We would like to begin our paper from a precise position of observation which could be summed up by a simple theoretical assumption: the dialogue which takes place between analyst and patient can be considered to all intents and purposes a “text”. There is a patient’s “text” and an analyst’s “text”, in addition to there being an overall “text” deriving from the spiral intertwining of these two: each contribution by the patient can elicit a contribution by the analyst and vice versa, so that in the overall text of the session the roles of “author” on the one hand and “reader/performer” on the other, are in the end deeply interconnected, in line with the perspective of “analytic field” put forward by Madeleine and Willy Baranger.

The assertion that everything which takes place in the session is “text” has important implications, involving the rich and complex theoretical universe of semiotics, from Saussure to Barthes, from Derrida to Ricoeur, from Umberto Eco to Algirdas Greimas. This is certainly not the right time or place to scrutinize the rich, potential exchanges which might exist between psychoanalysis and semiotics, which in effect became interrupted after flourishing with structuralism in the 1970s. We shall confine ourselves to recalling that, from a semiotic perspective, within every text, beneath the linear surface, lies a deep structure of signification, known as the semio-narrative structure, which sets the boundaries of the particular narrative universe within which the text is situated. This means, for example, that the deep structure of a fairy-tale will identify a semantic and narrative universe in which we may encounter sorcerers and talking animals, but are unlikely to come across mathematical formulas or statistical analyses. The semio-narrative structure, in other words, represents the deep matrix of the text, its “narrative DNA” as it were, whether the text is a novel or a story told orally, an epic poem or a piece of prose, a rap song or a mural, a work of art or an everyday object. We must remember, in fact, that the concept of “text”, since the end of the 1970s, has spread beyond the traditional confines of the written text, acknowledging narrative structures also in the material reality which surrounds us, from our homes to objects of design.

The semio-narrative matrix, in particular in the reflections of Greimas, is characterized essentially by oppositions, such as for example the opposition studied by Lévi-Strauss, in the mythological universe of the Bororo people, between “raw” and “cooked”, or the opposition between “white” and “black”, or again between “nature” and “culture”: each term in these pairs is fully defined only in relation to the term which excludes it. As an aside, it may be said that there are particularly strong parallels with the well-known polar contrasts of Jungian metapsychology: in the conceptualization of the psychoanalyst U. Galimberti, in particular, the symbol (from the Greek symballein, to throw together) plays host to opposites, holding them under tension in a way that the Ego, driven by logical disjunction, would find unacceptable. By means of the tension between the opposites, the symbol has access to new significations.

It is precisely within a game of contrasts, therefore, that every semantic category is defined, residing deep within the text, whatever form this may take, and allowing a coherent signification to be made of it, one which is often shared by texts even far removed in time, in space and in language. To contemporize Jung, mythology, itself the narrative derivation of the archetypical

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3 A. Greimas, Miti e figure, Esculapio, Bologna 1995, p. 157.
organization of experience, teaches us that the same universal themes can in fact be found in cultures which have never come into contact in time or spatially.

We quote, by way of example, the Italian semiologist Dario Mangano:

[...] if we focused our attention on the opposition *nature vs culture*, we would have to conclude that both the myth of Prometheus and its innumerable re-writes, such as, for example, Defoe’s Robinson Crusoe, do nothing more than develop the narration (and therefore reflection) around this fundamental nucleus. In both cases, in fact, the story deals with the passage of man from the state of nature to the state of culture and vice versa [...]."  

From a psychoanalytical point of view, the semio-narrative matrix we are discussing can be considered similar to the unconscious and its workings. However, what we are interested in emphasizing here is rather the fact that the same semio-narrative matrix can be shared, as we have said, by profoundly different texts: from this point of view the particular “text” which is the dialogue of a psychoanalysis session can rest on the same narrative matrix as another particular “text” which is a work of literature, and patient and analyst can be interpreted as explorers of that same portion of semantic universe explored by a writer or a film director.

Freud, Jung, Adler, and also Tustin recognized their debt towards writers and poets in comprehending the human spirit. That is not the news here. The originality in considering a session as a “text” is rather that of applying the insights of semiotics to the interpretative work of material stemming from analysis: the work of Antonino Ferro and his school is exemplary and his debt towards the semiologist Umberto Eco seems to be great, especially with reference to that fundamental essay represented by *Lector in fabula*.

Therefore, for these reasons we are convinced that the study of various specific literary works is immensely useful, both to comprehend better the enigmatic spectrum of autism in general, and to have at our disposal better instruments to conduct our daily work of interpretation and support with these patients. With this premise, it would certainly be interesting to list and describe the main texts known to us which may be of use in dealing with autism. However, such an operation would be too challenging for the present paper and better dealt with in a separate essay. We shall therefore mention only a few essential works, restricting ourselves to the literary field in the strictest sense, it being obvious, as already mentioned, that other forms of “text” are also pertinent.

Among the literary works, we can mention *The Burrow* by Franz Kafka, *The Wall* by Marlen Haushofer, *A Journey Around My Room* by Xavier de Maistre and *A Man Asleep* by Georges Perec. Among other works, and merely by way of example, we can mention the TV series *Curb Your Enthusiasm*, in which the main character manifests all the traits of Asperger Syndrome. In our clinical experience, the sharing and critical commentary during an analysis session of various passages from the series which we felt to be of particular significance, enabled one patient suffering from the same disorder to make progress and improve his social interaction.

We shall now concentrate on a specific literary text in order to highlight this clinical and analytical intertwining from a semio-narrative point of view to illustrate our modus operandi. The author to whom we wish to draw your attention is Guido Morselli, who was born in 1912 and

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9 C. G. Jung, *On The Relation of Analytical Psychology to Poetic Art* (1922), Gesellschaft fur deutsche Sprache und Literatur, Zurich, 1922.
17 *Curb Your Enthusiasm* is an American comedy television series by L. David aired between 2000 and 2011.
tragically committed suicide in 1973. We shall refer to his last work, concluded only a few months before his death: *Dissipatio H.G.*, where H.G. stands for Humani Generis. The Latin title of the book therefore literally means: “the dissolution of humankind”.

The book’s main character has no name: an educated man, intelligent, ironic to the point of sarcastic, profoundly solitary and “phobanthrope”. This neologism, ironically in opposition to the term “misanthrope”, is significant since his solitude is caused not so much by the hatred of others as by fear of them. He lives secluded in the mountains near the city of Crisopolis (literally: “the city of gold”, in reality corresponding to Zurich, the city of banks and money which Morselli hated), until his life is turned upside down by the discovery of plans to build a “Le Havre-Athens” highway, which with dizzyingly high viaducts will cause untold disruption to the peace and quiet of his mountain *buen retiro*. He therefore decides to commit suicide, planning to withdraw to a mountain cave in which there is a pool: he will have to plunge into the pool, swim for a short distance through a natural sump, before plummeting into a lake in which to drown, evocatively called the “Lake of Solitude”. Sitting on the edge of the pool in proximity of death, however, his intentions are clouded by futile thoughts: he loses himself in debating the superiority of Spanish cognac over its French equivalent. After several minutes spent deep in thought, the idea of suicide has vanished. He leaves the cave to return home, only to discover that humanity has melted into thin air while he was inside the cave. At first he still harbors the hope that not all the human race has disappeared and begins the search for other survivors of the mysterious “dissipatio h.g.”. However, in his search, he comes across only animals (cows, dogs, cats...) and human activities which carry on lifelessly: cars with their engines running, linotype machines still working at the local paper, household appliances left switched on. The only voices he hears are those of the telephone answering machines of the numbers he dials in his futile attempts to find someone. He thus finds himself, increasingly uneasy, roaming around in a world of things, animals and his own thoughts, which wander from the ironic observation of the infinite number of lifeless objects which surround him, to the bizarre dispute between Malinowski and Lévy-Bruhl over the Trobriand islanders, to the memories which continue to come back to him of life before the disappearance of all the others.

The travails of the literary protagonist of Morselli’s novel bring us back to one of our patients, Antonio, who during the first year of analysis related how he spent his time obsessively searching for some words on Google (specifically, the names of some Italian political parties and their involvement in a well-known scandal in the 1990s), or getting lost ruminating on memories of past experiences, relived without any sort of variation and producing a freezing of his present-day experiences, a veritable anesthesia of his relationships and of the surrounding world.

As for Antonio, also for the novel’s main character the sounds of nature are the backdrop to this solipsistic multiform monologue. At times the protagonist lapses into a catatonic state, neither eating, thinking, remaining awake nor sleeping; sometimes he is gripped by terror. As time passes, against this background of thoughts and sensory experiences, the figure of Karpinsky, the young psychiatrist who had treated him for “obsessive neurosis” several years earlier in a clinic, begins to stand out in his memory. With increasing insistence, he remembers Karpinsky for his great humanity, his lack of rhetoric, lack of formality, to the point where Karpinsky becomes a hallucinatory presence who talks to him, seeming to arrange an appointment with him in an indeterminate location in that terrible and desolate desert. The last few pages of the book are spent in a moving and nostalgic search for Karpinsky, to whose immaterial figure the protagonist clings so as not to go mad and to keep his own fragile humanity.

Also for Antonio the relationship with the therapist’s humanity and including him within his own protective psychic shell enabled him gradually to give up his rigid defensive apparatus and the autistic objects in favor of a cautious opening to the complexity of existence. In this case, the decision to take on an elastic therapeutic attitude, aimed prevalently at building up a relationship based on trust and ignoring adherence to rigid techniques, finds complete correspondence in the figure of the psychiatrist Karpinsky.

Dissipatio H.G. can be considered as the painful exploration of a psychic world with pronounced autistic connotations. Borrowing one of the cornerstones of the aesthetics of T.S. Eliot, it can be said that Morselli’s novel seems to constitute a precise “objective correlative” of the autistic dimension, and the narrative structure, within whose distressing settings the protagonist’s narrative takes place, is thereby able to recreate in us the emotive experience of someone who finds himself having to live under these agonizing mental conditions. To use the terms indicated previously, the novel sinks its roots in the same “semio-narrative” matrix which gives rise to the stories, the drawings and the actions which we meet daily in clinical practice with patients affected by autistic barriers.

Let’s pause a moment to examine the story narrated. The first point of great interest is provided by the fact that the story begins in the bowels of a mountain, on the edge of a pool which, by way of a natural sump, leads to a precipice; at the bottom lies the shadowy Lake of Solitude. From a certain point of view, the archetypical connotation of this scene is quite stark, recalling a maternal dimension, in particular that of the Great Mother observed in her negative polarity, the mother of death, within whom symbiotic fusion is both desired yet at the same time feared. Plunging into the lake inside the mountain, a sort of “return to the womb”, is an image which brings peace to the tormented protagonist in search of a kind of euthanasia for the sufferings he endures. At the same time, however, his fantasy of this fusional return to the mother’s womb is horrendous, as it coincides with a veritable suicide of the psyche, the surrender of the individuality of one’s own mind, a deliberate choice of endogamic encapsulation. In this psychological scenario, we might ask where the “father” is and what role he might have. In Morselli’s account, we can glimpse a split paternal dimension, as unilateral as the maternal one. It is the city of “Crisopolis”, the city of banks and money, where the worship of “patrimony” reigns and where important decisions are made. It is precisely here that a fictional company, “Euro-Autoroute”, registered in the name of two important local entrepreneurs, decides to proceed with the construction of the “Le Havre-Athens” highway, whose “bold viaduct” will cause disruption in the peaceful mountain valley where the protagonist lives in seclusion. Money, trade, communication routes, dizzyingly high structures in reinforced concrete characterize a paternal dimension which cannot become integrated with the maternal one inside which the protagonist is hiding. The words of Frances Tustin spring to mind when she reflects on the importance of the parental relationship: it is not so much the parents’ individual psychological characteristics as rather the difficulty of the relationship existing between them which leave a deep mark on the future autistic subject. For Tustin: «For these children, sensations, sensual dimensions such as hard and soft, light and dark, have been kept rigidly separate: the maternal and paternal aspects have they themselves also been rigidly separated». In the light of this observation, the relentlessly conflicting position in Morselli’s book between the hard cement of the highway viaduct and the flowing waters of the mountain stream Zemmi on which it is to be constructed is particularly striking. The protagonist emphasizes painfully: «my Zemmi». It is not simply a question here of an existential conflicting position between “nature” and “culture”, which we often meet ambivalently in neurotic patients. Rather it is a conflicting position of catastrophic proportions between “male” and “female”, between “paternal” and “maternal”, which echoes, in its dramatic intensity, that between Creon and Antigone as depicted by Sophocles.

In clinical practice, it is thus important for the analyst, even over a considerable length of time, to moderate the activity of interpretation, intrusive by definition, in favor of building up an atmosphere of listening empathically and embracingly which respects the patient’s need for relational withdrawal. It is not an easy task, because of the intense emotive commitment that these patients frequently require. As Luciana Nissim Momigliano states:

It may then happen that, even if we do our best to control our state of mind and give an adequate

interpretation, we do not manage to do so with much success; it is possible that from our conversation, from
the intonation of the voice, perhaps because of a slip of the tongue, some ambiguous message or
cnotation of rejection may also transpire. Patients pick it up immediately and, more often than not, have
no hesitation in interpreting it as a declaration that their fantasies are so intolerable that the analyst will not
think twice in getting rid of them after just five minutes, while they are required to convince us 24 hours a
day...22

When this happens, and the analyst forces change on the patient or in any case lets her/him perceive that the listening is less attentive, less willing, the patient experiences an act of violence and sees the analyst as the “Euro-Autoroute” which wants to impose new “communication routes”, brutally destroying the cocoon-like peace and quiet of the autistic dimension. This is a particularly significant risk with adult neurotic patients with autistic barriers, since the neurotic component of the personality can conceal the most autistic dimension, leading the analyst to underestimate the emotive consequences of the treatment. This is what happens in the case of Michele who, following intervention on the part of the analyst aimed at encouraging him to be more socially active, suddenly looks out of the window, distracted by something. Michele then asks the therapist if he too has heard bees buzzing. When asked to explain the association, Michele remembers a swarm of bees by which he had suddenly been attacked as a child, leaving him traumatized.

The therapist’s intervention had been experienced by Michele as dangerous, along the same lines as the threat from a swarm of bees, a situation which it was necessary to protect himself from with an adequate form of encapsulation, signally avoiding the risk associated with the mention of socialization, an emotive risk underestimated by the therapist. In the case of another patient, Marcella, we decide to reduce the weekly sessions from three to two. I accept Marcella’s request, in a moment of positive change, to encourage her in her search for greater independence, after several years of analysis. At the following session (the first with the new twice-weekly program) I find myself surprised. Marcella is desperate, distraught and furious. She tells me that in the house where she was to spend a few days’ holiday with her mother, another guest, a stranger, a man, would also be arriving. She finds this all most upsetting. This is how the session begins:

Marcella (furious and crying):

this weekend, I won’t be alone any more in the apartment they gave me at work, because another person I don’t know, a man, is also arriving and what’s more, for the first few days he’ll be bringing some friends. The idea of all this living together is really upsetting me, because for me living together is like being overpowered! Right this weekend when my mother’s arriving, they had to go and arrive right this weekend! And not only are they going to find everything clean and tidy, they’re going to be using everything we bought for ourselves! And they’re going to get everything dirty, bastards! ... And to think that we could have relaxed, just me and my mother with the house all to ourselves. And apart from anything else, I’ve got so much work to get done over the next few days, I could have done some of it in the evenings, but now we’ve had to change all our plans and I just know I’m not going to be able to do any work!

Here we have a “narrative derivative” which tells us how the autistic functioning of Marcella’s nucleus has experienced the change of setting.23 Marcella’s story is in a certain sense “isomorphic” with respect to that of Morselli. The days spent together with her mother, just the two of them, echo the valley with its strong maternal regressive connotation in which Morselli’s protagonist takes refuge; the unknown guest, imagined as an overbearing invader, echoes the unscrupulous entrepreneurs of Crisopolis who are to build the new highway, only looking out for their own personal gain. The desperation and anger recall the same feelings in Morselli’s protagonist when he decides to commit suicide.

What happened in the cases of Michele and Marcella? The attack on resistances and the reduced number of sessions have damaged the autistic capsule crystallized in the setting, and the


consequent sudden sense of grave vulnerability has conjured up in a persecutory way an invasion by “others”. From the point of view of the transference, the analyst is suddenly no longer perceived as a “maternal” presence, who allows the patient to work and be active, but as an authoritarian from outside who produces a psychic paralysis. To use the terms of José Bleger,\(^{24}\) it is a question of the breaking of the agglutinated nucleus, which brings back into circulation the “psychotic part of the personality”: from this particular slant, Marcella’s story of having to share with the unknown guest, or Michele’s bees, also represent a return onto the scene of these psychotic aspects mobilized by the alteration of the setting, and which risk doing violence to and cannibalizing the healthy part of the personality.

It is important for the analyst to know how to understand the vicissitudes of this area of functioning, which in neurotic adult patients may pass unnoticed, as we have said, even for a long time. If the analyst does not recognize the presence of an autistic nucleus, adequately calibrating the approach, the patient may be heading for a nervous breakdown, to a lesser or greater degree, or even give up the therapy. In the case of patients who take psychoactive drugs, this may result in an increase in the medication, and the consequent side effects, and in a greater “psychiatrization” of the patient.

In the case of Marcella in particular, therefore, a counter-approach to the analysis was needed which would have to be particularly comprehensive and embracing. It was decided to favor a dialogue during analysis which was rather non-traditional and very interactive, discussing books, films and songs which seemed to her to represent best what she deeply felt and which she had never managed to express fully until that moment. In this way, what had happened enabled us to work better on her autistic functioning, and to make further steps forward in her course of therapy.

Returning to Morselli’s story, we would like to reflect further on the character represented by the psychiatrist Karpinsky. As we have said, he becomes the most important memory in the lonely journey of the protagonist who, at a certain point in the novel, begins a desperate search to find him. What sort of man is Karpinsky? The protagonist describes him as a very sympathetic doctor, not at all formal, independent in his intellect and hostile to analytical orthodoxy, perhaps even anarchic from a political point of view. He had been treated by Dr Karpinsky during a previous stay in a clinic for people with nervous disorders.

We let the protagonist speak in his own words:

[...]

the doctor treating me was an intelligent man of independent ideas, or at least non-conformist. And he was understanding.\(^{25}\)

No couch: it was he who talked, quiet, smoothly-spoken, with the patients; no grilling or hang-ups with neck-ties and assorted bric-a-brac.\(^{26}\)

He was paternal (even though younger than me). In the evening he would come to visit me when I was already in bed; he would order a cup of hot cocoa for me over the phone and say: ‘Drink up, then turn out the light’ [...].\(^{27}\)

And again:

One of those rare encounters, in my life, perhaps the only one, where it was worth my leaving the planet Ego. [...] That steady stare, his eyes alert, good-natured. So ready to say ‘yes’, with kindness, even if what he was saying was negative.\(^{28}\)

In Morselli’s book, Dr Karpinsky dies shortly after treating the protagonist: he tries to intervene in a fight between two male nurses, and is fatally stabbed. On the final page, the protagonist


\(^{26}\) *ibidem*, p. 60.

\(^{27}\) *ibidem*, p. 61.

\(^{28}\) *ibidem*, p. 68.
fantasizes of seeing him again in this way with his customary smile and blood-stained white coat. The figure of Dr Karpinsky seems to remind us that with patients belonging to the autistic spectrum, the human aspect to the doctor-patient relationship is more important than ever. If the therapist sticks rigidly to her or his theoretical model, then the figure will be seen as the “Euro-Autoroute”: distant and impersonal, egoistic, insensitive, authoritarian, in a word, threatening, and therefore inadequate to the essential task of facilitating an increase in the “permeability” of the autistic capsule. The therapist’s task is therefore rather delicate. In our experience, a free, spontaneous conversational style is particularly useful, which might recall the “talking as dreaming” of Thomas Ogden, and occasionally self-disclosures are necessary; a certain elasticity of the setting might also be needed, just as Tustin’s pioneering recommendations suggested, provoking more than a little perplexity at the time within psychoanalytical associations: for example, it is not uncommon for a few extra minutes to be allowed at the end of the session; also, an ability to recognize readily our uncertainties and mistakes is needed. These patients, in fact, are often extremely quick in picking up on the therapist’s deep mental state, frequently before even she or he is aware of the fact, and it is important to convey the message that the patients’ observations are sincerely given due weight. An understanding therapist, who recognizes her or his limits and mistakes, is thus a fundamental requirement in the work of these clinical situations. In this way, we can better comprehend on the symbolic level the figure of Karpinsky with his blood-stained white coat. As Adolf Guggenbühl-Craig points out, speaking of the archetype of the “wounded therapist”:

Chiron, the centaur who taught Asclepius the art of healing, was stricken with incurable sores. (...) In India, Kali is the goddess of smallpox as well as being the one who cures it. The mythological image of the wounded healer is widespread and, from a psychological point of view, this means not only that the patient has a doctor inside him, but also that in the doctor there exists a patient.

We might say that only a therapist aware of her or his own “wounds” can come into deep contact with these patients and enable the activation of the self-healing abilities they possess. Otherwise, even the best of all interpretations will produce no benefit. In other words, more than ever in these cases, what is important is not the search for truth about the patient, but the search for an experience of being “in unison”; and only an understanding therapist can approach this difficult task. It therefore becomes clearer how it is precisely the figure of Dr Karpinsky who is the only one to have managed truly to get close to the book’s main character: the psychiatrist who is depicted with his creased trousers visible beneath his white coat, with his nicotine-stained fingers as a chain-smoker of Gauloises cigarettes, his down-to-earth manner and his hobby of going for long late-night rides alone on the motorcycle lent to him by one of the office clerks from the clinic. As if to say, a psychiatrist who knows how to recognize and accommodate in himself autistic aspects can be a therapist with more healing ability than a formally correct “orthodox” psychiatrist, searching for truth and explanations. In this regard, the end of the novel is most touching: having returned to Crisopolis in search of Karpinsky, the anonymous protagonist is sure he will meet him; he almost thinks he has seen Karpinsky, standing in his blood-stained white coat and with his arms stretched open, and says:

He won’t speak. It’s no good asking him, like I used to do in the clinic: ‘Are you still going to keep me here? Am I not better?’. Because he doesn’t come to answer doubts, to make announcements. He’s the same straightforward little man he was then. He’s simply coming to look for me [...]. I’ve got a packet of Gauloises for him in my pocket.

But being in unison with these patients entails coming into contact with deep, sometimes

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31 G. Morselli, Dissipatio H.G. (1977), Adelphi, Milano 2012, p. 142, [emphasis added by the present authors].
unbearable, suffering, and even the most careful therapist will unconsciously take her or his distance from time to time from the patient’s pain, as Nissim Momigliano reminds us in the quotation given above.\textsuperscript{32} It is a world of terrible solitude, for which Morselli’s novel represents an incredible “objective correlative”.

From a certain point of view, it might be said in other words that the world described by Morselli is the world seen by an autistic patient. Like the protagonist in the book, also the autistic patient (or the autistic part of the personality in a neurotic adult) is faced with a choice: on the one hand death, represented by an actual suicide or by psychological annihilation and madness, a veritable fall into the abyss, a fusional regression into the womb of the Great Mother; on the other hand, survival, by means of the elimination of others and of inter-personal relationships, and emotive freezing. We might say that these patients, in order not to die, take refuge in a “non-life” made up of objects, sensations and abstract thoughts inside a time-period which is eternally present, with a past which is crystallized by becoming part of the present. But even after they have permanently entered into this dimension, the desire for genuine human contact remains alive inside them, a desire which the therapist must know how to recognize and embrace, at the same time respecting the patient’s own phases: if the emotive coming-together is rushed at too quickly, the patient will take fright and withdraw.

We must accept, in clinical practice, that the therapist is constantly either too distant or too close, just like in Schopenhauer’s well-known hedgehogs’ dilemma,\textsuperscript{33} and it is above all with these patients that relational distance must be constantly modulated. The only useful instrument is the correct interpretation of the clinical material, a veritable sat nav indicating which way to take in the task of searching for, as already said, this state of being in unison, that is, the right relational distance, neither too close, nor too distant: the interpretation both of dreams and narrative derivatives which are the manifestation on the “surface of the text” of \textit{dream thoughts in waking life}.\textsuperscript{34} From a technical point of view, making explicit the interpretation to these patients is seldom useful, as it would only overheat the emotive atmosphere. This is the case with Paolo, to whom I propose an interpretation after he has related to me an account of his son’s introverted and secretive character: I point out, very delicately, how he is perhaps talking also of an aspect of himself. Hardly have I finished my comment when Paolo jumps up from his chair, exclaiming: "Someone has switched the light on!" (and it goes without saying that we are alone in the consulting room). For a while afterward, Paolo continues to look around him caught between apprehension and surprise, trying to understand who has entered the room and turned on the light.

Here we see an oneiric flash of waking life, which “conjures up” in the room the dual experience of the patient in answer to my words. On the one hand, thanks to my reasoning, Paolo has “seen the light”: much as my comment was delicate, it had evidently struck Paolo, contributing to the insight, to the sudden emergence within him of a new idea about himself. On the other hand, this emotive experience was in that moment evidently overdone. Therefore the “seeing the light” element has combined emotively with the “presence of an outsider in the room” element, that is, the emotive incandescence has also conjured up a sudden persecutory “faceless” experience of threat and invasion, as in the accounts of Michele and Marcella. Conversely, in the case of Antonella, persecutory feelings are aroused by a distressing dream which signals the excessive proximity and excessive relational pressure. In the dream, Antonella finds herself in an open space followed by a hyper- technological fighter bomber which is trying to target her with missiles; Antonella tries to take refuge in a sort of shack, completely inadequate for protecting her from the shells, but temporarily effective in hiding her from view. The jet fighter continues to circle her, like a shark, trying to locate her.

In a similar vein, in the case of Carlo, while I am making a comment on his repetition compulsion, it occurs to me to suggest he might imagine a planet with a strong gravitational field

\textsuperscript{33} A. Schopenhauer, \textit{Parerga und Paralipomena: kleine philosophische Schriften, zweiter Band} (1862), Vero Verlag, Norderstedt 2014.
\textsuperscript{34} For a more detailed explanation, see in particular: A. Ferro, R. Basile, \textit{The Analytic Field: A Clinical Concept}. Karnac, London 2009, p. 5-30.
which attracts all objects towards it and try to find solutions in order not to remain trapped by it. Before I have finished the metaphor, the patient is thinking of an episode which took place several years earlier in which he found himself in a life-threatening situation as he moved off from a reef: the sudden swell of the sea prevented him from reaching the opening in the reef. He decided therefore, with death staring him in the face, to throw himself onto the reef without looking for the natural opening. It was a painful solution (he emerged with a few abrasions) but one which saved his life.

The memory was a still gemmated from the analytical field of that moment: Carlo was protecting himself with the defense that he was best at, rationalization. My invitation to him to use his imagination led him to leave a “protected” natural system, the autistic shell of the reef, to venture out into the open sea of life, when precisely what Carlo had wanted to carefully avoid occurred, with the sea swelling and life holding surprises in store for him: but a life holding surprises in store might be more frightening than death; better to regain the shore, then, to be out of danger.

In the event, I restricted myself to the comment that he had managed to save himself at the cost of a few scrapes and abrasions.

When the therapist correctly interprets the signals of excessive proximity, rather than, as has already been said, by making the interpretation explicit, she or he must try to modulate the distance. It is very easy, however, with patients highly sensitive in this regard to distance oneself too much. In the case of Enzo, an excessive distancing on the part of the therapist is signaled by a dream. Enzo dreams he is out in the country one starlit night with no moon; he realizes he has no torch to light his way while walking in the dark after having abandoned a hefty motorcycle he has ridden to this spot; the same Enzo who, on the contrary, signals on another occasion the excessive and annoying proximity of the therapist by relating, immediately after my comments, the episode of a horn-player, his orchestra colleague, who had loudly played a bum note, ruining the piece of music they had been playing together.

Here, on the other hand, is an example of a discrete level of being in unison. It is the case of Marco, an intelligent and sensitive adult, with major autistic aspects. As a result of a public holiday, Marco’s usual three weekly sessions are reduced to two. In a session immediately preceding this particular week, Marco, in the middle of talking about other matters, and totally by chance, revealing a vague uneasiness, tells me a story which has suddenly occurred to him:

I’ve just thought of the story of “Cola Pesce”, which I read as a child, that is, «Nicholas who swims like a fish [pesce]». One day someone tells him to dive into the water to see what there is underneath Sicily. He dives in and discovers that Sicily is held up by three columns: one healthy, one partly damaged and cracked and one crumbling and on the point of collapsing. He swims back to tell the others, then dives in again and never returns. He has gone to substitute the crumbling column. It’s a story which fills me with anguish, these three columns with one of them human.

The two “surviving” columns, joined by “Cola Pesce” as the third, living, column, well represent – with a clear formal analogy from the text to the setting – the disappearance of a “session/column” and the need for Marco to take on the weight and the responsibility for his own psychic life while holding his breath under water prior to the resumption of the regular work program. In this case, I am ready to make the interpretation explicit:

Analyst: a thought concerning the image of Sicily and Cola Pesce: it might have something to do with the three weekly sessions and the break for the holiday, which means we’ll be skipping a session-column and for which you might feel you have to carry directly on your own shoulders the weight of your life, “holding your breath” in anticipation of the work starting up regularly again.

Marco: I remember a dream where I’m galloping along on a horse, with this lovely sensation of being in harmony with the horse and interacting with the surroundings, the air rushing to meet me, something fluid and alive. Not static and rigid like the columns.
The oneiric thought of Marco’s waking life thus seem to signal, with the free association of riding a horse, a positive experience of being in unison with the therapist, even if streaked with a euphoric vein: feeling in unison soothes the anguish of the separation which was transmitted with the story, putting back into circulation a feeling full of life and belonging, and introducing a vein of fluidity into the sessions, no longer perceived only as supporting columns but also as adventurous horse-rides.

We shall proceed now to our conclusions, recapping on the skills a therapist needs to hone in her or his work with these patients. Essentially the therapist must be able to abandon the rigid anchoring to any theoretical or technical reference points. As Bion reminds us, theories tend to become for the therapist a protective “exoskeleton”, interwoven with prepackaged answers: an “exoskeleton” which ends up suffocating thought and creativity, imitating to some degree the “autistic shell” of the patient. In his Seminari Italiani, for example, Bion states:

[...] one could say that when we secrete an idea, or when we produce a theory, we seem at the same time to lay down chalky material, we become calcified, the idea becomes calcified [...]. An asset, a useful theory of the conscious and the unconscious, then becomes a liability; it becomes a caesura which we cannot penetrate.35

When the therapist is unable to cast off her or his own theoretical models, paradoxically she or he will propose to the autistic patient a diseased therapy of the same illness, a therapy more or less consciously “calcified”. If this happens, the efficacy of the psychotherapy will turn out to be reduced, to a greater or lesser degree, with a concomitant increase in the use of a supplementary psychoactive drug therapy. A non-dogmatic therapist who is not hidden in her or his “theoretical shell” will, on the other hand, more easily be able to approach the patient in an authentic and understanding way, with simplicity, similarly to Dr Karpinsky in Dissipatio H.G., and will have more likelihood of being able to accompany the patient progressively towards significant existential changes.

It is fundamental to stress that all this is not to be seen as a commendation of improvisation and theoretical eclecticism. Rather, an in-depth study of the psychoanalytical literature is of clear importance for the therapist, as is also necessary much clinical experience, to arrive at the freedom of thought and emotive authenticity that these patients require. However, alongside the study of the psychoanalytical literature and clinical experience, we hope with this paper to have shown also the importance for the analyst to dedicate adequate time to making contact with “texts” such as those we have indicated, to refine further her or his clinical sensitivity and to have, moreover, at her or his disposal imaginative material which is richer and well-structured to share during the session, at an opportune moment, with the patient.