Preface

One shouldn't complicate things for the pleasure of complicating, but one should also never simplify or pretend to be sure of such simplicity where there is none. If things were simple, word would have gotten around.

—Jacques Derrida'

Around the time of Ferenczi Sandor, a novel by Ferenc Molnar emerged from within 1906 Budapest culture and was considered generally a good read by young people everywhere, especially as it reflected, through metaphor, a scathing satirical portrayal of European nationalism and a rather accurate premonition of the First World War. Titled _A Pal Utcái Fiúk_, or _The Paul Street Boys_, the story revolved around a gang of street kids who fervently defend their playground against another gang of kids who wish to invade their territory. The Paul Street Boys are especially known for their routinely passing around a wad of gum, called _pitt_, which was essentially window putty. Yum. Here in the United States, we as kids used to call this ABC (already been chewed) gum. In grand street style known only to adolescents, these boys would surreptitiously scrape and collect the coveted putty that held home windows in place and render it into a chewing gum worthy of a convenience store shelf. This one wad of gum united the _Gitiwélet_—the boys who chew the same wad—far more adhesively than it did the windows it had held in place. Among popular agreement, the _pitt_ would thus be passed around, after a predetermined time period, from one boy to the next, effectively affording each an opportunity to savor this delectable chaw while also keeping it moist, and alive. It is not lost on me that a similar phenomenon exists in our psychoanalytic and psychotherapy communities, wherein the perhaps over-valued putty is replaced with theories and variations on theories. And in many respects, with a few notable exceptions, the enjoyment of passing around the same chaw, uniting us and perhaps placing one's own indentation on it before the expectable and anticipated handing it over is consummated, is exactly how we spend much of our time. Whether the contents of this book will be yet another and familiar piece of _pitt_ or perhaps a new, freshly scraped piece of putty to share only you can decide for yourself. For me, it does have a fresh taste, but perhaps it is still putty
nevertheless. At the very least, if you enjoy chewing it for a while, I will feel some sense of accomplishment.

This book, in large part, is a thought experiment, one in which I invite you to consider some rather revolutionary ideas, to immerse yourself in a new worldview, and then to see what happens next. I wish I could say these are my ideas, but they don't belong to anyone really. No one invented complexity theory. Rather, it emerged over the last century predominantly through the independent theorizing of mathematicians, biologists, physicists, astronomers, meteorologists, economists, and those who are obsessed with the study of slime mold. It has wound its way into computer science and the arts. Complexity theory, in the broad sense of the term, reflects the perpetual and continuous thought and imagination of many individuals from diverse professional backgrounds and cultures.

After a while, some folks began to realize that scientist-explorers from diverse fields were independently developing uncannily similar ideas about how their respective subjects of investigation—that is, systems such as molecules, cells, human bodies, families, cultures, solar systems, and so forth—work. And over time, a body of presumed knowledge about the behavior and characteristics of alive, vibrant, open systems emerged. As it turns out, molecular systems have a lot in common with meteorological systems, biological systems with economic systems, neurological systems with slime mold systems. This body of knowledge itself began to exhibit one of the very characteristics with which it was concerned: the property of emergence. And thus, over the last forty years or so, nonlinear dynamic systems theory—or complexity theory for short—coalesced as a field in its own right: the study of nonlinear, dynamic, complex systems of any ilk. In this sense, complexity theory, in addition to being considered multidisciplinary and cross-disciplinary, is now considered a transdisciplinary field (Krausen 2009) aimed at investigating a wide and colorful range of interpenetrating systems of which each of us is a product and property. And if complexity theorists have learned nothing else over the years, they have at least come to understand that all things, including we humans, are inextricably connected in one way or another. This makes for a rather revolutionary, if unsettling, perspective on who we are and how the world works.

A variety of systems theories ( Bateson 1942; Mead 1942; von Foerster 1981; Wiener 1948) was introduced into family therapy theory in the 1940s, but many of those perspectives still contained elements of a more traditional, objectivist worldview (for instance, the concept of homeostasis or the notion that one could step outside a particular system for the purposes of observation). From a more contemporary complexity sensibility, these concepts are no longer tenable. The appearance of homeostasis, for example, is now more profitably understood as the presence of one among many potential attractor states, or potential and identifiable configurations of the elements of a system. And there is no stepping outside a particular system for observation purposes—we can never disengage ourselves from the systems in which we remain relentlessly embedded (von Foerster 1981). By the 1970s, dynamic systems theorists had accrued more presumed knowledge about how open systems work, and a few psychologists and psychoanalysts began playing with the application of dynamic systems theory to their respective domains. In psychoanalysis, Robert Galatzer-Levy (1978) published his ground-breaking article, "Qualitative Change from Quantitative Change: Mathematical Catastrophe Theory in Relation to Psychoanalysis." However, perhaps because it was highly mathematical, this perspective was not easily accessible or readily amenable to translation into clinical application. Following Galatzer-Levy, several psychoanalysts, similarly intrigued with dynamic systems theory, jumped into what would become the complexity fray of the late 1990s. These included Hinshelwood (1982), Moran (1991), Sander (1988), Sashin and Callahan (1990), Spruiell (1993), Seligman and Shanok (1995), and Thelen and Smith (1994), just to name a few. Dynamic systems theory, however, enjoyed a substantial spike in interest after the publication of Thelen and Smith's seminal 1994 book on the application of nonlinear dynamic systems theory to developmental psychology. Their contemporary research findings on early human development overturned many of our assumptions about the epiogenesis and teleology of early human life. We and the world we inhabit no longer seemed so stable and predictable, so fixed and accountable. And this has been very much to our advantage.

My own foray into, and passion for, complexity theory was ignited after my reading Robert Stolorow's influential 1997 article titled "Dynamic, dyadic, intersubjective systems: An evolving paradigm for psychoanalysis." Already fairly steeped in intersubjective systems theory, a radical phenomenological contextualist perspective ( Stolorow, Atwood, and Orange 1998, 2002), I found this new complexity sensibility to be a rich and elucidating expansion of the contextualist spirit I had been fortunate to unearth previously in the work of the intersubjective systems theorists. It was in that year, 1997, that I sensed the potential impact a further examination and exploration of complexity might have on how we conceptualize the psychoanalytic and psychotherapeutic process. I felt like a kid in a sandbox already advantaged with lots of great toys, and now there was a new one, a powerful one, suddenly introduced into my play space. And yes, my subsequent efforts at insinuating complexity theory into psychoanalysis and psychotherapy have been prominently just that: play. And, my own personal organizing principles notwithstanding, I have not been alone. A variety of additional theorists, many from my own institute—the Institute of Contemporary Psychoanalysis in Los Angeles—were playing as well ( Bacal and Herzog 2003; Beebe al. 2003; Beebe and Lachmann 2001; Bonn 2010; Charles 2002; Dubois 2003; Ghent 2002; Harris 2005; Lichtenberg, Lachmann, and Fossingham 1992; Magid 2002; Miller 1999; Orange 2006; Palombo 1999; Pickles 2006; Piers 2005; Sander 2002; Scharff 2000; Seligman 2005; Sheene and Coburn 2002; Sheene, Sheene, and Gales 1997; Sperry 2011; Steinberg 2006; Sucharav 2002; Thelen 2005; Trop, Burke and Trop 2002; VanDerHeide 2009; Varela, Thompson and Rosch 1991; and Weisel-Harth 2006). Very exciting times, indeed!
As will be discussed shortly in more detail, complexity theory has been employed primarily for the purposes of trying to explain and account for the underlying fluidity, dynamism, and unpredictability of human systems, of trying to understand how things really work. It has been essentially a descriptive tool, a device for retrospective explanation. Why did that patient change in the way he did and in the specific time frame in which the change emerged? For understanding the emergence of emotional life and meaning, for grasping the intensely contextualized nature of human experiencing and existence, complexity theory offers a powerful explanatory framework, but a vital question follows: In what way might this sensibility shape our understanding of our patients prospectively, inform what we might do in the present and the future for our patients? This book reflects the beginning stages of addressing this question and does so through the lens of examining the influential role our implicit and explicit attitudes play in the clinical surround.

Notes


2 I am indebted to Estelle Shane for initially and relentlessly posing this question to me.

Acknowledgments

The pages that follow reflect certain facets of what I have learned about complexity over the last fifteen years or so, the results of my playing with exciting and inspiring ideas. And it reflects my initial steps in exploring how these ideas are useful clinically. For me, they have been life-altering and personally transformative. For all of this play, I owe an enormous debt of gratitude to a variety of people who have inspired me, taught me, and cared for me throughout this process. I thank Estelle Shane who, in innumerable ways, including closely reading and editing this book, has supported and guided me for many years and throughout this project. I am also deeply grateful to Robert Stolorow for his relentless care, attention, and support these last eighteen years, without whom this book would not have been possible. So much of writing, the exhilarating and arduous task of thinking and creating, necessitates a true sense of ownership of oneself, while also a sustained sense of connection with important others in one’s life. Without Robert Stolorow, this also would not have been possible for me. I also thank wholeheartedly Jim Foehl, whose friendship and guidance remain invaluable to me, as does the ever-present support of Joe Lichtenberg, whose passion and vision for creativity and writing have played an enormous role for me in the writing of this book. I am also indebted to Roger Frie, in whom I have found an invaluable friend and partner in thinking, creating, and publishing. I also thank other vital individuals who have always supported me and who have heavily influenced my work. They are Donna Orange, Lewis Aron, Howard Brese, Arthur Malin, Marlin Tolpin, Steven Stern, Paul Cilliers, Mark Taylor, Jill Gentile, Malcolm Slavin, Nancy VanDerHeide, Shelly Doctors, Lesotor Lienoff, Frank Lachmann, Suzanne Lachmann, Lucianna Carlton, Marcy Sperry, Peter Radestock, Richard Siegel, Hazel Ipp, Hannah Morales, Nancy Goldman, Jeff Trop, Leonard Berman, Kate Bracaglia, Kristopher Spring, Kristen Lashman, and Jackie Legg. Each person, in his or her own unique way, has inspired me immensely. I am also deeply grateful for the tireless support of my family, including Katalin, William, Alicia, Andy, Laura, Theodore, Jake, Todd, Linda, Nora, Morgan, Alex, Cassie, Ted, Mark, and Peggy. I also thank Markis, Nacho, Kells, David, and Steve of the playa, whose spirit and support never fail to nurture me. Kate Hawes and Kirsten Buchanan at Routledge have given me invaluable support and guidance throughout the production phase of
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**Introduction**

*Psychoanalytic Complexity: It’s (Almost) All About Attitude*

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People out of each tradition are too religiously devoted to their particular theories to be able to sit back and say what are the assumptions here?

—Stephen Mitchell

One way to evaluate a psychoanalytic theory is to picture a therapist with that theory in his mind and imagine what happens when we fold him into the basic soup of psychoanalytic procedure.

—Lawrence Friedman

By the time you’ve read about halfway through this sentence (right about here), you already will have irrevocably and irreversibly stepped into a new complex system. (And, of course, you bring your socio-cultural-historically-derived attitudes with you.) Think of listening to the first phone message of a new patient: The moment you begin to register his voice—the content, the nuances of tone and rhythm, and so forth—you’ve already entered and helped to constitute a new, complex, relational system, altering something of your experiential world and, of course, something of his as well.

How have you already altered his? Your outgoing phone message, which he heard, whether he was really conscious of it or was not, was so highly specific in content, timing, rhythm, tone, and so forth and already contextualized by your own history, your own present emotional life, your imagined future, and innumerable other factors, that experiences and meanings are already being formed for him. And then: How soon will you return his call? Time matters in complex systems, as they move inexorably forward in time. What will your tone of voice be? Nuance matters, too. Initial conditions matter as well (Poincaré & Guillaume 1900). Not unlike what often accompanies the beginning of a new relationship, similarly, questions emerge about what it would mean to delve into the following pages, to commence a new adventure: Will this be helpful to me, will it change me, will it alter my emotional and clinical sensibility? What do I want from you, expect from you, and what do you want from this book, from me? To paraphrase Dickens, perhaps these pages will show.
We all want to know what works in psychoanalysis and psychotherapy and, of course, what doesn’t. When I think about our contemporary ideas of therapeutic action and the change process, I am reminded of early man at the nighttime communal fire, reenacting for his clan his late-afternoon killing of a saber-tooth tiger. He plunges his spear into the ground with ferocity, twisting it from side to side, exciting sparks from the fire, as the tribe members look on with awe and reverence, even though the tiger may actually have fallen accidentally on this hunter’s stick as he, the hunter, terrified, was attempting a hasty escape from certain death. After things turn out well, and the dust settles, and our heartbeats return to normal, we construct good, coherent stories about how and why things worked out, and usually these are not mystery stories about accidents and perplexity. Rather, we tend to graft what sounds like insight and good sense onto good outcomes and even sometimes insight and good sense onto bad outcomes. Naturally, we want to make sense of things and to have a say in how things turn out. This speaks to our incessant and necessary proclivity toward organization and explanation—speculating, theorizing, hypothesizing, abstracting, presuming, assuming, and generally trying to understand the world and our place within it. This is just what we do.

A principal avenue toward making sense of things is story and storytelling (Brooks 1994). Many of us love good stories, perhaps especially clinical ones, where, for a brief time, we can experience vicariously or perhaps watch dispassionately what someone else does, how someone else heals, or even how someone else gets into hot water with her patient. Despite our continued longing for and infatuation with new theories, it seems the mainstay of psychoanalytic writing remains a good story, one in which we eagerly witness through a kind of keyhole the struggles and the (familiar and occasionally disingenuous) happy outcomes. This is partly because we hope to glimpse something that might work next time with our patients, what it might look like to interpret or to enact and to live through adversity. Naturally, we want to know what works, because so often the currency of our clinical lives is mystery, uncertainty, and perplexity. And presumably we are not just in it for the adventure of it all—but that is an intriguing factor for many of us. Primarily, we want to effect useful change while, much like living with the inevitable fly in the ointment, simultaneously tolerating confusion and the unknown.

The obsession with statistically derived, evidence-based treatment in some sectors of the mental health field—which frequently includes normative presumptions about the nature of mental health, devoid of any consideration for the socio-cultural-historical-contextual origins from which they derive (Cushman 1994; Frie 2003, 2011; Masler forthcoming)—is a substantial instance of our discomfort with ambiguity and uncertainty (Brothers 2002) and our unwillingness to hold our theories, including our conclusions about truth and reality, lightly (Orange 1995). There are many other familiar instances of our human proclivity to systematize, codify, and standardize, yielding universal approaches to curing the psychopathology that we, culturally constituted ourselves, have otherwise only constructed. An aspect of the more extreme caricature of this brand of epistemological yearning is reflected in the Just tell me what to do—I don’t want to have to think about it myself sensibility. As contemporary psychoanalysts and psychotherapists, we hope to eschew any notions and approaches that slide into reductionism and that universalize what can only be discovered, witnessed, and experienced on an individual-by-individual, system-by-system basis.

As contextualists and systems thinkers, however, we are always concerned with how we define useful change, on a person-by-person basis, and how we think about effecting such change. Hence, we think about not just what might cause change (therapeutic action) but also what kind of change we want to realize. Psychoanalysis and psychotherapy should be as much about defining what needs changing as they are about trying to effect that change. To ask what works and what is useful change means asking what our possible actions are and, of course, how things could be different. Ultimately, this can be decided only by the therapeutic dyad, whose desires, longings, passions, dreams, ideas, and, generally, emotional experiences have innumerable sources and origins. Two therapeutic partners, however, do not decide these things in a vacuum, between themselves—though it may feel that way sometimes—but instead are perpetually shaped and informed by the highly complex and larger socio-cultural-historical contexts in which they are perpetually embedded. Thus, therapeutic action and therapeutic change are unique and specific to each dyad (Bacal 2006, Bacal & Carlton 2010, Bacal 2011) and are intensely contextualized phenomena. In addition, questions about action and change inevitably rest on enormous theoretical, ethical, and epistemological concerns, or attitudes. For instance, if we speak about changing the psyche, we first must have a perspective on what the psyche is or is not. If we speak about actions, say, verbal interpretation, we must have some ideas about what it means to speak and to proffer a point of view, including the attitudes we have about such a point of view and about how that perspective came about (e.g., this is my truth, this is the truth, this is my speculation, this is my imagination, this is my spontaneity, this is our construction, and so forth). Even more complicating, we cannot exclude trying to think about what goes on within the realm of the implicit, the non-conscious, the prereflective. Some argue that that is where the action, and change, really reside (Stern et al. 1998). Most certainly, that is usually the realm in which our attitudes get conveyed, at least initially. It is our attitudes, ultimately, that are central to understanding therapeutic action and change.

**Complexity**

Anesthetized by the presumptions of objectivity and the utility of calmness and reason, many of our psychoanalytic forebears could approach theoretical and clinical conundrums with logic and insight, with clarity of thought, and with knowing the problems—and solutions—before they were really investigated. You knew the patient’s psyche, or at least how it worked, before you knew the patient.
As soon as a difficult patient began placing unreasonable demands upon the analyst, for instance, you knew that the patient was in the grips of his instinctual life and was, well, being unreasonable (see Breuer & Freud 1893). Your task was to make him reasonable, effectively, to bring him around to your reality-based perspective and to enjoin him to relinquish his wishes, desires, and longings—what I think of as the pulse and lifeblood of human life. Unreasonableness, or human subjectivity, could be in many instances understood and accounted for and ultimately set aside in favor of clear, objective thinking. Our scientistic zeitgeist endowed known truths and reality static and experimentally replicable; we had a relatively firm ground on which to stand and from which to build more theory and make reasoned clinical decisions. (This perspective can still be found today in many of the cognitive-behavioral and experimental psychology approaches aimed at molding a person’s behavior.) However, in alternative circles, the advent of our paradigm shift of the last seventy-five years or so (Kuhn 1962)—essentially from objectivism to perspectivalism—has transformed our “epistemological arrogance … into epistemological humility” (Stolorow 2012, p. 1), or what I playfully refer to as epistemological ineptitude. This shift repositioned human subjectivity not only as centrally implicated in how we perceive and experience ourselves and the world but also as the principal vehicle of understanding and connecting with others more meaningfully. Interestingly, a close examination of the evolution of the countertransference literature from the early 1900s to the present reflects this shift in our attitude toward human subjectivity, how we think of it, and how we might use it in the service of therapeutic action. In contemporary psychoanalysis and psychotherapy, this attitude is no more powerfully witnessed than in the development of contemporary relational theory. The simultaneous, mutual, and reciprocal influences of multiple subjective beings are the medium of emotional life, of working through problems, and of positive development. As Cooper (2004) remarks, “whether we like it or not, as a human being the analyst will be irremediably himself or herself—and why not own up to it and use it to help us understand what goes on in analytic process” (p. 534). Contemporary theorists now generally embrace what more traditional analysts and therapists might have been queasy about owning up to as the sine qua non of sound therapeutic work.

One facet of this book concerns the role of explanatory frameworks—our attempts at making sense of things—and the attitudes, frequently implicit and not-so-conscious, that accompany them. In particular, it underscores one specific explanatory framework based on a perspective that quite literally has revolutionized our world and how we think of it today. No one person or group of people invented it (i.e., it is not rooted in any one person’s vision or cherished doxas), which is very much to its and our advantage, nor was it originally organized to inform theoretical and clinical psychoanalysis. These are a few of the reasons I have been drawn to it over the last fifteen years. Its language is evocative, albeit cumbersome, though one does not have to speak its language to make use of its concepts. I am speaking of complexity theory and, for the purposes of considering psychoanalysis and psychotherapy, what I refer to as psychoanalytic complexity.

The introduction of complexity theory to psychoanalysis and psychoanalytically informed therapies in the last thirty years has been revolutionary, if riddled with personal reactions of perplexity and suspicion; and I do not use the term revolutionary lightly. This perspective, of which there are innumerable facets and emphases, has altered profoundly our more traditional presumptions about the individual person, the emergence (and dissociation) of affect and emotional meaning, and the nature of relationships. If there had remained any doubts about the illusion of isolated minds and the internal forces to which they were relentlessly subject, any doubts about the myopia of subjectivist and individualist perspectives, the inculcation of a complexity sensibility into our field has radically overturned them. Clinically, this has been enormously beneficial. The more explicit paradigm shift of the last thirty years, from objectivism to perspectivalism (Mitchell 1988, 1993, 1996, 1997, 2000; Orange 1992, 1993, 2001, 2002, 2003, 2008), from Cartesianism to contextualism (Atwood & Stolorow 1984; Stolorow 2007; Stolorow & Atwood 1979, 1992; Stolorow, Atwood, & Orange 2002; Stolorow, Brandchaft, & Atwood 1987), has been concretized and extended in vital ways by the complexity sensibility with which this book is centrally concerned.

Acknowledging the foundational distinction between lived emotional experience and its concomitant meanings, on the one hand, and the working explanations for the sources of such experience and meanings, on the other hand, is a vital prerequisite for grasping what psychoanalytic complexity offers theorists and clinicians alike. It is essential that we know in what dimension of discourse we are thinking and speaking at a given point in time; are we describing lived emotional experience (the phenomenological) or theorizing and otherwise trying to account for such experience through explanation (the explanatory)? In the absence of such acknowledgment, we remain conceptually muddled and confused. This book aims at ameliorating this confusion.

Moreover, liberating ourselves from the presumption that selfhood and worldhood always operate in (and are explained by) the way they feel to us, and thus ending our centuries-long propensity to reify lived emotional experience, reveals a multitude of dimensions of explanatory discourse, such as the interpenetration of experiential worlds and the inextricability of past, present, and imagined future (Loewald 1972). Therorists and clinicians perpetually struggle with the omnipresent tension between the presumption of interconnectedness between persons relentlessly embedded in socio-cultural-historical contexts, on the one hand, and the assumption that individuals seek and experience personal individuality, agency, autonomy, self-reliance, and authenticity, on the other hand (Fric & Coburn 2011). This struggle has led to the employment of mixed (and sometimes contradictory) models of understanding emotional life, some often grafted onto others. Psychoanalytic complexity obviates the need to invoke contradictory models for explanatory purposes. In this light, theories of the intrapsychic or notions of one’s internal world, for example, become rich sources of phenomenological description but no longer reflect logical explanatory frameworks for accounting for lived emotional experience.
Not all complexity theorists share the same interest in every facet of this paradigm. Each seems to be grabbing a different part of the proverbial complexity elephant. Some underscore the concepts of self-criticality, emergence, and nonlinearity; some the concepts of irreducibility and autocatalysis; whereas others privilege recurrency, novelty, and perturbation (some of the concepts that are highlighted in subsequent chapters). There are many aspects of this perspective, each quite specific, fascinating, and useful in its own right. Overall, though, whatever aspect of the theory one considers, complexity theory historically has been employed primarily as a retrospective tool, one that might explain what has already happened. How did our biological systems organize themselves and create new life? How did astronomical bodies spanning our universe arrange themselves into such specific and intricate patterns? How does emotional life, including the meaning-making process, emerge from the outset of life and throughout the life span; and, of course, in the consultation room between two or more individuals, how does desirable change coalesce? And, as alluded to earlier, what is desirable change? Who decides that? We may be able to answer some of these questions in interesting, albeit speculative, ways, retroactively, but as clinicians who perpetually face the clinical present and the clinical future (and especially as clinicians who are considering more contemporary perspectives in psychoanalysis and psychotherapy), we want to know how to apply new ideas and concepts in useful ways and how to effect positive change. And thus, an additional and primary facet of this book concerns how a contemporary complexity sensibility might be applied or, more accurately, gets applied, through the powerful medium of our largely implicit attitudes—how it might insinuate itself into our clinical work and ultimately inform therapeutic action and positive change. This speaks to the application of a retrospective explanatory framework prospectively to the clinical surround that necessarily will inform how we understand what is unfolding in real time and how we determine our aims and actions—what we might do next. Fundamentally, this book explores a model of psychoanalytic complexity, the clinical attitudes that naturally emanate from it, and how such a theoretical and clinical sensibility changes emotional lives and their corresponding relationships.

Complexity theory—a multidisciplinary and now transdisciplinary explanatory framework employed to understand how systems work—has a rich and varied history embedded in a variety of fields, such as physics, molecular biology, meteorology, and, as mentioned previously, the study of slime mold. Now more recently applied to psychological systems and, in particular, to psychoanalysis, complexity theory is expanding our understanding of human complex adaptive systems in exciting and challenging directions. It sheds a much more radical light on the central and relentless role of context in understanding emotional life and the meaning-making process. We have moved from the notion of teaching the patient (Freud 1919), to learning from the patient (Casement 1992; Ferenczi 1928; Kohut 1984), and now to learning from the dynamic, fluid, and unpredictable systems of which each of us is but a component. If we learn nothing else from acknowledging our personal situatedness (Frie 2011) in all these interpenetrating psychological systems, we do grasp that we are fundamentally epistemologically inept beings; we can never grasp a God’s-eye view of what gives rise to specific emotional experiences and meanings, always fluid and transforming from one moment to the next, despite our occasional and welcome glimpses of delimited and emergent truth and reality. A psychoanalytic complexity sensibility is indeed humbling and conveys a deeper respect for the complexity of each individual, of each therapeutic dyad, and for the painfully engraved limits of our knowledge.

**Attitudes**

In thinking about how a psychoanalytic complexity sensibility informs our ideas about therapeutic action, I turn to a familiar, vital, and omnipresent source of information—our attitudes, both implicit and explicit, which inform much of what happens in the therapeutic setting. This is not a new concept by any means; however, I believe it has not received the amount of attention it deserves. While Freud and his followers were extolling and elaborating the necessity for objectivity, clear-mindedness, and the exacting technique of a surgeon in their clinical work—certainly an attitude in its own right—a much less obvious undercurrent was under way in the early part of the twentieth century: that is, a more explicit consideration of the force of the attitude(s) that each individual brings to bear on the relationship situation. For example, recall Edward Glover’s fleeting comment from 1937, embedded in what otherwise was pure Freudian dogma, that “a prerequisite of the efficiency of interpretation is the attitude, the true unconscious attitude of the analyst to his patients” (p. 131). There are many other instances that reflect an explicit appreciation of the powerful role of conscious and non-conscious attitudes in psychoanalysis—certainly, for examples, in the work of Aron (1996), Ferenczi (1928), Friedman (1978, 1988, 2005), Heiman (1950), Hoffman (1994, 2009), Little (1951), Orange (1995, 2011), Sander (1992, 2002), Winnicott (1949), and many others. Here, I define attitudes rather broadly and certainly include a multitude of historical and contemporary notions about transference and countertransference—added to which are concepts such as invariant organizing principles (Stolorow 1995), emotional convictions (Orange 1995), prejudice (Gadamer 1991), philosophical outlook, theoretical background (D. B. Stern 2012), one’s past, present, and imagined future (Loewald 1972), situated personal experience (Frie 2011, p. 14), and so forth. The concept of attitude will be examined further in Chapter 2.

This book aims to address, through clinical example, some of the key attitudes, derived from psychoanalytic complexity, that are responsible for therapeutic action in psychoanalysis and psychotherapy. Some of these complexity attitudes are found in other psychoanalytic paradigms as well, such as intersubjective systems theory (Bonn 2010; Sperry 2011; Stolorow, Atwood & Orange 1998, 2002; Sucherov 1994, 2002; Trop, Burke & Trop 2002); self- and motivational systems
theory (Lichtenberg, Lachmann & Fosshage 1992, 1996, 2011); developmental systems self psychology (Shane 2006; Shahe, Shane & Gales 1997); specificity theory (Bacal 2006, Bacal & Carlton 2010, Bacal 2011); and relational theory (Ghent 2002; Harris 2005; Mitchell 2000; Pickles 2006; Piers 2005; Seligman 2005; Selenker 2005; VanDerHeide 2011; Weisel-Barth 2006), lending support to the crucial and essential role attitudes play in the healing relationship.

For instance, one complexity attitude pertains to how we hold in our minds the notion of the self. Like it or not, each of us is relentlessly and inextricably ensconced in elaborate human and non-human complex systems from which there is only one escape. We tend not to think of ourselves in this way, not to experience ourselves as such. Even to speak this way, to speak of selves, suggests that we have selves. Sometimes, we speak of them almost as appendages in relative states of repair or disrepair, cohesion or fragmentation (Kohut 1984). Experientially speaking—meaning, if we are considering things entirely on the basis of personal, felt, lived experience—we may or may not have a self at all (Atwood, Orange & Stolow 2002), though generally, ecstatic and mystical experiences aside, we much prefer having one—a self ideally characterized by creativity, autonomy, agency, authorship, ownership, love, and safety—than not. Explanatorily speaking—meaning, if we are considering things on the basis of trying to explain experience, to account for the phenomenological through theoretical constructs—the self (as in independent, individual, isolated, unattached entity) is an illusion, albeit a very real one, an illusion that is actually "distributively structured among multiple islands of relational experience" (Pizer 1996, p. 503). Each of us is the product and property of larger, highly interactive, interconnected complex systems.

Here is one among many ways in which to imagine the self. Drawing from the work of Taylor (2001), think of yourself for a moment as two types of screens (admittedly not a particularly pleasant thought): first, the type of screen onto which material of all kinds (visual, biological, physical, emotional, spiritual) is projected, and think of the projector as the larger array of interpenetrating, nonlinear, complex systems that exist everywhere; and then the second type of screen, a semipermeable membrane that filters material, like the screen on a patio door. Essentially, think of your self as simultaneously both a projection and a filter, just as a photon, by analogy, is simultaneously a particle and a wave. In this way, we are at once a nodal point for the emergence and expression of larger complex (relational) systems and a unique determiner of what, exactly and specifically, emerges from and gets expressed about those systems. This is not to suggest by any means that you, or what you think of as your self, are not real. Quite the contrary! One’s experiential world is more real than anything I can think of. It is the currency of our lives and of living lives that are so embedded and intertwined in what we think of as the world. As Orange (2001) reminds us, we inhabit the world just as the world inhabits us. It is just that our experiential worlds are not exactly ours—they just frequently feel like ours. And there are many more attitudes to consider as well—a principal topic of this book.

How might this sensibility, this attitude, inform what we do clinically—inform how we think implicitly, how we behave, what clinical choices we make, essentially, how we are? How might we gain new attitudes and use them? Certainly not by trying to apply a new theory with its invariable attendant prescriptions. Any attitude that is discovered and that is presumably useful generally does not just get applied. Rather, studying ideas and thinking about their possible corresponding attitudes and implications, truly considering them and then setting them aside, radically transforms the trajectory of the therapeutic relationship. Once studied, tried on for size, reflected upon, and then placed aside, new ideas, if they are worth anything, will have already altered something of your emotional world and your clinical sensibility. As Friedman (2005) notes, "theories set the therapist’s attitude, the attitude affects the background forces, and the total effect of all of that constitutes the significance of the theories for psychoanalytic treatment" (p. 418). And I would add, the therapist’s attitude informs her theories (Stolorow & Atwood 1979), and the background forces affect her attitudes as well. Friedman also astutely acknowledges that

[a]nalysts had not realized that even the most specific comment expresses a rather broad attitude toward a patient. A comment is received by patients not as a biopsy of their mind, but as a way of being looked at by someone who prefers, for some reason, to see them that way. It is recognized as an effort to persuade them [though, I would add, not necessarily always] to take some attitude, or move in a certain direction, or respond to the analyst in some way or other (Raphling, 1996, 2002; Shapiro, 2002)...[T]he patient cannot pick up just [a] fact without the perspective from which it is seen (or thought to be seen), and the personal attitude that would be associated with such a perspective.

(Friedman 2005, p. 422).

Just as context is everything, so is attitude. And thus, technically, it is not something we do per se but, rather, it is something that we perhaps will simply find ourselves doing.

Thus, to extend our use of complexity theory into realms other than solely grasping an explanatory framework, it behooves us to explore the implicit and explicit attitudes that emanate from adopting such a psychoanalytic complexity perspective and how these attitudes impact the change process. The following attitudes—by no means an exhaustive list—are addressed and elaborated in the following chapters and infuse the spirit of the clinical narratives.

1 An unswerving respect for the complexity of human experiencing and personal individuality: Emotional experience and its corresponding meanings can no longer be understood as solely the result of neuronal firing encased in a hardened shell or simply the unfolding of a preexisting or predesigned genetic pattern. In a world of complex systems, no one set of
components of a system or what we might think of as predesign can be held responsible for what emerges next. Being quintessentially contextualized beings, relentlessly shaping and being shaped by a highly specific and dynamic world, we humans are profoundly irreducible and are perpetually in transition from one state to the next. We certainly cannot be reduced to a diagnostic category if we are to maintain our sense of uniqueness, individuality, and passion for the unexpected.

2 Our relentless embeddedness in contexts from which we can never extricate ourselves: A spirit of unrelenting contextualism, found in several paradigms such as intersubjective systems theory (Stolorow 1997), is foundational to a psychoanalytic complexity sensibility.

3 Being continually informed by our history, our current state, and our environment, and the lines between these sources of our experience remaining forever indeterminate: This assumption is essential in understanding the emergence of emotional life and the meanings we attribute to it. An aspect of our existence as quintessentially contextualized beings is that we have a history that impels and propels us, we have a present in which our lives unfold in our perpetually moving toward what will be our next present, and we have an environment that we act upon just as it acts upon us (see Heidegger’s concept of ecstatic temporality, 1927). Here, environment can be defined in any way you wish—it is up to you. It is anything that you consider outside of or other than what you consider to be your self from one moment to the next and, of course, whatever that may be will change and fluctuate as time passes. What is clinically crucial is that this attitude assumes that we can never relegate a facet of a person’s experiential world (e.g., an emotional conviction or an affect state) solely to his history, to his current state of mind, or to his environment. The exact line between these three sources of emotional life is forever indeterminate.

4 Autocatalysis and recurrence: This attitude, that the very components of a system produce their own agent of change and that what emerges from within a given system can feed back upon itself, altering its previous state, profoundly alters how we traditionally had conceptualized therapeutic action; that is, the notion that one person acting on or toward another is what effects change. In this more contemporary light, it allows for the likelihood that the agent of change emerges as a product and property of the relational system itself.

5 Emergence, nonlinearity, and valuing the “feeling” of complexity, in the phenomenological sense: This refers to the process of bringing emotional themes and relating to life and to learning to sense and recognize its emergence. In complexity theory, the word complexity has very specific and sometimes discrepant meanings (e.g., the state of an open system and the characteristic of its not being reducible or compressible to something smaller or simpler), which are discussed in detail in Chapter 4. And normally it is not used to describe an experience (the phenomenological). Instead, it describes a particular state (the realm of the explanatory) of a system, one poised for imminent change. This renders an attitude that invites the therapeutic dyad to sense and feel when their system is in flux and ready to change in—ideally—positive directions. These moments can be marked, addressed, and commented upon. A dyad can learn to sense when their system is in flux and headed in unpredictable directions, which is good, as opposed to living in the quagmire of what feels like the repetitive, the usual, the familiar, and the comfortable. This attitude also refers to the nonlinearity of complex human systems: that seemingly small events may lead to large and meaningful outcomes.

6 Embracing epistemological ineptitude: As alluded to previously, this attitude conveys a deep respect for the limits of our knowledge and aims to keep us alert to experiences of resolution, equilibrium, complacency, and generally settling into the false presumption that we have things pretty much figured out and do not have much more to learn (see Orange 2003a, and perspectival realism and fallibilism).

7 Distinctions between dimensions of discourse—the phenomenological and the explanatory/metaphysical: This attitude underscores the importance of not conflating two very distinct levels of discourse—one pertaining to lived, subjective experience and the other to the explanatory frameworks we might invoke to understand and describe such experience. One result of conflating the two is the reification of dimensions of experience, essentially reducing them down to constructs that then take on a concrete life of their own.

8 Conundrum of personal situatedness, emotional responsibility, and potential (finite) freedom: This attitude encourages us to consider that we humans are thrown (Heidegger 1927) into life circumstances that are largely not of our making, that we often simply discover ourselves in emotional and relational circumstances, sometimes painfully so, that leave us with that sense of how did I get here?—that feeling of, to paraphrase the Talking Heads (1980), this is not my beautiful life, this is not what I designed or intended for myself? How did I get here? It also encourages us then to consider assuming responsibility for where indeed we do find ourselves and to accept, without sliding into defeat and a malignant sense of fatedness (Stronger 1998), our current situatedness—to really own it. And finally, this attitude then invites us to consider what potential, though finite, freedom we might garner from our current life situation. What might we make of ourselves, now, moving forward in time? What might we make of ourselves, given what we have been handed and given that we are quintessentially creative beings with the capacity to reflect and imagine? This is an attitude of appreciating a sense of constraint in concert with the potential for future self-authorship and self-ownership.

9 Radical hope: Phrased in the spirit of the work of Jonathan Lear (2007), this attitude essentially speaks to the experience of having some hope for a better, imagined future, despite the fact that we may not be able to envision
specifically in what form that future might coalesce. It is an attitude that
considers what courage there might be to envision something different and
positive, despite our inability to picture it clearly in the current moment.
This type of hope may be realized given our understanding that complex
systems are not rule-driven or predetermined but are quite literally open to
change in ways that we may not yet be able to imagine.
10 Spirit of inquiry (Kohut, 1984; Lichtenberg et al, 1992; Mitchell 2000;
Stolorow & Atwood 1992) hermeneutics of trust (Orange 2011): This
attitude, certainly not originating from complexity theory, is nevertheless
quintessentially representative of complexity and thus deserving of
emphasis. That is because a complexity sensibility argues that when change
is about to occur, we can never really know how that change will appear
and/or whether it will be useful change at that. Keeping an open attitude of
curiosity and thus inquiry (not to be confused with grilling your patient with
questions!) encourages anticipating surprise and appreciating novelty—that
sense conveyed to others that we can never know what will emerge next,
nor can we ever know, before we get there, what emotional experiences
and their corresponding meanings may be in store for us. Orange’s (2011)
hermeneutics of trust resonates well with a true spirit of inquiry, in that it
conveys to the patient that we are here to discover, together, the emergence
of unique emotional life and to be open to surprise, as opposed to assuming
we know, more or less, what already resides in the experiential world of the
patient and that the patient is usually intent on deceiving us.

I invite you to keep these attitudes in mind as you delve into the following pages,
which aim to address how a complexity sensibility, inadvertently emergent over
the last 100 years or so, might inform alternative ways of thinking and working
clinically. The initial portion of this book (Chapters 1, 2, and 3) addresses, with
the help of clinical material, the background of thinking about therapeutic action
and change and the inescapable role of attitudes. It then proceeds to explore some
of the essential ideas embedded in complexity theory and how they might be applied—or how they get applied—to the clinical setting (Chapters 4 and 5).
Chapter 5 is primarily clinical in nature and reflects how these attitudes inform
the trajectory of the clinical relationship and the emergence of the change process.

Notes
1 From Jack Drescher’s interview with Stephen Mitchell, 1994 in The White Society
White Psychoanalytic Society and ©2013, Contemporary Psychoanalysis (Journal of
the William Alanson White Institute and the William Alanson White Psychoanalytic
Society). All Rights Reserved.

3 Lawrence Friedman, (2005) ‘Psychoanalytic treatment: thick soup or thin gruel?’
Psychoanalytic Inquiry 25, 4: 418-439. Reprinted by permission of Taylor & Francis
(http://www.tandfonline.com).
4 For a stimulating review of the countertransference literature, see: Abend 1989;
Arnetoli 1999; Aron 1996; Bacal & Thomson 1996; Balint & Balint 1939; Bernstein
1999; Cooper 1996; Epstein & Feiner 1979; Freud 1910a, 1912, 1913b, 1914; Frie
1997; Gill 1983; Orr 1954; Racker 1968; Reik 1948; Sands 1997; Searles 1979; Stern
1997; Stolorow, Orange, & Atwood 1998; Tower 1956.
5 See Greenberg (1981) for a thorough discussion of the relationship between description
and prescription in psychoanalytic theory.
systems and beyond, and it behooves us, as clinicians, to examine their role in the treatment setting. Indeed, our attitudes about how things work, about how we relate in a particular dyad, become, over time, the subject matter of investigation and conscious elaboration by the analytic participants.

Attitude is at the core of any scientific, philosophical, artistic, or practical endeavor. Even the presumptions of neutrality and objectivity and the notion of suspending our presumably confounding attitudes, traditionally found in a variety of disciplines, are themselves attitudes that determine our approach and even alter the subject matter of investigation (Heisenberg 1958). The edict of always look on the bright side of life (the title of a song written and performed by Eric Idle that was featured in the 1979 film Monty Python's Life of Brian), for example, however dissociative or sardonic this advice may be, and having wound its way into a variety of pop psychology orientations, comprises one form of attitude. And, of course, privileging the role and influence of attitude in psychoanalysis and psychotherapy is an attitude in itself. There is no escape from where we stand. Stolorow and Jacobs (2006, p. 14) speak to the relentless context-embeddedness and omnipresence of our attitudes:

Can interpretation ever be presuppositionless? We would answer, following Heidegger and his student, Gadamer, in the negative. Very briefly, according to Heidegger, interpretation is in every case grounded in a “fore-structure” (ibid., p. 194), which includes a guiding point of view or interpretive framework of “as” that the interpreter brings to the act of interpretation. In virtue of this interpretive framework, interpretation, against Husserl, “...is never a presuppositionless apprehending of something presented to us” (ibid., pp. 191 ff.). ...the essences of experience [thus] intuitive could never be universal, necessary possessions a priori of a “pure cogito.”

Indeed, there is no view from nowhere (Nagel 1986).

Another word for attitude (there are many of them) is presupposition, defined by the Cambridge Dictionary of Philosophy (Audi 1995) in the pragmatic sense as “what a speaker takes to be understood in making an assertion” (p. 641). What this definition does not include is that what a speaker takes to be understood is frequently not held in consciousness nor necessarily immediately grasped by the listener’s consciousness. Presuppositions are often implicit. Some are dynamically unconscious—they may move in and out of awareness; and some are invalid— they may have never seen the light of day to begin with (Stolorow & Atwood 1996). Yet another word for attitude is situatedness (i.e., a situatedness in which our experiential worlds are not only shaped and informed by our socio-cultural-historical context [Frie 2011] but also ones in which we are consequently inclined in a specific manner relative to others or to other things). By analogy, we see this phenomenon in geometry or geology in which the subject matter of investigation frequently is lines and planes and their relationship to other lines and planes. A geometric plane is only relevant insofar as it stands in relation to

In examining the therapeutic value of psychoanalytic complexity. I turn now specifically to the pivotal role of the therapist's attitudes. Such attitudes, often implicit and pervasive, exert powerful influences on the analyst, the patient, the treatment dyad, and the trajectory of the analytic relationship (Coburn 2007b, 2009; Frie & Coburn 2011). The patient's attitudes, of course, exert similar influences on the analyst, and what emerges ultimately is always a confluence of the multi-faceted and multi-determined attitudes of both parties. A negotiation of their respective subjectivities (Pizer 1998)—including experiencing and living at the interface of their discrepant attitudes—informs the trajectory of the therapeutic relationship. You need look no further (but I recommend that you do) than the recent work of Hoffman (2009), Orange (2009), or Shane (2007) to grasp a palpable, contemporary sense of the central role personal attitudes play in therapeutic action. And if attitudes are “undeliberate interpretations,” as Friedman (1982, p. 365) has averred, they most certainly are powerful determiners that shape the co-constituted trajectory of the relationship and the truths at which the analytic dyad arrives. Naturally, our attitudes inform our theory building and theory choices (Atwood & Stolorow 1979), just as our allegiances to specific theories, in turn, determine some of our clinical attitudes. (This is an instance of the action of feedback loops, or recurrence, a concept in complexity theory, to be discussed soon.) Many of our attitudes remain unformulated (Stern 1997) or within the realm of the unthought known (Bolls 1987). We hope to wrest from the domain of the implicit, though we are not always successful. Nevertheless, their influence reverberates throughout our dyadic and socio-cultural-historical
another plane. Similarly, in writing about complexity and commenting on the deeper meaning of the word relational, Ghent (2002, p. 771) asserts:

Notice the sentence [from Thelen and Smith, 1994, p. xix], “these solutions emerge from relations, not from design.” It reminds me of “the words of the French mathematician, Henri Poincaré, the discoverer of what we now call chaos, that ‘the aim of science is not things themselves, as the dogmatists in their simplicity assume, but the relations among things; outside these relations there is no reality knowable’” (Kelso, 1995, p. 97). To my mind it is in this meaning of relational, rather than its more superficial usage as the relations between people, that gives power and significance to the term relational psychoanalysis.

And I would add, outside the relationship between people’s attitudes, the analyst’s and the patient’s, there is no conduit and trajectory for the reality that emerges and that we subsequently try to grasp.

Philosophers of mind speak of propositional attitudes, which refer to emotional postures that connect the person to a proposition—to what he or she thinks and states—and, effectively, the person to the world (Ramsey 1990). To posit a perspective about something also means to take a stand emotionally about that perspective. Linguistically, verbs reflect propositional attitudes:

What sort of name shall we give to verbs like “believe” and “wish” and so forth? I should be inclined to call them “propositional verbs.” This is merely a suggested name for convenience, because they are verbs which have the form of relating an object to a proposition. As I have been explaining, that is not what they really do, but it is convenient to call them propositional verbs. Of course you might call them “attitudes,” but I should not like that because it is a psychological term, and although all the instances in our experience are psychological, there is no reason to suppose that all the verbs I am talking of are psychological.

(Russell 1918, p. 227)

In contrast to Russell, I prefer the term attitude precisely because it is psychological.

In thinking of propositional attitudes, we also think of direction of fit, also a philosophy of mind concept (Searle & Vanderveken 1985). Essentially, a mind-to-world fit entails a belief about the world (or about another person), whether ultimately deemed true or otherwise. Conversely, a world-to-mind fit involves an intention or desire about the world, whether ultimately realizable or not. It bears emphasizing that these notions of fitness hark back to a Cartesian worldview in which mind and world were considered disengaged and separate entities, which is anathema to a complexity sensibility. When an analyst says to her patient, “You feel responsible for all your woes,” depending on her implicit attitude, she potentially combines both directions of fit into a single package. The implicit message might be, “I see you take full responsibility for all your problems, you feel you are the cause of all your woes, and I am suggesting that that may not be true, that there may be other factors out of your control” (the analyst’s belief about the patient and the patient’s world context—a mind-to-world fit); “I am also suggesting that it might be useful for you to consider that you are not entirely responsible for where you’ve arrived at and for the pain you are suffering” (the analyst’s intention or desire for the patient—a world-to-mind fit). The presence of either one, or both, directions of fit can be found in virtually everything that gets said (or not said!). Propositional attitudes are everywhere; they are the fabric of human relating. Just as attitudes are “undeliberate interpretations” (Friedman 1982, p. 365), interpretations always carry with them undeliberate and sometimes deliberate attitudes.

Whereas the concept of attitude is multifaceted and can be defined in a variety of ways, I draw from Maduro (2011, personal communication, January 15) to offer one particularly cogent definition of attitude:

A person’s attitude in a given time and context is a manifestation of his subjectivity that entails a complex amalgamation of his beliefs, perceptual vantage-points, affective tilts, embodied countenance, behavioral shadows and styles, and other of his personal, subjective features. Further, this manifest subjective amalgamation—or attitude—is invariably conveyed, especially implicitly, to, and perceived to one degree or another by, others in the intersubjective field at hand and is imbued with a quality of credibility as perhaps the most reliable of all reflections of the person’s subjectivity... As such, attitudes and the relational dynamics that they give rise to involve a complex, non-linear, highly impactful meaning-making process that can be emotionally healing or deleterious.

Note particularly Maduro’s comment that an individual’s underlying attitude “is imbued with a quality of credibility.” This is exactly what gives attitudes—as distinct from conscious opinions or intellectual musings—their mutative power, partly because the recipient of an attitude (as I am using the term) is not left with a sense of being persuaded, taught, or coerced in any way, nor is she left with an absence of the feeling of honesty and sometimes conviction about what is being proffered. In some ways, they are more aligned conceptually with unintentional hints (Phillips 1999)—attitudes without a mission to change, persuade, or cajole. And, naturally, sometimes attitudes do have as their prime focus a mission to change but ideally not superseding the wish to inquire and understand. Another enticing definition of attitude is found in Piers’s (2005, p. 251) description of the mind and its accompanying attitudes:

I see the mind as a nonlinear system that arranges, coordinates, and organizes subjective experience—including the subjective experience of self—but
always does so from a set of predisposing attitudes. By attitude, I mean to suggest that the mind has a particular perspective or vantage point in relation to the flow of subjective experience, leaving it poised in a state of biased readiness to perceive, organize, interpret, respond to, and remember experience in a distinctive and recognizable manner.

Attitudes, as I think of them, are more akin to enduring squiggles (Winnicott 1971).

Importantly, I am not implying that the therapist’s attitudes, however well-intentioned, complexity-informed, and potentially understated or implicit they may be, will not sometimes be experienced by the patient as persuasion or coercion or in some ways discrepant from that of the therapist’s experiences and beliefs. We can never know how others ultimately will experience and assimilate our attitudes until it has happened in real time and then reflected upon. Intersubjective disjunctions (Stolorow & Atwood 1996), in which each party is experiencing the same psychological event in relatively dissimilar ways, abound, and it is incumbent upon the therapist to attune as much as possible to the ongoing interactions and reactions of the patient to any interpretive activity on the part of the therapist. Where any hint of coercion or even undesired persuasion on the part of the therapist, as experienced by the patient, emerges, a close and ongoing exploration remains an essential ingredient in any therapeutic system. That is also not to say that certain specific attitudes should not be conveyed with explicit, conscious passion. Hoffman’s seminal 2009 article titled, *Therapeutic Passion in the Countertransference*, typifies this sensibility. He states that there is a “genre of literature (e.g., the work of Howard Levine 1994, 1999) that has continued in that spirit of recognition of the inevitability of influence [of the therapist] along with subtle depreciation of its constructive potentials” (p. 623). Of course, influence is central in psychoanalysis and psychotherapy, and it should be appreciated and valued, not depreciated. The simple (though it is not that simple) act of inquiry and exploration is, in itself, immensely influential.

Much has been written in psychoanalysis about explicit attitudes with which one should approach the clinical setting. Schafer’s (1983) work offers but one example of the attention paid to explicit recommendations about essential attitudes in the psychoanalytic endeavor. Of course S. Freud (1912, 1913b) before him had elaborated similar objectivist/observer attitudes that were to guide the analyst, which included neutrality, anonymity, abstinence, and discipline. More recently, Lichtenberg et al. (1996) outlined ten guidelines describing how the analyst should approach the clinical setting, reflecting a notable instance of the conscious use and advantage of adopting certain attitudes. As a specific instance of the role of influential attitudes in psychoanalysis, I find compelling Aron’s (1996) attitude that underlies his verbal self-disclosures. His *to the best of my knowledge sensibility*, embedded in his communications about how he experiences himself, perhaps in contrast to his patient’s experience of him, always conveys that he (the analyst), too, has an unconscious and that the patient may be glimpsing something of that to which the analyst is not yet privy. This form of fallibilism (Orange 1995, 2006) reflects a powerful attitude that opens possibilities for expanding self-awareness and human relating. However, it does require a willingness to tolerate a healthy if painful dose of Cartesian anxiety (Bernstein 1983), including the unease of either not knowing and/or of knowing that another might know something more about the one thing we would expect to have the best grasp of: our selves. Frank (1997) extends this sensibility in underscoring the attitude of a “willingness to be known” (p. 308) or discovered by our patients, in concert with our acceptance that, indeed, our patients know far more about us than we ourselves may know. Frank (2012) states: “it behooves us to open ourselves to the notion that our patients are indispensable collaborators who help us gain self-awareness” (p. 313). This is an instance of one among many influential attitudes that may serve to open up areas of investigation and relating that otherwise would remain closed to the therapeutic dyad.

Conversely, some attitudes—those linked to the incessant maintenance and protection of one’s familiar sense of self and/or the rigid and relentless identification with key figures in one’s life—can be coercive and corrosive, often leading to the constriction of our affective worlds and relational options. Phenomenologically, one instance of this phenomenon is reflected in the work of Benjamin (1998) and the concept of split complementarity in which one or both parties insist on having the upper hand in defining oneself and the other. Resonant with Benjamin, Davies (2003) states.

cases of apparently inescapable therapeutic impasse always pose for me the dilemma that patient and analyst become prisoners of the coercive projective power of each other’s vision; each becomes hopelessly defined by the other and incapable of escaping the force of the interactive pull to act in creative and fully agentic ways. Most problematic of all, I believe, is the collapse of a certain kind of potential countertransference space: a space in which the analyst’s playful fantasies live and thrive; a place in which analytic fantasy and freedom can often give rise to creative flights and more hopeful responses that sidestep the deadening cycles of repetitive reenactment. (pp. 15–16)

Drawing from the spirit of Davies’ clinical examples, a patient might state, “I want you to love me,” but simply reading that in print, as you just have, does not really disclose the feeling, or attitude, encased in the proposition. The propositional attitude, linked to a world-to-mind fit (or in this instance, misfit), might be one of a demanding, aggressive desire that is not being fulfilled, in which case, depending on the analyst’s response (e.g., defensive flight from deepening the engagement), the potential therapeutic play space collapses into the “deadening cycles of repetitive reenactment” of which Davies speaks. These types of attitudes, of which patients and analysts are both capable—imperious, demanding, and coercive—extract the vitality and dynamism out of any otherwise complex, dyadic system. Some attitudes are better than others when it comes to
striving to keep a relationship dynamic, unpredictable, alive, energetic, and open to new possibilities.

Another vantage point from which to consider attitudes centers on the concept of markedness (Aron 2006; Benjamin 2004; Fonagy, Gergely, Jurist, & Target 2002). To extrapolate from the work of Aron (2006) and Benjamin (2004), our interventions, verbal or otherwise, are always necessarily marked or accompanied by an associated attitude, just as our mirroring responses always include aspects of our own subjectivity, are marked by them. This action not only allows for the potential of increasing one’s sense of self/other delineation in the process of getting to know oneself through the mind of the other but also provides the underpinning for one coming to know the other, whether we like it or not. Aron states:

Benjamin (2004a) illustrates [the] principle [of the symbolic third, allowing for self-other differentiation] by referring to the term “marking” or “marked response.” The idea of markedness was originally developed by Gyorgy Gergely and is described by Fonagy et al. (2002) where they elaborate a social-biofeedback theory of affect-mirroring. Recent conceptualizations of “mirroring” emphasize that, no matter how well attuned a parent is to the infant’s state, her mirroring facial and vocal behaviors never perfectly match the infant’s behavioral expressions. Mothers, and other adults, “mark” their affect-mirroring displays (that is, they signify that these responses are reflections of the other’s feelings rather than expressions of their own feelings) by exaggerating some aspect of their own realistic response. The mother “marks” her mirroring response to her child to signal, so to speak, that it is her version of his response. …The infant recognizes and uses this marked quality to “decouple” or to differentiate the perceived emotion from its referent (the parent) and to “anchor” or “own” the marked mirroring stimulus as expressing his or her own self-state. (pp. 357–358)

Analogously, marking our propositions—about which we have little choice in the moment—differentiates an otherwise objective and neutral proposition from our subjective feeling or stance vis-à-vis that proposition. Attitude can be thought of as a form of markedness—a feeling, stance, or impression about that which is being either mirrored or simply proposed.

Feuer (1928) was onto this when he spoke of empathy as part of a two-stage process: Einfühlung and Abschätzung—the former referring to an empathic process in which something of the other’s emotional world is grasped and understood and the latter referencing the assessment and appraisal of that which was discerned through empathy, including, importantly, the communication of that assessment to the other, often in the form of an implicit attitude. There is no movement or expression without an accompanying attitude. We might say that all of our propositions or interpretations are marked by an attitude that reflects what we think and feel about what we say and do.

Certainly, attitudes are powerful and influential meta-messages that determine much of the trajectory of the therapeutic relationship: what will unfold and what will not. There are few arenas in which the influence of attitudes is more profoundly witnessed than in our perspectives about our personal subjectivities. Frank (2012) comments that

we must strive, perhaps more conscientiously than ever before, to remain accountable for our own subjectivity, which rather than simply interfering “noise” has come to be seen as a source of information vital to our work and the process of healing. (p. 315)

Our attitudes toward human subjectivity (addressed at length in the next chapter) in psychoanalytic history have indeed evolved into more intelligent and clinically useful directions: the evolution of our countertransference literature since the early twentieth century (Bacal & Thomson 1996; Balint & Balint 1939; Epstein & Feiner 1979; S. Freud 1910a, 1910b, 1912, 1913b; Hoffman 2009; Little 1951; Orr 1954; Stern 1924 [just to name a few of hundreds]) interestingly reflects that evolution. This literature, slowly but surely, reflected an essential exploration of the impact of how we hold the idea and experience of our personal subjectivities. To our benefit, we have more recently arrived at the sense that our subjectivities, rather than being obstinate impediments to reason and sound clinical work, are pathways to insight and therapeutic action and deserve our central focus and respect.

Returning to Hoffman (2009) for a moment, he states that “the analyst has the power to inspire change in the patient through active imaginative involvement and the exercise of influence that often goes beyond interpretation although it certainly may include it” (p. 619). Here, I believe, he refers in part to the more explicit conveyance of the analyst’s attitudes toward the patient’s emotional world and her convictions about how she and the world work. He also substantiates the idea of the inevitability and ubiquity of the analyst’s influence. He draws upon Buechler (2002) when he writes:

Sandra Buechler (2002) in the context of conveying her sense of Eric Fromm’s approach to psychoanalytic work, wrote: The analyst’s deepest convictions about life’s meaning will shape every particle of his work, whether he wills it or not. To face this dilemma and to consciously bear that who we are will have this much impact can be frightening, confusing, and burdensome. …[and] the more we are willing to acknowledge our personal impact, the less we mystify the patient and force him to futilely glean who we are. We do not have a choice about having an impact. We only have a choice about whether to recognize it or not and through a brave act of facing our responsibility [italics added], grasp the courage to inspire. (p. 277)

(Hoffman 2009, p. 623)
Indeed, it is this inspiration that many of our explicit and implicit attitudes can convey to our patients.

A closer examination of our personal attitudes specifically toward our subjectivity and their corresponding epistemological frameworks provides an illuminating instance of the influential role of implicit attitudes in psychoanalysis and psychotherapy, how they shape and inform the trajectory of the clinical relationship. Thus, before advancing to an exploration of complexity and complex systems (Chapter 4) and then on to an examination of complexity-informed attitudes (Chapter 5), this next chapter provides a useful example of the operation of attitudes in clinical work, prefacing the central theme of this book: thinking about psychoanalytic complexity and examining the implications of the attitudes that emanate from such a sensibility.

Notes
3. Arguably one of the distinctions between a patient and a therapist is that the therapist is principally concerned with the explicit examination of the patient's and the therapist's attitudes, including affective valence, underlying organizing themes, and relational proclivities, whereas the patient may not be so inclined, depending on the patient. The therapist invites the patient to be curious and to explore, and the patient may or may not accept her invitation. The self and motivational systems theory model (Lichtenberg et al. 1992) beautifully depicts the frequent disharmony inherent in two participants operating from discrepant motivational systems (e.g., the therapist wishes to be curious and to explore, whereas the patient may want attachment or sex or physical safety).

Chapter 3
Two Attitudes on Personal Subjectivity

Everyone and anyone is much more simply human than otherwise.
—Harry Stack Sullivan

The continuing, overarching paradigm shift in psychoanalysis, as highlighted in the introduction, directs our attention more than ever toward the intricacies of our personal subjectivity and their inevitable influence on others and the world (and, of course, vice versa). It invites us to examine even more closely our subjective worlds and the attitudes we hold about them. Our ongoing obsession with human subjectivity is nothing if not relentless. Our attitudes about our personal subjectivity fundamentally create and inform much of how we experience ourselves, our beliefs about what we do and what our patients do and, importantly, our sense of relative certainty and convictions vis-à-vis our patients and the truths we do arrive at collaboratively. The personal attitudes we hold toward our respective subjective worlds play a pivotal role in determining, among other events, how lightly or tenaciously, we hold onto our own belief systems.

A closer examination of our attitudes toward our subjectivity and their epistemological frameworks helps illuminate how self-experience emerges and develops and ultimately how we react to and interact with our patients. Our attitudes also determine how we regard the experiences of certainty and conviction, how we respond to the feeling that we know something and that perhaps we are even wedded to knowing that something. Furthermore, these particular types of attitudes also shape and inform our perspectives regarding the breadth and vicissitudes of unconscious communication and other vital phenomena such as affect attunement (and misattunement), emotional resonance, and information transfer in general. Such an examination provides a useful example of how attitudes might operate among people and contribute to the unique directions relationships take. In particular, serving only as an initial and specific instance of thinking about the role of attitudes in psychoanalysis and psychotherapy, this chapter addresses the implications of assuming the relentless embeddedness of our subjective worlds in larger contexts from which we can never extricate ourselves (our second attitude). An alternative and contrasting attitude about how one might position