



Complex

Marcus West

The Complex

'Complexes are in truth the living units of the unconscious psyche ...'
(Jung, CW 8, para 210)

Jung and the complex

Early in Jung's career, when he was at the Burghölzli hospital in Zurich, he began working on a series of word association experiments with colleagues which related directly back to Charcot's and Janet's work on neurosis and hysteria and the 'nervous shocks' which underlie them. Through the subject's delayed, emotion-laden, or peculiar responses to 100 stimulus words (such as bread, table, war, ink, love, dog, head, gun, faithful, water, stroke, and lamp), Jung was able to demonstrate the presence of 'feeling-toned complexes', which he directly linked to Janet's concept of 'fixed ideas' (Jung 1934).

Jung recognised that these complexes were split-off, splinter elements of the psyche which were unacceptable and disturbing to the conscious mind (the ego) and which conflicted with the individual's conscious attitudes. He writes, echoing Janet:

a 'feeling-toned complex' ... is the image of a certain psychic situation which is strongly accentuated emotionally and is, moreover, incompatible with the habitual attitude of consciousness. ... it has a relatively high degree of autonomy, so that it is subject to the control of the mind to only a limited extent, and therefore behaves like an animated foreign body in the sphere of consciousness. (Jung 1934, para. 201).

Subjectively, these complexes can be very disturbing, as Jung writes again:

Everyone knows nowadays that people 'have complexes'. What is not so well known, though far more important theoretically, is that complexes can *have* us. The existence of complexes throws serious doubt on the naïve assumption of the unity of consciousness, which is equated with 'psyche', and on the supremacy of the will. Every constellation of a complex postulates a disturbed state of consciousness The complex must therefore be a psychic factor which, in terms of energy, possesses a value that sometimes exceeds that of our conscious intentions ... And in fact, an active complex puts us momentarily under a state of duress, of compulsive thinking and acting, for which under certain conditions the only appropriate term would be the judicial concept of diminished responsibility. (Jung 1934, para 200)

Complexes therefore cause a 'disturbed state of consciousness', and can manifest as emotional reactions, 'irrational' behaviours, physical symptoms, and appear in personified form in dreams, as well as the 'voices' in certain psychoses (*ibid.*, para 202-3); they are also related to a belief in spirits (*ibid.*, para 210). When the power of the complex disrupts the central ego complex (takes control of and dominates the personality), a neurosis ensues. Our complexes are, therefore, very powerful and can be difficult to address and integrate. As Jung puts it, the signposts to the complex are 'fear and resistance'.

Of their centrality and importance Jung writes, 'complexes are in truth the living units of the unconscious psyche ...' (ibid., para 210); and, quoting the phrase Freud famously used to describe dreams - being 'the *via regia* (the 'Royal Road') to the unconscious' he writes:

The *via regia* to the unconscious, however, is not the dream, as [Freud] thought, but the complex, which is the architect of dreams and symptoms. Nor is this *via* so very 'royal', either, since the way pointed out by the complex is more like a rough and uncommonly devious footpath that often loses itself in the undergrowth and generally leads not into the heart of the unconscious but past it. (Jung 1934, para 210).

Dissociation and the psyche

The quotations above also introduce a very different conceptualisation of the psyche from Freud's, which was based on a 'unity of consciousness'. Instead, Jung saw these complexes as forming autonomous, 'splinter psyches' within the overall personality. We can therefore be seen to have many different 'self-states' (different experiences of self), which may be more or less accepted and acceptable, and more or less integrated with our core sense of self - the ego.

This reflects Jung's theoretical background in the Dissociationist movement (see Haule 1983, 1984; and Astor 2002), which recognised how we may move between, for example, states of vulnerability, power, anger, outward adaptation, receptivity and so on. These are all parts of the psyche which need to be found a place (accepted and integrated), rather than got rid of - they are 'attempts of the future personality to break through'. Dr Joe Redfearn (1985) has written illuminatingly about these splinter psyches, calling them 'sub-personalities', in his book *My Self, My Many Selves*.

Trauma and the archetypal core

Jung recognised that the origin of the complex is 'frequently a so-called trauma, an emotional shock or some such thing, that splits off a bit of the psyche' (Jung 1934, para. 204); these are the experiences that the ego has not been able to bear and integrate at that particular point in the person's development and are thus dissociated.

He also proposed that each complex has, at its root, an archetypal core, and understood the archetypes to be instinctual patterns of behaviour. It is this archetypal core that, if not humanised by benign, everyday experience, is experienced in powerful ways by the individual. For example, as the angry father who is terrifyingly trying to kill you, or the idealised father who might come and rescue you; or the beautiful mother who is a goddess who can cure all ills in contrast to the terrible mother who is trying to poison you - these are the pairs of opposites that Jung thought were characteristic of the archetypes.

The cultural complex

A recent development in this field is the recognition that the family and society in which one is living also profoundly affects one's development, values, and 'who one is', specifically by

influencing which qualities in the individual are accepted and fostered, and which are discouraged or outlawed (Singer and Kimbles 2004). There is, in other words, a cultural complex that the individual can, similarly to a personal complex, be dominated and driven by or, through becoming conscious of the nature of the complex, develop an attitude toward and harness. As Jung said about complexes, 'We all have complexes; it is a highly banal and uninteresting fact It is only interesting to know what people do with their complexes; that is the practical question which matters' (Jung 1936/1976, para. 175).

The complex in clinical practice

I will end with a clinical example that Jung gives in his autobiography, *Memories, Dreams, Reflections*, from when he was working at the Burghölzli Hospital. There was an attractive young woman who was admitted to the hospital with melancholia, although this diagnosis was later changed to schizophrenia. She had some years previously been romantically interested in the son of a wealthy industrialist, but believing he did not return her affections, she had married someone else and had had two children. Five years later an old friend was visiting her, and told her that her marriage had been a great shock to this young man who had, it now emerged, had feelings for her. At that moment her depression set in. Worse was to follow however as, when bathing her children a few weeks later, being preoccupied with her dark and unhappy thoughts, she had allowed her daughter to suck on a sponge laden with bathwater - the water used for bathing in that area was not safe to drink. The young girl fell ill with typhoid and died; she had been her mother's favourite. At this point her depression became acute and she was admitted to hospital.

From the word association tests Jung ascertained that the young woman felt she was a murderer and felt extremely guilty about what she had done, as well as grieving the loss of the industrialist's son. When Jung told her what he had found, he reports that 'the result was that in two weeks it proved possible to discharge her, and she was never again institutionalised' (Jung 1963, pp. 135-7). He had helped her recognise and face her previously split off complexes.

We do not need to turn to a word association test to recognise a complex. However, complexes are the stuff of every analytic session, and the analyst's task is to help the patient recognise, understand, contain and integrate these parts of the personality, however dark they may be.

References

- Astor, J. (2002). Analytical psychology and its relation to psychoanalysis. *Journal of Analytical Psychology*, 47: 599-612.
- Haule, J.R. (1983). 'Archetype and integration: exploring the Janetian roots of analytical psychology'. *Journal of Analytical Psychology*, 28(3): 253-267.
- Jung, C.G. (1934). A review of the complex theory. In: *The Structure and Dynamics of the Psyche*, C.W. 8.
- (1936/1976). 'The Tavistock lectures'. In: *The Symbolic Life*, CW 18.
- (1963). *Memories, Dreams, Reflections*. A. Jaffé (Ed.). New York: Random House.
- Redfearn, J. (1983). *My Self, My Many Selves*. London: Karnac.
- Singer, T. & Kimbles, S. (2004). *The Cultural Complex: Contemporary Jungian Perspectives on Psyche and Society*. Hove & New York



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