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Complexes and Schemas

A comparison of the concepts of Analytical Psychology based on work of C.G. Jung and the Schema Therapy of Jeffery Young

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Abstract: Many psychotherapy researchers across all schools are in agreement that psychological disorders are based on dysfunctional relationship models, which come into being as a result of injured basic needs in childhood. Freud already spoke of the repetition compulsion with relationship models that are made up of conscious and unconscious parts, generalized expectations and lead to maladaptive behaviour with the current people and are continually produced anew. How can such relationship models be understood? Analytical Psychologists respond with the concept of complexes - the Cognitive Therapists who follow Jeffrey Young's approach, with the concept of Schemata. The following contribution provides a first overview of these two concepts.

Key words: Complexes, Schema Therapy, Analytical Psychology, Cognitive Behavioural Therapy, and Concepts

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Complexes and Schemas

A comparison of the concepts of C.G. Jung's Analytical Psychology Jung and Jeffrey Young's Schema Therapy

1. Comparison of the theoretical conceptualisations

The concept of complex – is familiar in colloquial speech with reference to the inferiority complex, authoritarian complex and mother complex - originates from the Latin word "complexus" meaning embracing or enfolding. C. G. Jung developed the Complex Theory from 1905 onwards (Jung, 1911). Freud and Adler took up the concept of complex as in the case of the Oedipus Complex (Freud) and the Power and Inferiority Complexes (Adler). Complexes provide, according to Jung the royal road to the unconscious - not dreams, as Freud believed (Jung, 1934).

In general language usage the meaning of the concept of "complex" has come to mean a defect. In the theoretical view of Analytical Psychology according to C.G. Jung complex had, at the start, a neutral meaning: complexes could have a healthy as well as a pathogenic character (being in love for example has all the characteristics of a complex). They refer to central themes, motivations and needs. At their core therefore archetypes are revealed, pointing to the anthropological precipitation of ever repeated similar themes and experiences of humanities history.

In complexes the personal memories and fantasies from formative relationship interactions of childhood and youth are also represented, including the emotions linked to them. In Jungian literature, in the following, the one-sided the focus on pathological complexes, pathology located (Bovensiepen, 2009, Shalit, 2002): complexes are stored in implicit memory "evoked presumably though a painful collision of the individual with a demand or occurrence in the environment that they are not able to cope with/ that they are out of their depth with." (Kast, 1990, p.44f., translated by Jean Watt, JW). The perception with regard to later similar experiences is disturbed. The adult person loses, when complexes "are activated" their differentiation possibilities ands show exaggerated emotions and bodily reactions (Haule, 2011). The behaviour is often not appropriate to the situation, but rather stereotyped and proceeds automatically.

A further inter-subjective characteristic to mention is the constellation of complexes. Not only the one who has "fallen" into a complex but also their counterpart also lands in the complex trap. Their perception, feelings, bodily experiences and their behaviour are also shaped. Depending on the power of the complex the counterpart can be forced more of less into the complex event/occurrence.

The Jungian Jolande Jacobi listed four different attitudes towards complexes: having no inkling of their existence (everything is unconscious), identification with the complex, the projection of the complex and confronting the complex (Jacobi, 1959, see also Dieckmann, 1991). Kast extended this distinction further: within identification is on the one hand victim identification (child pole) or perpetrator identification (parent pole) possible (Kast, 1994). (Example: either one behaves as a wounded child or as a punishing parent).

In psychotherapies the projection of complexes can also emerge in the transference. Schema therapy and thereby the third wave of Behavioural Cognitive therapy direction (Kahl et al. 2011) was founded by Jeffrey E. Young about 20 years ago in the USA (Young et. Al, 2005, Young et al. 1993) but it was only five years ago that his book "Reinventing your Life" (Young & Klosko, 2006) was translated into German and became known in the German-speaking domain. The reason for the development of Schema Therapy was that Young and his colleagues had observed emotions in therapy that had nothing to do with the current situation or with the relationship events taking place in therapy. They suspected that the client's earlier relationship experiences were activated. Weiss and Sampson called these the "relationship test" that every therapist must pass, so that the client can make new "corrective emotional experiences" (Weiss, Sampson et al. 1986).

Schema Therapy shares with the complex concept of C.G Jung the belief that over the course of childhood and adolescence, when important needs remain unmet, stable, partly dysfunctional perceptual and behavioural models develop, containing memories, emotions, cognitions and bodily sensations, which are triggered reflexively later and steer the behaviour. The Schema therapists concentrate on the negative schemas. Clients unconsciously expect that the therapy or in life they will be left in the lurch, shamed, criticised, devalued or too much will be asked of them, as they already experienced in childhood. Jeffrey Young speaks of so-called " Lifetraps" (Young& Klosko, 2006) and characterises such schema as "Early Maladaptive Schemas" (Young et a. 2005). Problematic (dysfunctional) behavioural patterns come into existence as a reaction to a Schema, however are in themselves not part of a Schema. Originally Schema Therapy was developed for people with a borderline disturbance (see Arntz & van Genderen, 2010).

However recently it has been widened and adapted to other disturbances (e.g. for Narcissistic Personality Disorder, see Dieckmann & Behary, 2010; for Post Traumatic Stress Disorder PTSD, see Cockram et al., 2010). The language usage appear however not to be uniform. Also concepts like "Script" "Type" and "Model" are used in a comparable framework.

A significant difference between the two approaches can be seen with reference to the concepts of transference and counter-transference. Schema therapists do not integrate these concepts in therapy. Jungians emphasise that complexes are effective in an inter-subjective field. Complexes are brought into therapy in the form of projections and constellations, which play an important role especially in the case of negative transference. The complex organisation of both the client as well as the therapist must be kept in mind. A Schema therapist when activating a schema f.e. the so-called Child Mode stops the process in order to change into a shared observer perspective (Roedinger, 2010,p. 24). It is doubtful that this is easily achieved. When one shares Grawe's opinion, that problems without the involvement of emotions can only be inadequately handled (Grawe 2004), then it would be advantageous to rethink it theoretically, what the emotional activation of complexes or schemas triggers in therapy and in the therapist. As the Schema Therapist Gitta A. Jacob correctly comments, it is noticeable that although Schema Therapy takes practical procedures from many psychotherapy schools, however these "have been insufficiently theoretically worked through"(Jacob, 2011, p.183, translated by JW).

Tab.1 "Tab.1 Complex Article (at the end of this article)

2. Comparison of the Treatment Approaches

Both therapy directions assume that one should make complexes i.e. schemas conscious, in that one highlights the process precisely. Which expectation is linked to which complexes and schema? What they have in common is the attitude that the client's capability to reflect and to metalize should be improved in order that their cognitions, feelings and behaviour/actions become more flexible.

2.1 Making Complexes and Schemas Conscious

In concrete terms Analytical Psychologists guided by theory, work on the assumption that the important complexes are to do with parents and siblings, and to some extent also come into existence at school. The inquiry into Father and Mother Complexes belongs to the most important diagnostic questions in Analytical Psychology. The goal is that one realises when one "falls" into a complex so that one can slowly learn to distance oneself from their inner affects and processes and take back projections. Also Schema Therapists try to make the "Lifetraps" conscious and to consciously

break the behavioural tendency with schema activation and not to follow the "emotional auto pilot" (Kabat-Zinn, 2006). Schema activation is unavoidable, but the following behavioural impulses or the spontaneous emotions can yield new mature coping strategies. The goal of therapy is not that through activating schema to provoke experiences (e.g. feelings of anxiety or tensions) but rather to change symptom reinforcing behaviours (Ruediger, 2009). To the diagnostic survey of the "Schema landscape" Jeffrey Young together with his colleagues established five schemas areas with altogether 18 schema (Young et al. 2005). Due to space shortage these themes will only be touched on in overview. The five Schema areas cover: 1. Disconnection and rejection (e.g. emotional abandonment), 2. Impaired autonomy and performance (e.g. dependence/incompetence), 3.imaired limits (e.g. entitlement/grandiosity) , 4.Other-directedness (e.g. self sacrifice) 5. Overvigilance and inhibition (e.g. hypercriticalness)

2.2 Working through conflict: Symbolic work with the Child and Parent part

In Analytical Psychotherapy one tries to get into contact with the complex, to the extent that the complex is configured. Often complexes are personalised, e.g. referred to as an inner child, thereby phantasies, images and imagination can be more readily experienced, up to the point at which a dialogue with it is possible. Complexes can in addition appear in dreams in a personified, symbolic form, e.g. in the form of children, ghosts, threatening figures. To treatment belongs as much the shared examination, e.g. the shared examination of a painted image/picture. The therapeutic relationship is central. Jungian therapy is characterised by a dialogue, which is about understanding the counterpart.

Interesting is that the Schema Therapists also integrate such a "third". Schema Therapists understand thereunder a shared construction of a biography or completing a questionnaire. Certain indications are rather possible in a "three-situation" than in a situation of two: the sentence: "You are obviously emotionally and socially neglected" is more difficult to express than: "This questionnaire shows up the Schema 'emotional neglect'" (Ruediger, 2009, p. 59). The therapeutic relationship is characterised by a "limited reparenting" (Jacob, 2011, Young et al., 2005), email contact and telephone calls can be included. Analytical psychologists personalise the individual clients' complexes and enrich them with symbolic material. Schema therapists on the other hand go about it in another way, namely from every activated schema and refer to these as Modes. With schema they refer to the background readiness for arousal in the sense of a personality trait, the Mode is currently experienced and the momentary condition of the personality (Roediger, 2009).

Schemas are available in the background and become Modes when activated.

A client shows when a schema is activated, for example in a "Child Mode" ("vulnerable", "angry", "happy child" etc.) or in Mode of "Inner Parent" ("punitive parent", "demaning parent" or "healthy adult") or shifts from one to the other. Here it deals mainly with the client's experience. How did they experience themselves as child (Child Mode)? Which rules and appraisals did they take over from their parents and internalise? (Inner Parent Modes). Which needs were not met? Here the differences between the approach with the symbolic forms of the Child Mode or the Child Pole (Kast, 1994). In the case of Emotional Neglect Schema the client for example experiences themselves as "wounded child" while he or she with the same schema, but in the Mode of "Inner Parent" experiences himself as punishing, judging or tormenting. Complex Therapists tend to envisage this inner child as a concrete child, who can be very useful therapeutically as one can work with images and imagination much more effectively. However, the inner child or inner parent must not represent the reality, far more it is internalised feelings, secondary emotions or a conglomerate of disappointed expectations. The inner parents can moreover apply to mobbing class comrades or to particular relatives. It is internalising or in psychodynamic terms introjects and no realistic representation of childhood.

Analytical Psychologists have as a central theme the coping strategies, which the client was hardly able to develop due to such childhood situations. Schema Therapy addresses in contrast their own chapter "Coping Modes". Schema Therapists work on the assumption that there are three coping mechanisms: *Avoidance, Overcompensation and Surrender (freezing)* based on the biological models of flight, fight and submission. Such mechanisms are often rigid and narrow adult reactions. With coping Mode Avoidance, the client acts as though the schema was not activated and suppresses the related feelings. With Overcompensation the person concerned to behave contrary to the schema or to take the flight forwards and with compliance goes along with his fate and takes on the role of the "child".

2.3 Resource Activation

The Complex Psychotherapists have a similar attitude to Schema Therapists, when it concerns resource activation and here above all on the role of the imagination. Both assign a great deal of meaning to the role of imagination, as on the level of implicit memory old feelings (Korrje-Birnbacher et al. 2010) with both schemas and complexes can be more effectively activated. By means of imagination unfulfilled wishes, hopes and conceptualisations can be imagined and the "happy child" or the "healthy adult" can be strengthened. Asking, "What do you need now?" or "What does the little Hans need now?" are meaningful in order to improve the corrective maturation and perception of needs. Imagination is for this reason central for therapy in both Schools.

Both directions differ fundamentally when it comes to methodology. Schema Therapists lay down working with imagination in a manual, the therapeutic process is structured in advance, and many questionnaires have been developed and are used systematically. Schema Therapists have developed inventories for the various Schemas and Modes depending on the nature of the disturbance. So for example, in a Schema-Mode Inventory (SMI-Version 1.1) the 14 selective Modes (Child and Parent Modes) are described. Analytical Psychologists work in an opposite way. With Active Imagination the client during the session allows inner images to arise, which during or after the imagination is related to the therapist, at times the therapist provides a

motive and follows the imagination with questions (Kast, 1988). In some imaginations archetypal images from myths and fairy tales are to be found, which can be explored in more depth, in that such images are from the pool of cultural conceptualisations of humanity and strengthen ones own strengths and ones own perceptions which can be placed in the context of a wider human framework. Patient cases are in addition usually complex and one needs to know "the language of the patient" (Bovensiepen, 2011) in order to make the therapeutic work effective.

3. Discussion

Discussions over theoretical school boundaries with reference to certain concepts can be enriching and has taken place for a significant length of time with reference to a comparison between the concepts of Psychoanalysis and the Analytical Psychology (e.g. Withers, 2003, Fordham, 1995). A comparison between Analytical concepts and those of Schema Therapy is on the other hand, hardly available and literature dealing with it was not to be found, so that reference to a respective discourse could not be made. This thematic requires further investigation.

In terms of content it would be meaningful for both directions the theoretical conceptualisations with reference to the activation of complexes, i.e. to deepen schemas with resource activation. Jungians use the concept of the "divine child", Schema Therapists on the other hand the "happy child", without being clear how this complex or schema comes into being as a generalised relationship experience, as the theoretical focus is placed on maladaptive experiences.

With Analytical Psychologists there is an absence of systemising complexes, which is available with Schema Therapy. In my opinion such systemising would be useful, as well as an investigation into the coping mechanisms. With respect to Analytical Psychology's findings regarding the inter-subjective field of complexes from projection, constellation, transference and counter transference there is a careful opening on the part of Schema Therapists noticeable (Jacob, 2011).

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Tab.1 Detailed Comparison between Complexes and Schemas

	Complex therapy (Analytical Psychology)	**Schema Therapy (Cognitive Behavioural Therapy)**	**Case Study (Father Complex) according to Analytical Psychology**
Trigger	Typical Trigger situation. This activates a complex.	Typical Trigger situation. This activates a schema (Roediger, 2010, S. 25).	Client is criticized by his boss for his inefficiency work
Emotion	Complex emotion is exaggerated (fury, anxiety, shame, being in love, etc.)	Negative Emotions like feelings of shame, anxiety, fury, guilt	Client is excessively angry with boss who demands things of him which he can't deliver
Cognition	Complex cognition is distorted, and accompanied by unconscious associations	Internalised, negative assumptions, cognitive distortions	Client: Boss is impatient, doesn't understand or support me. He judges me very harshly.
Perception	Perception is constricted, distorted, client is sensitized to the theme	Perception is distorted	Clients perception is distorted and at the same time diffuse
Body Awareness	Complexes are experienced physically	Schemas are experienced physically	Restlessness, tension
Behaviour/defence/coping	Stereotyped, reflexive complex reactions	Rigid Coping Modes (overcompensation, avoidance, subjugation)	Tentative, evasive, bogged down in detail, easily distracted
Archetype	At the core of the complexes is an archetype		Archetype of a strict authoritarian father
Reference to unconscious	Complexes proceed unconsciously	Schemas proceed unconsciously	Processes proceed without the client being conscious of them
Projections	Complexes can be projected	Projections are not mentioned	Client: The boss is like my father, he doesn't understand me, wants me to subordinate myself to him, is not interested
Identification	Complex identification in *Child or Adult pole*	*Child Mode*: vulnerable, angry, undisciplined etc.	*Child pole*: Client is hesitant, is evasive. *Parent*

	(Kast, 1990)	child *Parent Mode*: punishing, distanced or demanding parent	*pole:* Client does what he wants, shows egotistical behaviour to requests.
Therapeutic relationship **Transference/ counter transference**	Complexes are brought into therapy. "Interaction" of the clients' complexes and those of the therapist (Bovensiepen, 2009)	Transference/counter transference are not mentioned	Therapist realises that she forces the client and that she becomes impatient, as he tells unimportant stories.
Constellations	Complexes constellate „energy fields" (Dieckmann, 1991)	Not available	Client repeatedly constellates situations where the superior reacts with anger
Symbols	Complexes are to be found in symbolic material, e.g. in dreams and imagination (Kast, 1994, Bovensiepen, 2009)	Imagination plays an important role in Schema Therapy treatment	Client draws pictures (e.g.. *cloud image*, in which he is to be found, instead of hurdles in life to be overcome)
Diagnosis	Complex diagnosis with Word Association experiment	Various questionnaires, Tests etc.	

Characteristics of Isabelle Meier in brief

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