FROM THEORY TO CLINICAL PRACTICE: PSYCHOANALYTIC COMPLEXITY THEORY AND THE LIVED EXPERIENCE OF COMPLEXITY

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Psychoanalytic complexity theory expands our understanding of the psychotherapeutic process and action, as many others have demonstrated, but it also enhances our grasp of the phenomenology of complexity, that is, the feeling of living in and with the irreducible complexity of human experience, of being open to novelty, and of embracing the vulnerability that our human existential uncertainty entails. In this article, I contend that the clinical value of psychoanalytic complexity theory is intertwined with the theoretical description of complexity. I describe the ways that my technical theoretical awareness of complexity supported my work with a challenging patient—ultimately promoting a relational process that supported our ability to live at “the edge of chaos” and enabling the patient to embrace formerly unrecognized life possibilities.

Keywords: complex systems; complexity; emergence; phenomenology; therapeutic action; uncertainty

Every culture has its own unique idioms. Expressions like, as “Houston, we have a problem” or “Elvis has left the building” make sense to someone who is raised in the United States, but the meaning may be lost on a person who is raised elsewhere in the world. In Spain, for example, rather than saying “He’s a fish out of water,” one might say, “Estar más perdido que un pulpo en un garaje” (translation: “He’s as lost as an octopus in the garage”). In the United States, we might complete a task “with our eyes closed,” but in France, you would have “your finger in your nose.” Understanding such expressions, of course, requires more than a basic knowledge of syntax and grammar. You have to be more or less fluent and have lived in a culture for some time in order to understand that culture’s idioms.

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This translation difficulty also plagues us when we attempt to integrate ideas from other disciplines with psychoanalytic theory. Complex systems theory (also commonly referred to as nonlinear dynamic systems theory) is no stranger to this challenge. The concepts and metaphors do not easily resonate with more familiar psychoanalytic terminology, and it is even more challenging to translate concepts such as “recurrence” and “self-organization” into the clinical arena. This is hardly surprising, given that these ideas emerged from the study of such phenomena as weather and traffic patterns, consumer behavior, and the like. It is not exactly the stuff of psychoanalysis. To complicate matters more, there is not even one generally agreed upon definition of complexity itself. (Although perhaps it should not come as a surprise that complexity cannot be captured simply!) Even the term “complexity” is used in different ways. Technically, complexity refers to the state of an open system that is poised for imminent change, but it can also be used to describe a characteristic of itself; that is, complexity is not reducible to something smaller. Consequently, the meaning and utility of many concepts, such as self-organization and emergence, can be lost in translation. Given all of this “complexity,” it is no wonder that many of us simply give up on trying to bridge “cultures” and choose instead to stick with the security of more familiar ideas and metaphors. This article is born of a desire to demonstrate the value of tolerating the struggle to learn a new language in the hope that neither fish nor octopus will be stuck in the garage.

In this article, I contend that the clinical value of complexity theory is intertwined with the lived visceral reality of complexity. An awareness of complexity in a technical, theoretical sense supports our capacity to embrace the experience and potential of complexity in the analytic space. I will demonstrate how a theoretical knowledge of complexity enables one to grasp the phenomenology of complexity, namely the feeling of living in and with the irreducible complexity of human experience, of being open to novelty, and of embracing the vulnerability that our human existential uncertainty entails. Moreover, this ability to recognize and embrace complexity phenomenologically promotes a relational process that supports our patients’ abilities to tolerate the experience of uncertainty, or, as complexity theorists might say, to bear living at “the edge of chaos.” Throughout the article 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.

**John: A Complex Life and Treatment**

Since complexity theorists emphasize that contexts decisively affect outcomes, it is 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 is not a good sign. But John also had good reason to have his guard up. He had been in weekly psychotherapy for three years when his therapist informed him that he needed to be seen

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1 Much of this case was previously published (Sperry, 2011).
more frequently. However, since she did not have any additional openings in her schedule, she referred him to me. Her explanation seemed to be a thinly veiled attempt to get rid of him, thereby confirming John’s belief that he was undesirable and “unfixable.” Although he dutifully called me to arrange an appointment, both of us approached the initial meeting with significant trepidation.

At the time, John was a 55-year-old literature professor at a community college. Everything about him, especially his accent, suggested that he was raised by an upper class, privileged British family and that his educational pedigree was top-notch. Moreover, 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, his lack of a romantic relationship and “suitable” friendships, and his 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 a string of therapists who had urged him to remain in Los Angeles to complete his therapy. Consequently, he stayed in Los Angeles for over 20 years, all the while justifying his decision to ignore his own desire to return to England by reassuring himself that he would eventually “reap the rewards” of his sacrifices. As the years passed, his hope gave way to frustration and despair, and the urgency of his demands for compensation intensified. His deepest fear was of “settling” for a mediocre life, and he had begun to suspect that “successful” treatment in the mind of his therapist would require him to live as a “happy peasant,” a result that he found “revolting.” Although John expressed a chronic desire to end his life, he refused to discuss his two previous suicide attempts or anything else related to his history. His fear, shame, and self-loathing were palpable, but it was very clear that I was not to comment on his vulnerabilities.

Instead, John emphatically defined his parameters for treatment. His desperation to recoup all that he had lost was concretized as a list of results that I needed to guarantee before the therapy could proceed. First, since he knew that his chance of publishing a Pulitzer Prize novel was unlikely, and he wanted to increase his income, he needed to secure a prominent position in a different field than his present one. Second, his one-bedroom apartment in Van Nuys required upgrading to a “suitable” home in the hills of Brentwood or Bel Air, two of the wealthiest communities in the Los Angeles area. Third, he would fall in love with a significantly younger woman who was not “cynical” or “divorced,” and who was completely devoted to him. Finally, their love and devotion to one another must produce two perfect children. Naturally, all of 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 55 years of living had produced.

Obviously, I could not guarantee such results, so instead I acknowledged the urgency of his concerns and said that I was willing to see what we might accomplish together. John was not about to be so easily seduced this time around. 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.
However, as soon as Dr. M suggested that he use the couch, John bolted and asked to continue in treatment with me. But he made it abundantly clear that, once again, he was settling for second best. Though I was not sure if I had “won” the lottery or a prison sentence, I hesitantly agreed to see him.

From the start, we constantly pushed each other’s buttons. He rarely looked at me and never referred to me by my name. He responded to my greeting in the waiting room with an annoyed “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. Even the most benign comments upset him, and, 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 suggested that this conclusion might reflect one of his central organizing principles (Stolorow, Brandchaft, and Atwood, 1987), he vehemently insisted that he knew what I meant, even if I would not acknowledge it. If I replied that, while I understood his terror, my perspective was different than his own, he vacillated between indignant protests that I did not understand at all and even more insistent 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 25 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.

Every comment was a not so subtle indictment—confirmation that John had no one to blame but himself for his difficulties, and once his faults were exposed, there was no way to repair 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, many would argue that John was not a suitable candidate for psychoanalytic treatment, but, armed with Kohut’s understanding of narcissism (1971) and an empathic stance, I initially felt optimistic. It did not take long, however, to realize that empathy only fueled John’s fire. Although this was not a reason to abandon an empathic stance, it seemed prudent to consider alternatives. Jessica Benjamin’s (2004) description of recognition and negation captured an important dynamic: John’s difficulty allowing room for another person’s subjectivity. The mere suggestion that my point of view differed from his own produced an earthquake that registered at least a 7.0 on the Richter scale. So, given the volatility or our interactions, I found myself concentrating on repairing disruptions, of which there was no shortage. Recognizing that rage occurs in a context, I expressed curiosity about what was happening between us at such moments. But curiosity, as they say, can kill the cat. Understanding that John had difficulty using
our relationship, I focused simply on surviving (Winnicott, 1969) his attacks, and this was as valuable a stance as any. Although each theory provided a valuable way of understanding John's vulnerabilities, nothing softened the dynamic that was taking shape between us. Basically, I hung on by my fingernails, which is not an entirely bad approach—even for someone with short fingernails.

It did not take long before I was as frustrated and annoyed as he. I simply do not respond well to a hand over my mouth, and his reproaches felt like humiliating reminders of my limitations—at times resonating with my worst fears about myself. Although I usually responded to his parting shot at the door by simply saying, "I'll see you at our next session," the tension was palpable and growing. Even so, I am rarely one to back away from a challenge. So, the more he dug his heels in, the more my resolve intensified.

Psychoanalytic Complexity Theory: A Difference That Makes a Difference?

Many writers from different theoretical perspectives have suggested ways that nonlinear dynamic systems theory might enhance our understanding of human development as well as the psychoanalytic process (see Fogel, 1993; Thelen and Smith, 1994; Stolorow, 1997; Miller, 1999; Ghent, 2002; Sander, 2002; Trop, Burke, and Trop, 2002; Galatzer-Levy, 2004; Harris, 2005; Piers, 2005; Seligman, 2005; Brothers, 2008; Bonn, 2010; Sucharov 2013, Coburn, 2014). In particular, Coburn (2007, 2014) demonstrated that knowledge of complex systems fine tunes our understanding of therapeutic action and changes our essential attitudes about the therapeutic process. Galatzer-Levy (2004) noted that complexity theory shifts attention from causes and effects to constructing a process for solving problems. Sucharov (2013) contended that complexity theory supports us in embracing our essential human interconnectedness and to bear the limits of what is knowable. Seligman (2005) suggested that complexity theory encourages us to pay attention to assumptions and working sensibilities that we tend to take for granted. Brothers (2008) employed complexity theory to demonstrate that the rigid dynamics which arise in the wake of trauma reflect systemic efforts to reestablish order and to transform the unbearable shattering of relational certainty. All of these ideas have influenced my own thinking and appreciation of the benefits of a complexity sensibility. In addition to this, I find that complexity theory focuses my attention on implicit dimensions of the therapeutic process and reminds me to consider how larger systemic contexts might contribute to human behavior and experience. Paradoxically, since complexity theory also underscores that it is impossible to identify all of the sources of behavior, it also supports my capacity to embrace uncertainty, or, as complexity theorists might say, to bear living at “the edge of chaos.” As Sucharov (2013) noted, this is, after all, one of the greatest challenges that human beings face: to bear the limits of what is knowable. In order to live in and with complexity, we must fight the pull of reductionism, especially in the face of trauma and anxiety. The attitudes toward Muslims that seem all too acceptable in our post-911 era serve as a particularly horrifying example of what happens when an entire culture attempts to restore order and certainty in the wake of a traumatic event rather
than struggling to live in and with complexity. Despite our wish for clarity, things are never simple, or merely simple. It is when complexity collapses and we retreat to the false security of linear cause-and-effect reasoning that things can go downhill fast.

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” (M. 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 do not understand, we do know that as the many individual, yet irreducibly intertwined, constituents of a complex open system interact, they transfer information from one individual to another. In the process of interacting on a local level, the influence of each part is “distributed” across the system, and gradually system-wide patterns emerge that improve the system’s chances of survival or success. In essence, the system as a whole learns to adapt as the relationships between the constituents alter those constituents.

This understanding of how the constituents of a complex system influence and adapt to one another in order to produce behavior helps to expand our understanding of the process of therapeutic action. Coburn’s (2009) description of psychoanalytic complexity theory reflects this “self-organizing” process:

A complexity sensibility is concerned with the emergence and patterning of emotional experience from the self-organization and cooperation of many parts and with the conditions necessary to produce adaptive change. (p. 185)

His definition will serve as a foundation for my discussion as I navigate between a theoretical description of complex systems and the experience of complexity in the analytic setting.

Despite our explicit recognition of the central role that affect and emotions play in consolidation of experience, I suggest that we have a tendency to reduce the complexity of emotional experience itself. This is one of the primary ways that, I believe, we avoid the experience of complexity. Since contexts decisively affect outcomes, holding the contextualized nature of human experience in mind is essential. 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. As Stolorow, Atwood, and Orange (2002) argued, “[T]he current talk of dyads . . . is in our view a significant beginning, but does not go far enough toward understanding development or psychoanalysis in context” (p. 33). Perhaps the most egregious example of our tendency to reduce the complexity of emotional experience is our failure to remember that human experience is inescapably culturally situated. My experience of growing up in an upper-middle-class, White, protestant family serves an important foundation for how I see and experience the world. Consequently, my background implicitly affects every one of my patients, just as their backgrounds impact me. We know this to be true, but consider how often our clinical descriptions neglect to mention, let alone thoughtfully consider, the
role that socioeconomic and cultural issues play in the treatment process. 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 and intentionally wondering about the role that these larger systems play in what happens in the treatment room moves us a step closer to embracing complexity.

I also contend that a knowledge of complexity theory enables us to remain hopeful—even as we face the existential uncertainty (Brothers, 2008) that the complexity and contextuality of emotional experience entails. John’s life possibilities were and are contingent upon circumstances that were not of his choosing. Coburn (2014) described this as the conundrum of finite freedom, personal situatedness, and emotional responsibility. Facing this condition of human existence threatened to plummet John into searing grief. Without the relational supports that sustain an ability to embrace the contingency of his life experiences (Togashi, 2014), John could not bear his grief and instead demanded restitution. There were constraints and limitations on John’s possibilities, to be sure. Complex systems, like people, are subject to time and 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. As we assume responsibility for our lives, we may unveil possibilities that we have yet to imagine, let alone realize. This is reflected in one of the attitudes described by Coburn (2014) and originally elaborated by Jonathon Lear (2006) in his book Radical Hope. A complexity sensibility supports our ability to “dwell” (Stolorow, 2015) with our patients in their darkest realms of loss and pain, while sustaining a radical hope for their future possibilities, even despite our uncertainty about how or when such possibilities might emerge. This hopeful stance emerges partly as we embrace the potential of complexity within the analytic relationship.

Understanding the way that the members of complex systems use and adapt to the influence of many constituents further supports this contention. As I underscored earlier, a complex system tunes itself to respond to the influence of its many constituents and uses the information it acquires to its advantage. 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 any one individual’s capacities. Novel possibilities emerge from this coordination process. Thus, complexity theory emphasizes that any individual component in a relational system may complete a system potentiality. This is the hallmark of “emergence”—that much comes from little.

Previously, I suggested that the capacity to mentalize is an excellent example of emergence (Sperry, 2013). Mentalization is usefully thought of as both an individual capacity and as a component in a dynamic system. 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, the capacity to mentalize within the psychoanalytic relationship is an emergent property of the patient—analyst dyad (at least) and an indication that the dyad has self-organized in a manner that promotes each
person’s capacity. Moreover, the capacity of both the system and its members to mentalize serves as a useful gauge of the system’s complexity.

Obviously, however, systems do not always self-organize in an optimal way. Galatzer-Levy (2004) noted that “fear of disorganization commonly leads to defensively stable, but maladaptive solutions” (p. 425). The multigenerational transmission of trauma serves as a good example of how emotional experience is distributed across the system with a potentially destructive effect. Traumatized systems develop rigid relational patterns, or attractor states, that are intended to reestablish order in response to the shattering of certainty. Thus, to some extent, all of the members of the system experience the effects of trauma (Brothers, 2008). Traumatized systems are often marked by rigid, repetitive patterns that manifest as resistance, dissociation, and enactments. Of course, such patterns, or attractor states, can threaten to strangle the therapeutic process and possibilities. Complexity theory reminds us to bear in mind that “resistance” reflects the history of the system rather than simply a state of an individual, and asks us to consider who, after all, is resisting whom? In a similar vein, Grebow (2014) suggested that enactments are procedurally encoded relational experiences that reveal something essential about the patient’s relational world. Brothers (2008) suggested that dissociation may be understood, in part, as a means of simplifying experience through a radical reduction of experiential complexity. Thus, from a complexity-informed perspective, we understand that enactments and dissociation do not simply point to something about the patient’s mind and way of organizing experience. Rather, holding the complexity of emotional experience in mind reminds us that phenomena such as dissociation, enactments, and resistance may be more likely to occur in systems that do not support the direct and open expression of emotional experience.

Finally, complexity theory reminds us that, even though we cannot predict how or when meaningful change will occur, something novel is more likely to emerge when the system is more or less centrally poised between order and chaos: that is, when a system is open enough to novelty on the one hand and yet ordered enough on the other to sustain changes that do occur. When a system is poised at the “tipping point,” a small event can trigger a new adaptive process. Thus, perturbation plays an essential role in the process of change, in that it requires the system to reorganize in a manner that supports and sustains change (Bonn, 2010). Given this understanding that disequilibrium is an important component of change, 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).

As I have demonstrated, these ideas, derived from a technical understanding of complexity theory, expand our theoretical understanding of the therapeutic process. I will now return to my work with John to further illustrate how they support the dyadic ability to embrace the experience and potential of complexity in the analytic space.

\(^{2}\)Complexity theorists sometimes also refer to the tipping point as “the edge of chaos,” or the point of “criticality.”
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 was not willing to battle and so I refrained from expressing my thoughts. Although I felt as if I decided how to respond moment by moment, and certainly I played a role in the decision-making process, complexity theory reminds us that 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 our individual tendencies and capacities at any given time. Holding this negotiation process in mind enabled me to pay closer attention to the implicit dimensions of our relationship, including the “feeling” of living in complexity (Sucharov, 2013; Coburn, 2014). Despite the rigid patterns that characterized most of our interactions, I realized that John was engaged in a life-or-death battle and that our negotiation process about how to be together was an essential part of that struggle.

After a few months, John began to preface his tirades with, “I know this isn’t what you said, but what I heard was . . . .” He also began to tell me a bit about his history. These small shifts supported my sense that something was happening, helped to contextualize important aspects of our experience, and, importantly, bolstered my confidence and ability to tolerate my own uncertainty and frustration.

Contrary to my initial impression, John was raised in an average middle-class, British village. His father’s inability to provide more than a modest income was a constant source of conflict with John’s mother, who relentlessly criticized her husband.

But John also felt embarrassed by his father’s difficulties, especially his reluctance to stand up to John’s mother. At age 16, desperate for a father who did not collapse in the face of her criticism, John finally stood up to 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, leaving John with an unbearable conviction that he had caused his father’s untimely death.

Unfortunately, John’s mother was not emotionally available to help soften this devastating blow. Rather, she delivered the knock-out punch; John could no more live up to her withering expectations than his father had before him. His lack of material success also embarrassed her. On top of this, she fully embraced the cultural value of keeping a “stiff upper lip.” Her standard response to John’s desperate attempts to discuss painful topics like his father’s death was, “Don’t be silly, dear. Be a good soldier.” John began to see his emotions and vulnerability as humiliating signs of weakness and failure that needed to be hidden at all costs.

The rigid agenda that held us both hostage began to make more sense. John needed my help, but he was terrified that my agenda would require him to abandon his own needs and longings. Moreover, his very need for help was humiliating. Cautiously, I suggested
that holding onto his desires and aspirations in the face of his mother’s crushing expectations must have been extremely difficult. He confirmed my impression. I then ventured a guess: When I tried to explore alternative ways his life could feel meaningful besides his four-point contract for treatment, it conveyed that I could see no other alternative than for him to be a “happy peasant” and that I expected him to “buck up” and settle for my vision for his life. I told him that I could see why he was reluctant to engage in any such exploration. Although his hesitation was palpable, he agreed with my interpretation. After all, he had been tricked before. Even so, our interactions were generally a bit more variegated and collaborative. Soon thereafter, I articulated one of his central organizing principles: “I am the loss that I have suffered.” 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 for his father’s failure before him, by literally trying to turn back the hands of time.

At the same time, he was even more sensitive to my “imperfections.” He constantly corrected my grammar and exposed gaps in my knowledge of English literature. To him, I was the epitome of a “bloody American.” Although I did my best to non-defensively acknowledge my errors and educational deficits, his relentless criticism was difficult to bear and touched painful aspects of my own history. When I had my bearings and could tolerate his scrutiny, I commented on how frightening my limitations were to him, hoping to establish room for both of us to be less than perfect. At other moments, I simply hung on and tried not to respond in kind. Seeking the help of my own consultant enabled me to survive this particularly painful stretch of the therapy. I realized that, for John, unless we were both extraordinary human beings, there was no hope that his life could have meaning. The influence of this additional constituent played an essential role in our ongoing interactions.

After 18 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 am not sure who was more stunned. I wish I could 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 is not the case. Rather, I simply blurted it out. I immediately realized that I had violated our implicit pact, but it was too late. All I could do was brace myself for the excoriation that I knew would follow and rehearse my mea culpa. We sat in a stunned silence for just a moment before John gathered his wits. He glared, looked me directly in the eye, pointed at me, and said, “This better be good!”

I could not help it. I burst into laughter. Of course, there was nothing that I could say which would be good enough, so I spontaneously threw up my hands and in a partly playful tone said, “That’s perfect!”

His response completely floored me. We sat in silence for just a moment before he started laughing. Finally, we met in a moment of levity. Not only could we survive
the impossible bind that his requirements imposed on us, but we could laugh about it together.

After this “outburst” (S. Mitchell, 1997), the tone of our sessions changed dramatically. This is not to say that from there on it was smooth sailing. Rather, despite the ongoing conflict, we were more playful and there was room for me to respond. For example, a couple of months after this incident, John casually referred to his ex-wife. I was stunned, having assumed that John had never been married. John simply moved on as though he had not said anything out of the ordinary. I interrupted him and in an overly dramatic way said, “Waaaait a minute! You’ve been married? You never mentioned that before.” John was obviously aware of the omission. “Well,” he quipped with a sly grin, “you never asked!” With another patient I might have explored the omission, but the fact that John had disclosed such a vulnerable piece of history at all reflected the change in our relationship. We were living in a moment of experiential complexity. He had entrusted me with an emotionally sensitive bit of information, albeit in a provocative way. My awareness of this difference informed my response. I followed his lead and maintained his playful stance. “You’re right,” I conceded, “I never asked,” but then I gently asked, “So, what happened?” John proceeded to disclose the conditions under which he had moved to the United States—to be with a woman who subsequently abandoned, humiliated, and betrayed him.

Conclusions

Although there is much more that could be said about my work with John, I will conclude by highlighting how complexity theory expands our understanding of my work with him. 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 our history and forcefully insisted on having a voice, but I also invited John to choose our path: Would he allow me to speak or would he again silence me? Although I explicitly engaged him in a negotiation process, it is important to underscore that this was not an intentional, conscious intervention. Rather, my confrontation was a response that emerged from our implicit negotiation process. Of course, John’s reactions also reflected that ongoing process of negotiation. Moreover, when he indicated that he would allow me to respond, but only if it fit within his parameters, he also perturbed me. In other words, the system was in a state of perturbation poised at “the edge of chaos,” and, in that complex state, a novel possibility emerged.

Still, this is only part of the story. Thelen (2005) argued 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 adapted to one another in conscious and unconscious ways, incorporating input from countless other known and unknowable sources (his family, previous therapists, my own family, my consultant, our cultures, etc.). As our interactions became more variegated, we moved toward the “tipping point.” This illustrates Coburn’s (2002) remark that “people alone do not change, systems change” (p. 671). To this I add that a central task of
analysis, from a complexity-informed perspective, is to discover how the members of the dyad can adapt to one another to embrace the potential of complexity in the analytic space, to bear existential uncertainty, and to produce their own agent of change.

John’s treatment lasted another 8 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. He eventually met that girlfriend, but she was divorced with a grown child.

As I have illustrated, psychoanalytic complexity theory not only offers possibilities for expanding our understanding of therapeutic action, it also supports our capacity to bear the experiential uncertainty that complexity entails. Sucharov (2013) demonstrated that often the awareness that we have retreated from complexity begins with a sense that things are not flowing as easily as we might hope. Living at or near the “tipping point” is not a given; it requires effort, or, as Sucharov averred, an intentional act of conscious resistance of our natural human preference for the simplicity of reductionism. The fight to stay in complexity is quite often, as he states, a fight to “return to complexity.” This act of consciousness constitutes an ethical response to our patients’ suffering (Orange, 2011). It is only when we embrace the limits of our understanding that we begin to court the as yet unknown possibilities that living in complexity offers.

References


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Translations of Abstract

Plusieurs ont montré que la théorie de la complexité appliquée en psychanalyse élargit notre compréhension du processus et de l’intervention psychothérapeutique. Mais elle enrichit aussi notre appréhension phénoménologique—c’est-à-dire l’accès à la complexité irréductible de l’expérience humaine, l’ouverture à la nouveauté et la pleine acceptation d’une vulnérabilité liée à notre incertitude existentielle. Dans cet article, je soutiens que la valeur clinique de la théorie de la complexité est reliée à la description théorique de la complexité. Je décrit les manières par lesquelles ma conscience théorique et technique de la complexité a soutenu mon travail avec un client difficile, facilitant un processus relationnel dans l’expérience de vivre « au bord du chaos », et a permis à mon patient d’ouvrir sa vie à des possibles qu’il ne soupçonnait pas.

La teoria psicoanalitica della complessità amplia la nostra comprensione del processo e dell’azione psicoterapeutico come hanno dimostrato molti, ma potenzia la percezione della fenomenologia della complessità—vale a dire la sensazione di vivere all’interno e con l’irriducibile complessità dell’esperienza umana, dell’estate aperto al nuovo e di abbracciare la vulnerabilità contenuta nell’incertezza dell’umana esistenza. Nell’articolo
sostengo che il valore clinico della teoria psicoanalitica della complessità si interseca con la descrizione teorica della complessità. Descrivi i modi in cui la mia consapevolezza tecnica e teorica della complessità ha supportato il mio lavoro con un paziente difficile e abbia infine promosso un processo relazionale che ci ha dato la capacità di vivere "sul bordo del caos" e ha permesso al paziente di intraprendere possibilità di vita precedentemente non riconosciute.