THE SURVIVAL FUNCTION OF PRIMITIVE OMNIPOTENCE

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Analysis is directed towards elucidating and deepening the relationship between two people, analyst and analysand. Hence a great many interpretations are directed towards that behaviour which is felt to be counter to deepening the analytic relationship, that is, the omnipotent, narcissistic aspects of the personality.

This paper attempts to describe the importance of including in these sorts of interpretations the primitive basis for omnipotence, described by Bick (1968), observed in the analysis of both children and adults and par excellence in babies. This primitive basis for omnipotence is the struggle in which the young baby engages in order to survive when on his own without his mother.

Bick’s hypothesis was that the very young baby experiences the parts of his personality as having no binding force between themselves, but as being held together passively in a very precarious way by a psychic skin, equated with the physical skin. The baby feels himself to be in constant danger of suddenly spilling out in a state of unintegration, should this fragile psychic skin be breached or lost. He therefore searches for a containing object which will hold his attention, in which case the parts of the personality are felt to be held together and thus the psychic skin is felt to be intact.

The optimal containing object is the nipple in the mouth and the mother with all her containing functions. Ultimately the containing functions of the mother are introjected and the concept of an internal space develops. Before this happens, however, the mother, through her capacity to contain the baby’s distress, is felt to strengthen the baby’s psychic skin and increase its flexibility so that the baby feels its position to be less hazardous.

If the mother is absent, or present but emotionally unable to contain the baby’s distress, the baby has to resort to ways of holding himself together. He is driven to this by the precariousness of the situation in which he finds himself. In other words, he is driven to act in order to survive. His catastrophic fear is of a state of unintegration and spilling out into space and of never being found and held again. An equivalent of this fear, although probably not so intense, is that experienced by an agoraphobic person when exposed to the feared situation. This state of unintegration is to be clearly distinguished from a state of fragmentation which results from a destructive attack.

The baby holds himself together in a variety of ways. He may focus his attention on a sensory stimulus—visual, auditory, tactile, or olfactory. When his attention is held by this stimulus, he feels held together. He may engage in constant bodily movement which then feels like a continuous holding skin; if the movement stops, this may feel like a gap, a hole in the skin through which the self may spill out. An adult’s pacing up and down to help contain anxiety is a remnant of this continuous movement. A third method consists of muscular tightening, a clenching together of particular muscle groups, and maintaining them in this rigid position. This is an attempt physically to hold everything so tightly together that there can be no gap through which spilling could occur. It does not only occur with skeletal musculature but also with the smooth muscle of the internal organs so that the spasm might result, for example, in colic or constipation.

The following is a description of a baby’s behaviour taken from one of a consecutive series of weekly observations. It illustrates some of these mechanisms.

The baby, aged four weeks, was asleep, lying on her front. The mother turned her over on to her back to waken her. The baby started moving her tongue in and out of her mouth; then her arms began waving and stretched towards her feet, following which her feet began to move towards each other. She started to whimper and to clench and unclench her hands until she was picked up by mother, whereupon the whimpering ceased. When the mother laid her down on the
changing mat and began to undress her, the baby looked distressed and began to writhe around, arching her back, and pressing her head and feet against the mat. When the mother spoke soothingly to her, she calmed briefly as though listening intently to the mother's voice. Removal of the rest of her clothes was followed by back arching again, with eyes shut tight and fists clenched. The mother lifted the baby's legs in order to remove her nappy, and the baby began to cry, urinating at the same time. This sequence of events illustrated repeated stresses for the baby being followed by attempts to hold herself together, at first by constant movement, and then by muscular tightening, in particular the arching of the back, which resulted in a much greater pressure of the head on the mat. The head was thus felt to stick to the mat, giving the baby a sense of holding to a particular point. When the mother destroyed this holding by lifting the legs, the baby suddenly was no longer able to hold herself together and she spilled out from both her eyes and bladder.

The next example illustrates the survival mechanism provided by holding on to a visual sensory stimulus. On arrival the observer noticed that the mother looked tired and depressed. The mother had commented on the dark winter afternoon, and on her feeling of isolation with her baby. Later in the observation, after the baby had been bathed and fed, the mother brought her into the kitchen and sat her in her baby seat on the table. At this point, the husband returned home from work, and, having greeted the observer, immediately began telling his wife of some incident at work. The baby began to make demanding noises, getting louder and louder as she was ignored. The mother noticed this and went to the baby, lifting her up briefly and then putting her back in her chair. She turned back to her husband who was also wanting her attention. The baby squirmed and wriggled in apparent distress, looked upwards, saw the light and stared at it. Her face and body relaxed and she smiled at the light, making a brief cooing noise. On turning back to the baby to see what had quietened her, the mother's face registered distress even hurt. She asked why the baby was staring at the light, as though she feared that something was wrong, and that she may have driven the baby into this sort of behaviour by her intolerance. This example clearly shows the relaxation in the baby when she feels held together by focusing her attention on the light. Here too, the baby clearly relates to the light, she smiles and coos at it as though it is experienced as a substitute for mother. The mother felt alarmed in case she had damaged her child and she also felt rejected by the baby.

A young baby experiences the loss of mother's attention as being dropped. Suddenly he is not held, suddenly he is falling through space, unprotected, terrified of never being caught again and rescued. At these moments he feels he must either hold himself together or not survive. In this primitive state of mind, the baby's whole attention is devoted to holding himself together. His thought process could be described as one-dimensional, completely one-track, and utterly inflexible. This was expressed by Bick: when the light to which a baby has fixed its attention is turned off, the baby spills out; catastrophe has occurred. With more experience, the thought processes become two-dimensional, and in this case, when the light is switched off, the baby can turn quickly to find another object to stick or cling to. That is, there is some ability to fling oneself on to a new object but with minimal flexibility. Three-dimensionality is not having to stick at all. There is space for thought and choice.

Understanding the very basic nature of these survival mechanisms by which the baby attempts to hold himself together in the face of extreme stress, leads one to look differently at defence mechanisms in the child and adult. It has become apparent to me that children and adults in analysis are carrying out these same sorts of survival mechanisms, over and over again at times of crisis.

The crisis to them is an experience of an impending state of unintegration or liquefaction, no matter how transient and therefore possibly how insignificant from the observer's point of view. We can see that their ways of coping are the same as the infantile ways of holding the self together, and that these are trusted as the first line of defence. They are readily resorted to or fallen back on because they are at least relatively effective; they are familiar and are felt to be safe and trustworthy. They can then become part
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of the character structure, but I am talking about this fear of unintegration as an anxiety likely to be present at some point in a majority of people.

When the patient is holding himself together with these infantile mechanisms and their more sophisticated derivatives, they are likely to be seen to be against the analytic relationship, and interpreted as turning away from the analyst. Such behaviour as refusing to speak, withholding certain information, holding back from expressing feelings, can all be seen as variants of clenching the muscles tight to keep the baby self from spilling out. Similarly, the stone-walling of other defensive attitudes, for example, the triumph or contempt of the manic defence, the stubbornness in the obsessional, have a primitive basis in muscular tightening.

Constant talk, flitting from one subject to another in a superficial non-stop manner, being busy all the time, can be seen as related to the primitive defence of constant movement. In a similar way, clinging to old ways of behaving and thinking, using stereotyped phrases and cliches, producing old stale material that got a response from the analyst on a previous occasion, are all ways of attempting to create a continuous unchanging psychic skin without any holes or gaps through which the self could spill. Various physical activities can also be used physically to hold the self together, by constant movement or by muscle strengthening.

The focusing on a sensory stimulus to hold the self together is seen in its most extreme and unmodified form in infantile autism, when the child focuses on a stimulus and switches off to the rest of the world. A minor degree of this can occur in watching television or in listening to music in a particular two-dimensional way. But I think that 'blinkered' vision is also an example of this—not daring to look sideways or at other possibilities in case one falls to pieces. Another example is focusing on the analyst's voice rather than on the meaning which both words and tone convey together.

It is very easy to think of patients reverting to so-called destructive behaviour on a weekend. The patient claims to have coped on his own, but because he has not mentioned missing the analysis, his behaviour has been viewed as against the analysis. For example, a patient at a Monday session said that he had felt utterly miserable at the weekend, in despair of ever getting through life. In this state, he had opened a book by Freud, and, as he read, he had started to get things in perspective again, and felt less despairing. This was interpreted as a turning away from the analyst. 'I don't need you, I've got something better, Freud himself, at home.' This interpretation may well have been true, but it did not take into account the patient's desperate need to do something for himself, in order to hold himself together. Thus the interpretation resulted in silent hurt and increased defensiveness; the hurt because parents often do praise children for coping on their own. When both the destructiveness and the feeling that he had to hold himself together were interpreted, the patient felt contained and understood.

A similar view may be taken when the patient returns on Monday apparently having forgotten the achievements of the previous week. Here the analyst is possibly overlooking the intensity of the experience of being dropped over the weekend, especially after a fruitful week's work. If that separation was experienced as a complete lack of holding, spilling out, including from the memory, occurs, so that the previous week's work may have actually gone from the mind, at least temporarily.

Another patient talked most of the time, using psychoanalytic jargon. He included interpretations of his own behaviour, often taking over as his own, the analyst's interpretations. The analyst interpreted this takeover of her mind and simultaneous belittling of her, only to find it briefly acknowledged and then immediately fed back, as the patient repeated it as his own. The patient returned on Monday apparently having forgotten the previous week's work, and, as he read, he had started to interpret the desperate plight of the baby, clinging to the only way he knew of surviving, that was, by talking non-stop and by doing it all himself. In other words, there was a much more primitive defence in the service of survival underlying the blocking behaviour in the sessions.

Now obviously there are countless activities that are a deliberate turning away from the analytic relationship, but my point is that I had found myself neglecting to take into consideration the difference between those turning-away activities and activities that were in the service.
of the patient's survival. That is, driven by 
primitive fear of unintegration. It seems to me 
very important that this distinction is made, 
because misunderstanding the survival mechan-
isms might well lead to their reinforcement, as 
the patient feels that he does not have available 
to him someone who can understand and there- 
fore hold these primitive anxieties, so he must 
hold on to himself.

The mother, in the example given of the baby 
holding on to the light, felt rejected, that is, she 
felt that the baby had turned away from her. 
She feared that she had damaged her baby in 
calling her to smile at the light. If the mother 
had understood the behaviour as the baby's 
vigorous attempt to master her environment, 
she would not have felt rejected although she may 
still have felt guilty.

Bick's emphasis on the struggle to live, under-
lying the dependency on these primitive omni-
potent mechanisms, gives a deeper comprehen-
sion of the meaning of omnipotent behaviour; it isn't 
just innate badness, for example.

The perpetuation of these survival mechanisms 
forms a sort of armour-plating around the per-
sonality, a carapace or second skin, as Bick 
described it in her concise paper of 1968. The 
belief in having to do it oneself becomes so 
ingrained that it is difficult for anyone to get 
through to the fragility underneath. This sort of 
character structure is clearly seen in a 6-year-old 
boy with abdominal pain whom I used to see at 
a hospital. He said and did nothing that was not 
premeditated, he was extremely watchful and 
unable to relax his guard. Early in the analysis, 
if anything unexpected happened, he would tend 
to collapse physically, his legs would turn to 
jelly, he would sit down double up, holding his 
stomach, looking pale and frightened. I 
discussed him with Mrs Bick. The following is 
an excerpt from a session, and her comments 
about it.

He made a plasticine car and dropped it from a 
height on to the floor, saying as he did so that it 
was invincible. The use of a word like this was 
quite typical of him. In many ways he was like a 
small adult, as though, as a baby, when his single 
mother was emotionally unavailable to him for 
long periods of time, he had had to learn to look 
after himself. He had done so by imitating adult 
behaviour, which he had minutely observed, in 
order to cope with life on his own. Hence some 
of his vocabulary was that of a much older 
person.

He then played with a metal car, saying that it 
was a James Bond car and could do very many 
different things, including turning over and 
righting itself, and moving through deep water. 
He made this metal car crash into the plasticine 
car, damaging it. He said: 'See, it's got a num-
berplate now', and after bashing it several times 
said: 'It's got several numberplates'. He then 
rubbed his hand which was sore, because someone 
had banged a heavy weight on it at school.

Mrs Bick said the following: 'He has to master 
everything, to understand everything so that he 
will not collapse, because he feels that there is no 
one, no mother to pick him up if he does collapse. 
He has to rely on himself and not depend on 
anyone. He has to be invincible, so he says that 
the plasticine car is not damaged when dropped, 
just as he wants to deny any damage or hurt he 
receives. James Bond is invincible. He is assailed 
by so many and such terrible things and he must 
deal with it all by himself, and see that he is 
cleverer than the enemy. This boy has to be 
James Bond. He can't rely on anybody; nobody 
is there to help him, so he must do it himself. 
It's not the aspect of James Bond which says, 
"I am the greatest, the best". That is not the 
issue. The issue here is: "I must be so clever, I 
must think and think in order to protect myself". 
When he damages the plasticine car, he has to 
deny that it is not invincible, otherwise it would 
mean how vulnerable he is. To deny that, he says: 
"See it makes a numberplate. It hasn't done any 
damage to me; on the contrary, it's given me 
something more". If he admits defeat or damage, 
he is lost.'

In doing this, of course, he was lying to himself 
and thus increasing his omnipotence, but it was 
not turning away from proffered help. In the 
transference I was the mother whom he felt to be 
unavailable. He could not risk trusting me until 
he felt held, but he couldn't feel held through 
his armour of 'I must do it by myself'.

I would now like to give an example of the use 
of these mechanisms by a young man in analysis, 
the effect of misinterpretation and then of correct 
interpretation, of the underlying fragmentation 
fears.

This youth is 16 years old but he is mentally
backward. At this time he was using play materials—toy animals and fences—in his sessions. In this particular session, Simon was trying to get some little fences to stand up by themselves. As they repeatedly fell down, I noticed that he had started to grin in a mocking way. He had often grinned in this way before in previous sessions when I had begun to tell him what I had understood about the session. I realized that he was mocking the little child aspect of himself that was trying to become competent but couldn't yet manage to put the fences up, that is, to stand up on his own two feet, emotionally speaking. He was laughing at himself in much the way that an older sibling might laugh at his younger brother's attempts to master his environment. When this sort of sequence of failure followed by mockery had occurred in previous sessions, I had tried to point out to him how he was attacking his infantile self, my baby. This had not made any difference and, if anything, had increased the mocking laughter, which was also directed at myself, as the incompetent one.

In this session I understood that he had to laugh at the incompetent little Simon rather than be identified with him. He did not want to feel weak, incompetent, full of frustration and probably rage and disappointment. It occurred to me also that this rapid identification with the mocking one, represented a way of holding himself together in the face of the threat of falling into pieces, which is what identification with the fragile baby Simon would mean. I found that when I could see the mockery as a holding together defence for his very precariously held together baby self, I could make a more effective interpretation that melted the mocking defence, and left him vulnerable but held.

Simon's tough mocking side was frequently, and very adequately, illustrated in sessions by an elephant, which was described as having a rough, tough skin. For a Friday session I was exactly two minutes late; the first time I had ever been late for him. He came in saying that I was five minutes late and that it was the last day. He made a toy calf and pig fight with each other for possession of a fence, saying that both of them wanted it. I knew that he suspected, and correctly, that I took my children to school immediately before I saw him. I said that he felt very hurt that I was late, particularly as it had occurred on the last day of the week before the weekend, especially as he was always apparently so unsure that I would return on Monday; that he felt that I had been with my child and given that child two minutes of his time, which felt much longer to him, and that he, the calf, and this greedy pig child of mine had to fight over the time spent with me.

He then said: 'Cows don't have calves'. He said this with conviction so that I was uncertain what was being expressed. I said that I thought he meant that I was such a mean cow for coming late on the last day before the weekend, that he was going to disown me, that I didn't deserve to have him as my patient, my calf.

His next statement was: 'Babies need to be stroked'. He began to stroke the toy calf, and briefly grinned to himself.

We were both well-acquainted with the way he stroked away any pain, and frequently any awareness that he feels he might be in danger of acquiring. His message to me was that through stroking, he could quickly smooth himself right out of any painful position in relation to me, and into this triumphant identity, perhaps inside me. As I talked about this, he made two elephants fight each other, tearing at each other with their tusks and hitting their heads together in a brutal way.

I considered this to be a direct response to my interpretation, a comment on our interaction as a couple. He felt that our way of being with each other at that moment was a brutal battle, a battle to the death.

I therefore said to him that he did feel hurt and angry, but much more than that was the fact of my lateness, even though it was only two minutes. It had never happened before and it felt like a devastating blow to him. It meant to him that I had suddenly dropped him, and that he felt I no longer cared about him. In the face of this shock, he tried as best he could to hold himself together, initially by trying to defend his territory, then by saying: 'Cows don't have calves'; in other words, that he had no mother to look after him and would therefore have to look after himself, and, finally by stroking himself into having a protective tough elephant skin through which he couldn't be hurt, and from which he could hurt me, as he wanted my
husband and me to hurt each other on this weekend night. I then said that he felt also that I hadn't understood how much he wanted me and how let down he felt, and that my remarks to him were felt to be insensitive, rough and cruel.

He said with relief: 'You spray cold water over the elephant if it softens his hard skin'.

Here at last I had managed really to understand and therefore to hold together his baby self, enabling him to relinquish for the moment his holding himself together by muscular and mental toughness.

Looking back to my previous interpretation, I was aware of feeling that I had to get it through to him against some resistance. In other words, I had felt that force would be necessary to penetrate his tough skin. After he had shown me that he experienced me, for whatever reason, as brutal, and his inevitable resistance to it, I could really become aware of his fragile unheld infantile self. Perhaps my slowness in becoming aware of it was my own tough skin, protecting me from awareness of this extremely painful, primitive emotional experience, or perhaps I felt, because of previous experience of it, that it was very important to interpret his destructiveness, the masturbatory stroking and mockery, and so I was not sufficiently aware of the ongoing effect of the initial trauma of my being late.

To conclude, I consider that this primitive fear of the state of unintegration underlies the fear of being dependent; that to experience infantile feelings of helplessness, brings back echoes of that very early unheld precariousness, and this in turn motivates the patient to hold himself together. At first this is done as a desperate survival measure. Gradually these defence mechanisms become built into the character. Some will lead on to socially adaptive behaviour and special skills; others will remain as the basis on which other omnipotent defence mechanisms are superimposed, which further block emotional development.

**SUMMARY**

This paper attempts to show the importance of interpreting the survival function of the primitive omnipotent defences which are used by the baby to hold himself together when there is no available containing object. These primitive defences were described by Esther Bick. She became aware of them through observing infants, and from analysing children and adults. They include focusing of the attention on a sensory stimulus, continuous movement, and muscular tightening. Because they are developed by the infant in the service of survival, these mechanisms tend to be clung to, and interpretation only of their destructiveness results in further misunderstanding between analyst and analysand. It is suggested that many later defence mechanisms are based on these primitive ones.

**TRANSLATIONS OF SUMMARY**

Ce rapport essaye de montrer l'importance d'interpréter la fonction de survie des défenses primitives qui sont puissantes employées par le bébé pour se tenir debout lorsqu'il n'y a pas d'objet contenu disponible. Ces défenses primitives sont décrites par Esther Bick. Elle est devenue consciente de ces défenses à travers l'observation d'enfants et de l'analyse d'enfants et d'adultes. Elle comprend la concentration de l'attention dans un stimulus sensoriel, un mouvement continu et un contractissement musculaire. A cause du fait que ces mécanismes sont développés par l'enfant dans le service de la survie, ils tendent à se cramponner et uniquement à l'interprétation des résultats destructifs dans un malentendu ultérieur entre l'analyste et l'analysant. On suggère que plusieurs des mécanismes de défense postérieurs sont basés sur ces mécanismes primitifs.


El trabajo pretende demostrar la importancia que tiene el interpretar la función de sobrevivencia de las defensas omnipotentes primitivas usadas por el niño para mantenerse entero cuando no tiene un objeto que le contenga. Estas defensas primitivas fueron descritas por Esther Bick, quien las reconoció a través de sus observaciones de niños y del análisis de niños y adultos. Entre estos defensas se incluyen el enfocarse en un estímulo sensorial, el continuo movimiento, y la tensión.
muscular. Dado que el niño desarrolla estos mecanismos a fin de sobrevivir, tiende a aferrarse a ellos y si se interpreta sólo su aspecto destructivo no se llega a entendimiento alguno entre analista y paciente. El autor del trabajo opina que muchos mecanismos de defensa posteriores se basan en estos mecanismos primitivos.

REFERENCE


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