The passion of the analyst

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> We lived all together in a little house right in the middle of a dark pine wood. The sun never shone there because the shade was too deep, and no wind penetrated because the branches were too thick: it was the most solitary, tranquil place in the world.
>
> (J. STEPHENS)

Unexpectedly, it was around these words that my thoughts coalesced on a subject which I consider a fundamental constituent of being a psychoanalyst: passion. How can we reconcile the need for isolation, certain patients' inclination to withdraw, their search for a refuge in their mind and in the consulting room, with this vital attitude in the analyst? What modulations are necessary if we are to work analytically with them and bring gleams of light to their darkness without burning or blinding them, while at the same time preserving analysts' ability to experience passion and their own vitality? And finally, in what ways can the analyst's passion become a therapeutic tool?

First, I will try to describe the implications of the term passion, a human attribute before it was a psychoanalytic concept. The word «passion», derived from the Greek *pathos* and the Latin *passio*, distils contradictory meanings: «suffering or affliction generally», «amorous feeling; love», «sexual desire or impulse», «an overmastering zeal or enthusiasm» (Oxford English Dictionary). Hence, passion relates to both Eros and Thanatos, and is also a constitutive element of the word «compassion», whose etymology in the languages deriving from Latin includes the term «suffering», while in others it is formed from words for «feeling». In the latter, the meaning is almost identical, but broader: «to have compassion (co-feeling) means not only to be able to live with another's misfortune but also to feel with him any emotion – joy, anxiety, happiness, pain» (Kundera, 1982).

Suffering, love, inclination, interest, sharing another's pain, joy, distress, are all constituent elements of the psychoanalyst's profession, united by the vital matrix

which informs them, on which every one of us draws and transfuses into the relationship with our patients.

In *Our Vital Profession*, Fred Busch reminds us of «the vital role psychoanalysis plays in helping our patients regain what is basic to their humanity» (Busch, 2015, 553), through the activation of a creative process which is developed in concert by the analyst and the patient, and offers «a new vigor in living» (ibid., 554). So it is evident that passion is impregnated with vitality, libidinally invested, and contiguous with creativity.

Bion (1963) numbers passion among the three dimensions («sense-impressions, myth, and passion») possessed by the elements of psychoanalysis and by the objects derived from them, entrusting to it «the affective quality of the object's 'presence'» (Riolo, 1991). Bion believed it to be an expression of maturity and to manifest itself in a warm and balanced human environment free from excesses. Passion presupposes the achievement of the depressive position, but also of the ability to tolerate oscillations between depressive and paranoid-schizoid positions. It relates to states of integration in which emotional components are linked to each other and also to the object.

The intersubjective aspect of passion is central in that it is a process which connects two minds, even when, fleetingly or under certain conditions, it may move in a single direction rather than reciprocally, as in the situations I shall describe below (Billow, 2000a). In other words, it may happen that one of the two subjects involved in the link finds it impossible to express passion or to accept and resonate with such a feeling in the other. I will refer to passion as a vital and creative «vector of psychoanalytic action» (Di Chiara, 1990) which animates the psychoanalytic encounter and its work, enabling us to stay in contact with the primitive aspects of the mind such as love and hate, and fostering generative exchanges and transformative processes. These primary emotions, integrated in passion, function as a central organiser of meaning in the analytic interaction (Billow, 2000b). I believe that, besides being a function of the analytic couple, passion is also an intrinsic component of the analyst as a human being, and therefore a fulcrum and meeting point between the intrapsychic and intersubjective dimensions. Lastly, I imagine passion as a fuel capable of providing propulsive force to the analytic process and an important resource in the «maintenance» of the analyst's «Self».

REFUGES, ENCAPSULATIONS, RETREATS

In this paper, I consider a spectrum of clinical configurations which require a special version of the analyst's passion. I am not referring to a precise diagnostic category, but rather to a series of states of mind or conditions of the Self which may present themselves in patients with different physiognomies and make their more or

less lasting appearance on the analytic scene. This may justify the heterogeneity of my theoretical references, which can at times seem unusual or daring; the basic concepts to which I refer are indeed occasionally those of authors from very diverse theoretical backgrounds. In some situations, the functioning which I will describe does not concern the whole Self but only a part dissociated from the rest, predominant or secondary traits which can resemble what Vigna Taglianti (2016) recently called «dead zones», deadly split-off areas originating in the failure of a primary interpersonal relationship. I am referring to individuals who sometimes have an elevated level of functioning and capacity of symbolic thought outside their autistic encapsulation.

In other cases, the patients' vitality is greatly diminished and there is a very marked disinvestment in the object – aimed at avoiding the pain linked to the need for the object – so that they can be included among the patients who are «difficult to reach», as Betty Joseph (1975) put it in the title of a paper in which she described patients who present with a split personality, so that a part of their Ego – probably the neediest but also the most sensitive and receptive part – is kept at a distance from the analyst and the analytic relationship, split off and isolated for its own protection. Joseph referred mostly to patients with «as if» or «false Self» modes of functioning, quite different from the conditions I discuss in this paper, which are closer to autistic retreats. They are close to those «psychic retreats» described by Steiner (1993), places to which the patient withdraws in search of tranquillity and protection from tensions when every contact with the analyst constitutes a potential threat. And yet the relief which this brings entails isolation, inertia, and loss of contact with reality. According to this theoretical formulation, these are patients characterised by extremely rigid defensive systems which Steiner calls «pathological organisations of the personality». I think my clinical experience is closer to the viewpoint of Tustin who interprets such states of encapsulation «as a psycho-physical protective reaction rather than a psychodynamic defence mechanism» (Tustin, 1990, 154).

I shall borrow the words of a patient (who fled from the sight of any reflecting surface) to describe these mental states and their correlated feelings, which are hard to put into words: «When I feel exposed and vulnerable and helpless, I can't bear to see other people, or even myself. There are too many reflections, too many mirrors. What I need is a dark forest.»

In these phases, in tune with what Balint (1959) asserts, I think the analyst should meet this need, should be the object which acknowledges, satisfies and comprehends it: in other words, she should make her consulting room a dark forest and herself opaque, almost inanimate, in order to spare the patient the intolerable sight of himself and of the object, and the painful wound of an excess of contact with something too alive and vital. I have found a suggestive analogy with these reflections of mine in Spadoni's description of a patient who arrived for his session

with a handful of chestnut leaves which every so often he dropped onto the nearby chair. The author commented, «This is what he feels that I am: a forest with tall, strong trees where he can move peacefully, almost like a ‘little animal’ which inhabits it» (Spadoni, 1987, 43).

While Ogden (2014) reminds us how being understood can be perceived by some people as dangerous because of the power it gives others over us, Steiner (1993) introduces the distinction between «understanding» and «being understood», maintaining that in certain phases patients are not interested in acquiring understanding of themselves, but may have an intense need (sometimes unconscious, and consciously denied) to be understood by the analyst.

This distinction is matched by a different way for the analyst to be with the patient: communicating through interpretations what she has understood about him, or contacting the patient’s Self (thanks to being in contact with her own Self) and in this way making herself the interpreter «of a mute part of the patient» (Bolognini, 2002, 92), as well as through the use of non-interpretative interventions which are «laid down on the surface of the psyche, like a blanket on the body of a child» (Bienvenue, 2003, 417, my translation). Indeed, when patients find themselves in certain states of withdrawal or encapsulation, words are often not perceived in their symbolic meaning, but concretely, as an intrusion, an attack, or an attempt to create a separation in the indistinct magma composed by the self and the other. In a complementary fashion, with certain patients, attention to their modes of communication becomes more important than the contents of their verbalisations (Joseph, 1975).

The technical question in such situations is the analyst’s being available in a manner which I described a little while ago as «*almost* inanimate», with the emphasis on the adverb «almost» which relativizes the significance of the word which follows it, containing the appropriate quantity of passion within it, endowed with transformative potential.

To clarify, I will make use of a botanical metaphor: as is well known, *Digitalis purpurea* is a plant used medicinally to treat heart disease, one that needs a particularly careful dosage in order to avoid poisoning. Its common English name is foxglove, because a legend tells that fairies sewed together the characteristic flowers in the shape of a finger to make gloves for their friends the foxes so that they would «leave no incriminating paw prints on the hen house» (Harrison, 2012, 76). Similarly, I believe that with certain patients the analyst cannot make free use of her passion, but should apply it in very careful doses so that the *pharmakon* does not collapse into the Greek word’s original meaning and become «poison». Furthermore, she should don metaphorical «fox gloves» so that her passion, though fundamental, does not leave incriminating traces in the field («hen house»), which would induce a sort of overexposure in the patient.

THE PATIENT

> O God, I could be bounded in a nutshell and count myself a king of infinite space – were it not that I have bad dreams» (*Hamlet*, II. ii)

Tustin (1990) describes in a profound and touching manner the condition of encapsulation in autistic children and also in neurotic adults. I have been greatly struck by the resonance between her clinical fragments and the (exclusively adult) patients in this paper: in particular, the correspondence between the «black holes» she describes as the portrayal of a primitive situation of intolerable loss and lack, and the following claim by a patient of mine (with a neurotic type of functioning, but also a hidden and wholly withdrawn area of her personality): «Sometimes I seem to have a black hole inside me which, if I let myself go, would suck me into a black place, but a very protected one.» This sentence reveals the dual nature and function of the black hole/autistic encapsulation: protective and therefore defensive, but at the same time, imprisoning/annihilating. It protects the subject from the effects of unbearable traumatic events, but hinders cognitive and emotional development in children, and human relations and access to the world of the affects in adults. Moreover, it must be simultaneously respected and treated, a task that must be performed cautiously but is essential for revitalisation.

Steiner (1993, 2) summed up the images related to the mind's retreats, which recur in patients' unconscious phantasies and emerge in dreams, memories, or stories from everyday life: «a house, a cave, a fortress, a desert island, or a similar location.» In my experience, these retreats are wrapped in great reserve, when not thoroughly secret. They come to consciousness by allusion, or their existence is deduced *a posteriori* when patients try to leave them. The fact that individuals may start to give some indications of them in the course of treatment (for example, making repeated reference – though as if in passing – to sole possession of some object of no particular value, to settings with an anonymous appearance or seemingly little emotional investment to which they nevertheless return frequently, or to repetitive mental activities) constitutes a sign that the shell is cracking, and that they are prepared to allow the analyst access to these territories (Masina, 2016).

I have experienced the importance and inevitability of staying with patients in these areas of retreat, ensuring that the enveloping membrane remains intact as a preliminary, sometimes protracted, first stage, in alignment with Tustin's view of the therapeutic situation as an incubator which gradually replaces autistic protection in some autistic children whom she calls psychologically premature (Tustin, 1990). It seems more appropriate to speak of a membrane, not a shell, to indicate the container which

houses the analytic couple, because the presence of the analyst (although in this phase she may be trying to keep her «human» qualities to a minimum) in itself constitutes a transformative element which implies a certain degree of permeability and porosity in the envelope. We might think of the container serving as a «skin» with a cohesive purpose, a sort of substitute for an internal integrating function which is missing in these patients, at least in certain phases of their existence (Alvarez, 2014), or we might, as Ogden maintains, be attending to a diminished sense of cohesion in their epidermal surface. The Skin-Ego described by Anzieu (1985) has a preserving function in psychic life: furthermore, the membrane I am speaking about, which could be called «extended» in that it includes the analytic pair and emanates from it, is established with a lifesaving and anti-excitatory purpose without ever rigidifying into an asphyxiating, paralysing shell/carapace, as it does in the cases of secondary autism described by Tustin, her so-called «crustaceans» (Tustin, 1986).

We may also hypothesise that these patients are manifesting the effects of «multiple breaches» in the protective maternal barrier or repeated failures of holding (Winnicott, 1941) which have given rise to what Khan called «cumulative trauma» (Khan, 1974). Furthermore, the extended membrane I just described would stand in for the original protective shield which did not guarantee sufficient from internal and external stimulus, and would at the same time allow the passage by osmosis of a variable quota, depending on the case, of the passion which the analyst conserves and cultivates within herself. Freud was the first to outline the concept of a protective shield which screens the living substance from stimuli, attenuating their intensity and making them tolerable; he went on to claim that protection from stimuli is a function almost more important than their reception, and that for the living organism «it is enough to take small specimens of the external world, to sample it in small quantities» through the sense organs (Freud, 1920, 27). The analyst's task is to mediate these samples, to make herself conductor of a well-modulated and well-screened energy that is nevertheless capable of generating vital sparks.

THE ANALYST

Hic est locus ubi mors gaudet succurrere vitae

This epigraph (originally inscribed on the entrance to the anatomy hall of the Hospital for Incurables in Naples) might be the starting point for a description of the analyst's work when a condition of «apparent death» is shared with the patient, and emotions, affects, sometimes even thoughts, are as if frozen, and signs of life are reduced to the minimum. Tustin (1990) describes a frozen state which may turn into desertification with a subsequent living death in cases where the vital tendencies are not set free

and reactivated. Remaining with the patient in a «near-death» or «pre-death» situation must therefore necessarily be brief. In this phase, it is of primary importance to guarantee the patient a «nonhuman» environment (Searles, 1960) with the characteristics of foreseeability, reliability, and exclusiveness. It is true that these are customary features of our setting but, in the situations I am considering, we need to pay particular attention to such features, and to what have been called the «the field's climatic conditions (temperature, heat, turbulences)» (Ferro, 2001, 449).

Searles writes: «there is probably a phase in the course of every psychoanalysis or psychotherapy, a phase while the patient is deeply involved in regressive feelings of subjective oneness with the totality of his environment, when the therapist or analyst may participate most usefully as a kind of nonhuman object, a relatively silent and motionless piece of furniture, for example» (Searles, 1960, 421).

Similarly, Spadoni maintains that the analyst's experience with these patients is, sometimes for very long periods, that of non-existence in their perceptual and emotional universe, relating instead to the disturbance they have suffered in their «right to exist». Spadoni notes the transition from an early phase of the analysis which is very like that described by Searles, in which the environment is populated by objects with pre-human characteristics, to a subsequent one in which the analyst can start to feel alive (Spadoni, 1987).

She must, as it were, create «a psychic mouth» (Mitrani, 1992) in the patient, a passage, a fissure which puts him in communication with the outside world, while at the same time expanding his internal space and enabling him to feed himself; without this «psychic mouth» the patient will not be able to receive any of what the analyst can provide for him. This is slow work which aims only to give what can be tolerated at that moment, and allows a progressive psychic animation made of cautious but fundamental adjustments of the vital parameters, work that is maintained by the measured use of the therapeutic agent called passion.

The element which assumes greatest importance in these situations is the temperature of the relationship, which must be maintained at bearable levels for the patient and, therefore often very low ones, an arduous task for the analyst, who must, however temporarily and partially, stop revealing her own vitality. This is also a matter of the analyst's ability not to fully satisfy her own need to «make herself present»: that is, to assert her own existence and individuality; for example, by interpretations or other interventions, verbal and otherwise, which privilege her as a real person in relation to the analytic environment (Molinari Negrini, 1999). I am referring, in other words, to the analyst's ability to behave as a «primary substance» which «is not an object in the true sense, is not concerned about its independent existence» (Balint, 1979, 167).

This is harder to achieve in situations which are personally critical to the analyst, where her narcissistic equilibrium lacks oxygen and it seems to her that she must assert herself, situations in which her own unsatisfied infantile needs to be seen and loved

have probably been reactivated. In other circumstances it may happen that her desire to establish emotional contact with the patient (and the improper solicitations she may make to this end) is linked to the difficulty of tolerating the intensity of her own emotions which are aroused by the absence of emotions in the patient. Indeed, these patients make us undergo painful experiences of annihilation, non-existence and lack of contact with the other. As long as it is adequately monitored, passion can play a role in «maintaining» the analyst's Self: it is an intrinsic source of nourishment which compensates and protects her against being overwhelmed and submerged by irremediable feelings of despair, desolation, and loneliness, and constitutes the essence of that «staying alive» of which Winnicott speaks (1949). It has a central, determining function, and the analyst must nourish it inside herself while at the same time attenuating its contact with the patient, like a glowing ember under the ashes. In other words, she needs to learn how to keep the right distance, to stay put and wait (Alvarez, 2014), while nevertheless being able to experience the feeling of her own vitality, conserving it within herself for as long as is necessary.

This work of regulation, to which Meltzer too refers when he writes about «modulations of temperature and distance» as having «an impact on the emotional atmosphere of the consulting-room» (Meltzer, 1994, 63), requires a negative expenditure of energy for the analyst. In a certain sense, the Bionian concept of negative capability can be helpful in understanding this stance, but I am emphasising its energetic aspect. This relates to the analyst's libidinal economy, which is sorely tested in these situations, given that they occur in an uninhabited desert, almost without perceptible traces of humanity. At this point I will introduce a reflection on what I would call a sort of thermodynamic equilibrium of the sessions, using concepts borrowed from physics as metaphors. In fact, with this type of patient we are presented with the need to be careful about the amount of heat we may transmit. Physics tells us (and we experience this constantly) that *heat* always proceeds from hot things towards cold things. I do not mean this as a claim that the analyst is by definition a warm substance and the patient a cold one, but that the patient may find himself in a situation where he needs to screen his own heat and other people's, and wrap himself in an envelope which it is right to respect, not over-heating him but nevertheless transmitting to him an echo of warmth which may make him «suspect»[1] that there is a living existence nearby. On the other hand, a hot substance is one in which the atoms more quickly, and certainly *movement*, change, can in these situations represent a threat and a source of anxiety (in that it is capable of altering a precarious homoeostatic equilibrium essential for survival) while at the same time being a call back to life. This is also true of another fundamental dimension, that of *time*, which is closely linked to heat. Indeed, «as soon

[1] The term «suspect» is understood here in the sense used by the French gastronomic tradition in which it is a unit of measurement for certain ingredients, to be added in minute quantities so that its flavour can only be «suspected» (for example, a suspicion of nutmeg).

as there is heat, the future is different from the past,» as in the case of a moving pendulum which loses energy and slows down because of the friction which produces heat. This distinguishes «the future (towards which the pendulum slows) from the past» (Rovelli, 2014, 2). Heat, movement, and time which changes and evolves from the past to the present and becomes the future, are the conditions of the world which stands outside the autistic protection; the autistic shell protects the subject from the abuses of the external, although at an exorbitant price in terms of vitality. Heat, movement, and time are also the essence of what the microporous protective analytic membrane can allow through by osmosis, in tiny doses, with infinite patience. And the patience to which Ferenczi (1927) also refers, as one of the prerequisites for being able to reach the natural conclusion of the analysis, is more necessary than ever in these cases, «because contact with the patient's self is a sort of promised land, and if it is lacking, this can be a source of frustration for a long time» (Bolognini, 1991, 362). Finally, Balint (1979) reminds us how thermal sensations may be perceived both as deriving from the outside world and from inside our own bodies («it's cold» and «we're cold»): furthermore, heat (the temperature of the consulting room and the temperature of the analytic relationship) acts as a medium of communication between patient and analyst, and contributes to the structuring of the perception of one's own and the other's physical and emotional qualities. This can happen if and when the patient's psychic sensitivity is not overwhelmed by the pain of an inappropriate contact which dulls it (Carloni, 1984).

THE PATIENT AND THE ANALYST

> Ember: a small piece of live wood or coal in a smouldering fire
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> (*Oxford English Dictionary*)

A summer morning, the window of the consulting room is open. Matteo is silent, as he almost always is. Suddenly cheerful music comes in from outside. I start, and wonder if I should get up to close the window, but I don't dare move. Matteo says: «What silence! At last I'm a long way from everything.»

This fragment of a session dates from a period in the analysis (the third year) during which the patient spent most of his time in an autistic refuge, barricaded behind an impenetrable silence counterpointed by my countertransferential sensations of emptiness, death, and uselessness, streaked with persecution in moments when I tried to find some form of contact with him. In those situations I perceived what I would call quite an intense hatred on his part. So I had been prepared to stay with him in his wary,

unmoving silence, sharing the sensation and the fear that there was a danger outside this state, an imminent catastrophe, which in my fantasies took the form of a snatching away, a caesura, a breaking-off of the analysis. *A posteriori*, I can say that I had in some way entered his refuge. The music which had burst into the room that morning had made me jump because, like Matteo, I feared the bursting of the autistic capsule. My hesitation between getting up to close the window and keeping still seems to me to represent a condition in which the analytic couple has found itself on the threshold, the boundary between two adjacent territories hitherto without communication between them, where immobility has paradoxically permitted a small, decisive step forward. Now, reconstructing this long analysis, I locate in that moment the beginning of a new phase in which it became possible to come into contact with the patient, albeit very slowly and with long regressive episodes. The renewed opportunity and ability to fantasise in the session was the element which most strongly marked this change, together with a sensation of rediscovered freedom and the somatic correlative of an easing in the muscular tension which I had been feeling for a long time: I could sit comfortably in my chair, starting to experience the pleasure of being with the patient.

I think it is significant that the brief fragment reported here was the first time Matteo had expressed his need for a refuge and his relief at sharing it with me. Up until then, he «was» (and I with him) simply there. That was probably the first move in the direction of a long journey out of his autistic encapsulation. I speculate that Matteo did not experience a real, complete silence that morning, but perhaps a distant sound, diminished, rendered inoffensive and tolerable by the long time spent together in prison, when something of my being alive was reaching him: a sigh, a cough, a rustle of clothing.

This episode brought back to my mind a patient described by Ogden (1989) who slept in her sessions and always gave the impression of sleeping under something protective, even though there was nothing covering her. The silence perceived by Matteo and the envelope perceived by Ogden's patient are, I believe, expressions of that extended membrane shared by the analytic couple and endowed with a micro-porosity which I have tried to describe. In a similar way, Kohut reports a case of a patient who experienced analysis as a warm bath, hence with the function of enveloping the Self and keeping it coherent, like the effect produced on the bodily Self by warm water in contact with the skin (Kohut, 1971). Goldberg (1991, quoted by Meadow, 1996) further maintains that in the early phases of analysis, it may be appropriate for certain patients to feel that nothing has changed, and that the analytic environment is like a bath in water at body temperature: hence perceived as neither hot nor cold nor, I would add, felt as being different from oneself. This clinical material has strengthened my impression that setting up a sort of re-clothing which envelops and protects the analytic couple, stopping the world's noise from reaching it, is of vital importance in allowing the refuge over time to be abandoned. This is an exchange with long-term benefit

to the patient: he is offered a protected area «a long way from everything» to be shared with anyone capable of facing the experiences of breakdown, in exchange for his thick, solitary shell, safe but imprisoning, created originally out of the need to protect himself from experiences of catastrophe and psychic agony (Winnicott, 1974; Ogden, 2015).

The consulting room becomes in some way a kind of «storm room»:

> In the grand old country houses of Sicily, almost hidden deep in the building and wholly surrounded by other rooms, there is the storm room. With no windows, it is the only habitable space when the wind is unleashed, bringing sand from the African desert and blowing non-stop for three days… It is an abstracted place where one is forced to stay but looks forward to leaving and returning to life… The storm room is the place where objects are protected by silence (Trimarchi, 2009).

However, there looms a risk of patient and analyst remaining imprisoned in a claustrophilic area (Fachinelli, 1974) and of the analysis stagnating in an impasse with no way out: in other words, of the treatment becoming interminable (Freud, 1937). It is true that this being-together happens in a desolate place with few signs of life, but one that is also protected and secure, outside time, one that may seduce the analytic pair with fantasies of immortality or intra-uterine satisfaction. It is significant that the image of the forest contemplated by the patient quoted at the start of this paper, is recorded by Fachinelli as a recurring dream-symbol of intra-uterine life. I have discovered by chance that this claustrophilic condition is represented in nature by the hermit beetle, so named from its habitual preference for the hollow trunks of old trees, inside which it breeds, going outside very rarely during the course of its life (Canu, 2015).

The analyst, therefore, runs the risk of remaining incarcerated with the patient in a syntonic and concordant situation, becoming a prisoner with him in the «hollow tree», a dimension of reassurance but anti-developmental and, in the long run, deadly. Similarly, I think that my being tempted to close the window that morning arose from that very need to maintain the inviolability of the refuge, a need provoked by a countertransference in harmony with those components of the patient's Self that were most blockaded behind the encapsulation. On the other hand, my staying still was not really a choice: I did not «dare» move. My hypothesis is that this may have been an enactment provoked by the patient's intense need to control the primary object (a depressed mother, unpredictable and elusive), but at the same time I think that some vital sparks had reached him over those three years.

It can, in fact, happen that the analyst finds herself experiencing a countertransferential impasse characterised by coexisting tendencies to fusion and expulsion which correspond to those of the transference (Ruggiero, 2012). She may not notice this unstable tension between opposed propensities, in symmetry with those patients who

deny their own intolerance of opposites (described by S. Klein, 1980 and Tustin, 1986), which is expressed, for example, in the (apparent) dilemma between the need to work through their emotions and the desire to avoid pain. Moreover, the patient's disinvestment from the object and from his ability to relate to it can be translated on a countertransferential level into loss of faith by the analyst in her own ability to relate to the patient, with consequent feelings of dismay and self-deprecation (O'Neill, 2015). In other words, the analyst experiences a sort of «contagion» by lethal components which she can survive thanks to her vital tension, which is able to reintegrate the haemorrhages from her Self. Grotstein (2010) speculates that in certain cases there is a risk that patient and analyst will collude in hindering the progress of the analysis and in not taking the analytic work deeper. Referring to somewhat different cases from those I am describing, he recounts a state of reverie during a session when he imagined he was hearing a lamentation coming from a crypt in which a part of the patient had been trapped, a part he called a «rejected child» or a «forgotten Self», who needed to be pulled out by overcoming malign resistances activated by other components of the Self. In similar situations, the analyst may feel importuned by the «rejected child's» need to prevent change out of fear of a new psychic catastrophe or from his desire to acknowledged, fed, and supported, stirring up a complementary countertransference in the analyst.

For the same reason, as Tustin maintains (1990), in order to be of help, we must avoid losing strength and courage. Only in this way, will the patient be able little by little to abandon his refuge, start to experience reality, and come to perceive the analyst's otherness and aliveness. This is the prologue to the birth of an interest in, and desire to seek out, human relationships. On the other hand, in the phases of the analysis when these patients are hardest to reach and the analyst seems to be an inanimate object for them, she nevertheless represents the sole aid to their survival. We can therefore hypothesise that the, so to speak, «well-tempered» passion of the analyst intervenes in these cases with a transformative effect on their pain (the avoidance of which is the origin of the autistic defences), bringing it closer to thinkability. In the passion within the link between two minds, Bion (1963) identifies «the compositional and integrative factor par excellence. Intensity and heat accompany the evolutionary phase; rarefaction and cold the regressive, anti-emotional phase» (Lussana, 1999, 470).

If the analyst is able to achieve the integration of her primary emotions (L,H,K) without ignoring them or rationalising their derivatives which come to consciousness, she will be in a position to bring the outcome of this integration, represented by passion, into the relationship with the patient, and will in turn thus be able to integrate the primary emotions of the patient (Billow, 2000b). Moreover, the starting up of processes which integrate split-off and encapsulated areas of the patient's Self is facilitated by a series of functions performed by passion which, drawing on my clinical experience, I will try to summarise and illustrate by means of metaphors:

- a function as «balm» able to sooth the pain of vulnerable and incarcerated parts, linked to the patient's distant perception of the existence of a warm vital flow in the analyst (some form of life that is possible in the desert);
- a function as «antidote» against the most venomous and deadly aspects of autistic encapsulations;
- a function as «enzyme», capable of setting off vital reactions within the analytic relationship by combining elements of the patient and the analyst;
- a function as «binding agent» which enables the analytic pair to share an experience of gradual vital reawakening in a secure environment.

CONCLUSIONS

> What is this I hear of sorrow and weariness,
> Anger, discontent and drooping hopes?... Life is
> too strong for you – It takes life to love Life.
> (E.L. Masters)

What can compensate the analyst engaged in a treatment which demands the sacrifice, however temporary and partial, of her vitality and passion? And what can replenish and restore them? There is no single answer: or rather, there are as many highly personal answers as there are psychoanalysts, but perhaps it is possible to indicate some basic, and in a certain sense universal, elements which transcend individual solutions.

The first is certainly the sharing of our passion for psychoanalysis with colleagues and, hence, comparisons and exchanges both in institutional and informal settings. Then, to help us recover from the efforts, the uncertainty, and pain of human relationships (Ogden, 1994), the revivifying contact with that non-human environment which takes us back to early phases of our development, as Searles well described: hence, natural landscapes, but also urban ones; art in all its forms; and last but by no means least, contact with our animal friends who are often the expression in our dreams «of the primordial and neglected Self» (Di Chiara, 1990), with whom we can allow our vitality to flow freely and rediscover that beneficent fusion with the environment which we experienced in childhood. Lastly, I think that, on a deeper level, there exists for each of us the possibility of experiencing mental states which may appear in some ways similar to our patients' retreats, but are in fact substantially different, restoring us and offering us freedom and pleasure. As Freud happily intuited – and Winnicott reiterated – writers and poets succeed in expressing more effectively what we struggle to describe. Therefore, I shall entrust this task to one of them:

[…] every person in this world has his no man's land, where he is his own master. There is the existence that is apparent, and then there is the other existence, unknown to everyone else, that belongs to us without reserve…. each person, from time to time, escapes all control, lives in freedom and mystery, alone or with someone else, for an hour a day, or one evening a week, or one day a month. And this secret and free existence continues from one evening or one day to another, and the hours continue to go on, one after another…. In this no man's land, where each man lives in freedom and mystery, strange things can happen, we can encounter other beings like us, we can read and understand a book with particular intensity, or listen to music in an equally unaccustomed way, or in silence and solitude the thought can occur which later changes one's life[2]… (Berberova, 1988, 27-28).

SUMMARY AND KEY WORDS

Passion is described as a constitutive element of being a psychoanalyst, a human attribute and a concept contiguous to creativity. The indispensable variations and modulations of technique are considered with reference to clinical practice with patients grouped less by their belonging to a specific diagnostic category than according to particular states of the Self, relating to autistic withdrawal. Such variations and modulations in technique allow us the vital use of this therapeutic factor. The analyst's passion is considered both as a resource for the «maintenance» of the analyst's Self and as a potentially transformative function, which expresses itself through the activation in patients of processes that integrate divided and encapsulated areas of the Self.
KEYWORDS: Autism, autistic encapsulation, nonhuman environments, passion, primitive agonies, refuges of the mind.

LA PASSION DE L'ANALYSTE. La passion est décrite comme élément constitutif de l'être psychanalyste, un attribut humain et un concept contigu à celui de la créativité. En référence à la clinique, on considère les déclinaisons et les modulations essentielles de la technique qui permettent l'utilisation vitalisante de ce facteur thérapeutique avec des patients unis, plutôt que par l'appartenance à une catégorie diagnostique spécifique, par des états particuliers du Soi, proches aux retraites autistiques. La passion de l'analyste est considérée à la fois comme une ressource dans le «maintien» du Soi de l'analyste et comme une fonction potentiellement transformatrice, exprimée par l'activation chez les patients de processus d'intégration de zones divisées et encapsulées du Soi.
MOTS CLÉS: Agonies primitives, autisme, encapsulation autistique, environnement non humain, passion, refuges mentaux.

LA PASIÓN DEL ANALISTA. Se describe la pasión como parte integrante del ser psicoanalista, atributo humano y concepto contiguo al de creatividad. Se consideran, haciendo referencia a la clínica, las indispensables herramientas y modulaciones de la técnica que permiten el empleo más vital de este aspecto terapéutico con pacientes que tienen en común, más que el pertenecer a una específica categoría diagnóstica, determinados estados del Sí mismo, semejantes a los retiros autistas. Se considera la pasión del analista como recurso en el "mantenimiento" del Sí mismo del analista, y también como

[2] [this last sentence has been translated by A. ELgar]: In this no man's land, where each man lives in freedom and mystery, strange things can happen, we can encounter other beings like us, we can read and understand a book with particular intensity, or listen to music in an equally unaccustomed way, or in silence and solitude the thought can occur which later changes one's life…

función que potencialmente transforma y se expresa movilizando en los pacientes procesos de integración de áreas escindidas y encapsuladas de Sí mismo.
PALABRAS CLAVE: Agonías primitivas, encapsulamiento autista, entorno no humano, pasión, refugio de la mente.

DIE LEIDENSCHAFT DES ANALYTIKERS. Die Leidenschaft, menschliche Eigenschaft und der Kreativität benachbartes Konzept, wird als konstitutives Element des Analytikerdaseins beschrieben. Unter Verweisen auf die klinische Praxis werden die unerlässlichen Variationen und Modulationen der Technik in den Blick genommen, die den vitalisierenden Gebrauch dieses therapeutischen Faktors bei Patienten erlauben, die eher als nach Zugehörigkeit zu einer bestimmten diagnostischen Kategorie nach bestimmten, dem autistischen Rückzug verwandten Zuständen des Selbst gruppiert sind. Die Leidenschaft des Analytikers wird sowohl als Ressource zur Erhaltung des Selbst des Analytikers untersucht, wie auch als potentiell transformative Funktion, die sich bei Patienten in der Aktivierung von Prozessen der Integration gespaltener und abgekapselter Bereiche des Selbst äußert.
SCHLÜSSELWÖRTER: Autismus, autistischer Rückzug, Leidenschaft, nichtmenschliches Umfeld, primitive Agonien, Rückzug des Geistes.

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