

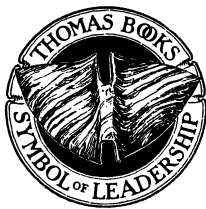
**C. G. JUNG'S COMPLEX DYNAMICS
AND THE CLINICAL RELATIONSHIP**

C. G. JUNG'S COMPLEX DYNAMICS AND THE CLINICAL RELATIONSHIP

One Map For Mystery

By

BRENDA A. DONAHUE, Ed.D.



CHARLES C THOMAS • PUBLISHER, LTD.
Springfield • Illinois • U.S.A.

Published and Distributed Throughout the World by

CHARLES C THOMAS • PUBLISHER, LTD.
2600 South First Street
Springfield, Illinois 62704

This book is protected by copyright. No part of
it may be reproduced in any manner without
written permission from the publisher.

©2003 by BRENDA A. DONAHUE

ISBN 0-398-07408-9 (hard)
ISBN 0-398-07409-7 (paper)

Library of Congress Catalog Card Number: 2003042673

With THOMAS BOOKS careful attention is given to all details of manufacturing and design. It is the Publisher's desire to present books that are satisfactory as to their physical qualities and artistic possibilities and appropriate for their particular use. THOMAS BOOKS will be true to those laws of quality that assure a good name and good will.

*Printed in the United States of America
CR-R-3*

Library of Congress Cataloging-in-Publication Data

Donahue, Brenda A.

C. G. Jung's complex dynamics and the clinical relationship : one map for
mystery / by Brenda A. Donahue.

p. cm.

Includes bibliographical references and index.

ISBN 0-398-07408-9 (hard) -- ISBN 0-398-07409-7 (pbk.)

1. Jung, C. G. (Carl Gustav), 1875-1961. 2. Complexes (Psychology)

I. Title.

RC569.5.C68D66 2003
154.2'4--dc21

2003042673

INTRODUCTION

The roads that have led to the writing of this book are the pathways of my own life and my experience as a therapist. My training as a therapist began in the early 1970s. I was a nurse who “assisted” another therapist in group therapy. Part of my role as “assistant” was to do a presentation on each person in the group during supervision and discuss the factors that had shaped his or her life. These presentations included medical and familial history, developmental history, attachment style and ways of communicating. During this same time I also began reading Jung. I was drawn to his writings because he discussed the existence of a “higher power” within each human being and seemed to make room for the operation of that power when he worked with patients. I wanted to learn to make room for that power in my own practice without forcing my patients or myself into a specific belief system or theology. In order to do so I entered the analyst-training program at the Jung Institute of Chicago.

Part of my training as an analyst included learning a new vocabulary based upon Jung’s theories. However, as I discussed my patients in supervision I began to discover that there was a split between what I called my “clinical” and my “Jungian” vocabularies. Most of Jung’s theories were formed in the early 1900s and although they still applied to the clinical situation, I couldn’t find the words to tell my colleagues what was happening with my patients and why. As I continued to study my frustration grew. I felt as if my knowledge decreased as my questions increased. Many of my teachers at the institute encouraged my questions and explorations. This book is the result. It is one attempt to link Jung’s vocabulary with modern clinical theories so that therapists can understand his ideas and use them in the clinical hour, while making room for mystery.

The purpose of this book is to evoke questions rather than provide answers. When we ask what transforms people in therapy, we must answer that we do not know. Healing is a mystery. This book is not an attempt to bring light into mystery; rather, it is an attempt to raise questions by providing different viewing points into mystery and to highlight the undeniable fact

that mystery appears within the clinical hour. To me, questions are the most important tool in life. They are much more important than answers because they promote observation and introspection during day-to-day experience and are frequently the pathway to the answers we seek.

When I began reading Jung in the early 1970s, I felt as if I had come home. For me, he made space for both questions and mysteries in the study of psychology. He also discussed human experience in terms of patterns, which he called complexes. Gradually I began to understand that complex theory was my bridge over the chasm of “archetypal” vs. “clinical” and it occurred to me that complex theory also might be integrated with modern ideas about human development and relationship. During my training as an analyst I wrote about human development as an archetypal process. My thesis advisor Murray Stein, Ph.D. was both patient and very encouraging. After I graduated from the analyst-training program I continued to write and meet with my friend Peter Mudd, L.C.S.W. who listened, asked questions and gave me helpful feedback. The ideas presented in this book are intended to bridge the gap between “clinical” and “archetypal” as well as link Jung’s ideas with modern theories of human development and relationship. In addition, the reader is encouraged to practice the experiential exercises presented in the last chapter to test the ideas presented in the book and develop both questions and clinical skills based upon the material presented.

Jung was not the first to theorize about complexes; Aristotle described them in the fourth century BCE as parts of the physical body and also as partial souls. The first clinical use of the word *complex* appeared in 1893 in a paper written by Josef Breuer and Sigmund Freud. Together they developed the theory that a complex is a cluster of interrelated and usually repressed ideas with a strong emotional content that may compel an individual to adopt abnormal patterns of thought and behavior (Breuer, J. and Freud, S. 1956, pp. 8-13).

About the same time as Freud and Breuer were developing their theory of complex, Jung was exploring similar ideas. He studied with the Parisian physician Pierre Janet, famous for his work with patients who showed symptoms of hysteria, dissociation, and formation of partial personalities. Jung subsequently studied these phenomena and discovered complexes as he developed the *Word Association Test*.

In the *Word Association Test*, patients were given over a hundred stimulus words and time to respond to each word (time to make a personal *association* to the word). An *association* is a linkage of ideas, perceptions, images, fantasies, memories, physical sensations, and behaviors that are linked with certain personal and psychological themes. The main outcome of Jung’s studies on word association was proof of a linkage between the associations themselves, affective themes, and the eruption of unconscious patterns of psychic and physical energy. During the *Word Association Test*, unconscious complex-

es inserted themselves into the subject's reactions to certain words. These reactions included slowing in response time, word replacement, changes in facial expression, laughing, changes in body movement, coughing, stammering, insufficient responses, not reacting to the real meaning of the word, responses in a foreign language, or a total lack of reaction. These responses occurred only with certain words, unique to each person taking the test. The responses took longer than the time allotted and indicated a breach in the flow of consciousness that was caused by the emergence of unconscious material. When the unconscious material was explored, the responses were linked with complexes and the inability to put them into words.

Over time, Jung identified three different kinds of complexes: (1) those related to single, ongoing or repeated events, (2) those that were conscious, partly conscious, or unconscious, and (3) those that revealed strong charges of affect (C.W. 2, 1981, 408-425 and 583-616). Despite the prominent place of the *Oedipus complex* in psychological theory, Freud gradually moved away from the idea of complexes toward drive theory. Jung continued to explore complexes as he developed his own theories.

The idea of *complex* gave Jung a way to think about how human experience accumulates. He observed that as human experience accumulates, it forms into patterns of experience rather than remaining a series of isolated events. As he studied his own and others' dreams, Jung began to believe that an invisible something existed beneath these patterns that structured human experience and behavior into patterns, creating the world as we perceive it. He called these invisible, structuring forms *archetypes*. In the beginning of his studies, he thought of them as psychological patterns of human instinct that were irrepresentable but appeared as numinous images in dreams, fairy tales, and mythology.

Over time, Jung's ideas about the archetype evolved. He began to believe that archetypes were blueprints for human psychic growth and development from the womb on. By 1946, after 44 years of clinical practice, he came to the realization that the archetype was not just a psychological structure; it was a psychosomatic or *psychoïd* structure, shaping the patterns that formed both psyche and body which were really two aspects of one reality. Even though archetypes cannot be directly perceived, Jung located them in universally human experiences like falling in love, mothering, fathering, giving birth, dreaming, and dying. He thought of the archetypes as dynamic blueprints that held the potential for the development of human consciousness, maintaining the balance of consciousness through a process he called compensation. Jung did not discuss the archetypal regulation of physical development or homeostasis. However, he implied it when he discussed the psychoïd nature of the archetypes.

As Jung developed his theory of archetypes, he began to pay more atten-

tion to compensation as it appeared in dreaming, cross-cultural mythology, and fairy tales. He discovered that the ego is not the center of the personality but only the center of consciousness. He hypothesized that the center and the circumference of the entire personality, both conscious and unconscious, is the Self—unknown and unknowable—the innate nature of every human being. Just as every oak tree is unique, each one is part of the greater pattern we recognize as oak. Human beings grow from a small cell. Each cell is unique, and yet each is part of the greater pattern we call human being. The *Self* is the architect of each human being. The *archetypes* are the blueprints of the *Self*.

These concepts are the foundations of complex theory. As Jung grew older, he became less and less interested in complexes and explored dreams, archetypal images and alchemical writings instead. However, the *Word Association Test* and the *Lie Detector Test*, a derivative of complex theory, are still used today even though the theoretical framework they are built on has never been integrated with modern developmental or relational theories.

This book will attempt to link Jung's theories of complex and archetype with: the processes of ego development, Fordham, (1974,1976, 1978, 1985, 1996); the archetypal underpinnings of ego consciousness Stern, (1985) and Tomkins (1981); on human development Erikson, (1950) and Levin, (1974); on human relationship Stern, (1985), and on attachment Ainsworth (1978, 1988), Bowlby (1973, 1980, 1982), Main (1995, 1999) and Karen (1994). In addition, the reader will be introduced to individual and group experiential exercises that can be used to develop clinical skills based upon the theoretical material presented.

ACKNOWLEDGMENTS

I am very grateful to my dear friend Mary Loomis, Ph.D. for spending precious hours of her life editing my manuscript and correcting the figures while she was dying from cancer. I wish to thank Peter Mudd, L.C.S.W. for his willingness to sit and listen to me struggle my way through theoretical muddles, offering many comments and ideas that have become part of the fabric of this work. I also wish to thank Stephen Diamond, Ph.D. for spending time editing my first draft and Jean Tracy, Ph.D. for reading the manuscript and making comments. The first draft of the book was submitted to Ignatius University for my doctoral dissertation in Adult Education. My examining committee, including Anthony DeLuca, Ph.D., Linda Richter, Ph.D., Les R. Greene, Ph.D. and Bertram Schaffner, Ph.D. encouraged me to continue writing. They asked me to present clinical examples side-by-side with the theory. I have attempted to do that and I think the reader will find the clinical vignettes helpful. In addition, I would like to thank Alice Chrismer for the cover and the illustrative figures, and Elizabeth Yoder for the final editing.

CONTENTS

	<i>Page</i>
<i>Introduction</i>	v
<i>Chapter</i>	
1. THEORETICAL FOUNDATIONS: COMPLEX THEORY AND ITS RELATIONSHIP TO MODERN THEORISTS	3
Complex Theory Rediscovered: Silvan Tomkins	6
Complex Theory and Daniel Stern	9
Fairy Tales and Complexes	10
Archetypes: The Numinous Creators of Complexes	12
Archetypes: Dynamic Processes	14
Individuation and the Old Indian Man	16
Modern Theorists, The Archetype, and Ego Development	18
Being	20
Doing	21
Thinking	22
Identity	24
Creativity	25
Patterns of Mediation of Archetypal Developmental Processes ...	25
The Process of Ego Development	32
Creation of a Complex	39
Summary	40
Questions	41
2. FORMATION OF A PATHOLOGICAL COMPLEX	44
The Woman Who Once Walked in Balance	44
Summary	52
Compensation	53
The Self	54
The Defenses of the Self	55

Operation of the Defenses of the Self	57
Summary of the Defenses of the Self	66
The Evoked Companion	69
The Evoked Companion and the Imago	70
Questions	73
3. MORE VIEWING POINTS INTO THE PATHOLOGICAL COMPLEX	76
The Foundations of Ego Consciousness	77
Archetypal Structures of Ego Consciousness	79
Complexes and Aspects of Ego Consciousness	84
The Medicine Wheel	85
Summary	106
The Layered View of the Psyche	107
The Cycles of Nature	110
The Cycles of Nature: A Viewing Point into the Pathological Complex	113
Another Look at the Woman Who Once Walked in Balance	115
Viewing Points into the Pathological Complex	116
Questions	118
4. PATTERNED FORMS OF ATTACHMENT AND PATHOLOGICAL COMPLEXES	121
Patterned Forms of Attachment	121
The Formation of Patterned Forms of Attachment	122
Viewing Points into Patterned Forms of Attachment	125
Patterned Forms of Attachment and the Components of Ego Consciousness	126
The Imago and Patterned Forms of Attachment	135
The Ego/Imago Axis	137
Creating a Transitional Space Between the Patterned Form of Attachment and Ego Consciousness	143
Archetypal Energy and the Imago	148
The Persona	149
The Shadow	151
The Anima and Animus	153
The Fantasy Bond and the Patterned Form of Attachment	158
Patterned Forms of Attachment and Regression	163
Summary	173
Questions	175

5. PATHOLOGICAL COMPLEXES AND DIAGNOSIS	177
Using Complex Theory as an Expansion of DSM-IV	178
Diagnosis Using Clinical Examples	182
Case #1: Jacob and Shirley	183
Case #2: Baby Richard	206
Case #3: Sylvia	210
Case #4: Michael	220
The Benefits of Using Figure 15 With the DSM-VI	228
Questions	229
6. DEVELOPING CLINICAL SKILLS: INDIVIDUAL EXERCISES	231
Individual Skill Development	231
The Complex Awareness Measure	231
Compensation	243
The Imago	244
Archetypal/Developmental Processes	246
Performing Active Imagination	248
Group Skill Development	248
The Relational Field	249
Triadic Role-Play	251
Focus	251
Listening	252
Facilitating the Development of the Transitional Space	253
Developing the Patient’s Awareness of Parts	256
The Imago and Parts Work	258
<i>Appendix</i>	263
<i>Bibliography</i>	273
<i>Author Index</i>	279
<i>Subject Index</i>	281

**C. G. JUNG'S COMPLEX DYNAMICS
AND THE CLINICAL RELATIONSHIP**

Chapter 1

THEORETICAL FOUNDATIONS: COMPLEX THEORY AND ITS RELATIONSHIP TO MODERN THEORISTS

A man in the early phases of therapy reports a childhood nightmare in which his foot is caught under a railroad tie while a train is coming toward him. At the very last possible moment, he wiggles out of his shoe and barely misses being killed by the oncoming train. He remembers awakening curled up in a ball. He dismisses his nightmare as “one of those silly things kids dream about.” As the work proceeds, the man begins to discover that he is terrified of feeling angry. He has moved from job to job and marriage to marriage feeling victimized, misunderstood, and unable to express or define himself. Gradually, he starts to understand that when he finds himself in situations where he must be assertive or speak his own truth, he feels as if he is going to be annihilated, and he would do anything to slither away from any sort of confrontation.

Knowing what we do about this man, let us suppose that his nightmare and his difficulty in defining himself are linked. In broad brush strokes, the linkage for him would go something like this: “When I am required to define myself, I experience something like a train coming toward me. I am stuck and trapped. I feel hollowness in the pit of my stomach, and I break out into a cold sweat. I feel as if I am going to be annihilated. I wiggle out of the situation (my shoe) and slither away so that I do not die.”

Here we have the ideas, the physical sensations, the images, the behavior, and the affective tone of his childhood nightmare that appear as a rigidified pattern of reactivity (complex) in his everyday life. The *physical sensations* are hollowness in the pit of his stomach and breaking out in a cold sweat. The *idea* is that he is being asked to do something dangerous (define himself). The *feeling* is that if he does define himself something enormous (a train) is coming to destroy him. The *imago* is the image of the train. This man is operating out of a rigidified set of ideas, physical sensations, images, and behaviors linked together by an *affective theme* of terror. As we see from his history, this rigidified pattern of reactivity is so ready to be stimulated that it makes everyday life a nightmare for him.

How did this complex become so strong? Negative complexes, according to Jungian theory, build gradually, beginning in the womb. They usually have a basis in patterns of personal historical experience as well as an archetypal component. All complexes are patterns of experience, individually unique, yet common to all humans. Complexes are quite natural phenomena, which develop along positive as well as negative lines. Those that are negative are rigid patterns of experience that damage both physical and psychic growth. Those that are positive are open and promote physical and psychological growth. In his article, "A Review of Complex Theory" (*CW* 8, 1981), Jung says two different things about complexes. First, he says that they are "the living units of the unconscious psyche" (101). Second, he pathologizes them by saying that "every constellation of a complex . . . creates . . . a disturbed state of consciousness" (96). Thus, complexes can be both benign and malignant.

Why do people form complexes? Basically all complexes are patterns of experience held together by an affective theme. Jung believed that something existed outside human awareness and experience that formed the human body and psyche into patterns that are interrelated and interconnected. He called these structuring forms *archetypes* and described them as energetic forms that order human experience and perceptions in certain invariant patterns. We could say that all human beings standing with their foot caught under a railroad tie with a train coming toward them would feel exactly the same way this man felt in his nightmare. His terror of death, the image of the train, his inability to define himself, the rigid train tracks, his memory of the nightmare, and his behavior in everyday life are all parts of a pattern that is uniquely his, yet could belong to anyone. The ability to remember; to have physical sensations, memories, and images; to be terrified; and to slip away could be experienced by anyone. All the images in the dream can be connected to universal human experience.

This man does not, of course, really have a locomotive bearing down on him. He has a nightmare that overrides the present reality when he is required to define himself. The archetypal/developmental pattern that underlies his sense of having an identity and being able to define himself as an individual is misapplied. Self-definition is not a life-threatening situation. However, in this man's case, it is *experienced* as life threatening. This distortion does not foster adaptation; instead, it overtakes his consciousness and then is re-enacted in everyday life. His childhood nightmare is a picture of a rigidified complex and an image of what happens to this particular man when life requires that he identify, define, or commit himself. He cannot stand his ground because any time he needs to define himself, the negative complex becomes stimulated. When the outer world demands him to be who he is and to act assertively, his nightmare becomes stimulated. He feels

the terror of the train bearing down on him and then slips away from any sort of confrontation. This is what Jung said about complexes in 1934:

[A feeling toned complex is] strongly accentuated emotionally and is, moreover, incompatible with the habitual attitude of consciousness. This [complex] . . . has a powerful inner coherence, it has its own wholeness and, in addition, a relatively high degree of autonomy, so that it is subject to the control of the conscious mind to only a limited extent, and therefore behaves like an animated foreign body in the sphere of consciousness. The complex can usually be suppressed with an effort of will, but not argued out of existence, and at the first suitable opportunity it reappears in all its original strength. (*CW* 8, 1981, 96)

Why would this man have this particular type of complex? After a careful exploration of his history from childhood to the present time, we uncovered experience after experience of avoiding confrontation and the terror it produced as a way to survive. In his family of origin, there was a strong prohibition against his defining himself outside of the authority of his parents. His nightmare tells us how he survived. He slipped out of his shoe at the very last possible moment, and he continues to slip away into the same nightmare. This man's complex is connected with experiences of authority that have been internalized as train-like when he attempts to have an identity. These internalized experiences have stopped him from developing his own inner authority and defining himself. When life requires him to stand firm, he cannot. The anxiety and terror-laden feeling tone of the complex is so powerful and so embedded in his psyche that he regresses into his nightmare when a *perceived authority* requests his opinion, comments on him, or evaluates him. This is an example of how a rigidified or negative complex operates in everyday life in a pathological way.

This is what Jung says about the constellation of a negative complex:

This term simply expresses the fact that the outward situation releases a psychic process in which certain contents gather and prepare for action. When we say that a person is "constellated," we mean that he has taken up a position from which he can be expected to react in a quite definite way . . . the constellation is an automatic process which happens involuntarily and which no one can stop if it is on a course. The constellated contents are definite complexes possessing their own specific energies. (*CW* 8, 1981, 94)

Could the man described above have a positive complex? Yes. In his case, learning and thinking were easy for him. His parents were European immigrants. Their English was not particularly good, and he was a great help in