



# The untouchables

**Lucy-Jean Lloyd** describes how the taking up of an omnipotent position guards against painful awareness but can lead to untouchable states in young people

This article is based on a workshop of the same title offered in September 2012 at King Alfred's College, Wantage, as part of a conference for school counsellors.

***No one can touch me in this school – they are all too scared of me.***

*I felt scared of you too, Jed.*

*I used to dread you showing up, because I felt useless when all that counselling made little difference.*

*For a long time it made little difference.*

*Nothing we said could ever touch you, Jed. You were in control in here, with me. You talked and talked about violent acts, but nobody could stop you from fighting. I was scared of you, Jed.*

*Maybe I was scared that you reminded me of someone, Jed. You reminded me of part of myself, once out of touch, locked up in my own tower of 'strength'.*

**W**hen we offer to work, as counsellors, with somebody's inner world (and what could be more omnipotent than this?) we need to be open ourselves. So it helps for us to have recognised our own omnipotence, and then we can see it better in the consulting room.

I am sure we all recognise that heady and dangerous feeling of being invincible, all-powerful, and able to do anything we want. This pole of experience, based on the exaggeration of our abilities and power, is close to its opposite – the sense of powerlessness, of helplessness or impotence. As counsellors, we can find ourselves being seen as all-powerful on the one hand, or useless on the other. When you are a young person trying to grow up, you can see yourself in a similar way. Young people are confronted with all kinds of feelings of inadequacy in relation to taking up a place in the adult world. It's very difficult indeed, partly because it seems ever more dependent in schools upon concrete achievements, such as exam results. Adopting an omnipotent position is a primitive and drastic manoeuvre away from the painful awareness of self-doubt, lack, or perceived inadequacy in the self, and from the reality of the outside world. It's a means of avoiding the experience of mental pain and struggle.

But omnipotence also alters the way in which an individual apprehends reality. Feelings of loss or vulnerability can be quickly converted into feelings of

## “The role play threw up some rich insights into what it might feel like to be caught in an omnipotent state of mind”

excitement. Ordinary difficulties can be made to disappear. Normal needs do not exist. Unconsciously, a young person in an omnipotent state is identified with an idealised aspect of the self – it might be their intellect, or their physical prowess, or it could be their particular gift in helping others (this is a pitfall for therapists). The idealised aspect is in control, and yet is operating on one side of a split. On the other side of that split are disowned feelings of helplessness. Adolescents live through times of being integrated and times of being unintegrated, but it is when omnipotent states become more fixed, when they become the ‘glue’ that holds the whole personality together, that the development of the self is weakened.

In order to help us understand more about the role of omnipotence in human development, I suggested to my workshop participants that we went backwards before going forwards. As so often with an adolescent in the consulting room – and by now some participants clearly had some of their young clients in mind – we needed to revisit toddler and baby states.

With this in mind, I put forward the link between omnipotence and the apprehension of limitation, or lack in the self.

When you are a child – I’m thinking of a quite young child here – getting to grips with a reality sense, even though you are very small, is often accompanied by the emergence of *omnipotence feelings*. Melanie Klein<sup>1</sup> observes this beautifully in her study of Fritz, a little boy of three or four years who is the son of a relative. Of him, she writes: ‘Anything that was being spoken of – any skill or handicraft – Fritz was sure that he could do perfectly, even when the contrary was proved to him [...] When he could defend himself in no other fashion, even under the pressure of the proof to the contrary, he would assert, “If I were shown how, just once, I can do it quite well!” He was convinced that he could cook, read, write and speak French perfectly.’

I wondered if this sounded familiar to us, working with adolescents. Participants were nodding their heads. Klein suggests that as the *omnipotence feeling* diminishes for Fritz, so he shows more painful knowledge of his own limitation, and interestingly, at the same time, seems to become less demanding of his environment, as if he realises that in fact his parents may not know everything or be quite so all-powerful after all. ‘All the same, his questions and remarks,’ Klein observes, ‘show over and over again that it is only a diminution that has occurred, that struggles still take place between his developing reality sense and this deep-rooted omnipotence feeling – that is to say, between the reality principle and the pleasure principle – frequently leading to compromise formations, but often decided in favour of the pleasure principle.’<sup>1</sup>

This is a delicate stage of development, both in early childhood, and when it is revisited during adolescence. Omnipotence is functioning to reduce the painful gap between what a child wants to be true, and painful realities such as the fact of being small, limited or lacking, and the understanding that parent figures are less ideal and all-powerful than we had hoped.

The second idea which I thought would be useful to us here was the link between omnipotence and the growth of a sense of potency or agency at an even earlier stage in development.

Winnicott (quoted in Phillips<sup>2</sup>) talks about the way in which ‘good enough environmental provision’ during infancy can enable a baby to cope with what he refers to as ‘the immense shock of loss of omnipotence’. For omnipotence is an important means of bridging the gap between our desires and needs, and their satisfaction. Winnicott<sup>3</sup> talks about the need for the infant’s omnipotence to be *met* by the good-enough, attentive mother, so that there is some coincidence between what the child conceives of or wishes for, and what the environment supplies. Given good-enough, responsive-enough early care, there can be an accumulated belief that a child can *create* something in the external world: a response that matches or nearly matches the expression of need. Thus, in Winnicottian terms, when a baby’s hunger is sensitively attended to by mother, it can be felt as the earliest version of personal agency, because it can *bring about* a feed. In this sense, ‘omnipotence’ is a form of human potency. Its expressions make us alive and creative, giving a feeling of ‘*I did that*’ or ‘*that was me*’. It generates for us what Winnicott<sup>4</sup> calls ‘a belief in reality as something about which we can have illusions’. Here is a glimpse that wellbeing or satisfaction, as Phillips<sup>2</sup> puts it, is ‘a cooperative venture’. The experience lays down a basis for all creativity, playing, entering fully into experiences and feeling real. ‘The good-enough mother meets the omnipotence of the infant and to some extent makes sense of it. She does this repeatedly. A True Self begins to have life, through the strength given to the infant’s weak ego by the mother’s implementation of the infant’s omnipotent expressions.’<sup>3</sup> It is only when the infant comes to be fulfilled through a mother’s adaptation to his need and gestures, ‘in a way which does not clash with the infant’s omnipotence’, that he or she can begin to gradually be able to give it up. ‘On this basis the infant can gradually abrogate omnipotence.’<sup>3</sup>

In as much as the years of adolescence are a time of reworking these infantile experiences, it makes some sense that there should be a re-emergence of omnipotent states when young people have to face the gap between themselves and the demands and challenges of the real world, between themselves as they find themselves to be, and the as yet unknowable future.

### Tracking omnipotence in the therapy room

As our workshop moved into its more practical focus, one question that remained to be considered was how you can detect omnipotent states in the consulting room. The clue seemed to be through close observation and tracking of the countertransference. It’s when you are feeling useless or impotent, or feel that you can make *little impact upon somebody* that you might be in receipt of the powerful primitive projection that keeps someone away from you as the helping person.

Curiously I have found in my work with young people who present like this, that while they may attend sessions regularly, like Jed did, they are some of the most difficult clients to work with, because nothing changes. They may be big talkers, wanting to tell you everything, but their endless stories and exploits have the effect of keeping you out, and keeping feelings out of your relationship. It can seem as if the young client is governed by two almost separate personalities. One part, the part that comes for help, is not dominated by omnipotence, but able to be in touch with need. The aspect of the client that remains hard to reach in the consulting room is the part dominated by omnipotence. Bion<sup>5</sup> noted that these two aspects of the personality, what he called the psychotic and the non-psychotic personalities, lie close together. Although he is discussing very disturbed adult patients here, what he says seems relevant: that the unconscious aim of the self dominated by omnipotent phantasy is ‘to destroy either reality or the awareness of it, and thus to achieve a state that is neither life nor death’. There is a kind of libidinal satisfaction in staying in ultimate control. Somebody who is in the grip of this phantasy of all-powerful control does not see reality in the same way. And a young person who is functioning in this omnipotent state of mind is therefore often very lonely inside, and feels themselves not to be quite with everyone else in a shared reality.

In thinking about clients whom I have tried to help with this, I believe that one commonality underlying an omnipotent personality is an experience of loss as a kind of trauma – in other words, of something that overwhelms the mind. It may well be that you can discover an actual trauma when you look into the family history of somebody who presents in the consulting room with omnipotence. There may be, for example, a very premature and difficult birth, an early separation between mother and baby in those first months of life, or the sudden loss of a sibling. But you may not always discover a hidden trauma in the history of the client or of their family. Alex Dubinsky<sup>6</sup> discusses the idea that where omnipotent states hide a profound feeling of helplessness, they can be connected to an experience of mental pain, felt in an earlier situation, which was ‘not matched by the capacity of the self, often still very immature, for comprehension’. In other words, something has been experienced as traumatic and incomprehensible at some point in development – we may or may not be able to know what that experience was. It is rather the *degree* of omnipotence and the *extent* of the underlying helplessness that ‘corresponds to an inability to comprehend certain experiences of mental pain’. It is the

*psychic reality* of loss-as-trauma rather than necessarily the presence of an actual trauma which I think is the determining factor. Dubinsky also offers the thought that we may never fully know what has caused this set-up in the personality, for ‘the severity of the disturbance is not proportionate to the gravity of the early situation’<sup>6</sup>.

### Mental trauma and bodily trauma

Following on from this, one way that I have come to conceptualise omnipotence in the clinical situation, is by thinking about what happens naturally in our bodily experience when the body suffers trauma or injury. In these circumstances, the body tends to swell, and the affected area is quickly protected from further hurt by the swelling. I think this happens, albeit more subtly, with psychological hurt or perceived injury to the self or ego, when another aspect of the personality ‘swells up’ to protect and hide the fragility.

If we think about this metaphor for omnipotence for a moment, we can see it more clearly as a phenomenon that tends to smother the rest of the mind, blocking out awareness of pain, just as physical swelling might do. In the countertransference at such moments, there can be a sense of unreality, being out of reach, even a trance-like state.



For illustration purposes only; posed by model

In this rather helpless state, which can be overwhelming, you may, through being in projective identification with the part of the client dominated by omnipotence, be rendered unavailable to them as a thinking mind that might be able to help them make sense of things. The disaster that can happen in the transference relationship is that the counsellor repeats a situation in which contact with feelings and with painful reality are avoided. So I think my first recommendation in working with a young person in this 'untouchable' state is to penetrate their omnipotent defence: to stand up to it.

I have noticed in my own caseload, when working with this presentation, that there can exist commonly within the family of origin a relationship between the parents, in which one partner has failed to stand up to the other. It is as if the young person has internalised a relationship in which there are only two positions – controller or controlled, strong person/weak person – and they have little else in their own repertoire with which to make an unconscious identification. For this reason, I think that it is tremendously important when working with this to show that you are not going to collude with this in the therapeutic relationship. They need to know that part of us is actually strong enough and has the authority to stand up to their omnipotence.

### Role play – working with the omnipotence

In our workshop, participants were invited to role play a client whom they now had in their mind as we had been discussing omnipotence. Another colleague was to take the part of counsellor, and a third to observe. The role play threw up some rich insights into what it might feel like to be caught in an omnipotent state of mind. What emerged was how much adrenalin and excitement this state could generate for a young person, but also how unsafe it felt, and how much those playing it also wanted – *needed* – to be given a boundary and be stopped. The examples from the workshop are not available to us here, for confidentiality reasons, but I can give something of an example from my work with Jed.

I would brace myself when Jed began another story about wanting to smash Jack's face in. Jed despised him for no other reason than that he saw him trying so hard at school. Jack actually cared about it all. Jed would describe in horrible detail how and when he would do something to terrify Jack; and I would brace myself, and interrupt him: 'Jed I'm going to stop you. When you begin to tell me about wanting to smash Jack's face in, telling me about Jack and how pathetic he seems to you and how you want to fight him, I know we are in danger. You and I both know that you can hurt people like Jack. But I have been thinking there is another danger here. It's the danger that if I don't stop the part of you that does

the hurting, if I am just as pathetic as Jack, then I am going to lose touch with the person I want to help in here – and that's the *inside* bit of you... the inside bit of you that has been hurt.'

What I learnt from Jed, over time, was that, in his case, there had been a trauma, something experienced as a profound shock to his self, something that had not made sense. Jed had been sent away from home in India to a small preparatory school in the English countryside when aged not yet seven. Jed's sisters stayed at home.

You know you have got to the trauma when someone starts to tell you a story in which every detail has been registered, where everything is described as if it happened only yesterday. Having told me so many stories, Jed began to tell me the story of how his mother and father and sisters were there at the airport, of how he thought everyone was coming with him, until right at the very end, when he found himself going through the gate with an air hostess. I sensed with every cell of my body that this moment, followed by the first few weeks away, when Jed would cry for home, was the story of the breaking of his spirit. And although he cried then, and was comforted, this made so little difference to what happened to Jed, because *nobody brought him home*, and so he had to harden himself to tender feeling. Jed became psychologically organised around making certain that nobody ever hurt him like that again.

Here we began to uncover the origin of a hurt that had no name: Jed had suffered the trauma of being separated from his home, family and culture before he was in any way able to comprehend what had happened to him. Jed had become a fighter and had hurt others ever since. As our work neared its ending, Jed had a tattoo put on the inside part of his fighting arm, as if marking on the surface something of the scar he felt beneath. I began to realise, with great sadness because we were ending, that the things we talked about had begun to get through. ●

*I wasn't scared of it, when they did the tattoo – I went in on my own.*

*Man, it hurt though, I will say that – because of where I had it, right? Because I had it right here on the inside – that's the place where it hurts the most.*

*I am not so scared of you now, Jed.*

*You are telling me you have an inside, an inside place where it hurts.*

*And, after all that dread of you showing up, I am really going to miss you, Jed.*

*Note: All details of the case material used have been changed to protect client confidentiality.*

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# Zen

## and the art of riding the dragon

Meditation and being in the moment – what relationship have these to our client work? And when is it right to make a switch?

**Becky Seale** shares experience from her practice

**A**s living beings, we all seek comfort – a little longer in bed in the morning, a biscuit with a cup of tea, a warm spot in the sun. When uncomfortable things happen to us, we do whatever we can to avoid feeling them and do whatever we can to change them. A young person seeking counselling wants help to feel better and change – or overcome – the difficulties they're experiencing. Yet the process of counselling will often not be a comfortable one. As counsellors, we need to learn to hold this discomfort, with an understanding and hope that the outcome will offer some relief. We will all find different ways of managing this process. For me, one of the ways I find clarity and support is from my meditation practice; a practice that recognises the rewards of working *with* the discomfort instead of avoiding it.