

AUTISM: AFFECTIVITY AND SYMBOLIC CAPACITY IN THE AUTISM SPECTRUM

Leni Alves Sena

<https://orcid.org/0009-0000-2806-2260>

E-mail: lenisenaa@hotmail.com

DOI-Geral: <http://dx.doi.org/10.47538/BJE-2026.V4N1>

DOI-Individual: <http://dx.doi.org/10.47538/BJE-2026.V4N1-20>

ABSTRACT: This work was based on a project carried out in the Special School Our Corner, located in Foz do Iguaçu, PR, in order to stimulate the relationship of closer emotional bond between the family and the child. In practice, we sought to identify social-affective difficulties in children with Autistic Spectrum Disorder - TEA, this disorder of human development studied by science for nearly six decades. Moreover, sought to discover the consequences of this disorder in the development phase of the secondary intersubjectivity, in what refers to joint attention and symbolic capacity; investigate the characteristics presented by these children, as well as understand the inclusion of students with autism in special schools. The study undertaken in practice consisted of a study of descriptive analytical case, based on an extensive literature review on authors who discuss the topic under approach to psychoanalysis, from a qualitative methodology, which involved interviewing technique and the method of speech analysis. The original design of this research aimed to stimulate the relationship of closer emotional bond between the family and the child, from the identification of harmful behavior or absent in the act of playing the autistic child in the family environment.

KEYWORDS: Autism. Social-affective difficulties. Inclusion. Special schools.

INTRODUCTION

Early Infantile Autism Syndrome was identified and named by Leo Kanner in 1943. At that time, this researcher's studies indicated that the autistic children observed showed an inability to establish emotional bonds with other people, as well as a lack of interest in external objects. On the one hand, they presented severe language development disorders, with most being nonverbal; on the other hand, those who spoke exhibited echolalia and pronominal reversal. The behavior of these children was characterized by repetitive and stereotyped actions, high resistance to changes in their daily environment, and a greater affinity for the inanimate context than for the human one. Likewise, this author was a pioneer in the scientific publication of a detailed investigation on Autistic Disturbance of Affective Contact, in which eleven clinical

cases of children with extreme autistic conditions, excessive obsessive traits, stereotypy, and echolalia were described.

Almeida (2004) characterizes autism by a triad of behavioral anomalies: limitation or absence of verbal communication; lack of social interaction; and restricted, stereotyped, and ritualistic patterns of behavior. The manifestation of symptoms occurs before the age of three and persists throughout adulthood.

Thus, interest in the complexity of autism led to the development of this case study, based on the “Toy-Bag Traveling Project” carried out at the Nosso Canto Special School in Foz do Iguaçu, PR. In this project, after specialized assistance at school, the autistic child would take home a bag containing a toy. The child’s caregiver was required to record, through photos and videos, moments of interaction at home between the family, the child, and the toy, in order to evaluate the child’s responses during these interactions. The bag also contained a form in which the caregiver should record observations, aiming to understand how autistic children demonstrate affection during various interactive activities characteristic of joint attention, established through close affective bonds between the family and the child. Each week, the toy would be replaced with another and the bag returned to the child.

The project aimed to stimulate closer emotional bonds between the family and the child and, additionally, sought to identify altered or absent behaviors in the development of play between the autistic child, family members, and others. It also aimed to demonstrate the child’s ability to look at an adult in an unfamiliar situation and use affective information to guide behavior. The findings were fundamental in raising questions regarding intervention programs or research focused on understanding socio-affective behaviors, as well as promoting continuous learning beyond the school environment.

According to Hobson (2002), deficits in pre-symbolic communicative and socio-affective behaviors in children with Autism Spectrum Disorder (ASD) manifest as a lack of social gaze engagement, impairments in interactions with others, difficulty following pointing gestures, absence of referential gaze, inability to alternate gaze, failure to approach other children or unfamiliar people, difficulties in imitating simple

actions, lack of responsiveness when invited to engage in symbolic play, and challenges in symbolic communication.

Therefore, the field research sought to identify socio-affective difficulties in children with Autism Spectrum Disorder (ASD). Additionally, it aimed to explore the consequences of this disorder in the development of secondary intersubjectivity, particularly regarding joint attention and symbolic capacity; to investigate the characteristics presented by this group of children; and to understand the inclusion of students with autism in special schools.

For all these reasons, the relevance of the topic is justified for society as a whole, emphasizing the need for research projects on systematic early therapeutic intervention procedures to prevent potentially harmful experiences in psychosexual development and socio-affective relationships of individuals with autism.

AUTISM AND PLAY

Children with ASD present difficulties in several play-related skills, such as greater variation in the use of objects and toys, reduced use of symbolic play (pretend play), repetitive actions, and stereotyped manipulations. They are less involved in complex play, use objects inappropriately, and rarely engage in symbolic play (Omairi; Wehmuth; Antoniuk, 2013, p. 168).

In addition to the difficulties mentioned above, autistic individuals may also present: (1) delayed or irregular play skills; (2) difficulties structuring their own behavior, preventing appropriate exploration and manipulation of toys; (3) a limited, inflexible, and low-function play repertoire; (4) reduced social interaction, leading to preference for solitary play; (5) reduced language; (6) increased observational play; (7) reduced imagination and imitation; (8) difficulty organizing play; (9) reduced construction and combination of objects; and (10) presence of stereotyped movements that hinder engagement in satisfactory play.

According to Vygotsky (1998), symbolic play is a typical childhood activity and essential for development, arising from the acquisition of symbolic representation driven by imitation. Thus, play can be considered extremely important, as it creates a

zone of proximal development, involving functions that have not yet matured but are in the process of maturation—that is, what the child will achieve in the near future. Learning and development are interrelated from the first day of life, and it is clear that a child's learning begins long before formal schooling. All learning situations encountered at school have a prior history, as the child has already experienced related situations.

THE IMPORTANCE OF PLAY IN THE DEVELOPMENT OF THE AUTISTIC CHILD

Understanding the playful universe is essential, as play provides benefits for teaching and learning and promotes the development of skills and abilities used throughout life. Therefore, this study aims to analyze the importance of play in child development, the difficulties autistic children face in engaging in play, and how to stimulate play in the home environment. Every child should play, as it is through play that they begin to learn about themselves and the world around them. Play is an important form of communication (Omairi; Wehmuth; Antoniuk, 2013, p. 165).

Play, which is so necessary for the autistic child, is not only a form of recreation but also a way for the child to communicate with themselves and the imaginary world. Child development occurs through these exchanges established throughout life. Through play, the child develops important capacities such as attention, memory, imitation, and imagination, enabling the development of personality areas such as affectivity, visuomotor coordination, intelligence, sociability, and creativity. In interaction with others, the child learns to negotiate, improvise, and use imagination and intuition within a group (Oliveira, 2000, p. 24).

Vygotsky (1998) argued that the individual is formed through relationships with others, mediated by technical and semiotic tools. In this perspective, play assumes a privileged role in the formation of the subject, breaking with the traditional view that it is merely an instinctive activity. The author sees play as a means of expressing and appropriating the world of relationships, activities, and adult roles. The ability to imagine, plan, and acquire new knowledge emerges through play. Through playful

activities, children symbolically act out different situations, re-elaborating feelings, knowledge, meanings, and attitudes.

Vygotsky (1998) also emphasizes that individuals grow through interpersonal relationships. From this viewpoint, play is formative, enabling the expression of feelings, meanings, and attitudes, and is fundamental for understanding and recreating social roles.

According to Omairi, Wehmuth, and Antoniuk (2013, p. 167), “toys are part of a child’s universe from the earliest moments of life.” Through toys, children experiment, manipulate, invent, develop language, test limits, stimulate curiosity, build self-confidence, reproduce daily life, and engage in social relationships, fostering autonomy and independence. Initially, sensory perception is stimulated through mobiles, rattles, and teething toys. Later, dolls become key in developing affectivity. Toy cars, building blocks, and puzzles develop motor coordination. Miniatures of adult-world objects are fundamental for imagination, helping children represent and dramatize everyday situations. During school age, board games enhance reasoning, concentration, and socialization.

PLAY IN THE HOME ENVIRONMENT

According to Omairi, Wehmuth, and Antoniuk (2013), the relationship between parents and children during play is essential, especially for autistic children. By stimulating play at home, parents can increase interest, maximize skills, and promote overall development. Many parents or caregivers believe that simply providing toys is sufficient; however, beyond resources and time, autistic children often require additional support due to difficulties in processing environmental stimuli. Therefore, they need extra guidance to learn how to play functionally.

Below are some strategies to stimulate play development at home (Omairi; Wehmuth; Antoniuk, 2013):

- When starting a play activity, position yourself at the child’s eye level;
- Choose toys that attract the child’s attention (e.g., if the child likes dinosaurs, start with them but introduce others);

- Let the child initiate play (do not force interaction);
- Observe how the child plays and what actions they perform;
- Play with the child, even if initially alone, and provide verbal comments;
- Encourage communication (ask the child to imitate sounds like a car, horn, or animal);
- Avoid excessive questioning or direction;
- Modify the structure of play gradually to introduce new elements;
- Exaggerate facial expressions and gestures to capture attention;
- Provide appropriate challenges—not too easy, not too difficult;
- Limit excessive availability of preferred toys to encourage exploration;
- Keep toys accessible and visible;
- Avoid overwhelming the child with too many toys at once;
- Be patient and understanding.

A BRIEF LITERATURE REVIEW ON AUTISM

Autism is recognized as an intriguing syndrome because it challenges our understanding of human nature. Understanding autism opens pathways to understanding our own development.

Law No. 12,764, which established the “National Policy for the Protection of the Rights of Persons with Autism Spectrum Disorder,” sanctioned by President Dilma Rousseff in December 2015, officially recognized individuals with autism as persons with disabilities, granting them access to national inclusion policies, including those related to education.

This disorder is four times more common in males and, although there are no official Brazilian statistics, the Brazilian Autism Association estimates that there are around 600,000 people with autism. These data were obtained from projections based on research conducted by Wing, which estimates four individuals with autism for every 10,000 births. Autism presents continuous manifestations that vary according to the individual’s developmental level and chronological age, affecting reciprocal social

interaction, verbal and nonverbal communication, and patterns of interests and activities (Corde, 2003).

Early intervention in autism has become increasingly possible due to earlier identification, starting at around 18 months of age. Identification of this disorder has been based mainly on specific difficulties related to orientation toward social stimuli, social eye contact, joint attention, motor imitation, and symbolic play (Baron-Cohen; Allen; Gillberg, 1992).

Autistic children often present delays in language or absence of speech development, which can make it difficult to maintain dialogue. They may also exhibit echolalia, which is the repetition of words, expressions, or dialogues that were just heard. Children with autism show difficulties in verbal and nonverbal communication, limited facial expressions, and body language. It is common for them to repeat previously heard words and phrases (echolalia). In some cases, they may display atypical behaviors, such as showing affection by hugging or kissing others without distinguishing between people, performing these actions as repetitive gestures (Fonseca, 2009, p. 16).

Effective early intervention programs and attention to these deficits, as well as other nonverbal socio-communicative skills, have been particularly important in the development, stimulation, and evaluation of early intervention methods in autism. Such measures are extremely important as they help promote communication after diagnosis. Nonverbal social attitudes and supportive activities are also essential for development and early detection. The timing of intervention is of vital importance, given the high rate of positive outcomes in individuals with autism by the age of five (Wetherby et al., 2000).

According to Wetherby (2000), there is an absence of conventional use of declarative gestures such as showing and pointing. Identifying early signs of autism during the first two years of life allows for a better understanding of developmental trajectories in primary and secondary intersubjectivity. One function of joint attention activities between child and family is the exchange and sharing of experiences with

toys, within a continuous process of affective exchange, where objects are incorporated into family interactions depending on parental availability.

AUTISM AND PSYCHOANALYSIS

Lacan (1998, p. 264) highlights the subject's responsibility in assuming a position in relation to the "Other," stating that "by our position as subjects, we are always responsible." For the author, autism does not refer to blame or lack of investment by either the mother or the child, as suggested by some lines of study. Autism should therefore be understood as a response of the subject to the "Other," rather than a structural deficit in relation to an "ideal" development.

What can be said about one who does not speak? Since its discovery, autism has fascinated and intrigued. Who is this autistic child who, while often described negatively ("does not relate," "does not speak") and appears detached from the world and others, seems at the same time deeply immersed in language? What kind of subject is involved when we speak of autism? (Lacan, 1966, cited by Ribeiro, 2001).

Currently, studies on the constitution of the subject in autism are still incipient. There is not yet a solid clinical position regarding the understanding of individuals with Autism Spectrum Disorder (ASD). On the other hand, important scientific studies and academic research continue to emerge, offering perspectives for understanding and evaluating the autistic subject from a psychoanalytic approach (Ribeiro, 2001).

On the one hand, Freud (1914/1996, v. XII, p. 138) explains that at the beginning of mental life, the ego is originally cathected by instincts.

On the other hand, Lacan (1948) attributes a symbolic foundation to the mirror stage, considering it a constitutive experience. The word of the Other enables primary identification, as the image alone only reflects differentiation in the visible world, while the emergence of the subject necessarily involves a dialectical relationship with the Other.

The child's body becomes erotized through the affectionate relationship between mother and baby, not merely as a consequence of biological satisfaction, but through the

gaze of the Other. As Jeruzalinski (1984) states, the maternal gaze establishes the subject's inscription in the imaginary field through the mirror image.

Lacan (1949, p. 98) situates maternal and paternal functions beyond mere satisfaction of needs, relating them to subjective constitution, "implying a relationship with a desire that is not anonymous," since at the beginning of life the human being is not neurologically capable of representing bodily unity. Thus, it is the gaze of the Other that shapes the subject's image.

In distinguishing between psychosis and autism, Laznik (2004) emphasizes that autistic children often present limited psychic life and are immersed in isolation when they begin psychotherapy. Many do not speak, making the therapist a witness to endless rituals. For the autistic individual, symbolic play is absent, leaving repetitive and monotonous actions.

The distinction between psychosis and autism is crucial. Without it, it is impossible to detect predictive signs of autistic development, particularly those related to what Lacanian psychoanalysis calls the child's alienation in relation to the Other. From this perspective, alienation is considered a necessary and positive stage for the emergence of the subject, while autism represents a "failure" at this level (Laznik, 2004, p. 201).

Dolto (1984, p. 22) distinguishes between body image and body schema, the latter being "the organized mediator between the subject and the world." The body schema functions as an interpreter of body image, enabling intersubjectivity and relational experience. Without this support, the autistic individual would remain "a non-communicable phantom." In autism, the body schema operates autonomously, disconnected from the subject. Dolto's work contributes significantly to understanding the existence of an initial body image in infants, which can enter communication through the support of the body schema.

At the Geneva conference, Lacan (1975) used two expressions to describe the autistic subject in relation to language: they are "verbose beings" and "they listen to themselves." This is an important psychoanalytic perspective, as although autistic individuals may not articulate a demand to the Other, they are nonetheless subjects

affected by language. For Freud (1914/1969), autism can be understood as a withdrawal of the infant into itself, taking its own body as a source of pleasure and, for a time, disregarding external reality.

In Campanário (2008, p. 68), a citation from the psychoanalyst Jerusalinsky differentiates autism from psychosis, stating that in psychosis there is foreclosure, whereas in autism there is exclusion, in the author's words:

A diferença entre forclusão e exclusão consiste em que, no caso da forclusão, se produz uma inscrição do sujeito numa posição tal que esta inscrição não pode ter consequência na função significante. No caso da exclusão, não há inscrição do sujeito; no lugar onde a inscrição deveria se encontrar, se encontra o real, ou seja, a ausência de inscrição. A diferença entre o autista e o psicótico exprime-se, então, em que, se para o psicótico cada palavra carrega o seu próprio e definitivo sentido, para o autista cada palavra carrega o seu apagamento (Jerusalinsky, 1993 apud Campanário, 2008, p. 62-73).

PSYCHOANALYTIC PSYCHOTHERAPY WITH AUTISTIC INDIVIDUALS

According to Castro (2009), autistic children may be totally or partially unable to establish contact with others, make eye contact, or develop even rudimentary bonds or curiosity about human interaction. These children live in a particular world, in which they develop a unique way of acting and existing within their own universe. Anything that disturbs this universe triggers fear, panic, and anxiety. In response to such threats, they develop rituals to maintain control over their lives. They create forms of self-protection and isolation across all developmental processes, especially within parent-child relationships, which prevents these processes from occurring normally. Language may be absent or may consist of echolalic repetition of words without meaning.

Thus, it is important to engage in differentiation games, such as inside/outside, naming parts of the child's body and distinguishing them from the therapist's body, delimiting boundaries, spaces, and the distinction between self and non-self. In this way, the child gradually begins to construct spaces and move away from bidimensional relationships of imitation, adhesion, and fusion. One indication of this process is when the child begins to tolerate letting go of autistic objects and forms, even briefly, and engages in reciprocal play, such as throwing a ball and receiving it back, or playing

hide-and-seek-like activities. When this occurs, significant progress has been made, as autistic objects are replaced by transitional objects and spaces, allowing the emergence of true play (Castro, 2009).

According to Ansermet (2003, p. 09), although psychoanalysis is a clinic of listening, the analyst must consider that access to the subjective dimension of the autistic individual lies precisely in what cannot be spoken. Therefore, the roles of the physician and the analyst are entirely distinct: “the physician operates from the position of master,” whereas the analyst operates from a position of not having prior knowledge about the subject. In this sense, the direction of psychoanalytic practice is to provide a “[...] possible freedom of signification” to the autistic individual’s lack of speech.

Thus, one of the particularities of psychoanalytic work with autistic children is to offer a form of speech that escapes the literal discourse of the Other. This work is delicate, involving the construction of a subjective place through a long process marked by advances and setbacks. The analyst’s work requires tolerance for the child’s pace, for the lack of response to various interventions, and especially for the anxiety of expecting immediate feedback. What can an analyst do in autism? In this context, the analyst must position themselves as a “secretary” to the autistic individual, attempting to identify and stabilize knowledge, while also demonstrating gentleness in gaze and voice (Pimenta, 2003, p. 121).

From a psychoanalytic perspective, the direction of treatment can only be defined in the singularity of each case. Thus, autism places the analyst before the limits of what is unspeakable, outside language—marked by the dimension of the impossible, of non-meaning, and of not-knowing.

METHODOLOGY

This study consisted of a descriptive analytical case study supported by bibliographic research, using books and previously published scientific materials from various authors in the field. The scientific articles were obtained from electronic sources and specialized websites on autism, providing significant theoretical support as well as contributing to the field research.

According to Lakatos and Marconi (2003, p. 45), all field research must be grounded in extensive bibliographic research involving scientifically produced materials on the topic. Bibliographic research provides an overview of authors' perspectives on the scientific relevance of the problem, offering essential data for the study.

This study involved a project entitled "The Toy Bag," developed with the families of three autistic children aged 4 to 6 years at the Nosso Canto Special School in Foz do Iguaçu, PR. In this project, students took home a bag with a toy of their choice each week, along with a semi-structured questionnaire and a record sheet documenting family interaction during play. These materials were returned weekly when the bag was exchanged.

Data collection involved methodological instruments such as indirect observation through videos and photos sent by parents, as well as a ten-question semi-structured questionnaire developed by the researcher to understand the role of parents in play. Informal conversations were also conducted with parents to gather their perspectives on difficulties, the importance of play at home, and ways to overcome relational challenges.

Gil (2002) defines a questionnaire as a set of written questions answered by participants, being a fast and cost-effective method of data collection that ensures anonymity. It allows the collection of opinions, beliefs, feelings, expectations, and experiences.

Data analysis followed a discourse analysis perspective, which, according to Orlandi (2003), considers unconscious productions that escape explicit language codes.

The qualitative research approach aimed to understand developmental deviations in autistic children from a subjective perspective, focusing on the absence of interaction. Observations and interventions sought to investigate the contribution of play to motor, affective, and cognitive development within the family context.

According to Rey (2005, p. 9), "qualitative research is a dialogical process involving both the researcher and participants as active subjects," emphasizing subjectivity in knowledge production.

DISCUSSION OF RESULTS

The results of this case study showed that, according to psychoanalytic theory, there are multiple ways to understand autism and its etiology, as well as different intervention strategies.

Category A: What is it like to be a mother of an autistic child?

“It is indescribable... despite difficulties, I feel special...” (Mother 1)

“It is difficult and demanding, but also wonderful.” (Mother 2)

“It is different, strange, like having a baby.” (Mother 3)

Lacan (1998) emphasizes the subject’s responsibility in relation to the Other, stating autism should not be seen as blame but as a response of the subject.

Category B: What difficulties do you face in your child’s relationships?

“Communication...” (Mothers 1, 2, 3)

According to Castro (2009), autistic children may have difficulty establishing relationships and live in a self-contained world.

Category C: Positive experiences in play?

Reports indicated increased interaction, smiling, and engagement.

Play promotes reciprocity and the transition from autistic objects to symbolic play (Castro, 2009).

Category D: Preferred toys?

Soap bubbles, toy cars, LEGO, etc.

Choosing engaging toys and allowing child-led play is essential (Omairi et al., 2013).

Category E: Feelings and expectations?

Parents expressed hopes for independence and development.

Category F: School inclusion?

Reports highlighted acceptance and support.

Working with autistic children requires patience and tolerance for their pace (Pimenta, 2003).

Case analyses showed the importance of family involvement, with improvements in interaction, communication, and engagement over time.

FINAL CONSIDERATIONS

This study showed that Autism Spectrum Disorder still has no defined cause or cure, although research continues to advance knowledge.

It highlighted that the psychologist's primary task is to establish contact and gradually overcome autistic barriers through a supportive environment. Play-based therapeutic work is essential, as it facilitates psychomotor, social, affective, and cognitive development in a more engaging way.

The therapist must tolerate frustration and subtle signs of progress, as autistic individuals often remain in repetitive and rigid patterns.

Mothers' reports showed that children sometimes do not understand play interactions, leading to frustration and reduced family engagement. Difficulties in communication and social rules may lead to isolation or inappropriate behaviors.

At school, children often isolate themselves but show potential for learning and social adaptation during play.

Family participation proved essential, improving emotional bonds, reciprocity, and the child's sense of security.

The findings reinforce the importance of early socialization and attentive observation of subtle behavioral changes.

Finally, the study highlights the need for further research on the role of play in autistic child development and emphasizes that these children require support from others to develop skills and autonomy, even when responses are limited.

REFERENCES

- ALMEIDA, S.F.C. Inclusão escolar do politicamente correto á ética do sujeito no campo da educação. São Paulo. LESPPI, 2004.
- ANSERMET, François. Clínica da origem: a criança entre a medicina e a psicanálise. Rio de Janeiro: Contra Capa Livraria, 2003.
- Baron-Cohen, S., Allen, J., & Gillberg, C. (1992). Can autism be detected at 18 months? The needle, the haystack, and the CHAT. *British Journal of Psychiatry*, 161, 839-843.
- BRASIL, Lei 12764/ 2012. Institui a Política Nacional de Proteção dos Direitos da Pessoa com Transtorno do Espectro Autista. Disponível em < http://www.planalto.gov.br/ccivil_03/_ato2011-2014/2012/lei/112764.htm > Acesso em 01/11/2016.
- CORDE. Política Nacional de Atenção à Pessoa Portadora da Síndrome de Autismo. Coordenadoria Nacional para a Integração da Pessoa Portadora de Deficiência. Disponível em < <http://www.asha.org> > Acesso: dia 01/11/2016.
- DOLTO, Françoise. A imagem inconsciente do corpo. São Paulo: Perspectiva, 1984.
- DOLTO, Françoise. (1914). Sobre o narcisismo: uma Introdução. In: Obras psicológicas completas de Sigmund Freud: edição standard brasileira / Sigmund Freud; trad. Jayme Salomão. -- Rio de Janeiro: Imago, 1996, v. XIV.
- FREUD, Sigmund (1915) As pulsões e suas vicissitudes, v. XIV, ESB. RJ: Imago, 1990.
- FREUD, Sigmund (1911) Formulações sobre dois princípios do funcionamento psíquico, v.XII. Rio de Janeiro: Imago, 1969.
- FONSECA, V. R. J. R. O autismo e a proposta psicanalítica. In: Revista Mente e Cérebro, Col. Memória da Psicanálise: Melanie Klein, n. 4, 2. ed. São Paulo: 2009.
- JERUZALINSKI, Alfredo. Psicanálise do autismo. Porto Alegre: Artes Médicas, 1984 citado por STEFAN, Denise Rocha in: O que a clínica do autismo pode ensinar aos psicanalistas. Salvador: Ágalma, 1991. p.24.
- JERUSALINSKY, Julieta. Enquanto o futuro não vem: A Psicanálise na clínica interdisciplinar com bebês. Salvador: Ágalma, 2002.
- LACAN, Jacques. A ciência e a verdade (1965 – 66). In: Escritos. Rio de Janeiro: Jorge Zahar Edi

- LACAN, J. O estágio do espelho como formador na função do eu (1949). In: Escritos. Op.cit.p.98.
- LACAN, J. (1959-60) O Seminário, Livro 7: A Ética da Psicanálise. Rio de Janeiro: Jorge Zahar Ed., 1997. (1975). Conférence à Genebre sur le.
- LAKATOS, Eva Maria; MARCONI, Marina de Andrade. Fundamentos de metodologia científica. 5ª ed. São Paulo: Atlas, 2003. P. 311.
- LAZNIK, Marie-Christine. A voz da sereia: O autismo e os impasses na constituição do sujeito. Salvador: Ágalma, 2004.
- MINAYO, M. C. de S. [et al.] (Org.) Pesquisa social: teoria, método e criatividade. 2. ed. Rio de Janeiro: Vozes, 1994.
- OLIVEIRA, Vera Barros de (org). O Brincar e a criança do nascimento aos seis anos. Petrópolis. RJ: Vozes, 2000.
- OMAIRI, Claudia; WEHMUTH, Marcia R.M.S.; Mariane; ANTONIUK, Sergio Antonio. Autismo perspectivas no dia a dia – Curitiba: Ithala, 2013.
- ORLANDI, Eni P. Análise de discurso: princípios e procedimentos. 5 ed. Campinas: Pontes, 2003.
- PIMENTA, Paula R. Autismo: Déficit cognitivo ou posição do sujeito? Um estudo psicanalítico sobre o tratamento do autismo. Dissertação de Mestrado. UFMG-MG. Belo Horizonte. 2003.
- RIBEIRO, M. A. C. Formações Clínicas do Campo Lacaniano. In: Revista MARRAIO, n 2. Rio de Janeiro, 2001. p. 07.
- REY, Fernando Luís González. Pesquisa qualitativa em psicologia: Caminhos e desafios. São Paulo: Pioneira, 2005.
- SEVERINO, A. J. Metodologia do Trabalho Científico. 23ª ed., São Paulo: Cortez, 2007.
- VYGOTSKY, L; S; LURIA, A. R. & LEONTIEV, A.N. Linguagem, desenvolvimento e aprendizagem. São Paulo: Ícone: Editora da Universidade de São Paulo, 1998. p. 873.
- WINNICOTT, Donald W. O brincar e a realidade. Rio de Janeiro: Imago., 1975.
- Wetherby, A. M., Prizant, B. M., & Schuler, A. L. (2000). Understanding the communication nature of communication and language impairments. In A. M. Wetherby & B. M. Prizant.

Submissão: outubro de 2025. Aceite: novembro de 2025. Publicação: março de 2026.

APÊNDICE

Questionário

- 1) Qual a idade de seu filho ao ser diagnosticado como autista?
- 2) Seu filho foi amamentado?
- 3) Como é ser mãe de uma criança autista?
- 4) Que dificuldade você encontra no relacionamento com seu filho?
- 5) Cite uma experiência positiva no ato do brincar e na relação com a família?
- 6) Quais os brinquedos que mais chamou atenção de seu filho?
- 7) Como foi a manifestação do seu filho com a família no momento de brincar?
- 8) Que sentimentos e expectativas tem em relação ao seu filho autista?
- 9) Como a escola acolheu seu filho, ao saber que apresentava diagnóstico autista?

Ficha do projeto Brinquedo-Mala viajante.

- 1) Quem brincou com a criança?
- 2) Qual a reação do seu filho diante do brinquedo?
- 3) Durante a semana quantas vezes o brinquedo foi utilizado?
- 4) Qual brinquedo foi utilizado?