

The relationship between omnipotence and ego wrapping

By

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Whenever I am teaching PBSP theory I always have the problem of where to start. Because all of the different parts of the theory seem to be interconnected it almost seems like it doesn't matter where I start. Yet over the years of attempting to teach PBSP, by which I also include my own attempts to learn PBSP theory, there are certain key concepts that I come back to over and over again. No matter if I am talking about "magical marriage," "basic developmental needs," or "holes-in-roles," there has seemed to me to be some basic components of the PBSP theory that I'm always going back to in order to make sense out of whatever part of the theory I'm trying to teach or understand. This paper is my attempt to lay out in an organized form my sense of what I would call the central metaphor behind PBSP theory. As my title indicates, I see the central metaphor in the relationship between omnipotence and egowrapping. Not omnipotence by itself, nor ego wrapping by itself, but in the relationship between these two dynamics.

In what follows, I'll be explaining what I mean by this relationship between omnipotence and ego wrapping. But the basic model I'll be presenting focuses on a fundamental metaphor that Pessoa purposes that all human beings must differentiate from what he calls "God." For Pessoa, God is defined as "everything that is." All the individual parts of PBSP theory are built on this fundamental principle that humans must become differentiated from everything that is and then stay in relationship with everything that is even as we differentiate to become who we are as individuals. In what follows, I will be explaining what I mean by this ongoing process of differentiating while staying in relationship to that from which we have differentiated.

I'm going to start things off by going to my ending. The ideal endpoint, or goal, of human living is to attain the capacity to experience pleasure, meaning, satisfaction and connectedness. I

think that these words should all have a hyphen between them: pleasure-meaning-satisfaction-connectedness. All four of these qualities are deeply interconnected. Addictions, for example, can represent a life that is capable of some degree of pleasure, but maybe not so much satisfaction, meaning, and connectedness. The topic of what PBSP means by pleasure, meaning, satisfaction, and connectedness is worthy of much more thought, but it's clear that all four of these capacities have to be considered together to describe a fully functioning human being. Thus, when we describe such an goal, we're describing an endpoint that is complex and multifaceted but adds together to be a life capable of joyful living.

This leads us to the question, which is closer to my topic of omnipotence and ego wrapping: how do people develop into adults who can experience their lives as having this quality of pleasure-meaning-satisfaction-connectedness? From the vantage point of PBSP theory this quality of life cannot take place without ego-wrapping. The opposite of ego-wrapping is omnipotence and unboundedness. To me its clear that the Pessó's concept of ego-wrapping represents a developmental achievement. Deficits in ego-wrapping can be thought of as the primary suspect in blunting an individual's capacity to experience pleasure-meaning-satisfaction-connectedness. This "blunting" is a result of the dynamic that wherever ego-wrapping is weak or not present omnipotent, unbounded states occur. I'll be arguing that omnipotence is a kind psychological scar tissue that forms whenever ego-wrapping is not present.

Ego-wrapping

With the concept of ego-wrapping, the ego is conceived, metaphorically, as being like psychological "skin." The following is a list of what I believe to be the most important functions of this psychological skin we call "the ego": 1) it is the line of demarcation between the self and

all otherness, 2) it is the line of demarcation between the “inside” and “outside” the of self, 3) it is the gatekeeper of input and output between the self and its environment, 4) it is the container of all the paradoxical polarities that have to be integrated, or balanced, to be fully human, 5) the ego has to manage the basic energies of sexuality, aggression, the drive towards completion and the related drive to see justice done, 6) a mature ego renders basic needs, which start off as being literal, to be experienced as “symbolic,” 7) what PBSP calls the function of “the pilot,” or the executive function, is part of the ego. Thus, the ego is more than just a boundary line. It is really a very complex collection of psychological processes that work together to produce the self-perpetuating system we call the human self. What I’m calling the ego, is a collection of systems or processes. It is not a thing, like an arm or the amygdala. In my time here I will not be able to cover all of these functions that I’ve mentioned. But what I am proposing is that when all of these ego functions are operating, we say that the person is ego-wrapped. When there is a fully developed ego, or when all aspects of self, or soul, are successfully ego-wrapped, then there is a human who is capable of experiencing pleasure, satisfaction and connectedness with other human beings along with a sense of meaningfulness of life. Where ego- wrapping is incomplete, weak, or faulty, we say that the person is suffering from unboundedness and omnipotence. When this occurs the person suffers, to some degree, from a lack of an ability to experience the fullness of connectedness, pleasure, meaning and satisfaction. In other words, the person will experience some degree of isolation, pain, meaninglessness, and frustration.

Omnipotence

The starting point of understanding Pessoa's thinking about omnipotence is to look at his definition of God. His working definition is surprisingly simple: "God is all that there is. Therefore there is nothing that is not God. Clearly then, God has no other" (Pessoa, 2008, p1). For those who are uncomfortable with religious language, I would purpose using Heidegger's philosophical language and say that what Pessoa calls "God" is very similar to what Heidegger calls "Being." Briefly, Being is that which we refer to whenever we use the pronoun "is." Everything that "is" partakes of Being but no one thing that is, is Being. For anything to exist, it has to partake of Being, but no one thing is Being.

If Being is everything that is, and if Being, thereby, has no other, human beings represent differentiated aspects of everything that is. An individual human, a soul, is everything that the individual human being is, as differentiated from all there is. The hallmark of a human soul is that it is not a singularity; the human self does relate to otherness and in fact arises out of otherness. In Pessoa's words, "I am made of others, a father's sperm and a mother's egg and I become who I am by virtue of interaction with those primary others and many others before and beyond them" (Pessoa, 2008, p.2). It is out of this distinction between God, as everything, and thereby having no other, and humans, as being created out of God, or Being, that Pessoa goes on to define omnipotence: "If I ever get to a position or place where I feel as if I am all there is then I have entered the domain of God and I become omnipotent, at least in feeling, thought and sometimes action" (ibid, p.2). For Pessoa omnipotence is the experience of oneself as being singular, as being the only one. Omnipotence is a kind of distortion of the experience of one's

self as being radically self-sufficient and thereby needing no other. This experience of radical self-sufficiency is a distortion of the actuality that our existence depends on our constant interaction with other human beings and our environment. As I like to say, we are pack animals to core. While it's true that we grow from the absolute dependency of infancy to the relative self-sufficiency of adulthood, our existence as a human being depends on our interconnectedness with a larger human community and the rest of the universe¹.

Differentiation

What does it mean to say that we are differentiated from everything that is? I like the analogy that the neurologist, Antonio Damasio (1999), makes when he points out that all living things are bounded. Each individual cell has a cellular membrane which differentiates itself from inside and outside. If that cellular membrane is breached, then that cell dies. The membrane differentiates the internal self-perpetuating system of the living cell from everything that

¹ I would like to digress for just a moment and make a comment about what PBSP calls "meaning." In defining human beings as being part of everything that is, Pessoa is saying that human beings have a kind of inherent nature to be related to and yet different from everything that is. Even though I am created out of everything, I am not everything. Everything that exists comes out of everything that exists but no one person or thing "is" everything that exist. Everything that exists is made out of the same star dust. To me, what is meant by the term "meaning" is the experience of how we as individuals are connected to everything. When we say that an experience is meaningful we are saying that we experience how we are a part of a larger whole, and we experience something of what that part is. The experience of meaning is the experience of how we are related to a larger whole of which we are a part. Everything is related to everything else but no one thing is everything. Many people have said in different ways that humans are meaning making creatures. A big part of that push toward seeking meaning is the desire to experience how we fit into the whole. This is what I call the religious dimension of human experience.

surrounds it. The membrane has to be permeable in an orderly fashion. It has to take in nutrients that feed the engines of living and it has to eliminate wastes or else it would die from the inside by its own living processes. Pessó's theory of ego-wrapping and omnipotence can be thought of as an analogy to these basic biological facts. In order to be a fully self-perpetuating human being, we have to develop the equivalent of a psychological membrane. This membrane is not a literal "thing-like" entity but a psychological process, or system. (It is important for me to note here, that by a psychological membrane I do not mean to eliminate the body. The realm of the psychological is an elaboration of the purely "physical." For me, the "psychological" equals "the physical" plus "the meaning" of what we call the physical. The two realms are so interconnected that we have to suspend actual human existence to separate the psychological, or meaningfulness, from the purely physical.)

What do I mean by process? A process is an organized system. We live by such processes. Let me give you an example. I felt the power of systems, or organized processes, most acutely when I moved to a new house after having lived in our old house for 17 years. I felt constantly disoriented in the new house for the first 6 months or so that we lived there. Many of my organized processes were disrupted. I would go to look for a postage stamp so I could mail a letter and have the experience of not knowing where the postage stamps were. I would go to a familiar location for an evening committee meeting, and when the meeting was over, I would get in my car and think, "How do I get to my new house from here?" Before, I wouldn't even think about things like where are the postage stamps or how do I get home from a familiar location. We develop countless systems by which we navigate our way through the world. I was not aware of all these systems I had set up in my old house until they were all disrupted by moving a mere mile

and half (about 3 kilometers) away from where I had previously lived. The human self is a system that is a collection of systems which in turn is a system that is part of a larger system.

Developing a system itself is an act of differentiation. The biological substrate of this notion that developing a system is an act of differentiation is demonstrated by the fact that the brain of a human infant starts off with a overabundance of synaptic connections². Literally, the human brain starts off with all of its neurons connected with each other. In a process researchers call “parcellation” these connections are pruned. It is only with time and experience that the connections between neurons are organized into meaningful networks which reflect established systems of organized processes. The researcher Alan Shore (2003a) summarizes parcellation as:

A large body of evidence supports the principle that cortical networks are generated by a genetically programmed initial overabundant production of synaptic connections, which is then followed by a process of competitive interaction to select those connections that are most effectively entrained to environmental information. “Parcellation” is the activity-dependent fine tuning of connections and winnowing of surplus circuitry. Parcellation is responsible for... functional segregation (which) allows the developing brain to become increasing complex, a property of a self organizing system (p.103).

The human infant, in other words, lives in a kind of undifferentiated state of oneness.

This process of parcellation is further illustrated by the phenomenon called synesthetic perception.

Another researcher, Daniel .Levitan (2007), describes synesthetic perception this way:

²I don’t mean to imply that parcellation is the only processes of brain development. Parcellation takes place after huge growth spurts in brain development. Parcellation takes place after the growth spurts. As Shore (2003b) puts it: “Indeed, overproduction and pruning of synapses, as in the postnatal period, is a hallmark of adolescence. It has been estimated that, over the adolescent period, 30,000 synapses are lost per second in the primate cortex...” It would be most accurate to say that parcellation represents the organizing of synaptic junctures. I give thanks to the participants at the 6th International PBSP conference who both alerted me to the need to clarify this point and who engaged in this paper with great questions and points in general.

Consider that at a very early age, babies are thought to be synesthetic, to be unable to differentiate the input from different senses, and experience life and the world as a sort of psychedelic union of everything sensory. Babies may see the number five as red, taste cheddar cheese in d-flat and smell roses in triangles (pp 127-8).

In short, the infant mind has to learn to differentiate the sense of touch from the sense of smell, the sense of hearing from sight, and so on. Synesthetic perception is a concrete expression of the state of the infant brain having an overabundance of synaptic connections. It sounds strange to adult ears, but babies apparently have to learn that information they take in through their eyes, and only through their eyes, is sight. Smell, touch, and hearing are not sight. This is learned through repeated trial and error and the identification of patterns.

Many of the patterns that infants learn are learned, as Pessoa said, “through interactions with primary others,” or attachment figures. Through research on attachment as well as a whole host of other researches in the field of “cognitive science,” we now have a more thorough understanding of how development happens through interactions with primary others.

Attachment

The most important feature of the child’s environment with which it must relate is the child’s relationship to its primary caregivers. As Darwin pointed out, the human infant is unique in the animal world in the length of time that it is completely dependent on its care-givers to live. Most animals are functional adults within about 6 months. For example, the State bird of my home state of Minnesota is the Loon. Loons migrate thousands of miles to come to the lakes of

Minnesota to nest and produce young. They then have to migrate back thousands of miles to their winter homes. By the end of the summer, if a Loon chick has not yet learned to fly, the adults will frequently leave these chicks to fend for themselves. Most of the time these chicks do learn to fly on their own and make it back to their winter homes. It is inconceivable that a human infant would survive by itself for any length of time. Human infants are literally born “half-baked.” Darwin speculated that with the relatively gigantic human brain, if humans were born more fully developed the pelvis of the human female would have to be so large that she would not be able to walk. So one of the many prices we have to pay for our superior mental capacities is our dependence on our caregivers until at least adolescence. In our modern age, this dependency may even be extended to the mid-twenties, or post graduate days. (The human brain, we now know, is not fully developed until sometime between teens and the early twenties.) All during this time of dependency, but especially in early infancy, the single most important factor for survival is our attachment to our caregivers. A baby may not be able to start a fire to keep itself warm, but it is equipped to know how to stay firmly attached to those who do know how to start a fire. This means that the single most important environmental relationship that the infant brain has to attend to is its relationship to its parents.. It would not be inaccurate to say that much of the organizing parcellation process is from the infant brain synchronizing itself with the brain of its primary caregiver, which is most often its mother. While the mother is feeding, bathing, playing, and so on, with her baby the baby’s brain is synchronizing itself with the mother’s brain.

This synchronization is entirely nonverbal and happens most powerfully through gaze.

Shore (2003a) puts it this way:

The mother’s emotionally expressive face is, by far, the most potent

visual stimulus in the infant's environment, and the child's intense interest in her face, especially in her eyes, leads him to track it in space and to engage in periods of intense mutual gaze. ... A body of research demonstrates that gaze represents the most salient channel of nonverbal communication. ... (p.38).

I think it's important to pause here and really take this in. I'll summarize. The human infant is born with a brain that is unorganized and undifferentiated. In this state, it is totally dependent on its caregivers to live. In order to live the infant has to do everything it can to maintain its connection with its life-sustaining caregivers. It is within this system of connectedness between the infant and primary care-givers that the infant's brain develops, through parcellation, by synchronizing itself with the already organized brain of its primary caregivers. The primary means by which all this takes place is in the emotional connection between the infant and its partner which is primarily mediated nonverbally, with gaze being the most important nonverbal exchange. During this time, the child's brain is organizing itself to maximize its behaviors that ensure that the bond between it and its caregivers remains intact and is also learning the basic systems by which it can learn to take care of itself.

Affect Regulation

Perhaps the most important primary system that is learned by the infant in the infant caregiver partnership is the processes associated with affect regulation. What do I mean by affect regulation? I remember when I first flew on a airplane in my early twenties. I was excited and a little bit scared. I became very scared as the plane took off and started making all kinds of strange, unfamiliar sounds. I attempted, successfully, to soothe myself by focusing my attention

on the flight attendants. I reasoned that they obviously flew a lot and they were responding to the noises as if they were familiar background noises. I reasoned that as long as they felt ok, everything must be ok. I purposefully focused on the flight attendants' emotional state to see how I should feel. Infants live in such a state 100 percent of the time. In their helplessness, they attempt to maintain a constant state of emotional connection with their care givers in order to orient themselves in a new, unknown world.

If the main thing the infant mind must learn is how to stay connected to its caregiver, then the systems or patterns that are learned that seem to result in optimizing this connection are what we could call survival patterns of behavior. This is where emotions come in. As Damasio puts it, affects, or emotions, are “an embodiment of the logic of survival” (1999, p. 42). Our emotional responses to the world are, in other words, the embodiment of what we learned we had to be in order to survive, which, as we have seen, primarily means learning what we have to do to keep our parents attached to us. In everyday language, what all this says is that our emotional lives represent learned systems of affective responses that ensure that we will be loved by our parents enough so that they are motivated to continue to take care of us. As Shore (2003a) succinctly puts it, “Severely compromised attachment histories are thus associated with brain organizations that are inefficient in regulating affective states and coping with stress. ...” (P.137).

Basic Developmental Needs

It is here, at this point in the story, that it is relevant to bring in Pesso's notion of basic developmental needs. Pesso's basic developmental needs are descriptions of types of interactions

that need to take place within the infant - caregiver relationship in order for the infant to organize itself to become a relatively independent self, with its own interests and capacities to keep itself alive. The basic needs are the need for place, for nurturance, for support, for protection, and finally, for limits. The topic of the basic needs is important and deserves a full elaboration.

However, I will just make a few general comments about the basic needs. The basic needs start off as literal physical needs of the human infant. Starting with the need for place, this need refers to the fact that right from the beginning of life, when the sperm and egg unite, the human organism must be in exactly the right place in order to grow and survive, namely, the womb. The womb provides support, nurture, protection and limits.

I've said that one of the processes of the ego involves the development of the basic needs from literal, purely physical needs, to symbolic, or emotional needs. Here's what I think that developmental trajectory means. After the baby exits the womb the baby's family must continue to provide all the needs that the womb had been providing. As the baby develops these needs continue on the physical, literal level, but they also become elaborated into more psychological or symbolic need states. Nurturance becomes not merely the taking in of physical nourishment but also the taking in of love. Place becomes not only the provision of shelter but the experience of being wanted or of belonging. Protection is needed not only for pure physical well being but to be protected from psychological hurts. Support is not only the physical act of holding and transporting the infant, but also the psychological support of knowing that someone is on our side. Limits become not merely the paradoxical physical experience of freedom knowing that if the uterine wall can hold up I am free to kick, but the freedom of being able to act and express myself knowing that my actions and expressions will not harm myself or another. In other words, as the

infant differentiates and becomes more organized into a psychological person, the basic needs become more psychological or, we might say, more emotional than purely physical. Emotions become the expression of the body in the mind.

The human infant is remarkably incompetent to meet its own needs. If a baby is hungry, the only thing it can do to communicate to its' caregiver is to send a distress signal that something is wrong. If the caregivers do not respond to the display of distress by feeding the baby, the baby will die. Thus, the baby's survival is completely dependent on the capacity of the caregivers to notice and to accurately respond to the affective or emotional communication that the baby sends out. This is a very important point. The baby's capacity to meet its basic needs is identical to an interpersonal system where the infant can make its need known by some emotional display and some caregiver responds accurately to this emotional display. The baby that is part of a system that recognizes and responds to its needs is a happy baby. The baby that is part of a system in which the baby is unsure if its needs will be met is an anxious unhappy baby. The baby's unhappiness or happiness is a result of its systems response to it. For an infant to experience that its self is a source of well being, it has to experience itself within a system that is responsive to its needs. This capacity to experience the self as a source of well being is the bedrock of self esteem. But, paradoxically, this self experience is a result of a relationship to the world not an isolated experience of ones self.

When an infant has the repeated experience that there is a way it can successfully meet a given need state, that need state becomes what PBSP calls "ego-wrapped." Recall my example of moving to a new house. In my old house if I needed something like a postage stamp I knew without having to even think about it where I needed to go to find a stamp. My need for stamps

was thus ego-wrapped. When I moved, and everything was in boxes not adequately labeled, when I needed a stamp I would feel disoriented and increasing anxious. What was normally a two minute job might become an all day search, thus displacing other activities I might have engaged in. Ego-wrapping is the equivalent of having a ready at-hand process by which we can make such a sure prediction of the outcome that we don't have to spend a second wondering what to do, or feel any anxiety about what the best course of action might be. In this way, applied to the concept of basic needs, it is obviously an advantage to have all of one's basic needs ego-wrapped.

Memory and Mental representation

In the first few days of life, when the baby needs something it becomes an unbearably loud alarm going off. Let's say it's hungry. It's the parent's job to figure out how to turn off the alarm. Is the baby hungry, scared, cold, wet or what? Through trial and error and sometimes educated guesses, the parents finally come up with the needed provisions and the alarms are turned off. What I've observed, as many of you have too, is that as patterns are established the whole interactive process of meeting an infant's needs becomes easier. Within days of birth, a crying hungry infant may stop crying when it hears the sounds, or other sensual experiences, of the meal being prepared. It turns the alarms off itself when it recognizes that the need is about to be met. Gradually patterns of need gratification are established. The parents know that by in large the infant will become hungry at certain intervals, that certain conditions, like noise, will be too much for the infant to bare, and so on. This establishing of patterns of need gratification makes the whole process of meeting the infant's needs much easier for everyone.

For example, I was in a restaurant when two young women sat at a nearby table. One of the women was a new mom and had her baby with her. To my eyes the baby looked like it was around 2 months old. After a few minutes the quietly resting baby started to cry. The mom said to her companion, "Oh, she must be hungry." She reached into her baby bag and started to prepare a bottle. At this point the baby stopped crying. The mom smiled at her baby and said to her friend, "She's learned to recognize the sounds of me getting her bottle ready."

Apparently the infant brain has the capacity to notice patterns and symbolize or mentally represent them. Thus, when a hungry infant hears and sees its' parent preparing a bottle of milk to feed it, it will stop crying, knowing that its' need is about to be met. This is possible because the infant's brain is starting to form a mind, or what Pessoa has called "a mind's eye" and "a mind's body." That is, the infant is able to symbolically represent, as a mental image, the entire past sequence of being hungry, letting the world know that it is hungry, the world responds, and there's a feeling of relief and satisfaction; its need is met. When a hungry infant stops crying when it hears a bottle being prepared it has somehow "pictured" or mentally represented the entire past sequence and has predicated the future outcome based on past experience. There is, thus, a very close connection between ego-wrapping, mental representation, and memory.

Ego wrapping starts off as the encoding into memory, via mental representation, interactions between the body and the outside world. What is encoded are patterns of self - other interactions which result in either the successful meeting of basic needs or patterns of failure to meet basic needs. In other words, what we call "the ego" is a complex memory formation of our history of successes and failures of, first our body, and then our body/minds, interacting with others from the vantage point of meeting our basic needs. Extensive research in both

psychological development and brain development point to the fact that the foundation of the ego, the foundational memory images, in other words, are those interactions between the self (which is an embodied self) and the caregivers who are the agents of need gratification for the infant. The representations of these core patterns, according to Shore, are stored in the frontal orbital cortex.

As Shore (2003b) puts it:

The orbital cortex matures in the middle of the second year... a time when the average child has a vocabulary of 15 words. The core of the self is thus nonverbal and unconscious, and it lies in patterns of affect regulation (p.22)

It is very crucial to note that it is only with successful affect regulating experiences that the brain begins to form a representation of a particular distress as being a particular need state. This capacity to mentally represent a need state, matched with a particular affective display, matched with a pattern of satisfaction and the pleasure of satisfaction, which is all matched with what kind of behavior it took to get one's caregivers to successfully meet this need, is what ego wrapping is. Ego wrapping is the accumulation of mental representations, or memories, of the sequence of 1) a need state, 2) of a particular affective display with that need state, 3) with the response of a caregiver to the need state, which results in 4) the outcome of the interaction. What we call "the ego" is the sum total of such complex representations of such sequences. This, of course, is just another way of saying what Albert Pesso has been stating for years when he talks about the sequence of energy, action, interaction, and meaning (what he used to call, "map").

Unboundedness

To summarize, when we see a person and identify the unique characteristics of that person, a large part of what we are seeing is how it is that that person responds emotionally to the events of their life. Our patterns of emotional responses to the world were largely learned by the affect regulating experiences provided by our caregivers during the time that our brain's orbital frontal cortex, was literally being wired via the processes of parcellation.

I can now define the experience of omnipotence that PBSP calls "unboundedness." If ego wrapping is the capacity to call up a mental representation of affect regulating experiences at the hands of care-givers, then omnipotence represents affective experiences where there are either no, inadequate, or ineffective affect regulating experiences to recall. PBSP has identified three different types of systems failure that result in unbounded, or un-ego-wrapped, experiences of the psychological self. These have been called the "Three Tiers."

But before I talk about these Three Tiers, I want to make some general observations about the experience of omnipotence and unboundedness. One important point I have to add to this picture is the fact that at around the age of 2, specifically, between 18 and 22 months, at around the time when the frontal orbital cortex matures, there is a remarkable leap in the infant's development. A sense of self develops. A sense of self includes the experience of uniqueness, that experiences I have are my experiences. This development of a sense of self is most famously illustrated in the often cited experiment in infant research where a researcher smears a bit of rouge on the infants nose. Up until 18 to 22 months, when the infant is confronted with a mirror, the infant will not react to the rouge on his or her nose. After this time, the infant responds to the

sight of his or her nose with embarrassment. (In the film I saw of this experiment the child dropped his head in shame and tried to wipe the rouge off his nose.) This is taken to mean that at this point the infant can see him or herself as a separate person whom others can also see. When the child looks into the mirror, sees her messy nose, the child now can mentally represent others looking at her and can imagine how those others would respond to her. This all happens internally as a mental event. (We have to always keep in mind that any “mental event” includes the mental event we call the “mind’s body.” There is no such thing as an un-embodied mental event.) This means that from that moment forward another important category of affect regulation is how does the child feel about him or herself. This is another way in which the needs go from literal to symbolic. When a parent picks up a child who cannot walk or crawl and transports her to another location, the parent is giving that child literal support. Now, let’s say that the child is a bit older and is attempting to tie her own shoes for the very first time. Not having achieved that skill yet, the child becomes frustrated and collapses into tears of humiliation. The parent then picks up the child and says something like, “It feels bad that you can’t tie your shoes like your older brother. But let me tell you, for not having any lessons you did a fantastic job!” Now the parent has moved into providing symbolic support. In this case the parent has picked the child up, not for literal support, but for the sake of supporting that child’s damaged sense of self. When the child is discouraged and filled with the negative self experience that we call shame, the child needs support in order to transition out of the shame experience. Just as a small child cannot survive physically without literal support, so a child will have a great difficulty surviving with a positive sense of self without help.

If a child needs such help to support his or her self esteem and such help is not there on a

chronic basis, the child will experience that need for support as being unmeetable, or, as we would say in PBSP, that need will be experienced as being unbounded. The experience of unboundedness is the experience of being, as one of my patients puts it, "lost in space." By lost in space, my patient was thinking of the scene in the movie Space Odyssey 2001, where the computer Hal has just cut the lifeline of one of the astronauts who is outside trying to repair the space ship. Being lost in space in this sense is a metaphor of impending death, with a complete helplessness to do anything about it. For a child, unbounded experiences mean experiences of a profoundly negative sort about which one is helpless to do anything. So, going back to my little girl attempting to tie her shoes: when she is inundated with the extremely painful affective state of shame, she has very few resources available to her to move out of that emotional experience. She is stuck in an emotional experience that is something like, "I'm totally incompetent, which means that I'm worthless." If parents chronically allow their children to remain in such states, or even worse, if parents themselves chronically create such states in their children, the developing child's ego will have to incorporate memory images of such painful states and how to cope with them. Clinically speaking, states of omnipotence, as I'm arguing in this paper, are basically attempts to cope with such unbounded states.

When a child first finds herself in a painful affective state that she is helpless to do anything about, she will first turn to her caregivers for help. If such help does not come, or if the turning to the caregiver makes things worse (e.g., "What are you crying about. If you don't shut up, I'll give you something to cry about!"), then the child's only move is to distort her perception, or understanding, of the situation. One such move is to deny that she needed anything in the first place. Going back to the girl tying her shoes, she might train herself to think and feel things like,

“Tying your shoes isn’t so important anyway.” But this is an after-the-fact move. The child has already experienced how important tying her shoes was to her. This importance is now buried (repressed, disavowed, or disassociated) out of her consciousness. But the very biggest item that has to be dealt with is the fact that genuinely needed help is not available. She is lost in space. It is the affects associated with this “lost in space” feeling that must be regulated in order for the child to function in the world at all.

The most common way for a child to attempt to deal with this situation is to attempt to see the self and the world through a fantasy of self-sufficiency, i.e., through omnipotence. To make an analogy, this is like an adult who is terrified about her financial situation, taking temporary refuge from anxiety by fantasizing that she has won the lottery. As long as she can live in the fantasy world where she doesn’t have to worry about money at all, her terror can be reduced. Children who are exposed to unbounded affective experiences learn to live in such a world by incorporating an omnipotent fantasy into their self image. These omnipotent fantasies can be either negative or positive. Examples of a negative omnipotent fantasy would take the form of, “I’m the worse person in the world.” A woman caught up in a physically abusive marriage may have a sometimes subtle view of herself that she deserves to be treated that way because, after all, she is the most selfish person in the world. Negative fantasies reduce the “lost in space” anxiety by creating the illusion that one is not truly lost in space. The strategy is that if I can experience myself as the source of trouble, rather than unresponsive or abusive parents, then I am in control of the situation. What could loosely be called positive omnipotent fantasies are fantasies of individual greatness that allow the person to maintain a sense of false self-sufficiency. Because the fantasy only reduces the actual anxieties as long as one can maintain the fantasy, there is a

huge threat of being overwhelmed by anxiety if one lives in the actual world. With ego wrapping, anxiety is maintained at manageable levels because the self is constructed out of memory images that one's needs can actually be met, along with memory images of how one can successfully meet the need. Omnipotent fantasies maintain anxiety at a manageable level by virtue of an illusion that one is self-sufficient. Naturally, such fantasies are extremely fragile when the self interacts with the outside world. If I am dealing with extreme, debilitating financial anxiety by fantasizing that I've just won the lottery, then any actual interaction with outside world, say, buying a cup of coffee, could easily shatter the omnipotent fantasy of self-sufficiency. So as soon as the financially anxious person goes out to buy an actual cup of coffee, it becomes extremely difficult to maintain the fantasy that one is a millionaire. This means that if the fantasy is the only way I have to not be wiped out by debilitating anxiety, if the anxiety is debilitating enough, I'll never be able to risk going out into the actual experiences in the actual world. This is also the case with negative omnipotent fantasies. It never works to simply tell someone, like the abused wife I mentioned above, "No, you aren't the most selfish person in the world; I've experienced you being very generous." Such attempts are quickly rebuffed. Paradoxically, giving up a sense of something like, "I'm the worst person in the world," means that one has to face real, debilitating anxieties that the person's memories say he or she can do nothing about.

The "glue," so to speak, of omnipotence is the need to ward off the unbearable intensity of the "lost in space," unbounded experience. As I have tried to show, the intensity of the unbounded experience can be equal to the intensity of a two-year-old seeing that he or she is doomed to intensely emotionally painful experiences that he or she can do nothing about.

The root of omnipotent character formation is despair. The more a person is convinced,

from the history of their experience, that opening themselves up to the potential for actual need gratifying experiences will result in the unbounded, “lost in space” experience, the more intensely and even ferociously that person will have to hold onto their omnipotent fantasies of self sufficiency. When we invite a person to enroll an Ideal figure, we are inviting them to exchange their survival enhancing omnipotent fantasies with an inherent promise that if they are willing to risk an experience of unboundedness that this time they won’t be “lost in space.” Simply put, the more terror a person has been carrying around in the form of implicit memories of unboundedness, the bigger the struggle will be to embrace the new experience represented by Ideal figures.

Unfortunately, for the sake of completeness, I have to add in a complicating factor. This factor leads me to want to distinguish normal, healthy developmental omnipotence from the protective omnipotence that I have been speaking of. This normal developmental omnipotence is displayed by such everyday events as a 5-year-old yelling to his mother as he jumps into the swimming pool attempting to make a big splash, “Mom, mom, look at me!” In this example the five-year-old is attempting to regulate her self esteem by eliciting an interaction with her mother whereby she takes in what she hopes is her mother’s look of pride at her accomplishment of producing the biggest splash ever. Here the child is attempting to create a self experience whereby the “self” is experienced³ as being of unquestioned value and worth. The attentive parent supports this bit of normal grandiosity by saying something like, “Look at you making such

³The researcher, Peter Fonagy (Fonagy, et al) argues that our self worth is formed by our experience of how our care-givers experience us. Our self image is constructed out of our image of what our parent’s image of us is. This construction is then seen as being objective truth. Our image of our parent’s image of us is experienced as being the reality of who we are.

marvelous big splashes!” The parent that continually responds to such overtures of the child with an attitude something like, “Don’t bother me, the splashes you’re making are just like what every other kid on the planet can make,” is leaving that child’s need to have their self esteem confirmed in an unbounded condition.

I believe that the defensive omnipotence that I have been talking about arises out of this normal omnipotence. Defensive omnipotence (the fantasy of self-sufficiency) is a corruption of normal developmental omnipotence. The difference, practically speaking, is that normal omnipotence is never fully cut off from feedback loops with outside world. Normal omnipotence never rests in sealed off self-sufficiency. As I’m writing this I have a memory from when I was about 9. I and my best friend loved reading comics books about super heros. One summer we became determined that we were going to figure out a way to fly. Our first step was to make our own super hero costumes. This was no easy task in that we had to learn a few fundamentals about sewing and dying fabrics. When this task was completed we decided that maybe if we bent a tree sapling down and staked it down with a rope, we could then sit on the sapling, cut the rope and it would fling us through the air. All during one summer we devoted ourselves to these tasks. The whole time we shared joint, self-esteem enhancing fantasies with each other about what great super heros we would be. Never once did we think about the fact that if our plan to fling ourselves through the air were to succeed, it would actually be a big disaster. What goes up must come down. Fortunately, any saplings we could handle well enough to bend down weren’t strong enough to fling us anywhere. We tried the “spiritual” approach. Maybe if we prayed to God everyday and made special efforts to be good, God would grant us the ability to fly. By the end of the summer, in spite of having some pretty nifty super hero costumes (which we kept secret, never

showing anyone), we gave up on the whole notion. Normal omnipotence doesn't cut itself off from a feed back loop with actuality. Normal omnipotence is a result of an immature brain which gives up on the omnipotence as new development and experience take hold. Luckily, we both had other sources of self esteem. If living in the fantasy that we could fly were our only source of self esteem, it would be very painful to give up the omnipotent fantasy that we could fly. The four-or five-year- old who beams with pride as if she's the next Picasso when her mother attaches her finger painting to the fridge can relatively easily give up the illusion that she has nothing more to learn about painting without damaging her self esteem. Persons with no other sources of self-regulating, self-esteem enhancing interactions will hold on to omnipotent fantasies as if their lives depended on it because in some cases such fantasies did save their lives.

As I said in the beginning, I have found it very useful in understanding both PBSP theory and practice using this basic metaphor of humanness arising out of the process of differentiating out of everything that is, while remaining in relationship to everything that is. This differentiation requires the formation of both a literal and psychological skin. This skin has to be non-porous enough that it can keep out anything that would be damaging to the self while at the same time porous enough to allow in important nutrients, both literal and psychological. This simple metaphor allows us as therapists to track with very complicated issues. More immediately, this metaphor of differentiation may be of help in understanding other concepts from PBSP at a deep and practical level.

Appendix

(Some thoughts on the Three Tiers that were not a part of the original paper presentation)

The Three Tiers

From the vantage point that I've just been outlining, what Pessó calls the "Three Tiers" represent three differing clinical manifestations of unboundedness and three different types of omnipotent defenses. Here, I'll just briefly consider each of the Tiers.

Tier One

Tier one represents developmental experiences where the basic needs have been inadequately responded to. This state of affairs is commonly referred to (outside of the PBSP community) as "neglect." Here, as Pessó has put it, "there is not enough coming in" in regard to meeting the needs of the developing child. When this happens need states are frequently represented as unbounded. In other words, the neglected individual learns to represent their need states as unmeetable. As I've tried to show, the consequence of the experience of a need state as being unbounded is anxiety. Imagine a man who has never learned to cook. His whole life first his mother, then his wife, cooked for him. Imagine that this man's wife dies. When this man becomes hungry it is easy to imagine that he might become anxious. He has no mental representations in his memory bank about how he can solve the problem of his hunger. Until he comes up with an organized way to solve his hunger, being hungry will make him anxious. Now, imagine an infant who grows up in an isolated rural area. In her family, life is experienced as just a grim survival task. When the child needs nurture, or, needs to take in a sense of being loved, such a need is judged by the over-worked parents as being trivial to the need to get the fall harvest

in before winter weather hits. Hence, the child's behavioral overtures to get a loving smile from the mother are ignored. When such frustrating interactions are chronic, repeated patterns, the child's representation of the need state of "needing love" is stored in memory and represented as unmeetable. This often leads to the need state not be consciously known. But to whatever degree a need state is chronically frustrated, the need state is represented as being unbounded, or too much for anyone to meet. This results in the unfortunate condition where the needs of the self are experienced as being something of the "enemy." To make an analogy, if I knew that my water supply was going to make me sick every time I drank, then every time I felt thirsty I would feel anxiety. I may learn to hate myself every time I feel thirsty to keep myself from drinking the tainted water except when I absolutely had to. Likewise, if an infant learns that every time he or she feels a certain need state that the distress of feeling that need is going to be un-responded to and therefore the distress will go on indefinitely, that child may learn to hate themselves when he or she feels that need. The need will feel endless and unmeetable. If we put the experience into the language of conscious experience, it maybe something like, "if I allow myself to experience the distress of my need state, I may never stop feeling distress so I better not allow myself to feel the distress or even the need." We would say that this person is experiencing their need as being unbounded, or, is having the experience that one's self is the only agency that can meet the need but one's self is inadequate to meet the need.

To get the full picture of the experience of unboundedness, we need to remember how helpless the human infant actuality is. The experience, for example, of "I'm scared, I need protection," becomes the experience of, "I'm scared and I will never stop being scared." Such a state is intolerable. Since the infant is incapable of actually providing its own protection the only

way it can get away from the unbearable experience is to change its way of representing the experience and the self in that experience. The only way the developing child can get away from the intolerable terror and anxiety of its helplessness is to represent the self as being self-sufficient. Such a self-image of the self as being self-sufficient, is, of course, a total delusion

An important consequence of the formation of an omnipotent, self-sufficient self, is a lack of awareness of what is causing one's misery. Imagine for a moment an infant that has (basic) need states which were so poorly responded to that the connection between the experience of distress cannot be linked to any knowable need state. Imagine an infant that is distressed because it is cold.. As I've tried to show, that infant only knows distress, it doesn't know that it is distressed because it is cold. If the need is not responded to in a successful pattern, what is encoded is the endless frustration of a need not being met, without even knowing what the need is. We only know what our needs are because they are responded to. Knowing something, anything, is a matter of having a representation of that something in our memory. We only know that we have specific needs when we have histories of those specific needs being responded to. A big part of what we are doing in PBSP psychotherapy is helping people to develop representations of their need states and to discover what the remedy is to meeting that need.

To summarize, when a developing human's needs are not adequately responded to the human infant is left in a state of corresponding unremitting anxiety and helplessness. In order to minimize this painful state the infant mind learns to avoid its own needs. Such a mind develops omnipotent fantasies of self-sufficiency that can only be maintained as long as its need states, which can only be met with an interaction with a caregiving other, are denied access to consciousness. If the needs threaten to break through, the mind may institute painful attacks of

shame and guilt over the need state. In this way the pain of feeling ashamed of oneself for having a need becomes a substitute for the pain of a need going unmet. In the research literature of attachment studies, this state is known as “avoidant,” meaning, the person attempts to avoid their (attachment) needs. From the point of view of PBSP the engine that drives this avoidance is the experience of a need state as being unbounded, which is to say as being uniquely unmeetable, and, the need state becomes a source of shame rather than a source of satisfaction.

Tier Two

If issues around Tier One involve developmental deficits, or “not enough coming in” to the self system, Tier Two issues refer to the opposite developmental environment where, “too much” comes in. Recalling Damasio’s image of the boundedness of a single cell, certainly a crucial function of the cellular membrane is to keep things out that are toxic to the organism. For the human self system the individual needs to feel like he or she is in charge of what is allowed in. With Tier Two issues, commonly referred to as abuse, the developing self feels helpless in regard to making choices about what to allow in. I remember a time when I was in elementary school when I did something, which I’ve long since forgotten, to attract disciplinary action from my teacher. I was asked to stand while the teacher humiliated me by referring to me as “Jimmy” repeatedly as she was lecturing me. I was not far away from the transition where I had announced to the world my transition from babyhood to being a big boy by using “Jim” as my name rather than Jimmy. In spite of the fact that I was already in trouble with the teacher by about the 5th time she pointedly called me Jimmy, I told her to shut up and stop calling me that. Thankfully, my teacher’s response to the audible shocked gasps from my classmates was to say something like, “That’s good, its important to stand up for yourself.” This is an example where I was successfully

attempting to control what was coming in and my move was fully endorsed by my teacher. Notice that the “success” or “failure” of my move depended on my teacher’s response. Children who grow up in environments where they are continually humiliated, shamed, physically and/or sexually abused either don’t develop or develop faulty control over what they feel is ok to let in or to keep out.

I remember vividly the first woman I worked with as a beginning therapist who was in an abusive marriage. In the intake interview she mentioned that her youngest son was brain damaged from the time her husband had thrown her down the stairs while she was pregnant with her son. After revealing that her husband had thrown her down the stairs because she hadn’t cooked his eggs correctly, she said with complete innocence, as if this justified her husband’s behavior, that “he was right, I didn’t cook them right.” The abusive behavior, in her mind, was not abusive, but deserved punishment for her bad behavior.

Again, the human infant is remarkably helpless in regard to fending off physically or emotionally toxic agents. Just as the human infant depends on the parents to meet its basic needs, so does the infant require that its parents act as its gate keeper with regard to controlling what comes in. To give a small example, if the parent is feeding the child baby food, it’s up to the parent to notice if the baby likes certain foods and doesn’t like others. The parent who consistently forces a baby to eat things it doesn’t like is teaching the child that it has no rights about deciding what comes in.

The unboundedness that develops in this situation is what Pesso has called, “unbounded receptivity.” The child grows up feeling like they are like a food source for other peoples’ needs and life becomes an unpleasant cycle of waiting for the next episode of victimization. The sense

of agency needed to say “no” is severely compromised. In terms of what we see in structure work, such individuals consistently need Ideal protection figures and limit figures who will not let them open up to interactions that are bad for them. Whereas the deprived, neglected child grows up to be a person who seems over-controlling, with a strong, although, false sense of agency, the abused child grows up with a overtly impaired sense of agency, particularly around needs to say “no” on one’s own behalf and to avoid dangerous interactions. One patient of mine comes to mind here. This patient’s memories from childhood are filled with encounters with scary others, such as when she and her sister had to stay with an aunt and uncle for a weekend when she about 8. She remembers the uncle coming home drunk and getting in bed with her. She thinks she remembers him fondling her. But the most powerful aspect of this memory was her mother’s response, who dismissed her account. In all her many scary situations she remembered, including many with her own father, she always remembers her mother’s dismissal of her fears as being groundless. As an adult, this woman leads a very isolated life. In spite of the fact that she frequently feels lonely she experiences any possibility of contact with another as being profoundly dangerous. The source of danger is some vague sense of herself as being a “natural victim.”

Another patient, a man who grew up being severely physically abused by his parents to the point where he suffered broken bones and, on one occasion, a knife wound at the hands of his stepmother, had a similar kind of terror about being close to people. In his case, rather than physically withdrawing from people, as my previously mentioned patient, he presented an aggressive front that made him so scary that people wanted to stay away from him. When he became a member of a psychomotor group I led, one of the group members was so frightened by him that she withdrew from the group. I had been working with him individually and saw him so

much as a frightened “child” that I didn’t attend enough to the experience of more naive observers who saw him as just plain aggressive. But in fact this unfortunate man experienced himself as being constantly terrified of people, while those around him experienced him as being terrifying. He had to fend people off because he couldn’t effectively say “no” to them.

Attachment researchers refer to Tier Two issues, of “too much coming in,” as a “resistant” attachment orientation. When children experience their caregivers, who should be sources of protection, nurture, and so on, as also being sources of danger, such children feel profound ambivalence about turning to the very people that they desperately need. Perhaps some of you have seen the films of children exhibiting such ambivalent attachments to their care-givers. In one such film that I saw the obviously distressed child went to his mother for comfort, but in a covert way. He backed into her, rather than rushing into her arms as a securely attached child who was distressed would. Physically, he was keeping his distance from her even while he was going to her.

Tier Three

Tier Three is now more commonly referred as “holes-in-roles.” Since Albert Pesso has introduced the notion of holes-in-roles, I don’t think I’ve led many structures that didn’t include an element of holes-in-roles issues. From the inception of this concept of holes-in-roles into the landscape of PBSP, the clinical emphasis has been on the role of holes-in-roles in the phenomenon resistance. So, for instance, a patient may look to me like they are yearning for Ideal Parents but in various ways refuse to enroll and/or to take in an Ideal Parent. From the perspective of Tiers One and Two, there are various moves I might try. But after having exhausted all my suggestions, and the idea of Ideal Parents is still not acceptable to the patient

then I suggest a holes-in-roles possibility. I'll say more about this in a second. After a holes-in-roles structure move has been made, then the patient will find it possible to enroll Ideal Parents. In this way, the place of holes-in-roles has been as a clinical theory, dictating specific clinical moves, that deal with resistance to receiving help in psychotherapy. These days I have the impression that while holes-in-roles retains its clinical position of being a powerful way of dealing with resistance, theoretically its role seems to be expanding beyond that of a theory about resistance to being a major part of the developmental picture of how an individual differentiates from "everything that is" to become a discrete individual.

Before holes-in-roles was formulated, it existed in a more limited way in the Pessó's formulation of "magical marriage." Here, the notion is that if one parent is absent, either literally or emotionally, the child will create a fantasy image of him or herself as replacing that absent parent.⁴ This results in a radically distorted self-image. With the notion of holes-in-roles, Pessó has expanded this dynamic. The dynamics of holes-in-roles can exist in any interpersonal situation, not just in the magical marriage scenario where one or both of the parents is absent. Briefly, because all humans seem to have innate needs for completions, and the related need to see justice done, when a infant or small child experiences another human being as being in an inherently unjust, painful situation, the child sees herself as the remedy for the unjust situation. For example, if a child even hears a story about what a neglected childhood her parents had, the child may see herself (as well as "feel" herself in her mind's body) as being the parent that her parent needed. This happens when the child hears, or observes, such situations while in a state of

⁴ Albert Pessó told me once, in a personal conversation, that the magical marriage concept was his spin on Freud's concept of the Oedipal complex.

normal developmental omnipotence. To explain this in a scientific manner, I have to digress for a moment, and describe what the researcher, Peter Fonagy and his colleagues call, “psychic equivalence.”

Fonagy is part of a growing new scientific discipline generally referred to as “cognitive science.” Cognitive science represents a cross-disciplinary attempt to describe precisely the interface between the merely physical and the psychological. To use a computer analogy, how is it that a simply binary system of “on” or “off” can be elaborated to the point where we can click a computer mouse on a displayed icon and make all kinds of powerful things happen? Cognitive scientists are researchers from biology, neurology, psychology and so on, who are attempting to use the knowledge from all of these sources to come up with an explanation of how we can go from “dust” to become creatures with elaborate capacities for mental representation.

Fonagy has focused on developmental issues. I will not summarize Fonagy here. But I will describe one of his concepts, psychic equivalence. Psychic equivalence describes a mode of cognitively relating to the world which is normal for young children, roughly, between the ages of 2 and 5. In this stage of development, what the child experiences inside, mentally, is experienced as being the equivalent of outside reality. There is an old childhood rhyme that goes, “If you step on the crack, you’ll break your mother’s back.” Psychic equivalence refers to a stage of cognitive development where if a child imagines that stepping on a crack will break his mother’s back, that child will experience this as reality. In this stage, if a child is so angry with someone that they imagine killing that person, they will then think of themselves as being a killer. What is going on inside of the mind is reality. There is no, “pretend” mode of apprehending the world.

When my wife and I took our then 3-year-old granddaughter to see the animated movie,

Saving Nemo, we ended up having to leave the movie after the first 10 minutes. In the first ten minutes the care-free child fish, Nemo, experiences his mother being eaten by a shark and is left alone to fend for himself. Our granddaughter, still in the cognitive stage of psychic equivalence, was completely terrified by this image. Apparently watching the made-up animated images were experienced as so real that she could not tolerate the idea of a child's mother being eaten by a shark. In the mode of psychic equivalence there is no such thing as a pretend mode of apprehending reality. What is imaged is experienced as real. A mere 2 or 3 years later, this became one of her favorite movies.

Two of the main interpersonal experiences that help children move out of psychic equivalence are playing, especially with ones parent's, and through interactions that Fonagy called, "marked." When children play with the parent's, both parties will generally take on differing roles and often change roles. This helps to develop the child's capacity to see that the world can be experienced differently depending on the role one is in⁵. This obviously plays a huge factor in the child developing a capacity for a "just pretending" mode of mental representation. The concept of "marked" interactions is closely related to the concept of "affect mirroring." Affect mirroring is what we are doing in structure work when we witness. When a parent says, "You are so sad because your favorite toy broke," the parent is, 1) communicating to the child that he understands the child's experience and therefore the child is not facing the experience alone, and, 2) the parent is helping the child to be able to mentally represent their experience. A marked interaction is an affective mirroring response, such as, "You are so sad

⁵I think that it is obvious that PBSP utilizes this developmental capacity of play. The late Louisa Howe used to refer to PBSP as, "play therapy for adults."

because your favorite toy broke,” but with a slight nonverbal twist. The child’s affective display of distress at his toy being broken may be of an intensity that says, “This event is a total disaster. I don’t see how happiness will ever be possible again.” The parent may have an accurate facial display that tells the child that the parent understands his experience, but, there may be a slight hint of amusement. Maybe the father gives a quick glance of, “Isn’t this cute,” towards the mother as he’s saying, “You are so sad because your toy broke.” The child’s brain registers that while the parent in accurately seeing his or her experience, the parent is having an obviously different experience. The parent obviously isn’t experiencing the end of all human happiness as the child is, even though the parent understands the child’s experience and takes it seriously. Such interactions help the child’s mind to develop what Fonagy called a “self-reflective function,” or, “mentalization.” In this cognitive mode of mentalizing, the mind is aware that it’s way of experiencing the world isn’t the only way of experiencing the world. It’s the difference between experiencing oneself as a “loser” or experiencing oneself as someone who frequently experiences oneself as being that of a “loser.”

Going back to holes-in-roles, if a child, who is the cognitive stage of development of psychic equivalence, then experiences herself, in fantasy and/or in some degree in actuality, as moving into a missing role, a move motivated by an inherent need to see justice done, that child will experience the move as a reality. For example, if a child hears her mother talking about what a miserable childhood the mother had because her mother died when she was 2, the child will find such a picture to be intolerable in the same way my grand daughter found, “Saving Nemo,” to be

intolerable. Part of this intolerance is due to what appears to be an innate push for completions.⁶ The picture of her mother growing up without a mother will seem so incomplete, the mothers suffering will seem so unjust, that the child's mind will automatically fix the picture by mentally representing herself as the mother that her mother never had. If the child does this while in the stage of psychic equivalence, the child will not experience this as a "just pretend" kind of fantasy, but as what she actually is. This, of course, has all kinds of implications for future development. From the point of view of PBSP, one of the main consequences is the development of a, "magical, interior omnipotent parent." In Freudian language, this amounts to an overly harsh, perfectionistic superego. If the child's experience is, even if it is a fantasy, that she is her mother's mother, then her standard by which she will judge herself is by the standard how well she lives up to this impossible ideal.

Because of all this, not only must parents watch out for, "not enough going in," and for "too much going in," they also have to watch out for "too much going out too soon." Children must be protected from experiences that mobilize their innate capacities for compassion while they are in the natural omnipotence of the cognitive stage of psychic equivalence. If this doesn't happen, it leads to hidden structures of unbounded omnipotent self states. They are hidden because they are masquerading behind a veil of good intentions and high moral standards.

Fonagy speculates that borderline type pathologies are due primarily to a lack of development which prevents the movement from psychic equivalence to a self-reflective mode of

⁶This push towards completions has been commonly observed as being part of our perceptual apparatus. Levitan argues that such a capacity, to perceive a portion of an object and recognize it as that object, is an evolutionary advantage. If we see the tail of a tiger sticking out from behind a bush, we instantly see a tiger there. Likewise with music. If we hear part of a familiar melody, we will instantly complete the melody in our mind.

cognition. There is a science fiction book by Ursula LeGuin called, The Lathe of Heaven. The hero in the story is a man who gradually discovers that whatever he would dream at night would come true in the actual world the next day. Naturally, he was terrified to go to sleep. And naturally, he was very concerned to discover what he needed to do to control his dream behavior. Such a world is the world of someone stuck in only psychic equivalence as their mode of apprehending the world. It can have its moments of fun, but it's basically terrifying. Of course, psychic equivalence must have some kind of role to some degree in all unbounded, omnipotent experiences. This would be true for all three tiers.

The holes-in-roles issue can be tricky because it can preserve a cognitive mode of psychic equivalence under a reasonable sounding guise. For example, a young twenty something patient of mine has a conscious value system of economic socialism. This young man doesn't work and spends his days playing computer games. He can't get a job because most jobs would taint him with the sins of capitalism. However, this young man grew up with divorced parents. His mother seems to have been constantly anxious about whether or not she was a good mother or not. His father couldn't hold a job. It became obvious to both of us, I think, that his fear of perpetuating capitalistic oppression was analogous to his fear that competence on his part might lead towards leaving his mother who needed him. I see this as a classic example of a holes-in-roles issue.

Conclusion

I've presented these three types of unbounded omnipotence that PBSP has called Tier One, Tier Two, and Tier Three as if they were discrete patterns. In fact, however, I've found it far more useful to think of these types of developmental failures as three different dimensions that operate in all developmental failures. That is, the person who has experienced his or her attachment

figures as dangerous also experiences neglect. Likewise, people who come from neglectful backgrounds can also experience their caregivers as being dangerous. However, in the clinical situation, when we are leading structures, very often the highest energy that the patient displays will often be around one dimension, neglect or abuse, and that will be the initial focus of the structure. But often after one side is dealt with, say, when the abuse side is dealt with, by enrolling Ideal protection figures, then in later structures different needs will emerge that look more like the needs of a neglected child. So in leading structures we end up, in most cases, going back and forth between scenes of neglect and abuse. Now, we have the third dimension of the holes-in-roles. In the case, I mentioned above, of my intake with a woman in an abusive marriage, her belief that she “deserved” to be thrown down the steps because she actually did cook her husband’s eggs wrong, could easily have a holes-in-roles configuration of believing that it is her job to take care of her husband in an unbounded, omnipotent way. (I encountered this patient before my involvement with PBSP. I only did the intake interview.) My point is that in leading structures, a huge percentage of the time the highest energy of the patient will move around between the three tiers.

The way I have come to think of the three tiers in clinical practice is that they all represent interpenetrating dimensions of what the patient is presenting. With some structures, it may seem like we skip around from the themes associated with neglect, then with holes-in-roles, which then may open some issues of abuse, and so on. Sometimes we are presented with a classic example of one of the Tiers and nothing more. I’ve come to think of the three Tiers as being something like a blues scales in improvising music. A scale is only comprised of 7 notes. But when you add all the possible combinations up with differing rhythmic patterns, those few notes can play a virtually

endless number of tunes. It's knowing scales that allows musicians to play music at all, written or improvised. As a structure leader, and as a therapist in general, I imagine that the patient and I form a little improvisational blues duo. The theory of PBSP in all of my therapeutic modes gives me the scales I need to play music with my patients.

I've tried to show how the interrelated concepts of omnipotence and ego-wrapping are describing, when taken together, the developmental task that all humans face of psychologically differentiating themselves from everything that is. This differentiation has to take place in such a way that the person experiences him or herself as unique, and yet related to everything that is. A sense of singularity must be replaced with a sense of being different and yet related to everything that is. A sense of being special as a unique individual while at the same time not being more unique than any other humans. For practical purposes, human parents represent to the neonate "everything that is." When this basic metaphor of differentiation is understood, we can see its presence in every theoretical construct with PBSP. Furthermore, more implicitly than explicitly, I've tried to show how this basic metaphor of differentiation while in relationship to the world of which we are a part, is a great theoretical metaphor that allows the PBSP theoretician to integrate many of the prominent research findings of modern psychology and science. PBSP is not only a great clinical tool, but an equally powerful theoretical tool as well.

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