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Contents & abstracts

Theory and Technique

D. Houzel. **The Concept of Extension in the Psychoanalytic Treatment of Autistic Children.** *Richard e Piggie*, 22, 4, 2014, 333-346.

Extension is a mathematical concept borrowed by W. R. Bion in his theory of the psychic apparatus. The author shows that F. Tustin applied this concept to the psychoanalytic treatment of autistic children who are unable to extend their field of experience from its sensory bases to thinking. The psychoanalyst has to endeavour to join the child in his/her sensory actual experience in order to be able to propose when the time comes to the child an *extension* of this sensory experience to the field of myth and passion as defined by Bion. In order to make/facilitate that *extension* he has to be particularly attentive to his own counter-transference actual experience, on the one hand, and to the body expressions of his patient, on the other.

S. Maiello. **NO-BODY. On the Absence of the Corporeal Dimension in Autistic States.** *Richard & Piggie*, 22, 4, 2014, 347-364.

In autistic children, the state of emotional isolation also has an impact on their very bodies, which they do not perceive to be their own. Their bodies are mute; they do not communicate or even permit the children themselves to have the primordial experience of existing. A body that is not felt to be one's own cannot become that bodily I that constitutes the foundation for a sense of identity. The mental bi-dimensionality with which autistic children defend themselves from every experience of separation is reflected in a body that withdraws or fuses with the other, who, in his/her otherness, is denied. The treatment of two autistic children starts with their initial state of psychophysical absence and leads to the gradual discovery of a *bodily* self that exists in three-dimensional space; a discovery that coincides with the first experiences of containment and the appearance of verbal language.

Focus

Obsessive Patterns during Adolescence

L. Carbone Tirelli. **Introduction.** *Richard & Piggle*, 22, 4, 2014, 365-375.

The author introduces the reflection of a group of AIPPI colleagues on *obsessive patterns* during adolescence. This she does through a brief excursus that starts with Freud's theorization and follows the line adopted by Klein, Bion and Meltzer. She considers the repercussions of such theories on the clinical treatment of adolescents, citing the fundamental contributions from experts on the various forms of adolescent psychopathology, such as the Lauffers and some of the clinicians from Jeammet's French school.

M.P. Ferrigno. **Obsessive Symptoms during Adolescence: Defensive Retreats or an Attack on Linking? A Challenge for the Therapist.** *Richard & Piggle*, 22, 4, 2014, 376-389.

After briefly mentioning descriptions of obsessional neurosis in the psychoanalytical literature, the author tackles the obsessive disorder that manifests during adolescence in its intimate connection with a difficulty in the process of resolving the oedipal conflict. Some clinical examples are used to emphasise how psychoanalytic treatment can offer a useful approach to an obsessive disorder during adolescence. The author uses the clinical material to point out how different prognoses are strictly connected to the seriousness of the impairment in patients' mental functioning: these patients also present different clinical symptoms and different degrees of disturbance in thought-functioning.

L. Iannotta. **Adolescents who Lose their Time Compass. The Temporal Dimension in Obsessive Neurosis.** *Richard & Piggle*, 22, 4, 2014, 390-401.

The suffering involved in an obsessive disorder constantly induces the patient to attack the "triangular temporal interplay" between the past, the present and the future. Heavy defence mechanisms result in a circumventing of the reciprocal relations between these three dimensions that orient life and this leads to an attack on the perception and awareness of their inseparability and progression. Clinical examples of psychotherapy with adolescents are given.

G.M. Mazzoncini. **The Relationship between Trauma and Obsessive Psychopathology.** *Richard & Piggle*, 22, 4, 2014, 402-409.

The work begins by looking at the manifestation of obsessive symptoms during infancy, following traumatic events that create a fear of abandonment, loss or death. The author shows how the symptomatology presenting during infancy can subsequently develop into more depressive experiences, withdrawal and isolation. The case of an adolescent affected by serious obsessive symptoms and with a history of traumatic experiences during infancy is presented, describing not so much the symptoms as the psychic functioning. The article concludes by offering a reflection on a therapeutic approach that is based on counter-transference; an approach that is neither rigid nor interpretative but founded on the analyst's alpha function and on a reception of the patient's pain, guilt and sense of unworthiness.



R. Quintiliani. **Reflections on Obsessive Symptoms and Compulsive Behaviour during Adolescence.** *Richard & Piggie*, 22, 4, 2014, 410-417.

In this work, the author lays emphasis on the obsessive symptoms and compulsive behaviour presenting during adolescence. Through the vehicle of Abraham's work on manic-depressive states, attention is focussed on the difference between destructiveness directed against the object, which can lead to melancholia, and aggressiveness towards it, which can result in obsessive symptoms. Adolescents affected by obsessive symptoms and compulsive behaviour would appear to be grappling with the conflict deriving from aggressiveness towards the object and the necessity of preserving the same. The author uses the presentation of a clinical case to show how an obsessive-compulsive disorder can manifest at the beginning of adolescence, following developmental drives involving separation-individuation processes.

Book reviews
