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The Psychotherapy Site: Towards a differential theory of therapeutic engagement

ABSTRACT

DONNET (1996, 2001) has accurately conceptualised the establishment of an analytic process in terms of the functional introjection of the analytic site. By analogy, the author proposes to expand Donnet’s idea of the introjected site into a differential theory of therapeutic engagement. The author’s previously published idea of the psychodynamic site is briefly described. Then, supported by detailed clinical material, the idea of the psychotherapy site is developed, including discussion of an element in free (publicly funded) psychotherapy which is analogous, the author argues, to the psychoanalyst’s fee. Conceptualisation in terms of the psychodynamic and psychotherapy sites demonstrates that, clinically, ‘psychological-mindedness’ need not come ready-made.

In “On Beginning the Treatment” (1913), here is how FREUD chose to describe what the psychoanalyst does.

“He sets in motion a process… He can supervise this process, further it, remove obstacles in its way, and he can undoubtedly vitiate much of it. But on the whole, once begun, it goes its own way, and does not allow either the direction it takes or the order in which it picks up its points to be prescribed for it” (FREUD, 1913, p.130)

Freud offered advice on how such an analytic process may be established, though he did not offer an explicitly elaborated theory of what he understood to be occurring. Traditionally, theories of the therapeutic action of psychoanalysis have privileged the role of interpretation (STRACHEY, 1934). Some recent theorists emphasise, rather, the analytic setting (DONNET, 1996, 2001; MODELL, 1990; BOLLAS, 1987). Donnet’s theory of the analytic site extrapolates from Freud’s technique papers the idea that the setting itself can be functionally introjected (FREUD, 1911, 1912a, 1912b, 1913, 1914, 1915; DONNET, 1996, 2001). For DONNET (1996), the term ‘therapeutic alliance’ is misleading because it gives disproportionate weight to the conscious aspects of the patient’s collaboration in his analysis. To grasp what he means by ‘functional introjection’, it helps to recall that the mental act of introjection, which is modelled
on the idea of the oral incorporation of food into the body, is an unconscious fantasy of taking something from the ‘outside’ of ourselves into the ‘inside’ of ourselves (Freud, 1917; Laplanche and Pontalis, 1973). In Donnet’s view, the gradual introjection of aspects of the setting, once eventually accomplished, functions in a transformative way to give the patient an internalised sense of the logic inherent in the setting, or in its ‘rules of the game’: what has previously seemed merely a setting becomes transformed, in the patient’s experience, into a functioning ‘analysing situation’ (Donnet, 2001). Such introjection of the setting effects and signals the patient’s firm engagement in his analysis, marking the secure establishment of an unfolding analytic process.

I have come to think that other kinds of clinical practice, which make reference to the principles of psychoanalysis while differing from it, work analogously insofar as the patient’s engagement entails the functional introjection of the relevant setting.

I should like to link Donnet’s contribution to Anzieu’s idea that interpretation is a spontaneous and primal psychic activity. Anzieu proffers it in a commentary on Freud’s discovery of the primal scene and specifically on Freud’s childhood nightmare, described by Freud as follows in the crucial seventh chapter of The Interpretation of Dreams:

“I saw my beloved mother, with a peculiarly peaceful, sleeping expression on her features, being carried into the room by two (or three) people with birds’ beaks and laid upon the bed. I awoke in tears and screaming, and interrupted my parents’ sleep.” (Freud, 1900, p.583).

Anzieu accepts Grinstein’s observation that, in the dream material from others which concludes that section of the chapter, Freud revealed further associations to his childhood dream which enable it to be interpreted fully (Grinstein, 1980; Anzieu, 1986). Meanwhile, Freud explicitly drew attention to his own (defensive) secondary revision of his dream, according to which he had (at the time of the dream) explained his anxiety to himself by concluding that he was anxious because he had dreamed that his mother was dying, rather than (as he came to consider through self-analysis) that the dream expressed oedipal desire for her (Freud, 1900, p.584). Here Anzieu comments:

“In other words, interpretation is a spontaneous and primal psychic activity. A dream contains not only a representation of latent thoughts (the picture puzzle), but also a representation of its own processes (a topography) and, lastly, a preconscious and defensive interpretation of itself. The psychoanalyst merely takes charge of the psychic apparatus’s natural and vital urge to interpret, and steers it towards the truth.” (Anzieu, 1986, p.307)
So Anzieu considers that the process of secondary revision of a dream, even though it is defensive, represents a vital urge to interpret, or a need to understand, which the psychoanalyst can harness in the service of his work.

There is, I believe, an analogous way in which the psychotherapist and the psychodynamic worker harness, in the service of their respective tasks, that natural and vital urge of the psychic apparatus to interpret.

Aims
This paper has three related aims. The first is to propose a differential theory of the introjected site, extending Donnet’s theory of the analytic site to encompass, by way of analogy, a psychodynamic site, which I have described in previous publications, and a psychotherapy site, not previously described (O’Neill, 2005; O’Neill, 2007). In the context of this differential theory, my second aim is to develop the concept of the psychotherapy site. Thirdly, I aim to investigate the analogy, in the psychotherapy site, to a particular element of the analytic site: that of the fee.

The “Analytic Site” in Psychoanalysis
Freud and the Noble Game of Chess
Freud opens “On Beginning the Treatment” (1913) with the image of the “noble game of chess”:

“Anyone who hopes to learn the noble game of chess from books will soon discover that only the openings and end-games admit of an exhaustive systematic presentation and that the infinite variety of moves which develop after the opening defy any such description.” (Freud, 1913, p.123)

Freud’s point is that, in psychoanalysis as in chess, it is possible to study openings, meaning his recommendations for setting up the treatment. He discusses six such “opening moves”. They are:
1. A fixed daily hour (less 10 minutes and a rest day).
2. An agreed fee (without which, Freud insisted from experience, the treatment fails).
3. Duration established as open-ended.
4. Use of the couch.
5. Explicit enunciation to the patient of the ‘fundamental rule’ that he is to say everything that comes into his mind.
6. A forbearing interpretive reticence towards the developing transference.
Perhaps Freud’s happening upon this set-up of opening moves was an outgrowth of his
discovery during his self-analysis that the condition of sleep allows, in dreams, the otherwise
perilous situation of the escape through the repression barrier of instinctual impulses, since
motor activity is suspended and the impulse is therefore not carried into action. This discovery
made, was it but a short step from sleep to the psychoanalyst’s couch and the rendering of
thoughts into words but not into action, together with the rest of the set-up?

As in chess, each of the opening moves derives its importance from its relation to the
general plan of the game. That is, Freud explains, these opening moves that establish the treat-
ment set-up, or frame, appear to be the conditions which ensure the secure establishment of
an analytic process (Freud, 1913).

Donnet: From Analytic Site to Analysing Situation

In extrapolating from Freud’s technique papers a theory of the way that psychoanalysis works,
Donnet accepts as fundamental the psychoanalyst’s treatment set-up or frame, which Donnet
calls at the start of treatment the analytic site. At the start, in Donnet’s conception, the patient
just finds himself at the site where the psychoanalysis is beginning. Donnet tells us that in geo-
ographical theory a site is a configuration, which furnishes its human occupying establishment
with the local elements of its material life, these same local elements also representing inher-
ent possibilities of expansion (Donnet, 1996). By analogy, the analytic site furnishes the patient
with the necessary local elements, or resources, for his analysis and for its development. The
local elements of the analytic site are multitudinous, and range from the most concrete, such
as details of session times and of the consulting-room and its environs and of the analyst’s
person, to the most virtual, such as the analyst’s particular theoretical principles and coun-
ter-transference position. Theoretically, an inventory could be taken of the elements of the analytic
site: they are all there. But they await the patient’s discovery and exploitation of them, in a way
which can potentially transform him from being just a patient into an analysand — at which
point the analytic site is discovered by the patient to have been transformed into the analysing
situation.

The order in which the patient discovers the elements of the site is determined by his uncon-
scious options, in a paradoxical manner that Donnet thinks can only be described by
Winnicott’s idea of created/found (Donnet 1996, 2001). Famously, Winnicott underlined the
paradoxical character of the child’s transitional object – the teddy bear, blanket or whatever it
may be – by observing that we must not ask whether the child just found it lying around, or
whether he created it himself by making it into what it has become (Winnicott, 1953). Donnet
considers that the notion of created/found is present in Freud’s technique papers in a virtual
way, partly in the description of the transference as like a real fire breaking out during a the-
atrical performance, and also in Freud’s emphasis on enunciating to the patient the funda-
mental rule of saying everything that comes into his mind. This enunciation establishes the treatment as a tabula rasa that the patient will write on, a pristine terrain in which, as the patient sets foot in it for the first time he paradoxically finds/creates, in Winnicott’s sense, his own analysis. I find it pertinent to link this idea of created/found discovery to Anzieu’s idea of interpretation as a spontaneous and primal psychic activity. The paradoxical character of created/found resembles that of dreams, in which, as we saw Anzieu point out in the passage quoted above, disguised representation of latent thoughts occurs simultaneously with preconscious and defensive interpretation of them (ANZIEU, 1986, p.307).

If the patient’s encounter with the site is – in Donnet’s terms – ‘sufficiently adequate’, he introjects, one by one, the elements that he discovers there. This goes on, element by element, to the point of a cumulative introjection of a critical proportion of the elements. This amounts to a metamorphosis: through introjecting the site, the patient acquires a sense of it as an analysing situation having its own logic, ethics and specificity constituting, for psychoanalysis, the ‘rules of the game’. Donnet’s implicit reference here is to Freud’s ‘noble game of chess’ analogy. Donnet suggests that sensing the analyst’s relationship to and respect for the ‘rules of the game’ has a helpful triangulating function, an early manifestation of which is that the patient often develops an attachment to the site itself (to the logic, ethics and specificity constituting the ‘rules of the game’) that is independent of his attachment to the person of the analyst. The eventual transformational introjection of the site as a whole marks the metamorphosis of patient into analysand, and is the point at which the analytic process has become securely established.

Extrapolating
Several features of Donnet’s theory prove illuminating and helpful in the two very different but analogous spheres of ‘psychodynamic work’ and formal psychoanalytic psychotherapy. In the context of fully appreciating the ways in which each of these fields differs from psychoanalysis, it is possible to note certain correspondences. By way of analogy, therefore, we can employ Donnet’s argument that:

• a sufficiently adequate encounter with the ‘site’ allows
• a paradoxical ‘created/found’ discovery and piecemeal introjection of its
• local elements
• revealing the ‘rules of the game’
• that comprise that treatment’s logic, ethics and specificity
• until introjection of a critical proportion of the elements
• amounts to a transformational introjection of the site
• allowing metamorphosis of the site into the working [analysing] situation
• which assists in the establishment of triangulation, or ‘thirdness’. 
I have dealt with the psychodynamic site in former publications, and will only briefly recapitulate here. By contrast with the psychoanalyst and the psychotherapist, whose prerogative it is to focus on psychic reality, the psychodynamic worker has a primary responsibility to deal directly with social breakdown and therefore to focus on external reality, although in order to discharge this effectively he will seek out the interface between psychic and external reality (O’NEILL, 2005, 2007). Moreover, his initial point of departure will almost certainly be the client’s presenting problem. Direct attention to a request for concrete goods or services may initially be the only way of relating that can be registered by clients with grossly impaired capacity for symbolic functioning. Indeed, decisions of whether and when to grant such requests for concrete material help, and the details of their handling, constitute an important means of communicating symbolically with such clients, with whom interpretation must be sparing.

I have argued that two elements in particular, taken together, uniquely characterise the psychodynamic site. One is element is psychodynamic listening, by which I mean a preparedness to hold back on premature foreclosure when judging which of the client’s own communications are relevant to the task in hand. I regard the client’s ‘apparent irrelevancies’ as analogous to free association, and I view the worker’s preparedness to mull them over as analogous to the psychoanalyst’s free floating attention. But unlike the psychoanalyst and the psychotherapist, who must hold themselves at liberty to listen in a free floating way, the psychodynamic worker can only do so in a restricted and qualified way. The second element peculiar to the psychodynamic site is what qualifies and restricts the degree to which the worker can listen in a free floating way. This is the worker’s characteristically methodical focus of attention on the fivefold interrelation between presenting problem, underlying problem, institutional function, unfolding interview material, and extra-interview information about external crises. These points are given ample clinical illustration in former publications (O’NEILL, 2005, 2007).

The present paper is principally concerned with the very different site of formal psychotherapy. Here I assume that psychoanalytic psychotherapy may include what is done by psychoanalytic psychotherapists, including myself, who may not be psychoanalysts, that is, who may not be members of the International Psychoanalytic Association. The psychotherapy site has constituent elements which correspond to Freud’s ensemble of ‘opening moves’, but of course they vary according to the mode of psychotherapy. A once weekly treatment structure offers less support to a free associative process and to gradual and repeated working through than a several times a week structure, besides not supporting adequately the regression that use of the couch would promote, and so deviates more from psychoanalysis than a several times a week psychotherapy; similarly, open-endedness supports free associative flow and so time-limited psychotherapy again diverges more widely from psychoanalysis. The enunciation of the fundamental rule of free association, and a preparedness to work interpretively with resistance to it, similarly approximates more closely to psychoanalysis than a psychotherapy which omits...
this as a basic element of the site. Some psychotherapy takes place in private practice and the psychotherapist may adhere to psychoanalytic practice with regard to the fee; sometimes there is no fee, or practice with regard to it diverges (this will be illustrated) from psychoanalytic practice.

For illustrative purposes I have chosen a clinical example of formal psychotherapy from British National Health Service practice, which required no fee from the patient. The case to be discussed was:
• twice weekly
• of open-ended duration, and
• the fundamental rule of free association was enunciated to the patient.
However, it was:
• without fee, in a British National Health Service clinic, and
• face to face.

The above features can be numbered amongst the elements of the psychotherapy site. The last two elements, together with the lower frequency, mark out the difference of that site from the analytic site of psychoanalysis. The absence of a fee raises an intriguing issue. In public sector psychoanalytic psychotherapy, is there an analogy to the element of the fee?

The “Psychotherapy Site” in Psychoanalytic Psychotherapy: the case of Juliana

Pre-history: encountering elements at the pre-treatment stage

Through cancellations at the consultation/assessment stage, a patient who will be called Juliana appeared to be investigating, unconsciously, the nature of the object potentially to be found in the clinic’s psychotherapy site. A re-arranged appointment was cancelled and yet another requested; it was only on receiving a letter containing the mildly firm words, “I can offer you one more appointment” – in other words, on encountering limit-setting – that Juliana first managed to attend. She created/found further encounters at this consultation/assessment stage – as when she casually mentioned, just as her request for a treatment arrangement was being accepted, that she was about to spend a year abroad. She was initially dismayed to hear that psychotherapy meant arranging to be in one place for an indefinite period. When at length referred to me for treatment, she had already made the above preliminary encounters with elements of the psychotherapy site.

Juliana’s next unconscious investigation of the psychotherapy site occurred in the preliminary meeting to set up treatment. She conveyed a problem of being helplessly trapped, serially, with an exploitative object (a boyfriend); yet she held up to me, as an ideal, a picture of a
patient/therapist couple in which her former private therapist had given extra sessions, free, whenever she thought Juliana really needed them. Interpreting Juliana’s problem about allowing adequately realistic planning for her needs, I proposed twice weekly clinic sessions. After initial agreement she reverted to a preference for one session a week, adding politely “…if that’s all right with you.” I drew attention to Juliana’s assumption of my compliance with an arrangement insufficient for her therapeutic needs, although her rider, “…if that’s all right with you”, hinted at some question about this in her mind. Taken aback, she seemed to feel that I was taking her seriously. This illustrates an encounter with the site’s ethics, for example, in the hint that I might not be prepared to engage her in an insufficient treatment structure, and illustrates, too, her meeting the logic and specificity with which, for example, her apparently throw-away rider was heard as a serious though unconscious question.

**Treatment: unpromising beginnings?**

These early encounters with elements of the site allowed Juliana to attend faithfully and always very early, once her twice-weekly treatment began. She produced however an unpromising series of sterile, repetitive, ruminative monologues about her boyfriend Bertrand’s possible/probable unfaithfulness and her longing for reassurance that he loved her, all the while parading evidence of his sexual unfaithfulness and, as he gambled away his own and her money, his cynical exploitation of her. She spoke of the relentlessly constant parental rows of her childhood over her father’s infidelities, suspected by her mother and known to a younger sibling but not, apparently, to Juliana, who had once screamed above the row, “Get a divorce!”

At this stage, a preparedness to be reticent was probably crucial. My few comments usually focussed on Juliana’s traumatised state – for example, I remarked that the relentless din of her parents’ rows had left her feeling intruded on and insufficiently protected, making it difficult for her to listen or think. Through regular attendance Juliana discovered an accumulating experience of the reliable regularity of the sessions and of the reliable presence of the therapist. The approach of the first interruption, a two week Christmas holiday break, stimulated further created/found encounters in that Juliana’s anxiety about the interruption came to be represented in her sessional material from early December onwards. Under this stimulus, therefore, she discovered the site as a place where her unconscious anxieties could be represented, understood and interpreted. This afforded her considerable relief, and was the beginning of a discovery that the site might a place where her inner fantasy life could be represented and elaborated.

After two months of therapy a qualitative change – a sense that a process was now unfolding – became manifest when sessions resumed after the Christmas break. It might be described as “Stage One” of Juliana’s introjection of the psychotherapy site as a whole. The atmosphere of sterile, circular ruminations modulated into one in which Juliana seemed more fully engaged
in what she was saying, and in a way which recruited my genuine interest. New representa-
tions were appearing, depicting both halves of a split representation of the parental couple. In
parallel with a description of a really vicious, violent physical fight with Bertrand, there appeared
a new, harmonious representation of a (parental) sexual couple when Juliana described a com-
panionable drinking of early morning tea during a Christmas stay with her father and step-
mother, herself perched on the edge of their bed after the stepmother had called to her to join
them.

**Thirdness**

DONNET (1996, 2001)suggests that the analysand comes to sense the analyst’s relationship to
and respect for the ‘rules of the game’, and that through this the patient too can develop an
attachment to the site itself, with its ‘rules of the game’. This can assist in the development of
‘thirdness’ (an evolved capacity to appreciate three-term relations).

I find this to be true of psychotherapy also. For example, Juliana reported a tempting offer from
her workplace of some (temporary) extra hours, which would clash, however, with her
Thursday session: could I alter it? I said I could not. Previously, faced with such a dilemma,
Juliana seemed helplessly to see only a two-term situation of herself and the other person, and
the sense was of her total capitulation unless the other capitulated to her. She surprised me
by returning, with a newly purposeful air, having calculated the realities: by accepting the hours
and travelling in a taxi to her session, she realised that despite the taxi fare she would be finan-
cially better off and able to oblige them at the workplace. I infer that through her internalised
experience in psychotherapy of the three terms of therapist, patient and the third term of the
site, she could now think in terms of a three-term situation consisting of therapist, patient and
an external reality. Her new ‘capacity for thirdness’ amounted to a new capacity to register and
deal effectively with reality (cf. PADEL , 1985; OGDEN , 1994; GREEN, 2005).

**The decisive encounter with the element corresponding to the fee**

Yet a more dramatic, lasting transformation of Juliana as patient would occur a few months
later. I believe that it awaited her discovery of an element in the National Health Service psy-
chotherapy site that corresponded to an important element in the analytic site: that of the fee.

It is instructive to notice, in Freud’s discussion of the psychoanalytic set-up, the indispensable
function of the fee (FREUD , 1913). He mentions several disappointingly unsuccessful attempts
over a ten year period to treat patients without charging them a fee, under the misapprehen-
sion that resistance connected to resentment of the fee could thereby be avoided. He
concludes that the fee performs a necessary regulating function, by keeping the patient
anchored in the world of reality.
Now, it has been my repeated experience, when conducting free clinic psychotherapy treatments of the open-ended kind, that a point comes when the patient presents the therapist with a problem of therapeutic management having to do with the wasting of sessions in the sense of not attending them. I have come to believe that what the patient is thereby investigating is whether an element in the psychotherapy site exists which grounds the treatment in the world of reality. It corresponds, therefore, to the fee. It has also been my repeated experience that a sufficiently adequate encounter with this corresponding element in the site – often at least a year into the treatment – performs a visibly regulating function for the patient, and often ‘clinches’ the transformational introjection of the site, signalling a new seriousness thereafter in the level of the patient’s involvement in the treatment.

Let me illustrate with two consecutive, critically important sessions in Juliana’s therapy at the seven month point. She had twice left her boyfriend and returned to him since beginning treatment with me.

Looking at me urgently on entering, Juliana said that a lot had been happening with a lot of issues. She recounted, circumstantially, the lovelessness of the last days during that week with Bertrand, and the cold, hate-filled finality of the way in which they had parted for good. She moved to a description of the recourse she had then impulsively and helplessly tried to have to various sources of succour, ineffectively, until she stopped and thought (a result, she surprised me by observing, of “coming here”) that perhaps she could ring her stepmother. She did so and told her, in abbreviated form, everything: the years of entanglement, preoccupation and misery of the cohabitation with Bertrand, which she had kept secret, and its miserable ending. Her stepmother was responsive, and telephoned back after speaking with the patient’s father, with a warm invitation to the patient to join them in a forthcoming five month stay in Italy. The patient had spoken to her usually evasive father, who told her that he loved her and that she had a special importance to him from having saved his life, years before, when he had been suicidal. “I have never in my life had such a conversation with my father!” The rest of the session concerned her vacillations over whether to accept the invitation to spend some months abroad. “But – what if it’s the one chance in my life to learn what my father really feels about me?” I had not spoken at all this session, and simply said it was time to stop.

During the following day’s session, I introduced a link to Juliana’s first (private) therapist. Juliana replied animatedly that it was odd that I should mention her, as the former therapist had flashed into her mind only yesterday, she didn’t know why. I observed that it was she who had given Juliana her sessions for free, when Juliana’s money was being poured out on the perennially destitute Bertrand, who kept gambling his own money
away. I went on “Perhaps you have wondered if I would keep your sessions open if you went abroad for several months, because what you want to find out is whether I know more than you or your previous therapist, about how to manage when someone who is extremely needy makes you feel that you cannot say ‘No’ “.

What was at stake here? Open-endedness is one of the fundamental elements in the analytic site, and it is important to be aware that when we do not place it on offer in psychoanalytic psychotherapy, we render unavailable to the patient an important resource that assists free associative flow. But in a treatment that is free to the patient, open-endedness appears sooner or later to stimulate fantasies of narcissistic omnipotent control, represented by proposed or actual wasting of sessions (often on a large scale), as though the patient is acting on a belief that he possesses an infinitude of sessions and can attend just if and when he likes. I believe that when the patient proposes or practises such non-attendance, he is creating a means of finding out whether the psychotherapy, together with the therapist’s conception of it, is grounded in the world of reality.

The details of the unconscious meaning are always highly specific to the patient. By telling me that the father she had longed all her life to be close to had seconded his wife’s warm invitation, Juliana tacitly invited me to authorise some months of unused sessions. In this wonderful instance of created/found investigation, I was being invited to ignore the reality that, in a free clinic treatment, the sessions are being paid for by someone (although not by the patient), and I was thereby invited to act out in a way that would have paralleled Juliana’s inability to refuse money to her compulsively gambling boyfriend, to which the former therapist’s ad hoc free sessions seem in turn to have corresponded. It seemed to me that Juliana wanted to know whether the site of her psychotherapy with me differed, in this dimension, from the site of her previous psychotherapy. For this reason I framed my interpretation (above) in terms of what Juliana wanted to find out.

Consequences of introjection of the site: Juliana confronts her oedipal illusion

The introjection of the site as a whole, metamorphosing it for Juliana into a working psychotherapeutic situation possessing inherent ‘rules of the game’ with characteristic logic, ethics and specificity, now reached its full accomplishment as a result of the encounter, precipitated by her, with that additional element of the site. What had made the encounter with this particular element so decisively transformative for Juliana? Faced with abandoning her psychotherapy for the sake of visiting her father, she had cried out her anguished question: “What if it’s the one chance in my life to learn what my father really feels about me?” Evidently, she interpreted the issue (let us remember Anzieu’s primal psychic activity) as one of receiving parental love and support at a juncture where this was crucially needed. And yet, unconsciously, the “it’s” of her question was paradoxically ambiguous: would concretely paying
a long visit to her father constitute her once-in-a-lifetime chance that she could learn “what her father really felt about [her]”, or, rather, might continuing with her psychotherapy constitute, owing to the site’s inherent logic, that possibly once-in-a-lifetime chance?

In response (I believe) to the interpretation on the day following this question, Juliana renounced the long visit to her father in order to continue her treatment. An aspect of her pre-occupation about her father’s feelings for her would be understood through her therapy. Perhaps she dimly sensed this potentiality, through her accomplishment at this point in time of the transformational introjection of the psychotherapy site, which sustained her in the decision to forgo the longed-for visit to her father. For Juliana’s central difficulty was bound up with her inability to acknowledge, and to face, a conflict about her oedipal illusion. It was expressed in her compulsive, voyeuristic preoccupation with Bertrand’s secret sexual relations with another woman, as well as in an unconsciously self-punitive superego prohibition on allowing herself fulfilment as a wife and mother. Understanding this had to wait on the prior elaboration of Juliana’s unconscious depressive anxieties in relation to her mother.

Unconscious elaboration included a particularly vivid description of a cyst in her breast that she had believed was cancer. It had felt so like an arrow transfixing her breast that she had even developed a little lump on her back at the place where she felt the tip of the arrow was pressing. Through her internalised sense that the psychotherapy site made this possible, Juliana continued to be able to elaborate her unconscious fantasies.

She began one session with her despair at age eleven about facing the “11+” (an examination qualifying for entrance to grammar school education, which Juliana would fail). She mentioned her father’s liking for intellectual women; meanwhile, her mimicking of her mother’s sneeringly envious and bitter reference to such women suggested projection of her angry, defeated sense of rivalry towards me in the transference. Then she feelingly described reviewing a novel whose protagonist’s mother died when he was two and a half. Growing up in an ill-treated, unloved, unhappy state he turned for comfort to nature (as the patient once vividly described herself doing as a child.) Sibling rival figures appeared. The novel’s focal point concerned the protagonist growing into a young man.

I interpreted that she is very, very identified with the protagonist. The focal point, the threshold of growing up, is where she began today, with the “11+. Turning to nature to assuage a sense of neglect and unhappiness seems to have symbolised, for the novel’s character, something lost that he had once possessed – his mother, before he lost her at two and a half; and Juliana’s own profound, loving union with nature seems to symbolise her own sense of having once had, but irretrievably lost, a loving union.
with her mother before the time she can consciously remember, before she was three, when her mother gave birth to another baby. Juliana feels that she has been left, since then, with only a bitterly rivalrous relation to her mother.

The faithful, vivid specificity of Juliana’s account, which functioned to give representative form to a central part of her unconscious conflict, indicates how far she had introjected, and come to trust, the psychotherapy site with its implicit logic. Subsequent sessions worked further on the anxiety about the survival of the lost good object in the face of her envious rivalry and rage.

Juliana terminated her treatment after twenty-one months, in order to re-locate to a new job. She said, “I feel I can love my mother now – and my father. It’s as though something has lifted. I suppose I knew, before, that they’re real people – but now I can feel it. A door has opened.” She added, “It’s as though – I’ve been through doors – and I’ve been through one, into a new room…and I’ve closed the door behind me. And my childhood can stay behind that door now, I know those things happened, but I don’t need to stay there.”

Just before her therapy ended, we clarified at last Juliana’s lifelong prevarication over her oedipal illusion. In a resistant atmosphere, she had been ruminating about untrustworthiness in all males and in Bertrand; but eventually she spoke of her father’s extra-marital affairs and her search for reassurance that he loved her. I could then interpret:

“You used to believe that you knew nothing of your father’s unfaithfulness to your mother. More probably, you have always kept the knowledge in a separate part of your mind, fuelling an excited hope that you would one day turn out to be the person your father was supremely in love with. Growing up, it was hard to let go of this secretly cherished illusion, to face the difference between your father loving you as a daughter and his being in love with you as his chosen one. Your blindness to the signs that Andrew [her last boyfriend but one] had a wife and family suggest that you were re-creating the situation with your father – excitedly noticing the signs that he was interested in someone other than you, while another part of your mind maintained the illusion of noticing nothing. Similarly, your capacity to judge Bertrand as unlikely to be faithful to you was impaired because you were re-creating the same scenario in your mind about your father.”

Juliana said soberly, “I think that’s probably right.”

Her penultimate session described a weekend visit from father and stepmother, during which Juliana concretely enacted a conflict-ridden bid for, yet renunciation of, her father. She ended her account with a vehement account of her father’s inconsiderateness on a former occasion:
“I wanted to go to that funeral!” I interpreted that she was telling me that she wanted to go to the funeral of the illusory hopes she had cherished for so long, in relation to her father, which she felt all but ready to lay to rest, but against some opposition still, which she felt emanated from her father.

Conclusion
Donnet’s idea of the introjected site, when differentially considered by way of analogy, can shed theoretical light on the therapeutic action of formal psychotherapy and of psychodynamic work at the interface of the external and internal worlds. Respectively for these different kinds of treatment, conceptualisation in terms of an introjected site does justice to the integrity of the treatment concerned – to its unique logic, ethics and specificity – and does justice also to the clinical reality of the unconscious dimension of the patient’s collaboration in his treatment. This implies recognition that the psychological-mindedness which eventually characterises the patient’s engagement in the treatment need not come ready-made. Previously published case material illustrates this for work at the interface of the external and internal worlds (O’Neill 2005, 2007). Through discussion of the case of Juliana I have sought to demonstrate a series of correspondences between the analytic site and the psychotherapy site, especially the central reality that Juliana’s successful engagement in a therapeutic process, after unpromising beginnings, was a product of her gradually achieved introjection of the psychotherapy site.

The site of psychoanalytic psychotherapy differs from the analytic site of psychoanalysis, but the degree of the difference depends to a large extent on how many of Freud’s ‘opening moves’ have been jettisoned. A time-limited once weekly psychotherapy, embarked on without enunciation of the fundamental rule, differs more widely from psychoanalysis than a three times weekly open-ended psychotherapy on the couch in a private practice setting. Where the patient pays no fee, the element in an open-ended treatment that corresponds to the fee usually concerns proposed or actual non-attendance of the sessions that the patient has originally contracted for, and handling this issue is analogous to handling problems over payment of the fee, both entailing an issue of the treatment’s rootedness in the real world.

The analytic site is uniquely characterised by having available for the analysand’s introjection those elements that constitute Freud’s ‘opening moves’ (Freud, 1913). Arguably, alteration of any one element in Freud’s set-up constitutes the treatment not as psychoanalysis but as psychotherapy, and its site as the psychotherapy site. In turn, the psychodynamic site embodies a further order of fundamental difference, definable in terms of the focus on external reality and, equally, in terms of two elements which uniquely characterise that site and lie in it available for introjection by the client. One such element is psychodynamic listening, or a preparedness to hold back on premature foreclosure when arriving at judgements of relevance. The other is a
fiv fold focus of attention which qualifies and restricts (without necessarily abolishing) the worker’s free floating attention: it is a focus on the interrelations between presenting problem, underlying problem, institutional function, unfolding interview material and external crises. These elements of the psychodynamic site, including the fiv fold focus, are of course best understood in the light of clinical illustration; there has been space here to illustrate only the psychotherapy site, but illustration of the psychodynamic site can be found in former publications (O’NEILL, 2005, 2007).

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