

Attachment-dissociation network: some thoughts about a modern complex theory

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Abstract: The paper revises the complex theory in the light of modern infant research, neurosciences and object relation theory. The author takes up Jean Knox's idea to understand complexes as analogies to the internal working models of attachment theory. The author proposes to understand complexes as dissociated sub-networks out of the network structure of the psyche; these sub-networks contain the internal working models, the characteristic affects and unconscious expectation phantasies. With this network model one can try to understand severe defensive organizations in some patients as a pathological organization of different complexes. This is illustrated by a clinical example.

Key words: attachment theory, complex theory, defensive organization memory, network

Introduction

My re-thinking of complex theory started in the late nineties deriving from my clinical experience with patients with severe personality disorders. I tried to apply the post-Kleinian concept of pathological organization of inner objects (Meltzer 1968) to Jungian complex theory. I thought analogously of a pathological *organization of complexes* when we are confronted clinically with a defence organization in which 'sick' and 'healthy' parts of the personality are interacting with one another and with the ego. This can lead to stagnation in therapy that is very difficult to resolve (see Fordham 1985; Joseph 1989; Meltzer 1975; Rosenfeld 1971; Steiner 1993). With the help of a comprehensive depiction of a case (Bovensiepen 2000), I suggested that we should concentrate more on the relationship entanglement *among the various complexes* in the unconscious and not so much on how the pathogenic complexes influence the ego.

After having read the papers of Redfearn (1994) on 'subpersonality theory' and the excellent papers of Jean Knox (1999, 2001) on attachment theory and her 'exploration on some connections between cognitive science and analytical psychology' in the *Journal of Analytical Psychology*, I began to think more on a general theory of complexes as a modern approach to the psyche; this is a

unique Jungian approach and more compatible with modern neurosciences than Freudian structural theory (like the Id, Ego, Super-Ego; Freud 1923). In this paper, I would like to discuss a modified model of complex theory.

On the further development of a complex theory within analytical psychology

First I will give a summary of the developments of complex theory within analytical psychology. Complex theory is on one hand a theory about the way the psyche functions; on the other hand it is an original disease theory for analytical psychology. This is in contrast to a conflict theory in the classical Freudian sense. In Jung's view the psyche is highly dissociable and the various complexes are the actual building blocks of the psyche. Jung also describes the complexes as 'split-off parts of the psyche' ('abgesprengten Teilpsychen'; Jung 1934, para. 204); they are dissociated, psychic structures which are characterized by linked conscious and unconscious fantasies, a certain emotional and affective colouring, and by a certain archetypal core of meaning.

Verena Kast (1990) assumes a *networking* of the complexes when she talks about a person's 'landscape of complexes', which can be revealed in an association experiment. Kast also describes a defensive psychodynamic of complexes in the form of a *collusive splitting* and subsequent identification or respectively a projection of the parts of the complex within the therapeutic relationship. She particularly stresses the effect of the complex's dynamic on the coherence of the ego-complex in relation to regulation of the self-esteem system. Using this model as a starting point, Heisig (2001) uses qualitative process research in a psychotherapeutic individual case study to examine how the *complex patterns* changed and restructured themselves in the course of the treatment. She discusses changing processes as a dynamic process model, derived from chaos theory.

Hans Dieckmann also suggests a process-orientated procedure and subdivides the structure of complexes into the archetypal *core* and the complex *shells*. He proposes that even in a far reaching dissociation from the conscious ego-complex, very early intersubjective experiences enter into the archetypal *core* of the complex. He concedes, however, that these parts are difficult to reconstruct, because the traces of memory relate to the first years of life. Dieckmann understands the complex *shells* as a fall-out of later developmental, emotional and interpersonal experiences with significant others. Dieckmann asks which *energetic* links are effective in bringing about the *mobilization* of the individual shell elements of the complex that are localized in varying psychic levels (Dieckmann 1987). In the example of a severely disturbed patient, he develops his 'System Theory of Complexes' (1992), as he calls it. He is of the opinion that each stabile complex nucleus in the unconscious can also be mobilized through the libidinal cathexis of a symbol, effected by the transcendent function which Jung also recognized is true for the healthy human psyche, so that not only is it the strengthening of the ego,

but it comes also to a new re-distribution of the libido in the unconscious. This would lead to a *networking of various complexes* among each other and to an interaction due to their different libidinous cathexes.

Mario Jacoby (1998) presented the complex theory conclusively in connection with the results of modern infant research in his book *Grundformen seelischer Austauschprozesse*. For the complex theory, he has filled out the knowledge gap on the interpersonal experiences of an infant, which Dieckmann referred to in his model. Like Dieckmann, Jacoby asks about the kind of *linking* of early experience with the current psychic, in particular emotional, experience, the symptomatic or the symbolic productions, dreams etc, in other words about the 'inner dynamic of some basic complexes' (ibid., p. 127). Jacoby refers first and foremost to Stern's research results (1992), to the psychoanalytical theoretician Lichtenberg's concept of motivational systems (1991), and to the further development of self-psychology in the sense of intersubjectivity theory. He agrees with Verena Kast (1998) that Stern's so-called RIGs ('Representations of Interactions that have been Generalized') have a close connection with complexes (Jacoby 1998, p. 131). RIGs are the infant's early interaction patterns with his mother, saved in the implicit memory which depicts a behaviour *expectation* and a pre-verbal representation (Stern 1992, p. 143). According to the affective colouring of these RIGs, they then enter into the dynamic of complexes. Using the example of certain complexes (mother complex, father complex, inferiority complex, and sexual complex), Jacoby then examines the influence of innate motivational systems, in the sense that Lichtenberg gave them, on the dynamic of complexes.

Jean Knox (2003) particularly refers to attachment theory in her thoughts on the complexes. The attachment theory developed by Bowlby (1969, 1973, 1980) 'postulates a universal, human need to form close, affective attachments' (Fonagy & Target 2002, p. 16). Various attachment patterns, like those for example from Ainsworth and her colleagues which were described for stranger situations (Ainsworth et al. 1978), have also been proved to be very stable later on in life. These attachment patterns depict for the infant to a certain degree the context within which they regulate affects. They represent *inner psychic working models* as *mental schemata*, 'in which *expectations* in relation to the behaviour of a certain individual towards self are bundled' (Fonagy & Target 2002, p. 21). These inner working models overlap partially in their function with Daniel Stern's concept of RIGs. They are as such unconscious, psychic structures, inaccessible to consciousness, just as incompatible complexes are also as such mostly unconscious via dissociation. Inner working models, like RIGs or attachment patterns, organize the perception of relationship experiences intra-psychically and save this in the implicit memory. Knox is of the view that Jung's complex-model has great similarity with Bowlby's inner working models. In a chapter of her book *Archetype, Attachment, Analysis: Jungian Psychology and the Emergent Mind* (2003), she also deals comprehensively with the defence character of attachment theory's 'inner working

models'; this aspect is important for my own ideas on the defence organization of complexes. She describes them as follows:

Inner working models are indeed frequently defensive. Omnipotent inner working models (IWMs) can be developed as, for example, an answer to traumatic experiences or experiences of helplessness. The most important idea appears to be that in each situation it can come very quickly to a process of activation and change of a large number of working models; some defensive, others not.

(Knox February 2003, personal communication)

I will now discuss in a provisional appraisal the described views on complexes from the four following perspectives: developmental psychology, dynamic, transference/countertransference, and defence.

1. *Developmental psychology*

Complex theory is a *developmental* model in that it is assumed by all authors that complexes arise because a child organizes and internalizes the earliest experience patterns with significant persons. These are saved, for example, as inner representations, and permanently *re-organized* in the course of further development and individuation through feedback mechanisms and possibly *re-categorized* along archetypal patterns. When Jung speaks of complexes as 'living units' or of 'splinter psyches', it remains open what grade of psychological complexity this unit is—depending on the perspective that is being considered: on a psychological-descriptive level, somewhat as affect constellations, as cognitive schemes, as internal working models, as inner objects or as highly organized, symbolic productions or images? Dieckmann's model of core and shell, for example, is a very abstract metaphor which, without the help of other psychological models, can be empirically researched only with difficulty.

Jacoby stresses the closeness of the RIGs concept to the complexes, but RIGs are *per se* still not complexes, but precise, very special intra-psychic working models of the infant's inter-personal experience, just as they are also used in attachment theory. So we have the situation that there are, in the meantime, several very well-researched and precisely described, inner-psychic working models on the early interaction and corresponding representations which drive the mentalization of the child onwards. On the other side we have a very complex model of complexes (for example 'mother complex') that 'somehow' stands up quite well with these working models. But how does this 'somehow' look?

2. *Dynamic*

All authors assume complexes do not only stand in an oppositional relationship to the ego/ego-complex, but are also to be understood as clearly linked

among themselves. A matrix or network or a 'landscape of complexes' is talked about. This idea is also more obvious because of Jung's view that the psyche is not a monolithic construction (Samuels, Shorter & Plaut 1989, p. 124) but is to be regarded as highly complex and dissociable. Now the question is by which dynamic are the complexes linked with one another or activated, which parts of the complexes build the connections? Dieckmann takes the varying *libidinal cathexis* of different aspects of the parental complexes with their archetypal cores as the *linking power*. With this he stands closer to the psychoanalytical object relationship theory of Melanie Klein that regards inner objects as an expression of life instinct and death instinct and their different destinies. The furthest from this drive psychological view are Mario Jacoby and Verena Kast, for whom, first and foremost, the affects are the connecting (and also separating) element of the complexes in their relation to the ego. This is an important difference with technical consequences for the treatment. Psychoanalytic-orientated infant researchers and affect researchers (Krause 2002) are today widely in agreement that it is the affects which organize the inner representations of these relationship experiences along innate organization patterns or 'designs' (that we call archetypal) (Fonagy & Target 2002, pp. 11–42). However, it seems to me that Kast's complex model is too much reduced to the affects alone. What is missing is the entire spectrum of emotions and particularly the conscious and unconscious relational fantasies which accompany a complex.

3. *Transference/countertransference*

Looking at the therapeutic process, the authors are all in agreement with the opinion that in the here and now of the transference/countertransference an updating of the complexes or complex pattern, and psychic changes occur together with a change of the complex pattern's guiding effect. The problem is that the authors recognize the importance of transference analysis, but—and certainly to varying degrees—this is hardly presented as clinical *process*. Probably this would require individual case studies together with detailed session notes.

4. *Defence organization*

Now regarding the understanding of defence processes, Verena Kast greatly enriched the traditional view of the incompatible, 'pathogen complex' with her practical ideas on collusive splitting of the complexes. In this context it is important to remember that Jung emphasized the disturbing character of complexes in light of memory and other functions of consciousness (1929, para. 235; 1934, para. 200). He attributes to the complexes as 'splinter psyches' (*Teilpsychen*) their own 'special memory' (1934, para. 202) and makes splitting and projective mechanisms responsible for this.

Based on her view of attachment theory, Jean Knox (2003, see in particular Chap. 5) assumes that

defences can be seen to evolve out of the earliest pattern of relationship in a child's life. Conscious imagination and unconscious fantasy are construed as defensive narratives that protect the self from traumatic experiences of abandonment, of rejection or cruelty in relationships. Defensive fantasies demonstrate the fact that the fantasy does not precede the reality, but protects the psyche from unbearable reality.

(p. 104)

Looking at the traumatic experiences, Knox understands repression as

avoidance of emotional experiences, thoughts, and fantasies in the past and present. Such emotional avoidance leaves the personality with rigid and outdated schemas of the self, the objects, and interpersonal relationships, because they are not constantly updated and revised by new information and experience as a more healthy person's schemas are able to do.

(ibid., p. 107)

This view bears well with Verena Kast's emphasis on the fostering and debilitating parts of a complex when she writes, 'because every experience full of affects will become a complex, happy experiences also have to become complexes (Kast 1990, p. 63). It becomes clear that Jung, with his dissociation model of the unconscious psyche, presents a model of the psyche which has a fundamental *other structure* from the structural model of Freud and Klein (Knox 2003, pp. 100 ff.). This assumes a horizontal splitting (conscious-unconscious), while Jung's concept of dissociation means rather a vertical splitting into partial psyches that contain conscious and unconscious parts. Based on this background, Knox comes to a description of complexes, which I would like to quote here to end my overview of the contemporary development of complex theory:

In Jungian theory it is dissociated schemas [as internal working models] called complexes; each with an archetypal nucleus which influence and interact with perception and memory; the complex consists of innate expectation, mental representation and emotions. Present experience is interpreted and responded to the light of the complex which is controlling attention.

(Knox 2005, p. 112)

Before elaborating on my own ideas about complex theory, I must say that I will not be going into details about memory and perception in the light of modern neurosciences. The scope of this paper does not allow it and instead I will present clinical material.

The network: a dynamic complex model

I understand my complex model as a *Thinking Model*, a theoretical concept that could make complex theory clinically applicable and—like all theoretical

background ideas—help us perhaps to think over our clinical experience *in hindsight* to make our activities as therapists more flexible. I am referring to the ideas of Knox on complexes as inner working models, but I would like to broaden the model.

The infant's early interpersonal experience with his significant others becomes saved in the form of various inner working models in the memory; belonging to them are the entire *sensory-motor* and *affective* experience which at first is a physical one. These early experiences are possibly categorized through innate, archetypal *expectation patterns*, and they are stored in the implicit memory. For example, all perceptions and emotions which the infant experiences in the mouth-breast-relationship to the mother or in being held; but also pattern like RIGs or the internal working models of attachment theory and probably as well a string of other interaction patterns we do not as yet know. The *child's inner world* develops out of this experience; in the research this decisive developmental process is called *mentalization*. It has a lot to do with the process of internalizing, and if it goes well, leads to a sufficient *reflective function* (Fonagy & Target 1996, 1997). Put very simply, what is meant by reflection is that the child makes an inner *concept of what is going on in the other*, and *fits* his behaviour into a certain expectation, for example, to the *mother's behaviour*. These experiences are not saved as events but as an *unconscious* breakdown of events and behavioural patterns in the implicit memory. They contribute essentially to the organization of behaviour and experience. They manifest themselves later on a higher level of organization, for example, in what we describe as representations or imaginations or unconscious fantasies. Bion's (1990) theory of thinking and the container-contained relationship with the development of the alpha-function is a similar concept. The *transcendent function* in analytical psychology is a concept which, in my opinion, also belongs to a theory of mentalization (Bovensiepen 2002).

My model

Through repeated re-categorization after internal comparison of early subsequent interpersonal experiences, an even more complicated network occurs, in part overlapping, in part parallel-running *patterns* of intersubjective experiences. I imagine then a *complex* to be a limited section, a *sub-network* from the entire fabric of intersubjective experiences. The reach of this sub-network could be limited by three factors:

1. through a string of similar, but not exact, inner working models,
2. through a similar *affective colouring* or set of emotions and
3. through certain *expectation patterns* relating to the outer objects.

Naturally these three components of the complex are connected closely and partially control each other. I think this complex model translates relatively

well into a clinical application in the analytical *process* and makes a stronger statement than the static and more generalized descriptions, like the mother or father complex, envy complex or sexual complex and similar others. The inner *working models* say something about the early attachment experiences and attachment behaviour, as it can be observed inside and outside of therapy; the affective colouring does not need to be further clarified; the inner *expectation patterns* are perceived as projected fantasies of object relations, particularly in the countertransference.

The advantage of this model in comparison to the traditional view is that it is *process* oriented and not tied to complex *contents* (for example, the father complex or mother complex); therefore, it corresponds more to the process character of analysis and psychotherapy. Seen this way, I understand complexes as the basic *working units* of the psyche which could be structured in a very simple as well as a very complex pattern. I assume that the Self (in the Jungian sense) is the dynamic organizing principle, according to which of the complexes come in relation to each other, it can dissociate or can agglomerate to higher psychological structures. I understand for example not only the Ego as a complex, but the Super-Ego as well, and the animus and anima figures or shadow figures. I understand them as a higher agglomerated complex pattern.

I see the complexes as being more comprehensive than does Jean Knox, not just as an analogy for dissociated inner working models of attachment theory, but rather as a *sub-network* from the matrix of all internalized intersubjective experiences of a child with its objects, consisting of *inner working models*, *affects* and *expectation patterns* that are primarily saved in the implicit memory and are partially conscious but mostly unconscious.

That which we then describe as the *constellation of a complex* can not only express itself as a certain affect, but also as an interruption in the relationship or as a projective identification with unconscious fantasies. This way the constellation of a complex can not only appear as a symptom or a dream, but can also just as well manifest itself as a crisis of a relationship, which facilitates the development.

A clinical example

In the following paragraphs, I would like to depict two vignettes from a therapy which show how the unhappy 'working together' of several complexes, as I understand it, can be understood as a pathological interaction of complexes, in the sense of a defence organization which should protect the ego against unbearable psychic pain.

One of the main clinical problems with Ms. K, an intelligent and sympathetic woman, was that over the years she continuously retreated into a state of 'non-knowing' and 'not-thinking' in order to avoid certain extraordinarily painful experiences of psychic intimacy in relationships. She called this a

retreat into the 'asylum of ignorance'. This 'not-thinking-complex' can be understood in its dynamic as a network, as a defence organization of several complexes. She had withdrawn herself largely from the outside world.

In the first year of treatment the analytical situation was marked essentially by the patient sitting in long, tortuous, and desperate silences, and from time to time verbalizing her self-hate and showing her inability to communicate. She had a fear that 'the dam would break and the destruction would overflow', as she put it. She frequently fell into a motor restlessness, touching her face, her arms, and her upper body with the hands; I had the impression she had to constantly keep herself from falling apart. She often spoke with a barely heard or intelligible voice as an expression of her complete retreat. In the countertransference I experienced an extraordinary tension, an inability to fantasize, with at the same time a strong need and impulse to reach her.

The following dream shows an example of Ms. K's inner situation at the time I got to know her and defines the first two years of the treatment:

The patient enters a huge, magnificent hotel, a 'Grand Hotel', in which a state ceremony is being celebrated with parades. In the marble-fitted reception hall she goes down a marble staircase to the basement. She comes through a room without light in which a table tennis table is standing, then she opens the fire-protection door and comes to a big hall, a kind of subway station with ramps. The people who are housed here resisted against the regime being celebrated above; there are torture instruments there. Two men approach the patient, one has only one hand, the other is blind; his eyes had been gouged out. The patient was 'terribly scared that they would somehow collide either with each other or with me'. Then she goes out into the hotel hall and holds up a protest board with Chinese characters, because she wants to protest against the oppression. Men approach her and want to take the board away from her and she wakes up in panic.

While Ms. K was telling me about the dream, I thought of a Berlin exhibition 'Topography of Terror' about the Gestapo's underground torture basement. I thought about her protest and the unintelligible Chinese writing. Because I assumed that the 'Grand Hotel' with the torture basement stood for the analysis, I said that maybe she had the impression I would not really understand how terrible it looked inside of her and that that would only strengthen her anxieties in the analysis, while what she had expected from the analysis was relief; and this would cause her to protest. Ms. K did not react to my comment straight away, but spoke though about her horrible fear in the basement and in the table tennis room with no windows, and it reminded her of the table tennis table in her basement at home, where she always fled with her brother to get away from her parents' fights. She spoke then *for the first time* in analysis in more detail about how she experienced the relationship to her parents. From her mother came only humiliation, poisoning, and devaluation. In puberty her mother placed the blame on her for the parents' failed marriage. Her mother simply wrote off her right to exist. At the end of frequent evening

conversations with the mother at the patient's bedside, during which the mother at first made the appearance of coming to her lovingly, the mother ended the conversation by saying, 'you will never be capable of loving'. The patient ended the session by clearly describing what sort of desperate situation she found herself in due to the pathological complex organization, when she said, 'I have organized my life so that no one can personally be important to me. Every importance immediately means absolute dependence. That's like in Circus Maximus: thumbs up or thumbs down. I live in these two worlds. *The terror regime and the victim do belong together. I often act against myself, like the terror regime, Perhaps, I am it myself*'.

The dream shows indeed a complicated interaction of different complexes (paternal and maternal aspects, a terror-victim complex and a strong protest-complex), as well as the accompanying tones of feeling: the dominant and current affect in the session was, however, panic and a feeling of being turned over to a terror regime *which rules in her self* when she is in a relationship. She fell into a paranoid-schizoid state in which her ego saw itself as turned over to a terrorizing organization from which she could not flee. The idealized analysis—the marble decorated grand hotel—was also at first helpless against the power of the regime, an understanding was difficult, her protest she can only be expressed in Chinese. Following Ms. K's associations she experienced the relationships in her childhood like life under a terror regime. She experienced the relationship of her parents in this same way, as well as her relationship to a part in her that she called mother, as fear monger ('*Schreckensherrschaft*'), which was geared towards destroying her deep wishes for a good dependency, which revealed themselves as cheating and terrible traps. To be dependent means, *thumb up or down*. Therefore, she tried to avoid dependence (as regression) in the analysis by retreating. This avoidance expressed itself presumably in the meeting with the injured male figures in the torture basement (who also symbolized an essential aspect of her father), when she said, 'I am terribly scared that they will collide somehow, either with each other or with me'.

This fear of 'colliding' came up often in the patient's dreams. I understood it as her deep fear of an interaction of objects in the outer, as well as the inner reality, and in the transference. Her unconscious expectation pattern was that when she sought familiar closeness, devotion, understanding, or love, this would be answered with a deadly penetrating, sick and crazy-making attack by the loved object, so that every relationship was hindered by avoidance. During the sessions I often found myself in the position of being on guard against sudden attacks. In some sessions I had memories of feverish states in my childhood in which I had the feeling something diffuse, dangerous, hard and somehow formless was coming towards me without stopping, penetrating my head and filling it out. In this situation she communicated to me per projective identification the fear of being penetrated by something crazy-making.

With the traditional view of complexes one could say the constellated complex in this situation was a negative mother complex whose archetypal core, in the sense of Erich Neumann's concept of the Great Mother (1955), is the so-called negative elementary character of the great mother-goddesses (i.e., Hekate, Gorgo or Kali), in that it deals with imprisonment and dismemberment, but also with expulsion and finally death. The relationship to the Oedipal male/paternal figure of the patient stands completely under the dominance of negative element characters. The male figures are blind or damaged.

If one understands the session with my suggested dynamic view of complexes, it deals with the deadly locking up, but at first with Ms. K's fear when she wants to tell me something, 'The dam breaks and everything destructive overflows', and that I either would not be able to stand it and go crazy or would break off contact with her. Ms. K told me later that for a long time she was definitely convinced I would check her into a psychiatric hospital. Her inner working model in this situation was that her search for a 'motherly' understanding would be responded to by deadly rejections ('You will never be capable of loving'), and she projected her expectation pattern to being seen by others as mad. My intervention—saying that she saw it as my not really understanding how terrible it looked inside her—seemed at least to have lessened her fear that I would attack her, so that she could for the first time tell me something about herself. I see the 'pathological' of the complex organization in the fantasy of the Grand Hotel, with the state ceremony that hides a torture basement. The parental pair look normal from the outside, so to speak state bearing, but it includes at the same time the torture basement of a terror regime. Or to relate to the transference: the unconscious wish for an extreme closeness and dependency in the relationship would lead directly to a torture chamber.

With the following vignette I would like to deepen the theme of the preceding vignette and illustrate a pathological interaction of a complex-aspect of her mother-relationship with the ego complex of the patient from a session at the end of the second year.

It was a Monday hour; the patient was silent for a long time, uncomfortable and seemed sullen. She spoke of a constantly returning feeling of emptiness, although outwardly everything was going quite well (the patient had successfully taken up her studies again). She often felt paralysed; it was difficult to think; she had bad dreams permanently. She told of a dream that I summarize here:

The patient landed in a 'nut house', as she put it, 'a huge building'. She sat in a bathrobe in front of her room in the hallway; she was freezing and didn't trust herself to go back in. A woman came out of the room, the patient reported: 'I thought she was a nurse, but I was suspicious'. Then she came out with a little bowl, with red-brown fluid, from my predecessor in the room, for raw hands; she wanted me to see it as well. She laughed crazily, then it was clear to me that she was crazy; she emptied it on my hands and arms. She laughed over and over again, really crazily; I just

screamed. Then she tipped the rest onto my bathrobe. I just screamed and woke up in a panic.

Ms. K added that she first thought the fluid was iodine for cleansing, but then it was 'old, disgusting blood, as if it could be from me'. She described then how alone she felt, how horrible it was that the nurse turned into a crazy person; she said: 'I thought at first it was a joke, it went over into something deeply evil though'. I made a comment, in which I made the connection between the blood of the predecessor of her room, that obviously was thought as cleansing or even healing (iodine) (for raw hands), what she could not take and what she experienced as dangerous, a gross substance from her own self in a situation in which she was cold and felt left out when she actually would have needed warmth and care. She answered: 'Yes, but I belong there; I am crazy; I always have the feeling I'll bring myself in, bring it about. I invite it, I am the perfect victim at the moment'. Ms. K spoke then further about the emptiness, her loneliness, and about her inability to think. She said: 'I have the feeling that internally there are no connections, it's just at a stand still'. She felt in the outer reality as if in a dream, only now she not only *sees* everything like before but also *feels* something that other people can do naturally. I experienced the situation as emotionally very touching, but also had the feeling of a hopelessness of change: the patient had a feeling of what she was missing, but she could not get at it ('with the hands'), just as she could not always make use of my emotional participation and understanding as that of a good object. However, she retreated less frequently into a state of non-thinking (as dissociation or segregation of certain mentalization patterns), but rather she tried to *think* over her psychic state, to create again the link to those psychic parts which were connected with anxiety. At first this strengthened her fear of actually going insane.

The effectiveness of the pathological complex-organization expressed itself here again in that the patient felt like the 'perfect victim' in the situation. This corresponded in the countertransference to my feeling of hopelessness. The unconscious expectation pattern (the inner working model) and the connecting fear of being made crazy by the mother/analyst prevented the patient's longing wish for a 'good' object, of the good, life-giving mother part in her consciousness, where the unconscious wish was perceivable and was geared towards sucking the good out of the maternal/analyst's breast. What could be a helpful nurse reveals itself then as a crazy and presumably poisonous witch.

One could understand the archetypal complex core of this constellation as a realization of the negative transformation character of the Great Mother: The woman/nurse brings her in the dream a container with fluid, which could be iodine as well as old blood and empties it over her. Erich Neumann describes, in the chapter on the 'spiritual transformation of the transformation character', the woman as a mana figure and magician who for example in the antiquities

was represented by the figure of Medea. The female mana figure, the priestess or later the 'Witch' has a magical kettle, pot, or blood dish. Neumann describes this:

The kettle of transformation is identical with the sacrificial blood bowl, whose content the priestess requires in order to achieve her magical purpose [the transformation]. Here the blood has not yet the later 'spiritual' significance of a sacrificial offering, but a magical significance: it 'contains' the soul, as the Bible still teaches.

(Neumann 1955, p. 288)

In the complex view I offer, one could view the soul of this victim as a primitive form of the mentalization process in the infant, as described by Fonagy and others (see above Fonagy & Target 1996). In another terminology this would correspond to the process of containment: where it deals with the 'reverie' of the mother about the psychic conditions of the infant that is internalized by the infant as an ability for containment, which in turn facilitates its mentalization. But this event was still tied up with fear for Ms. K. The nurse's bowl in the dreams therefore becomes the 'breast', the red-brown fluid also has an anal shading. But it was even more because it already held the potential for transformation that at the time the patient could not see.

So in the dream a connection to the positive aspect of the transformation character of the Great Mother figures (i.e., Maria, Sophia, the muses) was not constellated—as I had incorrectly assumed in my intervention—but rather to its negative aspect (i.e., Lilith, Circe, witches). Confrontation with this aspect drives one into madness, frenzy, powerlessness, and numbness. Besides retreating into the 'coma', as Ms. K said she sometimes did, she from time to time took sleeping pills and alcohol so she didn't have to feel. It appeared despite this that a changing process was put into motion. In the following months Ms. K spoke more and more concretely about her life story and also the dreams were more and more peopled with personal figures. In one dream she wanted to stay over in a big house, an old spa hotel full of 'dusty magnificence', as she said. There was, however, a ghost that she met, which had the form of a somewhat 'simple woman with curlers', which made her think of her mother, although she had never thought of her as simple. There was also a house janitor in the dream whom she wanted to move in with; this house janitor/analyst was obviously a helpful object. Also the motherly object eventually got human qualities and was not formed from only mad, archetypal fantasies (Lambert 1977); the parental pair of the house janitor and ghost bore over time quite human characteristics.

Concluding remarks

Jung's concept of complexes is a notably modern view of the psyche. The dissociability of the psyche accepted by Jung is much better reconciled with the

matrix and network structure—as they are widely accepted for functions of the brain—than the drive model of Freud and his structural theory.

I understand that complexes as splinter psyches will frequently work together in a sometimes defensive, network-like organization opposite the ego. When one accepts this connection, one can talk of a characteristic networking of the complexes of the patient. It is a deceitful interplay of ‘good’ and ‘bad’ complexes. The image of the Grand Hotel with the torture basement is a symbolic expression of this. This interplay, this psychic organization is experienced by the patient as a terror regime which is directed against her in herself and which paralyzes her healthy parts, in the sense that she may not experience any sort of dependence, but rather is still only in a condition to retreat in the ‘coma’, the ‘not-knowing’, in death. In this way she was able to *avoid* very painful mental states and emotions that would arise when she would come into contact with life.

TRANSLATIONS OF ABSTRACT

L'article revoit la théorie des complexes à partir des recherches modernes sur le nourrisson développées dans les théories des neurosciences et celles de la relation d'objet. L'auteur reprend l'idée de Jean Knox qui consiste à voir dans la théorie des complexes des analogies avec des modèles opérants internes de la théorie de l'attachement. Il propose de voir les complexes comme des sous-réseaux dissociés de structures en réseau de la psyché; ces sous-réseaux contiennent les modèles opérants internes, les fantasmes de désirs inconscients et les affects caractéristiques. Ce modèle de réseau permet d'essayer de voir de fortes organisations de défenses chez certains patients comme une organisation pathologique de différents complexes. Ceci est illustré par un exemple clinique.

Es wird versucht, die Komplextheorie auf dem Hintergrund der Objektbeziehungstheorie, der Säuglingsforschung und der modernen Neurowissenschaft neu zu überdenken. Es wird eine Idee von Jean Knox aufgenommen, die die Komplexe in Analogie zu den inneren Arbeitsmodellen der Bindungsforschung versteht. Der Autor entwickelt den Vorschlag, Komplexe, die Jung als Teilpsychen versteht, als ein dissoziiertes Subnetzwerk aus der Netzwerk-Struktur der Psyche zu verstehen, in das innere, mentale Arbeitsmodelle, charakteristische Affekte und unbewusste Erwartungsphantasien zusammenspielen. Mit diesem Netzwerk-Modell ließen sich auch komplexe Abwehrorganisationen als eine pathologische Organisation von Komplexen verstehen, wie sie bei bestimmten Patienten angetroffen werden kann. Mit einem klinischen Beispiel wird dies illustriert.

Questo lavoro rivede la teoria dei complessi alla luce della moderna ricerca infantile, delle neuroscienze e della teoria delle relazioni oggettuali.. L'autore raccoglie l'idea di Jean Knox di comprendere i complessi come analoghi dei modelli operativi interni della teoria dell'attaccamento..Egli propone di intendere i complessi come sottoreti dissociatisi dalla struttura reticolare della psiche; tali sottoreti comprendono i modelli operativi

interni, gli affetti caratteristici e le fantasie inconscie di aspettativa. Con questo modello di rete si può tentare di comprendere alcune gravi organizzazioni difensive di taluni pazienti come organizzazioni patologiche di differenti complessi. Ciò viene illustrato attraverso un esempio clinico.

Este trabajo revisa la teoría de los complejos a la luz de las investigaciones modernas sobre infantes, la neurociencias y la teoría de las relaciones objetales. El autor toma la idea de Jean Knox para entender los complejos como analogías de los modelos de la teoría del apego. Propone entender los complejos como sub-redes disociadas de las redes estructurales de la psique; estas sub-redes contienen a los modelos internos de trabajo, los afectos característicos y las ilusiones fantaseadas. Con este modelo de red uno puede tratar de entender severas defensas organizativas en algunos pacientes como organización patológica de diferentes complejos. Todo ello se ilustra con un caso clínico

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