



Edna O'Shaughnessy

By Eileen McGinley, May 2012

Edna O'Shaughnessy came to psychoanalysis from a background of philosophy. She moved to Britain from South Africa in the 1950's, and first trained as a child psychotherapist at the Tavistock Clinic where she was supervised by Esther Bick, Betty Joseph and Hanna Segal. She then trained as a psychoanalyst at the British Society in the 1960's, with Herbert Rosenfeld and Hanna Segal as her supervisors, and Roger Money Kyrle as her training analyst. She subsequently became a training and supervising analyst in London, becoming a much sought after analyst and supervisor, working with children and adults. She is a Distinguished Fellow of the British Psychoanalytical Society.

Her publications are extensive and wide ranging and show her broad interest in reaching a better understanding of what Joseph termed 'the difficult to reach patient'. (Joseph, 1975) O'Shaughnessy's bibliography of published works is listed in detail on the Melanie Klein Trust website, and includes papers on pathological organizations (1981, 1992); the Oedipus Complex (1988); problems of technique (1983, 1990); Bion (1988, 1995, 2005); the empirical study of psychoanalysis (1994); the super-Ego (1999); the limits of psychic change (2004); the factors mitigate for and against gratitude. (2008)

From her extensive bibliography, I would like to highlight two areas of her work, first on defensive organizations of the personality, and secondly, on the abnormal super-ego.

Klein's discovery of projective identification, and her elucidation of the anxieties and defenses of the depressive position and paranoid-schizoid position opened the way for the deeper understanding of psychotic and narcissistic mental mechanisms. (Klein, 1935; 1946; 1952) Using Klein's theories, O'Shaughnessy was one of an influential group of post-Kleinian analysts who in the late 1970's and 1980's first elucidated the vicissitudes of defensive organizations of the personality, a concept first described by Joan Riviere in her paper, '*A contribution to the analysis of the negative therapeutic reaction.*' (Riviere, 1936) (See the chapter on Pathological Organizations in *The New Dictionary of Kleinian Thought*, (2011) for a fuller account of the development of this concept.)

O'Shaughnessy's two most important papers in this area are '*A clinical study of a defensive organization*' (O'Shaughnessy, 1981) and '*Enclaves and Excursions*'. (O'Shaughnessy, 1992)

In the first of these papers, she gives a vivid and detailed clinical account of a defensive organization of the personality that has a fresh and contemporary feel to it although written some 30 years ago. It contains many of the psychoanalytic conundrums that O'Shaughnessy has continued to grapple with over her long clinical career. In the paper she describes an analysis of a man, whose organized system of defenses passed through four different stages as he emerged from narcissism. In the first stage the patient was assailed with anxieties when his defensive organization was breaking down. His psychic priority was to re-establish the defensive organization of his mind to again manage unbearable disturbances. In the next



stage, the defensive organization having been re-established, it could now be brought into the transference relationship to the analyst, and the nature of the anxieties, defenses and object relationships underpinning it could be explored and brought to light. In the third phase, she writes how instead of moving towards development as his ego strengthened, the patient was able to exploit his defensive organization for the gratification of his cruelty and narcissism. In the fourth and final stage the patient was more able to tolerate anxieties and his narcissistic organization became less rigid, though splits in his ego remained.

In the year following the publication of this paper, John Steiner published his paper, '*Perverse relationships between parts of the self: a clinical illustration*,' (Steiner, 1982) in which he used the term pathological organization of the personality to give emphasis not only to the defensive nature of these organizations, but to their pathological nature, and their relationship to depressive and paranoid-schizoid positions. I think O'Shaughnessy's paper gives a vivid account of this. It can be read not only for its insights into the pathological nature of defensive organizations, but for posing such questions as the unconscious motives for a person starting an analysis, what factors promote or hinder psychic change, and why are some developments hindered and exploited for narcissistic purposes. She also showed how the operation of organized defenses is often kept hidden from view until the analyst is able to observe the lack of developmental progress occurring in the patient despite considerable strengthening of the ego.

These concerns are considered further in her second major paper concerning pathological organizations, '*Enclave and Excursions*,' (O'Shaughnessy, 1992.) She coined these terms for different types of enactments the analyst is pulled into to protect the patient's equilibrium in the face of emotional contact that is felt to be too frightening. In enclaves, the patient draws the analyst into an over-close relationship which doesn't cause the patient or analyst too much disturbance. The relationship with the analyst is a narcissistic one, the patient only relating to aspects of the analyst that fit in with certain pre-determined views of who the analyst should be. In excursions, it is not so much a limiting of the contact with the object, as in an enclave, but a more total avoidance of emotional contact, she thinks because of a terror of knowing. We see these shifts and movements to both positions transiently in all analyses but O'Shaughnessy is concerned with how rigid and fixed these defenses can become, barriers to real emotional contact and understanding. Both enclaves and excursions she would see as examples of pathological organizations, and emphasizes the spatial nature of these positions, as does Steiner in his concept of Psychic Retreats. (Steiner, 1993)

In '*Relating to the Super-ego*,' (O'Shaughnessy, 1999) she contributed to the conceptualization of abnormal forms of the super-ego, following mainly on the work of Freud, Abraham, Klein, Rosenfeld and Bion. Rosenfeld, from his work with psychotic patients, wrote of an "ego-splitting super-ego" (Rosenfeld, 1962) and Bion used the term "ego-destructive super-ego" (Bion, 1962) to describe dissociative areas of functioning which resulted in the formation of a pathological 'super' ego. Bion described it accurately and succinctly as "an envious assertion of moral superiority without any morals." Expanding this concept further, O'Shaughnessy sees the normal super-ego as originating from the earliest object relations, while in contrast, the abnormal super-ego arises from the earliest dissociations that have been inflicted and suffered in childhood. The ego destructive super-ego aims to



dissociate the patient, thus attacking the link to the object. This is dangerous to the ego since it is on the link to the object that the safety of the ego depends.

O'Shaughnessy sees it as clinically important for the analyst to recognize and be aware of the operation of an ego-destructive super-ego, particularly its effects in the transference of turning the patient away from being able to relate to the analyst as an object with a normal super-ego. This is no easy task, as the abnormal super-ego often masquerades as a normal, albeit harsh super-ego, but in fact usurps the status and authority of the normal super-ego and entices the ego away from its objects, to dissociate itself and ultimately to destroy itself. I found it particularly helpful in this paper to consider that both the normal and abnormal super-ego watch the ego from a 'higher' place, but unlike the normal super-ego, the abnormal super-ego is dissociated from ego functions such as memory, understanding, attention, enquiry. It helped me to look at sudden deteriorations in the patient's functioning after apparent improvement and to consider whether an abnormal super-ego was in operation, attacking the links that had previously been made, whether unconscious guilt was of a primitive nature where links to a good object were not well established, or whether splits in the personality hitherto not recognized had now become apparent. This takes us back to Joan Riviere's 1936 paper, to consider the nature of the negative therapeutic reaction.

Re-reading O'Shaughnessy's papers, I am struck not only with the clarity of her thinking and level of discourse, but her flexibility of thought and ability to think laterally about the complex issues she is addressing. She conveys compassion for the anxieties and dilemmas that confront both patient and analyst in the course of an analysis, an attitude she transmits through her work as a supervisor. She also recognizes the individuality of a particular patient/ analyst coupling, so that the uniqueness of their encounters can be acknowledged, as well as the universality of some of their struggles.

O'Shaughnessy continues to work, writing and supervising. She recently published a book with Elizabeth Spillius on '*Projective identification, the Fate of a Concept*', (2011) describing the use of projective identification as it was originally developed in Britain by Klein and Post- Kleinians, and how it has come to be used in other countries and other psychoanalytic traditions. She is due to give a paper on mania entitled, '*On high and in the fast lane*,' at the next Melanie Klein conference in London in June 2012. A book containing a selection of her papers is currently being edited by Richard Rusbridger and soon to be published.

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