Expanding Our Horizons: Complexity and Psychoanalysis

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Understanding the meaning of an idiom is second nature when you grow up in a culture. When I say “That’s the best thing since sliced bread,” or “Elvis has left the building” you know exactly what I mean. The fact that such expressions seem quite odd to a non-native speaker doesn’t even cross your mind. But in Spain, for example, rather than saying “he’s a fish out of water”, you’d say “he’s an octopus in the garage.” And in the US we might complete a task “with our eyes closed” but in France you’d have your finger in your nose. My point is that until you are more or less fluent, and have lived in a culture for some time, the meaning of that culture’s idioms may be lost in translation.

I think that this is the difficulty many of us face when we first encounter the language and metaphors associated with complexity theory. Since the terminology is admittedly klunky and experience-distant, the specific meaning and utility of concepts like “self-organization” and “emergence” can be lost in translation. And how could it be otherwise given that complexity theorists typically study phenomena like weather, economics, traffic patterns, consumer behavior and the like. Not exactly the stuff of psychoanalysis. And of course, there’s not even a precise, generally agreed upon definition of complexity itself, though perhaps it shouldn’t come as a surprise that complexity can’t be captured simply. Technically, complexity is used to describe the state of an open system that is poised for imminent change. It can also be used to describe a characteristic of it – that complexity is not reducible to something smaller. Normally complexity
is not used phenomenologically, as a lived experience. But as psychoanalysts we are most interested in how to use complexity theory in the clinical setting, and this, of course, is intertwined with lived visceral reality of complexity. So today, I’m going to focus on the feeling of living with an awareness of the inherent complexity of human experience, of being open to novelty and the unexpected, and of embracing the inherent vulnerability that our essential interconnectedness entails. I contend that an awareness of complexity in the technical, theoretical sense can support our capacity to embrace the experience and potential of complexity in the analytic space, and that this promotes a relational process that supports our patients’ abilities to tolerate the experience of uncertainty. Throughout this talk I will refer to complexity in both senses – technically, as the conditions necessary for a system to be poised for change, and also as a felt experience of living with uncertainty. It’s my hope that, by the end of this talk, you’ll no longer feel like a “fish out of water” or an “octopus in the garage.”

To ground our discussion clinically, I want to introduce you to my patient, John. Since complexity theory emphasizes that contexts decisively affect outcomes, it’s important to begin with the circumstances under which John and I met. Every seasoned therapist knows that when the referring therapist prefaces her description of a patient with…. “I hope you don’t hate me for referring him to you…” that it’s not a good sign. John also had his guard up at the beginning of our work. He had been in weekly psychotherapy for three years when his therapist informed him that he needed to be seen more frequently, but she didn’t have any additional openings in her schedule. Her explanation seemed like a thinly veiled attempt to get rid of him, thereby confirming John’s belief that he was undesirable and “unfixable.” Suffice it to say that when he called to arrange an appointment, we were both apprehensive.
At the time, John was a fifty-five year old literature professor at a community college. Everything about his demeanor, especially his English accent, suggested that he was raised and educated in an upper class, privileged environment. Clearly, he worked hard to maintain that image. In addition to his rather intimidating presentation, he expressed utter disdain for Americans, whom he felt lacked sophistication and proper education.

His difficulties, however, stood in stark contrast to his presentation. He characterized his life as “unalterably doomed,” the consequence of one bad choice after another. His list of complaints included: his living situation, his inability to make a living as a “proper” writer, the lack of a romantic relationship and “suitable” friendships, and being stuck in Los Angeles, which he referred to as “a moral and intellectual wasteland.” Although he dreamed of returning to England, he had followed the advice of therapists who urged him to remain in Los Angeles to continue his therapy. Consequently, he’d stayed in LA for over twenty years, believing that doing so “guaranteed” that he would “reap the rewards” of his sacrifices. He feared “settling” for a mediocre life and had begun to suspect that “successful” treatment in the mind of his therapist would require him to live as a “happy peasant.” John expressed a chronic desire to end his life, and in fact, had made two suicide attempts many years before beginning treatment. However, he refused to discuss those incidents, or anything else related his history. Although his fear, shame, and self-loathing were palpable, it was very clear that I was not to comment on his vulnerabilities.

Instead, John defined his parameters for treatment. His requirement was that he would recoup all that he had “lost.” Success was to be measured concretely. First, he would secure a prominent position in a different field than his present one. (He wanted to increase his income, but knew that his chance of publishing a Pulitzer prize level novel was unlikely. So, a career
change was mandated.) Second, if he were to remain in Los Angeles, his one bedroom apartment in Van Nuys required upgrading to a “suitable” home in the hills of Brentwood or Bel-Air. Third, he would fall in love with a young, beautiful, childless woman who was not “cynical” or “divorced,” and who would devote herself to him. And finally, they would conceive 2 perfect children. Naturally, this needed to happen yesterday. He explained in no uncertain terms that he was not willing to feel, let alone grieve, any of the losses that his fifty-five years of living had produced.

Although obviously, I could not guarantee such results, I acknowledged the urgency of his concerns and said that I was willing to see what we might accomplish together. John wasn’t so easily seduced. He spent several weeks meeting with both me and Dr. M, a classically-trained male analyst, before he decided to work with Dr. M. whose “strength” and “convictions” appealed to him. But as soon as Dr. M suggested that he use the couch, John bolted from and asked to resume treatment with me, explaining that “lying down” was humiliating. Not sure if I had “won” the lottery or a prison sentence, I hesitantly agreed to see him. We began to meet three times a week, but John made it abundantly clear that, once again, he was settling for second best.

From the start, I annoyed John constantly. He scarcely acknowledged me in the waiting room. He simply mumbled “right” as he walked past me. As soon as I shut my office door, the litany of complaints began with little or no room for me to respond. He rarely looked at me and never referred to me by my name. Even the most benign comments threw him off, but if I tried to say more, all hell broke loose. For example, as much as he needed me to understand his feelings, empathic comments suggested that I too believed that his life was hopelessly ruined so he should “just shoot [himself].” If I tried to explore this reaction, he vehemently insisted that he had
correctly perceived what I implicitly meant. If I suggested that my perspective might be different than his own, he vacillated between indignant protests that I didn’t understand at all and demands that I back up my naïve optimism with concrete evidence and results. All avenues led to the same tirade:

Either show me that my conclusions are wrong, using empirical facts and appropriate conclusions based on those facts, or show me why, for some reason, that they should not apply. …you’ve either got to show me that I’m somehow wrong and I am in fact going to be twenty-five again and have those experiences, or you’re going to have to show me that I can have something which is even better that will make up for it.

John heard every comment as a not so subtle indictment – confirmation that he had no one to blame but himself for his difficulties. And once his faults were exposed, you could forget about repairing the disruption. It was impossible to get a word in edgewise anyhow. Ultimately, he left every session by pausing dramatically at the door, looking in my general direction, and stating, “Once again you have failed miserably to help me! I shall not see you again – I’m going to kill myself,” leaving me with an indelible image of the loaded gun in his kitchen drawer.

Of course, John wasn’t the only one who was annoyed. His reproaches felt like humiliating reminders of my limitations, at times resonating with my worst fears about myself. On top of that, I don’t respond well to a hand over my mouth. Although I understood that underneath his condescending attitude he was extremely fragile and sensitive to shame, that only helped so much. I responded to his last ditch attacks at the door by simply saying, “I’ll see you at our next session,” but the tension was palpable and growing. However, I’m rarely one to back away from a challenge. So, game on! As he dug his heels in, my resolve intensified.
Obviously, it would be easy to pin our problems on John. Traditionally he wouldn’t have even been seen as a suitable candidate for analysis. But armed with Kohut’s understanding of narcissism (1971) and an empathic stance, I felt more optimistic. It didn’t take long, however, before it became clear that empathy only fueled John’s fire. Not a reason to abandon an empathic stance, mind you, but it was certainly worth considering alternative ways to respond. Jessica Benjamin’s (2004) work on recognition and negation offered a way to understand John’s difficulty allowing room for another person’s subjectivity. But the mere suggestion of an alternative perspective produced an earthquake that registered at least a 7.0 on the Richter scale. So, I concentrated on repairing disruptions, and believe me, there was no shortage of opportunities. As an Intersubjective Systems oriented therapist, I recognized that his rages occurred in a context, and tried to express curiosity about what was happening between us at such moments. But curiosity, as they say, can kill the cat…. Although each theory provided a valuable glimpse into John’s vulnerabilities, nothing seemed to soften the dynamic. Basically, I hung on by my fingernails, which isn’t an entirely bad approach even for someone with short fingernails. Winnicott’s ideas helped the most – perhaps this is because Winnicott, to my mind, was a quintessentially complex thinker. Knowing that John had difficulty using me, I focused primarily on survival (1969), hoping that, in time, there would be an opening….

As many have suggested, complexity theory can easily function as a suprastructure for our contemporary theories. As Bill Coburn (2007, 2014) demonstrates, a knowledge of complex systems can fine tune our understanding of therapeutic action and change our essential attitudes about the therapeutic relationship. Galatzer-Levy (2004) notes that complexity theory focuses us away from causes and effects to constructing a process for solving problems. And Stephen Seligman (2005) suggests that complexity theory encourages us to pay greater attention to basic
assumptions and working sensibilities that we tend to take for granted. I find that complexity theory focuses my attention on implicit dimensions of the therapeutic process and in so doing, supports my capacity to embrace the “feeling” of uncertainty that accompanies complexity. One of our greatest challenges as human beings is to live in and with complexity. We must fight against the powerful pull of reductionism, especially in the face of trauma and anxiety. The attitudes that emerged towards Muslims post-911 serve as an excellent example of a cultural attempt to reduce complexity in order to restore a sense of certainty. But as we know, things are never simple, or merely simple. And of course it’s when complexity collapses, and we retreat to the comfort and predictability of linear, cause and effect reasoning that things can go downhill fast. So as I highlight a few concepts that help me to bear complexity and maintain hope that things will change even if I can’t yet see how or when, I invite you to consider the ways and times that you may retreat from complexity in favor of the security, I would say false security, of simplicity and certainty.

Complexity theorists are especially interested in how “interdependent yet self-interested organisms come together to cooperate on solving problems that affect their survival as a whole” (Mitchell, 2009, p. xii). For example, if 100 army ants are placed on a flat surface they will walk around in circles until they die of exhaustion. However, if you put half a million of them together, the group as a whole becomes what some have called a “superorganism” with “collective intelligence” (Franks, 1989). How does this occur? Although there is much about the behavior of ants that we don’t understand, and frankly, most of us don’t even care to try, we do know that in complex open systems, many simple parts are irreducibly intertwined, and as the parts interact they transfer information from one part of the system to another. In the process of interacting on a local level, the system as a whole learns to adapt, and system-wide patterns
begin to emerge that improve the system’s chances of survival or success. One important implication of this is that the relationships between the components alter those components.

With this in mind, let’s turn to Bill Coburn’s (2007, 2009) description of psychoanalytic complexity theory. Psychoanalytic complexity theory, he says, is concerned with how emotional experience emerges from the interaction and coordination of many parts of a system, with the conditions that are necessary to produce meaningful and sustainable change, and with the process of making meaning out of apparent randomness. In the time that remains, I’ll work from this definition as I navigate between a theoretical description of complex systems and the experience of complexity in the analytic setting.

One of the major ways that we avoid the experience of complexity is by reducing the complexity of emotional experience itself. Complexity theory reminds us that contexts decisively affect outcomes, so holding the contextualized nature of human experience in mind is essential. This probably seems like old news to those of us trained at ICP, and certainly we’ve come a long way from our classical roots. Yet, most of our theorizing still focuses on dyads - the analyst and patient, or child and caregiver. Embracing a complexity sensibility means that even when we “frame” the dyad as the sub-system that we are studying, we must not ignore the influence of the larger system. Since the sources of emotional experience, behavior, and meaning are distributed across the system. Perhaps the most egregious example of our tendency to reduce the complexity of emotional experience is our failure to remember the role that culture plays in the therapeutic relationship. Human experience is inescapably situated. Growing up in an upper-middle class, white, protestant family formed an important foundation for how I see and experience the world, it’s not the only one, but it’s an important one. As such it implicitly affects every one of my patients, just as their culturally based biases impact me. Although it is a basic
principle of complexity theory that we can never know the complex totality of our immediate situatedness, holding the limits of that knowledge in mind moves us a step closer to embracing complexity.

Holding the complexity and contextuality of emotional experience also requires embracing existential uncertainty (Brothers, 2008). Not easy for most of us and for a person like John, the idea that his life possibilities were and are contingent upon circumstances that were not of his choosing is not good news. The idea that his situatedness constrained his possibilities threatened to plummet John into searing grief. Without the relational supports that sustain an ability to embrace the experience of contingency (Togashi, 2014), John was unable to face his grief and thus demanded restitution. Sustaining hope in the midst of such profound loss is no small task, and yet it’s one that we each face. A complexity informed sensibility supports our ability to bear witness to our patient’s painful histories while remaining hopeful about their future possibilities. There were constraints and limitations on John’s possibilities, to be sure. Complex systems, like people, are subject to time and thus cannot go backwards. Even so, there are no predetermined outcomes. As complexity theorists say, “the rules of the game change as a result of the play.” The end of the story has not yet been written – one’s current circumstances are never permanent.

This illustrates two of the attitudes that Bill Coburn (2014) has articulated which emanate from a complexity sensibility. First, that of the conundrum of personal situatedness, emotional responsibility, and potential finite freedom, and second, Radical Hope. Human beings are thrown into circumstances that are not of our choosing, or entirely of our creation. This, of course, is an implication of a contextualist perspective. However, a complexity informed perspective supports us as we face our thowness. As we assume responsibility for our lives, we may unveil
potentialities that we have yet to imagine, let alone realize. This captures the essence of the radical hope that Jonathon Lear (2008) described in his remarkable book.

Let me expand on this a bit by elaborating how complex systems use and adapt to the influence of many constituents. So far we’ve noted that as the constituents interact, the system tunes itself to respond to their influence and uses the information it acquires to its advantage. It’s important to underscore that, during this process, individual capacities, tendencies and potentialities are enhanced or tempered by other individual’s capacities. Despite the limited capacities of the individual agents (think of an individual ant, for example) the whole (or the colony) is able to generate behavior that is far beyond their individual capacities. Since novel possibilities emerge from this coordination process, any individual component in a relational system may complete a system potentiality. This is the hallmark of emergence – that much comes from little.

The capacity to mentalize serves as another excellent example of emergence. Previously, I suggested that mentalization is usefully thought of as both an individual capacity and as a component in a dynamic system (Sperry, 2013). We know that things tend to go better when the patient and analyst are able to mentalize together. But even once a person develops the capacity to mentalize, it waxes and wanes depending upon the person’s state, which is, of course, context-dependent. So, mentalization in the analytic setting is an emergent property of the system - the system has self-organized in a manner that promotes each person’s capacity. So, mentalization also serves as a useful gauge of the system’s complexity.

Obviously systems don’t always self-organize in an optimal way. Galatzer-Levy (2004) notes that “fear of disorganization commonly leads to defensively stable, but maladaptive solutions” (p. 425). The multi-generational transmission of trauma is a good example of how
emotional experience is distributed across the system and “felt” by all members of the system. Traumatized systems develop rigid relational patterns, or attractor states, that are intended to re-establish order in response to the shattering of certainty. Rigid, repetitive patterns manifest as resistance, dissociation, and enactments that threaten to strangle the therapeutic process and possibilities. Complexity theory reminds us that “resistance” reflects the history of the system rather than simply a state of an individual, and forces me to consider who, after all, is resisting whom? Similarly, as Helen Grebow (2014) suggests, enactments are procedurally encoded relational experience that reveal something essential about the patient’s relational world. Enactments may be more likely to occur in systems that do not support the direct and open expression of emotional experience. Likewise, Doris Brothers (2008) suggests that dissociation may be understood, in part, as a means of simplifying experience through a radical reduction of experiential complexity. Working through rigid attractors requires that the analyst and patient to adapt to one another in ways that provide the relational support necessary to embrace and bear complexity, often initially through action rather than words.

Although we cannot predict how or when meaningful change will occur, we do know that it is more likely to emerge when the system is more or less centrally poised between order and chaos – it is open enough to novelty on the one hand, and yet ordered enough on the other to sustain changes that do occur. Disequilibrium is an important component of change. Stephen Seligman (2005) described the introduction of “optimal novelty” which is “distant enough from current competencies to present a challenge, but close enough to support the sense of emerging novelty.” (p. 304). When a system is poised at “the tipping point”, a small event can trigger a new adaptive process. The system as a whole responds in ways that support and sustain the change.
With these ideas in mind, let’s return to my work with John. Obviously, we were off to a rocky start. John insisted on his non-negotiable agenda, and cut me off if I hinted at an alternative. But I also dug my heels in. Sometimes, when I was fed up and feeling bold, I insisted on speaking. But other times I simply wasn’t willing to battle and so I refrained from expressing my thoughts. Although I felt like I decided how to respond moment by moment, and certainly I played a role in that decision-making process, theoretically-speaking the decision was not mine alone. My willingness to risk an interpretation, to openly express my frustration, or simply to refrain from commenting were all part of a complex negotiation process that included our individual histories and capacities as well as our experience with one another. Our interactions informed and altered how we were together, amplifying and dampening various tendencies and capacities at any given time.

After a few months, I noticed a subtle shift. John began to preface his tirades with, “I know this isn’t what you said, but what I heard was…” I could work with that! He also began to tell me a bit about his history. This small shift bolstered my confidence and hope. And of course, the information he shared contextualized our experience.

Contrary to my initial impression, John was raised in an average, middle-class, British village. During WWII his father held a prominent position in the military. But after the war, and under pressure from John’s mother, he left the military only to struggle with adjusting to civilian life. His inability to provide more than a modest income was a constant source of conflict with John’s mother, who relentlessly criticized her husband.

John also felt embarrassed by his father’s struggle as well as his inability to stand up to John’s mother. When John was 16, he confronted his father, openly expressing his anger and
disappointment. Tragically, John’s father died of a heart attack a few days later, before their argument was resolved. John is haunted by a fear that he caused his father’s untimely death.

But John also did not escape his mother’s crushing expectations. His description of her as cold and “antiseptic” was laced with contempt. He believes that his lack of material success embarrassed her, just as his father had failed to live up to her standards. Keeping a “stiff upper lip” was a cultural value that was embodied in his mother’s standard response to painful emotions: “Don’t be silly, dear. Be a good soldier.” Understandably, John experienced his emotions as humiliating.

Given this context, I better understood his rigid agenda as well as the enactment that had held us hostage. Although John needed my help, he felt humiliated by his need and fearful that I would overpower his distinctive longings with my agenda. Although this interpretation seemed premature, I ventured another. I imagined that holding onto his desires and aspirations in the face of his mother’s crushing expectations was difficult. He confirmed my impression. Then I suggested that if I even explored the possibility that there could be alternative ways for his life to feel meaningful, it suggested that I expected him to settle to be a happy peasant. No wonder he wouldn’t risk engaging in such an exploration. Hesitantly, he agreed. Although the sessions were still tumultuous, I could feel that our interactions were loosening up. He was gradually becoming more receptive to my comments, though still very tentative. Even so, I was able to articulate one of his central organizing principles, “I am the loss that I have suffered,” a more subtle way of suggesting the possibility of an alternative path. John’s vision of himself, established in concert with his mother’s expectations, had never changed to accommodate the disappointments and limitations life had imposed. John was desperately trying to compensate for his “failure” to be great, as well as his father’s failure, by literally trying to turn back the hands of time.
At the same time, his sensitivity to my “imperfections” was even more pronounced. He constantly corrected my grammar, and exposed gaps in my knowledge of English literature. To him, I was the epitome of a “bloody American.” His relentless criticism was difficult to bear. I did my best to non-defensively acknowledge my errors and educational deficits without retaliating, though of course this varied. I also commented on how frightening my limitations were to him. Unless we were both extraordinary human beings, there was no hope that his life could have meaning.

After eighteen months in the midst of one of his rages, I finally lost it. I interrupted him and in a very firm voice stated, “John! May I say something? I’d like to comment, but you’re not allowing me to speak. If you want me to remain silent, I’ll do so. But let’s be clear - you’re choosing that rather than allowing me to respond!”

I’m not sure who was more stunned. Its appealing to say that, after reflecting on our process, I decided that it was time to deal with the stranglehold that his agenda had on us both - that I intentionally and thoughtfully introduced novelty into the sessions. But this isn’t the case. Rather, I simply blurted it out. Of course I immediately realized that I’d violated our implicit agreement, but there wasn’t much I could do about it except brace myself for the tongue-lashing I knew would follow. On some level, I was probably already rehearsing a mea culpa repair. John was silent for a moment. Then he glared, looked me directly in the eye, pointed at me, and said, “This better be good!”

I couldn’t help it. I burst into laughter. I was exasperated, but also impressed by his ongoing need to control my comments. On some level I knew there was nothing that I could say which would be good enough, so I simply threw my hands into the air and in a partly-playful tone said, “That’s perfect!” His response floored me. It took him a moment to recover before
started laughing. Finally, we shared a moment of levity. Not only could we survive the impossible bind that the requirements, established in concert with his mother, imposed on us now, but we could laugh about it together.

We might ask what or who was the agent of change, and when or where did the change begin? It is tempting to focus on the assertion of my subjectivity, as the perturbation that led to subsequent change. In that moment, I ignored the history of our interactions and familiar attractor state by forcefully insisting on having a voice. At the same time, I invited John to choose our path. Would he allow me to speak or would he again silence me? I explicitly engaged him in a negotiation process, though once again, it’s important to understand that this wasn’t an intentional, conscious intervention. Rather, it emerged in response to our ongoing implicit negotiation process. When John indicated that he would allow me to respond, but only if it fit within his parameters, he perturbed me. In other words, we were both perturbed and this required us to re-negotiate the conditions under which the analysis would proceed, which, of course, allowed a novel possibility to emerge.

Still, this is only part of the story. Thelen (2005) argues that “everything counts in producing behavior” (p. 261) and that the “state of the system at any time depends on its previous states and is the starting point for future states” (p. 262). For months, John and I negotiated ways to be with one another. As we adapted to each other, and incorporated input from countless other known and unknowable sources, our interactions gradually became more variegated and moved us towards the point of criticality. This illustrates Bill Coburn’s (2002) remark that “people alone do not change, systems change” (p. 671). As my work with John demonstrates, the task of analysis, from a psychoanalytic complexity perspective, is to discover
how the members of the dyad can adapt to one another in ways that support the dyadic capacity to bear the experience of complexity and produce the system’s own agent of change.

John’s treatment lasted another eight months. We continued to work on the themes outlined above, but there was more room for my comments. The treatment ended soon after John moved to a city that offered an acceptable compromise – a better job, although still in the same field, as well as the opportunity to live in a less congested area. Oh, and he met that girlfriend, but she was divorced with a grown child.

Psychoanalytic complexity theory offers possibilities for expanding our understanding of the therapeutic process by examining the qualities of systems that tend to adapt to and use influence to build complexity. Of course, this means that both the therapist and the patient must bear the inherent uncertainty that the experience of complexity entails. Often the awareness that we’ve retreated from complexity begins with a sense that things aren’t flowing as easily as we might hope. One of the attitudes that emerges from a complexity sensibility is a value for the feeling of complexity – that the system is in flux and ready for something unusual to happen (Coburn, 2014). Living at or near the tipping point is not a given; it requires effort. Max Sucharov (2013) noted this entails an intentional act of consciousness, an active resistance of our human preference for the simplicity of reductionism. The fight to stay in complexity is often a fight to return to complexity. I believe that this act of consciousness constitutes an ethical response to our patients. I am reminded of Bion’s (1970) suggestion that we begin each session without memory or desire, which of course is not possible, but perhaps captures the idea that it is only when we embrace the limits of our understanding that we are able to court the as yet unknown possibilities that complexity entails.
References


Togashi, K. (2014) Is it a problem for us to say, “It’s a coincidence that the patient does well?”
