the semiotic part of the language, but also how T and M use their linguistic resources in the semantization of the language, when performing a dialogue with their families. The analysis of the enunciative mechanisms and strategies made possible to identify constraints in the process of assimilation of the subject in dialogue with the family, which seemed essential in the discussion of the proposed therapy, because the different behaviors of boys and also of

the family will require different approaches in joint sessions between family and subject.

## ■ CONCLUSION

The two cases suggest that the early detection of risk promotes early care in language. According to how the baby enunciates and from the analysis of the actions of the interlocutor in the period of language acquisition, it is possible to perceive the emergence of symptoms of language.

It is important to mention the need of considering each case in its particular form of language functioning as resources to relate form and meaning, as well as the use of enunciative mechanisms of language acquisition emerged in a unique mode and with specific strategies, sometimes restricted, for each subject and relate to the actions of the interlocutors. That demonstrates the need to identify a working hypothesis of language in the process of child language assessment, in order to think about the therapeutics as a way to cover the subjects and their families.

We also observed the importance of early detection of risk for the development from the indexes of risk to child development, not only for psychological aspects, but its correlation with the process of language acquisition. The monitoring of babies by such indices can keep alert health professionals to the risk of deficits of development associated with language, through the initial proto-conversation and observation of the senses carried between the baby and its family.

## RESUMO

Este estudo tem como objetivo analisar a importância de uma hipótese de funcionamento de linguagem, considerando as relações forma/sentido e os mecanismos e estratégias enunciativas na análise da linguagem de dois sujeitos com distúrbio de linguagem e risco ao desenvolvimento. Dois sujeitos e seus familiares foram acompanhados do primeiro ao décimo oitavo mês de idade, por meio dos Índices de Risco ao Desenvolvimento Infantil. Entre 21 e 24 meses, foram filmados com familiares (mãe, pai, irmão) e com a pesquisadora, em situação lúdica, de modo similar ao que acontece em casa. As filmagens foram analisadas e transcritas ortograficamente e analisadas por meio dos mecanismos e estratégias enunciativas, da relação forma/sentido, buscando-se identificar o funcionamento de linguagem. Enquanto um dos sujeitos evidenciou maiores possibilidades de realização vocal, mas com mecanismos e estratégias enunciativas restritas, o outro apresentou quase ausência de fala, induzindo o adulto a falar por ele. Houve diferenças no funcionamento de linguagem, nos recursos para relacionar forma e sentido, bem como no uso de mecanismos e estratégias enunciativas entre ambos sujeitos, o que demonstra a necessidade de identificar uma hipótese de funcionamento de linguagem no processo de avaliação da linguagem infantil.

**DESCRITORES:** Desenvolvimento da Linguagem; Desenvolvimento Infantil; Risco; Saúde da Criança

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