Problemas de linguagem e alimentares em crianças: co-ocorrências ou coincidências?****

Language and eating problems in children: co-occurrences or coincidences?

Ruth Ramalho Ruivo Palladino*
Maria Claudia Cunha**
Luiz Augusto de Paula Souza***

*Fonoaudióloga. Doutora em Psicologia Clínica pela Pontifícia Universidade Católica de São Paulo. Endereço para correspondência: Rua Pedroso Alvarenga, 1062 - Cj. 28 - São Paulo - SP - CEP 04536-012 (palladinoruth@hotmail.com).

**Fonoaudióloga. Professora Titular da Faculdade de Fonoaudiologia da Pontifícia Universidade Católica de São Paulo.

***Fonoaudiólogo. Professor Titular da Faculdade de Fonoaudiologia da Pontifícia Universidade Católica de São Paulo.

Artigo de Pesquisa

Artigo Submetido a Avaliação por Pares

Conflito de Interesse: não

Recebido em 29.06.2005.
Revisado em 11.10.2005; 13.12.2005; 27.09.2006; 01.03.2007; 18.04.2007.
Aceito para Publicação em 18.04.2007.

Abstract
Background: relationship between language problems and eating disorders in children. Aim: to analyze the possible co-occurrence of these disorders taking into consideration a relationship that has structural implications, the reciprocal influences between language, body and physique. Method: clinical quantitative-qualitative, based on free observations of non intentional samples of 35 children (between 1:4 and 7:0 years of age), presenting oral language problems and who were seen at a school clinic during the period of one year. One case study (J., 4:0 years old) was highlighted from the group of participants, with the importance of an emblematic scenario regarding the theoretical paradigm used in the discussion of the results. The evaluation procedure of each participant consisted of two interviews with the families, a language analysis in the dialogical context and in a play situation, and an evaluation of the oral performance. Results: language problems and eating disorders co-occurred in 100% of the cases. These were sub-divided according to age due to similarities of the symptoms. Group A (1:4 to 3:0 years of age) was composed by 10 participants (28.7%) presenting: delay in oral language development, restrictions in interaction, dysphagia or hypophagia. Group B (3:1 to 5:0 years of age) composed by 20 participants presenting: from the absence of oral language to a discursive weakness; articulatory disturbance; mastication and swallowing problems; eating idiosyncrasies and obesity. Group C (5:1 to 7:0 years of age) composed by 5 participants (14,28%) presenting: severe discursive alterations; articulatory disturbances; mastication and swallowing problems and the refusal of certain foods. Conclusion: the co-occurrence of oral language problems and eating disorders is not just a coincidence. Both disorders configure themselves as oral disturbances. It is suggested that speech-language pathologists investigate eating difficulties during the diagnostic process of clients with complaints and/or symptoms that have manifestations on oral language.
Key words: Eating Disorders; Language; Psycho-Analysis.

Resumo
Tema: relações entre problemas de linguagem oral e transtornos alimentares em crianças. Objetivo: analisar a possível co-ocorrência desses distúrbios postos numa relação de implicação estrutural, pressupostas as influências recíprocas entre linguagem, corpo e psiquismo. Método: clínico quanti-qualitativo, a partir da observação livre de amostragem não intencional de 35 crianças (entre 1:4 e 7:0 anos de idade) com queixas de problemas de linguagem oral e atendidas numa clínica-escola durante o período de um ano. Dessa população foi destacado um estudo de caso (J., 4:0 anos), com importância de cenário emblemático em relação ao paradigma teórico utilizado na discussão dos resultados. O procedimento de avaliação de cada sujeito consistiu em entrevistas familiares, análise da linguagem oral no contexto dialógico e em situações lúdicas e avaliação da motricidade oral. Resultados: problemas de linguagem e distúrbios alimentares co-ocorreram em 100% dos casos, que foram sub-categorizados por faixas etáreas em função de similaridades sintomatológicas. Na categoria A (1:4 a 3:0 anos) encontram-se 10 sujeitos (28,57%) e aparecem: atraso no desenvolvimento da linguagem oral, restrições interacionais, disfagia ou hipofagia. Na B (3:1 a 5:0 anos) 20 sujeitos (57,14%), temos: da ausência de linguagem oral à precariedade discursiva, distúrbios articulatórios, problemas de mastigação e deglutição, idiossincrasias alimentares e obesidade. Na C (5:1 a 7:0 anos) 5 sujeitos (14,28%), surgem: alterações discursivas severas, distúrbios articulatórios, problemas de mastigação e deglutição e recusa a determinados alimentos Conclusão: a co-ocorrência de problemas de linguagem oral e transtornos alimentares não é mera coincidência, mas ambos os distúrbios configuraram-se como transtornos da oralidade. Sugere-se, portanto, que os fonoaudiólogos investiguem dificuldades alimentares nos processos diagnósticos de pacientes cuja queixa e/ou os sintomas manifestos incidam na linguagem oral.
Palavras-Chave: Transtornos Alimentares; Linguagem; Psicanálise.

Referenciar este material como:
PALLADINO, R. R. R.; CUNHA, M. C.; SOUZA, L.A.P. Language and eating problems in children: co-occurrences or coincidences? (original title: Problemas de linguagem e alimentares em crianças: co-ocorrências ou coincidências?) *Pró-Fono Revista de Atualização Científica*, Barueri (SP), v. 19, n. 2, p. 205-214, abr.-jun. 2007.

Introduction

The Brazilian Speech-Language Pathology literature tends to deal with language1 an eating problems2 in different settings, as distinct nosological entities, having specific etiological filiations even when both co-occur in a clinic case (Palladino, R. R. R. et al, 2004).

According to the same authors mentioned above and following this tradition, the diagnosis and therapeutic procedures of both cases are base on the same system of linear causality in which, among the two elements, the first one is recognized as a causal factor of the second one. As this factor will not coincide with the pathological classes mentioned here, this seems to explain the reason of the diversity of environments that this disturbances are treated in terms of the adopted clinical and therapeutic method.

This apart is represented such in the infant as in the adult clinic. In the first case, it is possible to highlight the speech-language pathology work with babies, usually the work with the feeding assistance focusing on the oral motricity (Souza e Maia, 2005).

Regarding adults, the works with clients presenting dementia cases are such examples. The treatment of Alzheimer patients is representative because it presents primarily two ways: actions that reefer to language and actions that reefer to swallow, "in function to the dysphagia and the decline of the communicative capacity" (Marquez, Bilton, Sanches and Venites, 2002:278).

However, it is important to highlight that a relationship of causality, that is, direct and fixed cause and effect between two partners does not permit, immediately, reflections on this happenings from the same supposition. Therefore, this also implicates on the similar clinical way to deal with such problems. In other words, if the causes of the language and eating problems are dissociated, different conducts are mandatory (Palladino, R. R. R. et al, 2004).

In fact, during the preliminary interviews, there is an important distinction on the Speech-language pathology clinical gestures; that is, not only there are differences on the questions but also on the answers of clients and/or parents. The examination also presents differences: what is evaluated in one case is not the same (usually not even similar) to what is evaluated in other one. The treatments, naturally, follow the same direction; distinguish themselves among the aim and the technical modulation. In other words, the evaluation and therapy protocols are made by particular aspects, in general mutually exclusives. This way, the speech-language pathology interventions in oral language and eating problems state clinical distinct environments (Palladino, R. R. R. et al, 2004).

However, in clinical activity, it is observed that the symptoms co-occurrence persists and this seems to disturb such dichotomist perspective and, consequently promote the necessity of another type of reflection. Such experience is the same as the one stated by French Speech-language pathologists in recent publications (Jouanic-Honnet, 2004; Puech and Vergeau, 2004; Quiniou, Y., 1996 and Robert, 2004).

This clinical findings suggest that to speak and to eat are implicated among themselves as humanization points that emerge in a sophisticated psycho tram, consisting themselves of spaces that illustrate the symbolic function. That is, language and eating appear articulated and they consist the subject and both are solicitants of the causal equation to clarify the disturbances that affect them. This is a reflection on the phenomena of the speech-language pathology field. Such fact should be taken as subject fact and, this way (and not opposing the objectivity) presenting subjectivity (Palladino, R. R. R. et al, 2004).

It is highlighted that, in order to happening can be taken into a group as a study object, they must have more than one significant occurrence at the speech-language pathology clinic, they must have a co-occurrence. That is an implicated occurrence (Palladino, R. R. R. et al, 2004).

This research works from this perspective. In order to support the discussion, it seems important to choose and clarify a way to the woman orders brought to debate: the language and the body. Besides that, it is the necessity to show the type of relationship the will be recognized between this orders. And, finally, to demonstrate the implication between to speak and to eat, in this study, as parts that constitute the psycho.

---

[1] Aqui tomados, de forma ampla, como distúrbios que afetam as enunciações em termos discursivos, o que inclui a produção segmentar e supra-segmentar da fala. Assim, adotando-se uma concepção não formalista, a distinção entre linguagem e fala não será feita, uma vez que a categoria proposta é a dos distúrbios que afetam a linguagem verbal oral.

[2] A saber: aqueles que envolvem transtornos alimentares e/ou nutricionais associados a disfunções do sistema estomatognático.

The aim of this work is to analyze the co-occurrence of language and eating problems taking into consideration the relationship of structural implication, determined by the reciprocal influences between language, body and psycho.

Method

This research was approved by the Ethical Committee of the Graduate Studies of PUC-SP (protocol number 0048/2006). All responsible for the participants signed a Informative Consentient term. All the information regarding the participants is archived at the data bank of the institution.

This was an investigation with clinical quantitative and qualitative nature, therefore with a delimited camp by the human phenomenon and its significance, based on the free observation of a non intentional sample.

Subjects

The clinical material is constituted by the data of children in therapy at the Division of Teaching and Rehabilitation of the Communication Disorders (Derdic) in the disciplines "Children Clinic" and "Language Evaluation" of the Speech-Language Pathology course of PUC-SP, during the year of 2004.

The population is consisted of 35 children with language problems complaints which were divided into three distinct age groups. Such division was based on the criteria proposed by Coriat (1997): from zero to three years old; from three to five years old and from five to nine years old.

The division suggested is inspired on the considerations of the authors of precocity of the stimulation. The author argument that these three moments during childhood are equivalent respectively: to the acquisition initial, to the development and to the stabilization. Such categorization is based on the idea of dependence/ independence regarding the adult, particularly regarding the development of oral language.

Children participating in this study were divided into three groups: ten children (28,57% of total) presenting age between one year and four months and three years old (Group A); twenty children (57,14% of total) presenting age between three years and one day and five years (Group B); five children (14,28% of total) presenting age between five years old and one day and seven years old (Group C).

It is important to highlight that the third group (Group C) the oldest children were seven years old.

From this universe was also highlighted a clinic case study, presenting importance on the emblematic scenario regarding the paradigm adopted into the discussion. The participant shows strong symptoms of oral language and eating problems. The name of the child was substituted for a false one in order to preserve the identity of the child.

Procedure

The clinical material was regularly written registered after the sections. It were selected and systematized in the form of clinical report data related to: parents' interviews; diagnostic of the manifested oral language problems; diagnostic of the manifested eating problems; co-occurrence of language and eating problems.

The interviews were done in an open modality and the results related to the participants were obtained through language evaluation in dialogical situations (playful setting) and in evaluation of oral motricity and swallow.

Criteria for interpretation of the results

The discussion of the results was supported by concepts of the Speech-Language Pathology Psycho-Analysis. The first conception reefers to the unconscious dynamic and the bio-psycho view of the orality, which is its pulsation dimension. Beside that, are the texts related to the clinical and therapeutic methods regarding their theoretical bases inter-discipline and specific techniques.

The statistic treatment of that was done by implicative analysis. The Implicative Statistical Analysis (ISA) has as objective the extraction of knowledge, of invariables, of consistent non symmetrical inductive rules and of the attribution of a probabilistic measure in propositions of the type: when 'a' is chosen there is a tendency to choose 'b'. Such analysis quantifies the quality of these rules and it can be used on the treatment of data of clinical observations or of other multidimensional data.

The software CHIC (Hierarchic, Implicative and Coercive Classification) was created by Saddo Ag Almouloud and actualized by Raphael Countries. The actualization permitted: to treat different types of variables; to quantify the significance of values attributed to quality, consistence of associated rule, of classes of rules, of typical and contribution of

the subject or category of subjects to the constitution of certain rules; to represent, through a graphic, having a confidence interval fixed, rule way and an hierarchic of rule of rules.

By mean of this instrument of statistical analysis, we try to synthesize and to structure certain clinical findings related to the co-occurrence of language and eating problems facing the pre defined age groups (A, B and C). Also by mean of the co-presence of a language problem (AO absence of oral language; ALO alteration of oral language) and also by one or more eating problems (D: dysphagia; O: obesity or higher weight; A: anorexia; NO: non obesity or higher weight; IA: eating idiosyncrasies etc.).

The statistical program used (CHIC) map the rules of occurrence through a binary logic (0/1), that is, every category is defined by the occurrence and by the non occurrence. For example: X and non X, we can see the examples as the use of categories present at the study. Suppose that a group with ten children of same age with complaint of AO, in which five of the children also have O.

It would be present the following compositions: AO+O in 50% of cases and AO+NO in the other 50% of cases. If the same group of children presents one child that besides AO and O presents IA we would have: AO, O, IA in 10% of the cases; AO,O in 40% of the cases and AO, NO, NIA in 50% of the cases.

The variable used in this study was the age this way, in the case of the random examples above, the typical variable was always the same once the children had the same age. If it were two or more age groups, the statistical program would calculate the typicality of each class. The present study will be presented this way. After the presentation of the implications and similarities (in function of the statistical of the occurrences) they originate the co-occurrence classes.

This way, the statistic study of the clinical observations (multidimensional data) supports the interpretation of the results and the subsequent clinical discussion of them.

Therefore, the section of results will be subdivided into: implications and statistical typicality on the Groups A, B, C and case study as an emblematic scenario of the study.

Results

Several types of disorders were found on the 35 analyzed cases. The types of disorders can be synthesized this way:

. oral language problems: absence of oral communication and alterations on oral language (difficulties on the discursive elaboration and phonological disorders);
. eating problems: dysphagia (presenting alterations in one or more phases; presenting or not reflux); atypical swallow (on the cases in which that the dysfunction may be associated with perturbations on the eating routine) 3 ; obesity or higher weight; anorexia and bad nutrition; and idiosyncrasies on the alimentation rituals.

The occurrence of other problems was also observed: problems on the neural - psycho - motor development, cerebral palsy, visual and hearing impairment, mental retardation and palatal cleft. Such cases, potentially, may be associated with oral language and eating problems. However, this data was not included as variable in the study giving the non pertinence and little incidence regarding the universe of the study.

The statistical analysis of the data related to the oral language and eating problems shows the tendency to the following implications and typicality regarding the age groups A, B and C (Picture):

Typicality

Typicality to the classes AO, NIA, AD: the variable A is typical to this class presenting a risk of 0,108; the variable B is typical of this class presenting a risk of 1; the variable C is typical to this class presenting risk 1; the typical variable of this class is A that presents a risk of 0,108.

Typicality of the classes ALO, NAD, ND, DGA, O: the variable A is typical of this class presenting a risk of 1; the variable B is typical of this class presenting a risk of 0,188; the variable C is typical of this class presenting a risk of 1; the typical variable to this class is B presenting a risk of 0,188.

[3] Resultados significativos foram encontrados na casuística, os quais demonstraram significância maior que 0,5 ou 50% da classe DGO (deglutição atípica) e O (obesidade ou sobrepeso) no grupo B, indiciando possível relação entre tais acontecimentos em crianças com queixas de alteração de linguagem oral deste grupo.

Typicality of the classes DGA, O: the variable A is typical of this class presenting a risk of 0,847; the variable B is typical of this class presenting a risk of 0,25; the variable C is typical of this class presenting a risk of 1; the typical variable to this class is B presenting a risk of 0,25.

Typicality of the classes ND, DGA, O: the variable A is typical of this class presenting a risk of 0,847; the variable B is typical of this class presenting a risk of 0, 25; the variable C is typical of this class presenting a risk of 1; the typical variable to this class is B presenting a risk of 0, 25.

Typicality of the classes D, IA: the variable A is typical of this class presenting a risk of 0,772; the variable B is typical of this class presenting a risk of 0,412; the variable C is typical of this class presenting a risk of 0,774; the typical variable to this class is B presenting a risk of 0,412.

Typicality of the classes D, IA, NDGA, NO: the variable A is typical of this class presenting a risk of 0,893; the variable B is typical of this class presenting a risk of 0,931; the variable C is typical of this class presenting a risk of 0,00672; the typical variable to this class is B presenting a risk of 0,00672.

It is important to remember that the co-occurrence of the language problems and the eating disorders was present in 100% of the participants of this study. The statistical analysis point to the similarity and implications (significance higher than 0,5 or 50%) in function of the age variable. The incidences and co-occurrences of the eating and oral language problems can be seen in each age group, as synthesized below:

. tendency of co-occurrence of the oral language and eating problems on the children of the group A highlighting the oral language absence (AO) and anorexia and or bad nutrition (AD). Such children present few complaints of eating idiosyncrasies probably because the reduced age;
. tendency of higher relative frequency of obesity (O) related to atypical swallow (DGA); and dysphagia (D) related to eating idiosyncrasy (IA) in children of group B. The children of group B present higher occurrence of oral language alteration (ALO) than oral language absence (AO);
. tendency of relation relatively frequent, also between dysphagia (D) and eating idiosyncrasy (IA) associated to oral language alterations (ALO) in children of group C;
. tendency that in the groups B and C the occurrence of anorexia and/or bad nutrition and oral language alterations are less significant.

Such correlations indicate that implications and typicality relevant to this study and permit the supposition that the observed variation and the frequency of the oral language and eating problems at the three groups are not coincidences. However, this relationship came from a causal network that may be related to the development differences and to bio-psycho and social conditions of the studied population. The clinical case study presented below permits to prove.

Clinical case study: Jefferson

In order to illustrate the procedure used on the analysis of the particularities of the function - non dissociable - of the language (organic, psycho and oral language) of each participant, this study case is highlighted. Jefferson was selected as example in function of the number of clinical evidences that articulate the language and eating problems.

Jefferson is a four year old boy, beautiful, happy, presenting obesity and difficulty to breath, that walks slowly, run always short ways and evade from running always he can. During the therapeutic section he prefers to sit or even to lie on the floor playing alone. He speaks a lot, with innumerous phonological replacements that, many times, makes the speech hard to understand. Jefferson presents frontal tongue escape accentuated, acute voice and in reduced pitch (with a certain vocal force during phonation). Jefferson does not present hearing problems.

He plays shyly and in a symbolic and primitive and disorganized form; resists in accepting the playing proposals of the speech-language pathologist.

During the first interview with the mother, the personal history did not clarified important organic problems. The complain was of "a wrong speech that that the relatives can note". The mother, also shy, spoke a little and maintained herself away inclusively spatially.

On the sequence, initially she did not demonstrate any enthusiasm or evolvement participating on the mother's group; a space where every mother can speak what she wants: the children, herself, the familial dynamic.

However, it was exactly in this context that was expected that the fragility of the defenses because of the emergency of the transitional contents that were circulating among those women, which they brought to discussion: the non expected pregnancy, the refusal of the son/daughter in accepting the breastfeeding beginning on the 15th day of life,

the home keeper exhaustive work, the absence of time off, the distance from the husband, the impatience to play with the children. And the absence of routine associated to the difficulties of the J. alimentation, besides the bronchitis and the constant medical treatments.

During the following meetings the mother added: J. does not accept the correction in his speech, refuse the food the he did not like (he only liked sweets, cold and soft); he slept "when he wanted"; he fought with other children, slept with the mother because "he was little". Certain time she said emphatically: "it is eating junk food in front of the television that he stays quiet and passes the greater amount of time".

During the therapeutic process some aspects were being connected. The breathing of the boy was typically dysfunctional, which suggested the relationship between the slow breath (complaint of the mother) and the slow locomotion of J. (observed during therapy).

Regarding alimentation, when questioned, she only stated that J. liked "to eat a lot", minimizing the obesity of the children.

The language evaluation of J. revealed diverse phonological alterations, unsystematic, suggesting that his oral language does not support the contentions established by the linguistic code oral-verbal.

He presented echolalia that was supposedly his principal enunciation capacity.

Such repetitions were dispersed as he spoke more, in a discourse replete of onomatopoeias, interjections and little words that accompanied the constant motor movements. J. was this way: happy, agitated and noisy. However, when he talked he "dissolved himself on the other" in a manner to emit his enunciation. The personal narratives did not exist.

As the time went by, it was also possible to observe that he had significant difficulties regarding oral motricity, especially with the chew and swallow functions. He ate fast the foods that he liked until finished the offer. When he bitted, he tear laterally the food. Then he chewed just a bit and swallowed the food. He always left food on the oral cavity clearing the hypotonic evidence which was associated with the imprecision of the realization of the stomatognatic functions.

The literature points that corporal posture is an essential condition in order to correct these functions. Any postural dysfunction may lead to a "deficit on the swallow, suction, respiration functions and the coordination between them, as to the oral motor abilities necessary to the speech articulation" (Fabiano et al; 2005, p. 77).

This damage of the oral functions, indeed, may be clarified by some researchers as a tonicity and muscular incapacity question; functional disorders related to the disorganization "forces that naturally act on the oral cavity" (Degan and Puppin-Rontani, 2004:396). In this perspective, it is important to remember that Jefferson used pacifier for a long period, a suction habit that may "unbalance the stomatognatic system" (idem). Regarding this aspect, it is highlighted that the pacifier use (and also the feeding-bottle) is considered a bad habit particularly regarding occlusion (Bertoldi et al, 2005). Jefferson presents occlusion alteration.

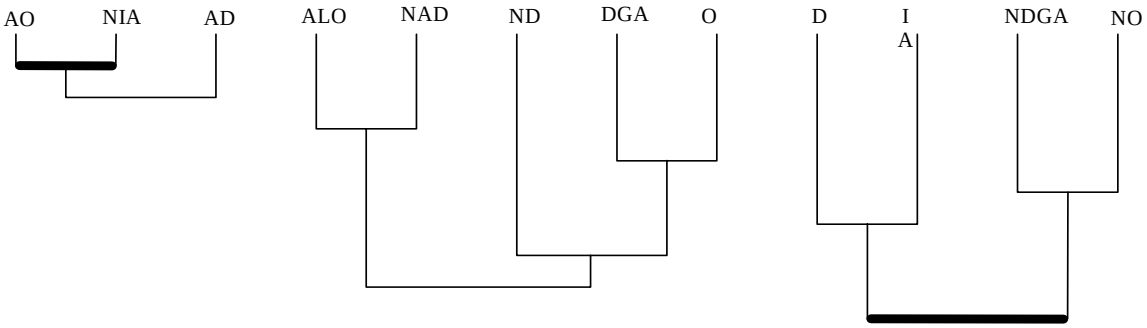
Besides that, he presented difficulty when manipulating plates, fork, spoon and knife. This fact suggested that he was feed by an adult. He preferred the soft aliments always using the spoon.

This case suggests the implication between oral language and eating since the eating habits, obesity and the oral language problems write a singular line. This fact does not invalidate the specific organic symptoms (in this case clarified on the oral motricity) associated to the phonological alterations which permits the establishment of the relationship between the functional damages of the chew, swallow, respiration and phonation. However, the proposal of this study is to amplify this point of view.

Synthesizing: Jefferson is a child that presented difficulties to speak and to eat and both difficulties occur metaphorically on "the mouth".

In the following section, the group of clinical data presented will be discussed coming from the theoretical referential psycho-analytic and from the implications of this view to the Speech-Language Pathology field.

QUADRO. Implications and typicality of the age groups A, B and C.



Legend: AO: absence of oral language; ALO: oral language alterations; IA: eating idiosyncrasy; NIA: non eating idiosyncrasy; AD: anorexia and/or bad nutrition; NAD: non anorexia and/or bad nutrition; D: dysphagia; ND: non dysphagia; DGA: atypical swallow; NDGA: non atypical swallow; O: obesity or higher weight; NO: non obesity or higher weight.

Discussion

It is important to highlight that, initially, the co-occurrence of oral language and eating problems initially was not clear: the speech-language pathologists and students/fellowships responsible for the sections were slowly conducted to the clear answers during the clinical routine, by the articulation between the contents of the familiar interview and clinical material related to the participant process.

This attentive hearing, such for the manifested as for the unclear contents evolved with the symptoms, promoted a differentiated clinical strategy: the exercise of the speech-language and hearing pathologist interpretation. In other words, in order to this symptomatic insistence get the voice, the clinical-therapeutic had to get the hearing. The clearing of the eating problems, in a grate number of times, was not simultaneous to the oral language problem. Inclusive, the first cases did not present familiar complain that would give justification to the acceptance of the child on the service. In each case, the eating problems were presented by various time and reasons until they could be given some scientific relevance.

In this perspective, it is important to add that the fact of the examined children present oral language and eating problems conducted to the follow position: such alteration may be considered as oral disorders.

The Freudian appointments are arguments to support the elaboration of such assertion. Freud presents to us a very different child of that one presented by the cartesianism, since it recognize the child as pulsationally constituted. In other words, a child which the body would be always a group of erogenous zones that supports the pulsation. That is, the child working would be essentially symbolic.

This way, when taking care of this "new child", submitted to the desire, the psycho-analysis cancel the idea of functional exacta and specificity that the physiology indicates since the bay is born.

The oral zone, therefore, is one of the corporal erogenous zone, that is, a space supported by the pulsing, in which many of the functions shuffle on the common plane of the symbolic function. The mouth (organ) is, this way, territory of the alimentation, of the language and the feelings (Thibault, 2006).

Freud alert this way: " If the fact of the labial zone is a common patrimony of two functions, the reason is that the ingestion of aliments brings a sexual satisfaction, and this same factor permit us to comprehend that there are nutrition disorders when the exogenous function of the common zone are perturbed" (1905/1969 p. 193).

The suction makes the lip an erogenous zone, dislocating the feelings to other functions which bring, for example, the child to suction the skin before try to find another one.

On the same line, the taste also makes the tong an erogenous zone since the identifications sweet/salt/sour/bitter with immediate acceptance of the sweet; it brings the preferences (what the child likes or not). We have, this way, the dislocation of a perception predominately sensorial to other

predominately static (Rigal, 2004: p.10) which denotes a movement of symbolic character.

If the mouth is place, by excellence, of the change of a register to another it is also, place to recognize inside/ outside body, condition for the construction of the me/not me and, it is important to remember that for this reason, it lines to other important zones like the eyes, the ears, the skin (Bick, 1968).

In this case it becomes pertinent the observation that during treatment, children presenting language problems tend to manifested inflammation of the ear canal, throat, stomach, respiration allergies et. Jerusalinsky (1999:p.24) observes that "during infancy we have the eating disorder, excrements, urination, vomits..., associated to emotional situations. It is the case that demonstratives until the point of the symbolic determinations does capitulate the child's body, placing the service of the expression symptomatic and psychic, at the same time that it is unknown or it is supposed be organ physiologic function".

Golse and Guinot (2204), on a beautiful study about the oral language, they insist that the mouth may be not reduced by the alimentary function, giving its profound implication on the subject ontogenesis.

Abraham and Torok (1972: p. 118) affirm that the language is an effect of a bascule between one mouth full of meanings what denotes exactly this pulsation way. Adding to these propositions the fact that this movement, that in the mouth, passes through the eating, inaugural font of the senses.

When the speech-language pathology tradition recognizes the alimentations as the act of eat and this as suction/chew/swallow, follow apart a polio idea of oral language, delimitating them to the physiological conditions; because it is recognized that only the neural system is responsible to initiate and coordinate the various structures evolved in swallowing. This is the idea that supports also the indication that "the aero-digestive tract is initially more specialized for the swallowing than for the phonation. From this comes the postulation that the speech organ is detached from the whole aero-digestive apparatus for organic reasons.

There are different clarifications about the maturation being the principle of self-organization, part of the Theory of the Dynamic Systems (of the motor function). It is very interesting in a way that it privileges the idea of time that in "all system seems to adapt itself according to the circumstances" (Ferreira-Rocha e Tudella, 2003: p. 11) in detriment of the one that brings as principal the genetic time or the neural time. However, besides the comprehension of the maturation as result of the relationship between the neurological time and the exploratory time (of the sensory-motor, cognitive experiences etc.), there is a discrimination between the acts of eat and speak as neural-motor activities, leaving only and hierarchy among them.

However, the co-occurrence of oral language and eating problems explicit on the analyzed clinical material seems to signalize something different.

It is very interesting to note that when the speech-language pathology literature reefers to the disorders that may interfere on the alimentation normal development, the tendency is take as "internal factors" etiological aspects without, however, specify them (Hernandez, 2003). These patients format the cases of "functional diseases" with several signs and few symptoms as Camargo and Teixeira (2002) did postulate.

That is, the explanation focus itself on the physiological function, fact highlighted also on the orientations, altered with the neurological development, that suggest, for example, that the use of the spoon should be introduced only when the reflex of protrusion of the tongue disappears, around the fifth month of life. However, another argument can be added to this one: the instrument (spoon) cancels the "cannibal" state, with intense fusion movement of the child and the mother, that is "ate" by the child during breastfeeding (Couly and Thibault, 2004; Delagado and Halpein, 2005).

In this way, Winograd (2002: p. 52) points that the connection between the physiological process and the psycho process is not made by mechanical causality. They are parallel process, concomitant and dependent to each other. In other words,, they must be analyzed from their mutual influences.

Having these considerations, we go back to the case of the boy Jefferson. Jefferson is a boy that exhibits a much altered speech with a very fragile discourse, "sticker" on the other by the repetitions. And that, besides a weak phonology, inconstant and unconfined, a hoarse and low pitch voice makes us ask ourselves: what does he want to say?

There is this non solid voice however is active; disperse, with anxiety as he was always late. Regarding alimentation: eat how and how much he wants to eat!

The non contained speaking and eating, "deformed", seems to point that for a child still alienated in the other, it is what his echolalia seems to declare (Mariotto, 2003). The child sleeps with the mother and is feed by her. Nutrition "without

stop" maybe is a manner to contain himself, makes him "stop"? This apparent non distinction of the other is seen on the nature as the non differential on the vinculum mother-baby: he does not go to school; he does not play outside home with other children; is "sticker" with the mother. And is there a mouth that is not yet for the words not even for the effective nutrition; is a place of a function that is guided by a foreign syntax, which interdicts the subjectivity of this child. Synthesizing: the mouth is the place for the conflicts.

Conclusion

This study pretended to situate a discussion about the oral language problems and alimentation, taking them as the oral disorders. The clinical material exhibited that the co-occurrence of both alterations is not coincidence, as the statistical analysis showed similarities and implications between the oral language and alimentation problems on the participants of this research suggesting other possibilities of the question in other researches.

Repetitive findings of this occurrence brought alert, delineating the study, which results suggests that the Speech-Language Pathologists should invest in a sensible hearing to the familial narratives regarding the difficulties and eating idiosyncrasies of the child, in what they may come to reveal of conflicts and psycho suffering. For example: retaking the breastfeeding process emphasizing the presence/absence of affective changes between the mother and the baby, recognizing the psychogenic character of the refusal to eat, of the vomits and refluxes, attending to the differences between the mother conducts of nutrition and feeding the child, the first is dissociate from the pleasure. Such elements, among others, should be considered on the speech-language pathology diagnostic and therapeutic process besides the physiologic functionality.

Finally, we highlight that recent scientific productions on the field of alimentary disorders indicate that this reflection is shared by clinicians that assume the body humanization, process that is created by the vinculum with the other.

Thanks: Professors Doctor Saddo Ag Almouloud (Graduate Study in Mathematic Education of PUC-SP) and Doctor Maria Inez Rodrigues Miguel (Mathematic Department of PUC -SP) to whom we thank for the inestimable collaboration and disposition for the realization of the statistical analysis.

References

ABRAHAM, K.; TOROK, M. Introjecter-incorporer: deuil ou mélancolie. *Nouvelle Revue de Psychanalise,* Paris, v. 6, p. 111-122, 1972.

BERTOLDI, P. M.; FELÍCIO, C. M.; MATSUMOTO, M. A. N. Efeito da interceptação precoce dos hábitos orais no desenvolvimento da oclusão. *Pro-Fono R. Atual. Cient.*, Barueri (SP), v. 17, n. 1, p. 37-44, abr. 2005.

BICK, E. The experience of the skin in early object-relations. *J. Psychoanal.*, Londres, v. 3, n. 49, p. 558-566, dec. 1968.

CAMARGO, E. P.; TEIXEIRA, M. Doenças funcionais. *R. Latinoam. Psicopatol. Fundam.*, ano 5, v. 5, 2002.

CORIAT, E. *Psicanálise e clínica de Bebês.* Porto Alegre: Artes e Ofícios, 1997. 310 p.

COULY, G.; THIBAULT, C. Epilogue: une cullièrre pour. *Rééduc. orthophon.*, Paris, ano 42, n. 220, p. 195-196, dec. 2004.

DEGAN, V. V.; PUPPIN-RONTANI, R. M. Terapia miofuncional e hábitos orais infantis. *R. Cefac*, São Paulo, v. 6, n. 4, p. 396-404, out.-dez. 2004.

DELGADO, S. E.; HALPEIN, R. Amamentação de prematuros com menos de 1500 gramas: funcionamento motor-oral e apego. *Pro-Fono R. Atual. Cient.*, Barueri (SP), v. 17, n. 2, p. 141-152, maio-ago. 2005.

FABIANO, F. C.; LIMONGI, S. C.; DO-VAL, D. C.; LINHARES-DA-SILVA, K. C. *R. Soc. Bras. Fonoaudiol.*, São Paulo, v. 10, n. 2, p. 77-82, abr.-jun. 2005.

FERREIRA-ROCHA, N. A.; TUDELLA, E. Teorias que embasam a aquisição das habilidades motoras em bebês. *R. T. Desenvolv.*, São Paulo, v. 11, n. 66, p. 5-11, jan.-fev. 2003.

FREUD, S. (1905) A sexualidade infantil. ed. atual. São Paulo: Imago, 1969. Edição Staudael Brasileira das Obras Completas de Sigmundo Freud (ESB). v. 5. Três ensaios sobre a teoria da sexualidade.

GOLSE, B.; GUINOT, M. La bouche et l'oralité. *Rééduc. orthophon.*, Paris, ano 42, n. 220, p. 23-30, dec. 2004.

HERNANDEZ, A. M. Atuação fonoaudiológica com o sistema estomatognático e a função na alimentação. In: HERNANDEZ, A. M. (Org.). *Neonato*. São José dos Campos (SP): Pulso, 2003. cap. 5, p. 57-51.

JERUSALINSKY, A. *A psicanalise e o desenvolvimento infantil*. Porto Alegre: Artes e Oficios, 1999. 317 p.

JOUANIC-HONNET, A. Prise en charge de l'oralité alimentaire et l'oralité verbale. *Rééduc. orthophon.*, Paris, ano 42, n. 220, p. 179-185, dec. 2004.

MARIOTTO, R. M. M. Distúrbios alimentares em bebês: uma interlocução entre a fonoaudiologia e a psicanálise. *R. Dist. Comun.*, São Paulo, v. 14, n. 2, p. 263-274, jun. 2003.

PALLADINO, R. R. R.; SOUZA, L. A. P.; CUNHA, M. C. Transtornos alimentares em crianças. *Psicanálise e Universidade,* São Paulo, v. 2, n. 21, p. 95-108, set. 2004.

PUECH, M.; VERGEAU, D. Dysoralité: du refus à l'envie. *Rééduc. orthophon.*, Paris, ano 42, n. 220, p. 123-137, dec. 2004.

QUINIOU, Y. Nourrir, être nourri em réanimation néonatale. *Nerv. J. Psychiatr.*, Paris, v. 9, n. 3, p. 1-3, sep. 1996.

QUINET, A. *A lição de Charcot*. Rio de Janeiro: Jorge Zahar. 2005.

RIGAL, N. La construction du goût chez l'enfant. *Rééduc. orthophon.*, Paris, n. 220, p. 9-13, dec. 2004.

ROBERT, S. Une prise de conscience de l'oralité chez um grand enfant trisomique. *Rééduc. orthophon.,* Paris, ano 42, n. 220, p. 187-190, dec. 2004.

SOUZA, R. F.; MAIA, S. M. A "clínica dos bebês" e suas especificidades. *R. Soc. Bras. Fonoaudiol.,* THIBAULT, C. La langue, organe clé des oralités, *Rééduc. orthophon.*, Paris, ano 42, n. 226, p. 115-124, jun. 2005.

SOUZA, R. F.; MAIA, S. M. A "clínica dos bebês" e suas especificidades. *R. Soc.* THIBAULT, C. La langue, organe clé des oralités, *Rééduc. orthophon.,* Paris, ano 42, n. 226, p. 115-124, jun. 2006.

WINOGRAD, M. Freud: o corpo e o psiquismo. *Percurso,* São Paulo, v. 1, n. 28, p. 43-54, ago. 2002.