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The Organizing Forces of Contemporary Psychoanalysis: Reflections on Nonlinear Dynamic Systems Theory

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Nonlinear dynamic systems theory, as elaborated by E. **Thelen and L. Smith (1994)**, is applied to contemporary psychoanalysis. Infant research, attachment theory, and the notions of paradigm shift and Cartesian Anxiety represent a few of the interacting, self-organizing components that comprise the field today. These components interact in the context of the psychoanalytic field that is conceptualized as a system in its own right. The author reflects on the impact of nonlinear dynamic systems theory on his own subjectivity from the standpoint of theory and clinical application.

You boys going to get somewhere, or just going?

—Jack Kerouac, *On the Road*

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My passion for contemporary psychanalysis and my intrigue for nonlinear dynamic systems theory have stimulated me to think about the organizing forces rapidly transforming the field today. Some of these forces, intersecting with the personal subjectivities of practicing contemporary psychoanalysts, have sparked a new spirit and burgeoning passion for psychoanalysis that ultimately will determine and preserve the future of the field.

“If psychoanalysis is to remain the leading force in man's attempt to understand himself,” Kohut once remarked, “and indeed if it wants to stay alive, it must respond with new insights when it is confronted with new data and thus with new tasks” (Kohut, 1977, p. 268). Psychoanalysts are beginning to grasp more clearly that “new data” unfold in surprising, sometimes unusual, and creative ways—in nonlinear ways—and this applies to the continually evolving field as a system in its own right. This also applies to how psychoanalysts conceptualize theory and think about the medium in which they work—the clinical relationship and the lived experiences it comprises.

The treatment of this admittedly broad topic is meant to fulfill two specific purposes: (a) to demonstrate the high degree of applicability of nonlinear dynamic systems theory in conceptualizing the psychoanalytic field as a whole—in this instance, the field is considered a system in its own right; and (b) to examine the potential impact on one's personal subjectivity of considering nonlinear dynamic systems theory as a useful metaphor vis-à-vis the vicissitudes of psychological phenomena; this is vital to consider as the analyst's subjectivity is highly instrumental in shaping the patient's subjective experience and ultimately the outcome of his or her therapy (Aron, 1996; Stolorow, Brandchaft, & Atwood, 1987). After a brief overview, I first review several relevant aspects of nonlinear dynamic systems theory. I then delineate and discuss the specific forces or components of the field to which my own subjectivity draws me. Finally, I address the potential impact of nonlinear theory on one's personal subjectivity, including considerations of theory and clinical application.

Nonlinear Dynamic Systems Theory

Psychoanalysis comprises many diverse components worth exploring. When psychoanalysis is viewed as a complex, open system in its own right, one begins to observe the myriad of component parts contained therein and the highly dynamic relationships between them. The component parts or forces in psychoanalysis can be strategically examined on

various levels of abstraction: A component part can be a theory, an institution, an author, a trend, a zeitgeist, a metaphor, or the like. Those I have chosen to focus on for purposes of discussion are as follows: (a) the advent of innovative, more useful perspectives toward countertransference; (b) infant research and attachment theory; (c) contemporary psychoanalysis' emphasis on the subjective experience and the subjectivity of the individual; (d) the notion of paradigm shift and resolutions to the objectivist-relativist problem; and (e) the concept of Cartesian Anxiety. After briefly addressing each area, I share a snapshot illustration of how a few of these component forces are configured and how they are collectively helping shape the trajectory of the psychoanalytic.

Thelen and Smith (1994) elaborated on nonlinear systems theory and effectively organized it around research in cognitive and behavioral development. **Stolorow (1997)** applies nonlinear dynamic systems theory to a reconceptualization of the psychoanalytic process in an imaginative and useful way, laying essential groundwork for future applications in psychoanalysis. He believes the nonlinear framework is "exceptionally well suited to serve as a source of guiding metaphors for psychoanalysis" (p. 2). **Shane, Shane, and Gales (1997)** also draw from nonlinear dynamic systems theory, among other important contemporary theories and research, in their unique conceptualization of psychoanalytic relationships and developmental processes. They stated:

We are convinced that it is only through the application of a nonlinear dynamic systems perspective that one can at least approach this immense complexity [that of the interrelations between the work of various attachment theorists and infant researchers] in the effort to conceptualize and integrate these findings from related disciplines ... still leaving room for further expansion as scientific, clinical, and theoretical advances occur in the contemporary biopsychosocial field (**Shane et al., 1997**p. 30)

The roots of systems theory lie predominately outside the field of psychoanalysis and emanate from the work of **von Bertalanffy (1968)**, **Laszlo (1972)**, **Waddington (1977)**, and others. By the 1930s and 1940s, general systems theory was conceptualized as an interdisciplinary doctrine of principles and models applicable to systems in general irrespective of the field in which they were found. Accordingly, it infiltrated and influenced many disciplines, including physics, chemistry, engineering, computer science, information theory, psychology, family theory, linguistics, philosophy, politics, meteorology, economics, and, of course, the study of slime mold.

The nonlinear theory of **Thelen and Smith (1994)** attempts to explore

and account for the global properties of complex systems that often share a wide range of diversity. Understanding these properties helps one develop a more realistic and expanded comprehension of psychological development and of life in general. They differentiated between two types of systems: closed and open. A closed system is one that has “run down to a state of entropic equilibrium” (Thelen & Smith, 1994, p. 53), in which the system settles into a stable configuration. A stable configuration, or a state of equilibrium, is considered an “attractor state” with a high degree of stability. An open system, on the other hand, is “one that is stable yet *far from thermodynamic equilibrium*” (Thelen & Smith, 1994, p. 53). This condition can be “maintained only by a continuous flow of free energy and matter into and out of the system” (Thelen & Smith, 1994, p. 53). An open system is one that maintains

equilibrium by drawing energy from a source of high-energy potential, doing work, and dissipating some of this energy, in turn, back to the environment When sufficient energy is pumped into these systems, new, ordered structures may spontaneously appear that were not formerly apparent. (Thelen & Smith, 1994, pp. 53-4)

The elements of an open system tend to interact in nonlinear and nonhomogeneous ways. When these elements, or *components*, settle, however temporarily, into a recognizable though perhaps novel configuration or pattern, the system is said to have arrived at a particular *attractor state*. An example of this can be as apparently simple as how and where individuals physically position themselves after having moved from one room to another. I envision the field today as containing the properties of an open system with the potential for an unlimited number of possible attractor states.

Thelen and Smith (1994) conceptualize the development and transformation of an open system as fluid, dynamic, messy, context-sensitive, relatively unpredictable, apparently chaotic, apparently random. They view change as emergent and without design. The appearance and developmental trajectory of a system are determined by the mutually organizing components of that system and their continually changing configurations. The results of a system's nonlinear, dynamic process tend to violate the traditional expectations inherent in the notion of teleological, epigenetic progression.

With this cursory understanding of nonlinear dynamic systems theory, it becomes more evident why an increasing number of authors invoke this model in conceptualizing the clinical milieu and why it is useful that psychoanalysts consider its application to the field to contemporary psychoanalysis

as a whole. At any given moment, one may choose to investigate the way in which the components are configured in relation to one another and in which they interact and ultimately affect each other. The continually transforming configuration of the components, propelled by the flux of energy into and out of the system, facilitates the unique direction and character of psychoanalysis, just as it determines the relational patterns and personal experiences of an analytic dyad from one moment to the next. This is an evolution that, although necessarily unpredictable and microcosmically messy, always retains macrocosmically the appearance of shape, character, and structure.

The Organizing Forces of Contemporary Psychoanalysis

I now examine a few of the salient organizing forces of contemporary psychoanalysis and the way in which their relations to each other influence the character and direction of psychoanalysis. Although researchers could (and do) fill volumes in examining and elaborating each specific area, I highlight herein just a few important aspects of each component that weigh heavily in influencing psychoanalysis.

Countertransference

The advent of innovative, more useful perspectives toward countertransference comprises one of the more influential controversial, and dynamic components of psychoanalysis. That is the case despite the lack of conceptual clarity and the diverse connotations often conjured by the general use of the term *countertransference*.

Attitudes toward countertransference have evolved from the admonitions of Sigmund Freud (1910/1981c, 1912/1981d, 1913/1981b) regarding the imperative of the well-analyzed, abstinent, objective observer into the contemporary sense of awe, inspiration, and usefulness many of psychoanalysts now feel about the analyst's subjectivity. This evolution includes a deepened respect for the subjective experience of not just the patient (Kohut, 1971), but the analyst as well; an increased interest in the nature of that experience and the extent to which it is derived from the unconscious communications of another; and a greater acceptance of and reliance on analyst self-attunement, self-reflection, and sometimes self-disclosure in the service of the patient. This increased acceptance extends to a greater willingness and openness on the part of many clinicians toward self-disclosure with one another regarding their countertransference

idiosyncrasies and personal experiences. This trend intensely augments, for example, the depth and utility of case presentation.

This particular component of contemporary psychoanalysis helped set the stage for an increased sense of freedom and experientially derived knowledge within the analytic relationship and for a continual reminder that “we are all much more simply human than otherwise” (**Sullivan, 1940**).

Infant Research and Attachment Theory

Infant research has contributed a great deal to psychoanalysis’ understanding and verification of experientially derived knowledge, especially when it comes to notions of unconscious communication and the mutual and reciprocal influence of dyadic relations (**Beebe and Lachmann, 1994; D. N. Stern, 1985**). The work of **Beebe and Lachmann (1994)**, **D. N. Stern (1985)**, **Sander (1985)**, **Trevarthen (1979)**, **Emde (1988)**, **Bowlby (1969, 1973, 1980)**, and other important researchers draws attention toward several decisive aspects of early dyadic experiences and continues to provide significant indications that human life and experience are the result of anything but discrete, encapsulated, endogenously organized biological structures. Through closely monitored time sequence analyses of mother-infant interactions, researchers have learned what they may have already intuitively assumed from many years of clinical practice—that the highly mutual and reciprocal nature of ongoing self-regulations determines the nature of the self and future interactional patterns in the infant and caregiver as well.

Infant research and attachment theory stress the dyadic nature of regulation of affect states: The patient is not the only individual in the analytic dyad with self-regulatory preoccupations. Missing the analyst’s needs in this area can serve to derail the analytic process (**Bacal, 1994**) and subvert what might be a constitutive and mutative experience—or “positive new experience” (**Shane et al., 1997**)—for the patient. Failing to grasp the nature of the psychoanalyst’s own self-regulatory mechanisms and the relational trajectory it sets in motion is as detrimental as, and tantamount to, infantilizing the patient through a “developmental tilt” (Mitchell, 1993) for the sake of reducing the psychoanalyst’s fear of not knowing.

Although variably defined by different authors, the notions of affect attunement, emotional resonance, and perhaps, more broadly, empathy shed a stronger light on the oft-alluded-to concept of unconscious communication. What was once thought of as a projective identification

experience, with its metaphysical overtones of translocating parts of one's psyche into that of another, is now more intelligibly framed in a socialneurobiological context of mutual and reciprocal influence (**Beebe and Lachmann, 1994; Edelman, 1992**). Infant research, in conjunction with neurobiological assessment of neuronal activity (**Edelman, 1992**), affords a deeper, expanded view of the underlying mechanisms of unconscious communication so evident in relational transactions between individuals.

Centrality of Subjective Experience and Subjectivity

Kohut (**1971, 1977, 1984**) and the development of self psychological approaches to psychoanalysis are largely responsible for one of the vital phase shifts in psychoanalytic doctrine. The objectification of the patient's intrapsychic world, in conjunction with theory informing technique, has been replaced in many circles by the acknowledgment of the centrality of the patient's subjective experience.

But it is not solely the subjective experience of the patient that commands a central position in the analytic context, nor is it necessarily that of the analyst that does either. The subjectivity of the analyst—though certainly not always classifiable as immediate experience—influences the outcome of the analytic relationship far more than what was traditionally imagined.

Traditional mainstream sentiment regarding the analyst's subjectivity, however, once centered on abstinence, neutrality, and the need for personal concealment. What was even more significant about this attitude, though, was the implicit assumption that an analyst could indeed conceal his or her subjectivity. Infant research teaches, however, that affect states, conveyed through mutual and reciprocal sensorimotor dialogue on a millisecond by millisecond basis, can be anything but “kept out of the attitude of the psychotherapist” (**English & Pearson, 1937**, p. 303).

As an alternative to traditional theory and methodology, the subjectivity inherent in what was once considered the “objective, observing analyst” has been accepted as an intrinsic component of the analytic milieu. However, it is also now considered by some (e. g., **Aron, 1996**) as the very facet of the patient's experience of the analyst that is transformative and developmental. **Aron (1996)** states that “not only does every intervention reflect the analyst's subjectivity, but it is precisely the personal elements contained in the intervention that are most responsible for its therapeutic impact” (p. 93).

This notion is compelling. How could the subjectivity of the analysts, when not interfering with the analytic process, be augmenting or actually

facilitating developmental experiences in the patient? This is a pivotal subject for future research.

Paradigm Shift and Resolutions to the Objectivist-Relativist Problem

Thomas **Kuhn (1962)**, in his seminal treatise *The Structure of Scientific Revolutions*, set the stage for many postmodernists concerned with the reevaluation of theory, epistemology, and paradigm formation. Central to his thinking is the notion of the incommensurability of paradigms, that is, that different scientific groups tend to see different things while they view the world “from the same point in the same direction” (p. 150)—they see different puzzles, different solutions, and different anomalies—and that the viability and efficacy of a given paradigm can be fairly judged only on the basis of criteria internal to that paradigm. This notion has helped fuel postmodern relativism, which in turn has helped buttress visions of psychoanalytic truths that are subjective, dynamic, pluralistic, and perspectival (Mitchell, 1993). It has also fueled antirelativist positions (**Harris, 1992**), favoring rationalism, objectivism, and a commitment to method.

The objectivist–relativist debate is especially relevant to the psychoanalytic field. It exemplifies and comprises psychoanalysts’ preoccupations and struggles with notions of truth, reality, conviction, certainty, and experience in the clinical setting. **Bernstein (1983)** and others help provide some sense of resolution regarding this popular objectivist–relativist clash and some sense of solace in the face of what he called the Cartesian Anxiety (elaborated later), that is, the fear of intellectual and moral uncertainty if not chaos that threatens to “envelop us with madness.” Bernstein does this, in part, by evoking hermeneutical notions of historicity, horizons, and language. He states that

overcoming the Cartesian Anxiety is learning to live without the idea of the “infinite intellect,” finality, and absolute knowledge.... [Gadamer's thinking] is directed toward reminding us, and calling us back to, an understanding of what it means to be finite historical beings who are *always “on the way”* (**Bernstein, 1983**, p. 166, italics added).

The notions of paradigm shift and the incommensurability of paradigms are particularly well-suited for application to the psychoanalytic milieu. A patient's unique subjective experience represents a kind of paradigm in and of itself and needs to be considered on the basis of internally situated criteria, that is, on the basis of the patient's experience and the analyst's experience of the patient's experience, not solely the “objective” perspective of the analyst. Note **Stolorow and Atwood's (1992)**

observation that psychological phenomena cannot be viewed apart from the intersubjective context in which they occur. Moreover, an individual's personal paradigm, or grouping of potential organizing principles, and his or her attitude toward them are generally called into question and reevaluated on the basis of personal crises. These crises erupt out of anomalies and counterinstances previously not accessible to the individual's self-experience. In conversational terms, what I felt was once comforting and organizing for me and my self-experience has now become otherwise. How do I account for this, and how do I regain some sense of comfort and organization that is useful for me?

The Cartesian Anxiety

Nonlinear theory is not new to the so-called hard sciences, but its consideration in the context of psychoanalysis is relatively recent. The preliminary criticism, and perhaps resistance, in the psychoanalytic community toward this theory and its emphasis on the absence of underlying structure and rule-drivenness tend to center on its potential for leading one to feel “as if the ground had been pulled out from under one, with no firm foundation to be seen anywhere, upon which one could have built” (**Einstein, 1949**, p. 45). What **Bernstein (1983)** refers to as the Cartesian Anxiety, **Stolorow (1994)** calls the “fear of structureless chaos” (p. 203). Cartesian Anxiety refers to that potentially disorganizing state of dread in which many or perhaps all of one's essential theoretical, epistemological, and practical assumptions to which one has become attached are seriously called into question or are unequivocally discarded.

Every human being is curious, to a greater or lesser extent, and wants to know. Some enter fields of science to learn and to understand. They want to expand their knowledge. Analysts want to analyze, and are intentional, that is, they are necessarily analyzing something. And they are, thus, at odds with themselves: They want to know partly to facilitate a knowing in their patients, but the inherent unpredictability and fluidity of emotional life in general and of the therapy process in particular demand that they tolerate uncertainty, ambiguity, and perplexity, as Bion (**1967, 1973**) and others have underscored. At times, this requires analysts' willingness to “suspend” their sense of what is thought to be “objectively real” or to admit to themselves that so-called objective reality often is not particularly or immediately relevant to the subjective, lived experience of the patient. Removing the arbiter of truth from the consultation room can place analysts face to face with the very dread to which theorists such as Stolorow, Bernstein, Einstein, and others make reference. Most do not

want the experience of destabilization, chaos, and dread in their lives, and acquiring knowledge, or organizing unfamiliar stimuli as quickly as possible into meaningful and recognizable patterns of experience, is anxiety-reducing and adaptive, if not in some ways life-preserving.

Despite the need to know, the notion of tolerating and sustaining some amount of genuine uncertainty in the clinical setting now plays a more influential role in how psychoanalysts conceptualize what might be useful for patients. This is quintessential contemporary psychoanalysis, but nonetheless not easy to live with. “Teaching” patients via verbal insight (**Freud, 1937/1981a**), after having “uncovered” the truth of the patient's past, is no longer thought to be particularly helpful in most contexts. In fact, many contemporary analysts now privilege the experience of not knowing, of surprise and epiphany, and they invite their patients, often via nonverbal suggestion, to be open to these experiences as well. However, despite the clinical utility of courting uncertainty, perplexity, and surprise, psychoanalysts are (or perhaps I should speak for myself solely: I am) continually confronted by the personal sense of Cartesian Anxiety inherent in psychoanalysis and perhaps in experiencing life in general. This component of the experience, and of contemporary psychoanalysis, has become unavoidable and salient.

Interaction and Emergence in the Psychoanalytic Field

When one or more elements perturb the apparent stability of the system's relative equilibrium, new attractor states emerge. These are often characterized by innovative thinking, creativity, emergent experience, ingenuity, and epiphany. The potential freedom of the component parts to relate to one another, often through dialectical tensions, and to reconfigure themselves in relation to one another in creative and novel ways, is responsible for the system's developing its unique and unpredictable character. This has been called “order out of chaos” (**Thelen and Smith, 1994**, p. 55-56). This happens because a system's components are self-organizing; they are without a fixed, internal structure and are not rule-driven or rule-derived.

Witness one of the multitude of examples in which psychoanalysis' components interact and reconfigure: The specific collection of the forces of paradigm shift, Cartesian Anxiety, and infant and attachment research illustrates a simple but substantial dynamic trend in psychoanalysis. The paradigm shift in psychoanalysis encouraged more pluralistic, perspectival, dynamic forms of “truth” and visions of “reality.” Although this stance opened a broader spectrum of analysts' experience of their patients

and of their selves, it also stimulated a concomitant epistemological insecurity, or Cartesian Anxiety, by which they were compelled to seek more stable ground. The Cartesian Anxiety here functions as a pivotal force that helps drive the interplay of the component parts.

The development of infant research, along with the increasing emphasis on attachment theory, was not a response to an anxious need for more external coherence of experientially derived psychoanalytic theory. Infant research evolved, as did many other fields, such as neuroanatomy and neurobiology, out of the same positivist-objectivist paradigm that psychoanalysis did. Rather, it has been psychoanalysts' own need and search for external coherence that has in part prompted the strong appetite for tapping into the revelations of infant research. If analysts can continue to understand how the infant-caregiver dyad, or adult-caregiver dyad for the matter, create, shape, and inform their resulting relational patterns, perhaps they can grasp more fully that of the analytic dyad. It is their appetite for tapping into infant and related research, fueled by their Cartesian Anxiety and natural desire for more knowledge, that is relatively new and that has altered previous conceptualizations of clinical notions such as unconscious communication, intersubjective fields, mutual and reciprocal influence implicit in the analytic dyad, and so forth.

In the search for more stable ground, one might reflect, there has to be some arbiter of truth somewhere, does there not? And if I cannot count myself as such, vis-à-vis my patients or my theories, then who is available to assume this role? I can always turn to the supervision of a senior analyst, but then, I have noticed more in recent years, at least with those whom I respect and revere, that they are not exactly handing down concrete, blanket truth. Rather, they provide a space for reflection (Mollon, 1989) without the necessity for always knowing. Certainty and conviction, ideally held lightly, develop out of emerging dialogue and play. And yet, the need for external verification of experiential phenomena, the need to decrease Cartesian Anxiety, propels psychoanalysts to traverse various disciplines in order to obtain a bigger picture. Infant and attachment research is one extremely fruitful avenue for this and is clearly affecting the field of contemporary psychoanalysis. The "trialectic," one might call it, linking this research, the ongoing focus on the subjective experience of the patient (paradigm shift), and the Cartesian Anxiety, determines the attractor state that is experienced in psychoanalysis today.

Psychoanalysts are increasingly participating in an attractor state characterized by pluralism, critical inquiry, and a deepened respect for the subjective experience of patient and analyst alike. The earlier example,

despite its simplification for discussion purposes, provides an adequate demonstration of the emergent quality inherent in an open system such as psychoanalysis. If one adds to the equation the innumerable remaining components of psychoanalysis, including the unique personalities and relationships among the theorists and researchers in these areas, one can begin to envision the high degree of unpredictability, complexity, and specificity obtained in the continually evolving attractor state called psychoanalysis.

The Impact of Nonlinear Theory on Theory and Practice: Personal Reflections

What follows is less a rigorous application of the theory per se and more a consideration of a nonlinear sensibility or awareness as applied to specific dimensions of psychoanalysis. A nonlinear sensibility potentially alters, if not transforms, various theoretical and clinical aspects of our (or, speaking for myself: my own) subjectivity. On a personal level, I have noticed that what often appears as disorganization, fragmentation, antagonism, and divisiveness—what I sometimes experience when considering the many schools of contemporary thought—ultimately unfolds into novel, useful experiences of psychoanalytic thinking and creativity. **Thelen and Smith (1994)** referred to this as a process of destabilization and restabilization. It is with this sense that I feel I have been especially affected in the past few years, which sense has constituted a significant paradigm shift for me and has engendered a high degree of flux and rearrangement in my own personal system of experience.

In response to considering nonlinear theory, many clinicians naturally and understandably inquire, “How do I work this?” (to quote from the Talking Heads’ song, “Once In A Lifetime”). In other words, “Where is the method? I need to know what to do.” I am confident that you by now have noticed the absence of an applications section. This section was omitted for two reasons: (a) I do not have the answers to those questions, and (b) to develop a generalized answer is to denude the theory of its spirit. Instead, one wants to reflect on it and see how it might affect one's personal, clinical sensibility and intuition. In that regard, nonlinear theory is similar to intersubjectivity and other theories that do not posit specific content that needs to be understood and perhaps interpreted. Rather, in applying this theory, one's sense of play and intuition need to be invoked, positioning oneself for novelty and surprise. In what follows, however, I briefly address a few theoretical and clinical dimensions of experience that

came to mind while reflecting on nonlinear theory, including the notions of development, pluralism, self-experience, invariant organizing principles, and the notion of theory itself. In so doing, I hope to provide some preliminary sense of how I have been affected thus far by the spirit of this theory.

Development

There are times that I miss the comfort, security, and authority of assuming a more objectivist, one-person orientation. For years I derived pleasure and security from feeling relatively clear and certain about my patients' psychopathology and about clearly defined treatment approaches. If a patient had transformed my life into perpetual agony and despair, I knew exactly what *DSM* numbers to place after his or her name. I also felt confident about what I had learned from developmental psychology and consequently where each of my patients resided on the developmental continuum and what I should expect from each patient as they advanced from one "stage" or "phase" to the next. Simply stated, if my patient was "advancing," his or her therapy must have been working. After all, how could I conceptualize a patient's pathological accommodation (**Brandchaft, 1993**) to my own subjective perspective as in fact "pathological" if I were accepting mainstream developmental paradigms as my standard of "emotional health?" Guided by a nonlinear sensibility, though, and strongly influenced by the clinical sensibility of intersubjectivity theory, I have come to feel that the appearance of "developmental progression," or even the anticipation or expectation of it, is at once a function of and product of the observer's lived experience, and not necessarily that of the observed.

The developmental trajectory of a given individual, in the spirit of nonlinear theory, can more usefully be understood as being unpredictable, fluid, emergent, noncircumscribed, and contextual. Drawing from **Bion (1967)**, for example, one facet of the beauty of his recommendation of suspending memory and desire lies in its logical, facilitative stance of anticipating a patient's invariably unpredictable and dynamic developmental trends. It allows for the unexpected. It is designed for surprise and epiphany. The contextualism of **Orange, Atwood, and Stolorow (1997)**, as another excellent example, underscores the context-dependent and fluid nature of development in the analytic setting. This contrasts with the more traditionally held sense of anticipating certain presumed developmental milestones and capacities often characterized as teleological and epigenetic. The problem with milestones is that they are presumed to provide

some type of standard of what is “normal” and “healthy.” The essential problem with this well-defined approach, quite simply, is that it is offensive and potentially destructive to the human spirit.

Pluralism

Pluralism denotes, for me, not just an individual's allowance for, and acceptance of, the coexistence of multiple frames of reference, but also an internalization and integration, though not necessarily a synthesis, of multiple orientations and experiences within the psyche of an individual or within the spirit of an institution. In this context, the individual clinician is encouraged to live within multiple dialectics. The acceptance of pluralism can sometimes feel overwhelming and cacophonous, on one hand, and yet extremely freeing, on the other hand. This freedom does not suggest that I can treat my patients according to whim or fancy, but rather it conveys a sense of not having to know, not having to maintain a sense of certainty and conviction. Contemporary psychoanalysis and its pluralistic nature do not convey an attitude of “anything goes,” but rather one of “anything can happen and anything might work.”

In the spirit of pluralism, it is the undeniable sense of respect and support for the unique perspective of the individual that I have experienced from my mentors that I carry into my patients’ sessions, counterbalanced by my fear, sometimes dread, of coming into relation with another human being without a reliable, fixed knowledge of who he or she “really is.” A nonlinear sensibility supports this experience; it suggests that my patients and I are here to live inside, and witness the unfolding and transformation of, an unpredictable world of relational experience. I am reminded of **Bion's (1973)** comment that “in every consulting room, there ought to be two rather frightened people; the patient and the analyst. If they are not, one wonders why they are bothering to find out what everyone knows” (p. 13). I believe I am positioned not to sit back and articulate my understanding of my patients, but rather, ideally, to “undergo the situation” (Orange et al., 1997, p. 5) with them.

Self-Experience

Nonlinear theory also redirects my attention specifically from what my patients say and do toward a closer examination of the emergent peculiarities of my own self-experience vis-à-vis my patients. Despite the continuing focus on examining the lived experience of the individual (**Ferenczi, 1955; Kohut, 1984; Stolorow, 1995**; and many others), psychoanalysis does not yet place enough emphasis on the lived experience of the

observer, that is, the person who lays claim to knowledge and explanations of the experiential world of the other. After all, one can know only one's own experience. Imagining and thinking oneself into the mind of the other (**Kohut, 1971, 1977, 1984**) via some form of empathy (yet another term, like *countertransference*, that suffers from “terminologic confusion” [**Fliess, 1942**]) is only that: imagining and thinking. That is not to say, however, that my own lived experience is not informed and shaped by that of the other, nor is it to suggest that I cannot approximate the lived experience of an other via emotional resonance and unconscious communication. But approximating emotional experience is not the same as feeling the feelings of another. I have come to feel that, when with a patient, I am at once paradoxically my familiar and usual self while also my patient-constructed self; my unique self-experience is largely relationally determined. It is this facet of self-experience, for example, that is responsible for the feelings of loss, missing, and longing: It is not just the other individual of whom, once attached to, one might experience a loss, but it is equally so one's own unique sense of self, experienced in the context of that other, or in the context of a dyadic system, that one misses and perhaps longs for. This is why I place so much value on so-called countertransference. I can only experience or “know” my patient through my own self-experience. A nonlinear systems orientation encourages me to think in this fashion.

Invariant Organizing Principles

From an intersubjective perspective, invariant organizing principles (**Stolorow & Atwood, 1992**) are specific, unique guidelines that are responsible for patterning stimuli into meaningful, lived experience—a reconceptualization of what was traditionally referred to as transference. An individual's means of structuring experience, these principles or rules appear to govern an individual system (e.g., a person) and yet are also considered the product of two or more intersecting subjectivities (i.e., an intersubjective field; **Stolorow & Atwood, 1992**). Recall their observation that psychological phenomena cannot be viewed apart from the intersubjective context in which they emerge. However, from a nonlinear perspective, one that I wish to place alongside the primacy of self-experience (**Kohut, 1984; Stolorow, 1995**), the notion of organizing principles of the observed can be usefully understood also as an aspect of the observer's personal, subjective, lived experience and not necessarily that of the observed. The observation and demarcation of an organizing principle residing in another is potentially much more a function of the observer's

experiential world, coconstructed by the interaction of the components of the system at hand, it is necessarily reflective of the experience of the observed. Once a recurring pattern of experience appears to emerge and perhaps then becomes articulated, assigning a thematic label to it is more a function and result of the interplay between the subjective experiences of both individuals. Claiming that a given patient operates via a particular organizing principle can be usefully thought of as a descriptive strategy and not necessarily a pronouncement of “what's inside” the patient.

Viewed through the lens of nonlinear dynamic systems theory, an invariant organizing principle is not a guideline or rule residing “inside” an individual, but rather is at once a property and a component of a dynamic, open system. In this light, the semblance of guiding principle is a property of a system under investigation, insofar as it appears to be a quality or characteristic of that system at that point in time; it is a component of that system, insofar as it may play a contributing role, along with the other components of the system, in determining the current and future direction of that system's nonlinear trajectory.

To postulate beyond the scope of the lived experience of another is to signify, via language, one's own experiential fantasy about that other's subjective world. In that regard, attempting to particularize, through language, the experience of another plays a significant role in determining the nature of that experience. This partly involves the process of the negotiation of subjectivities and ultimately what contributes to the shared experience of certainty and conviction about one's experience—what **Stolorow and Atwood (1992)** referred to as the “sense of the real.”

Theory

Theory is not something I necessarily wish to hold on to too tightly and thereby risk feeling encumbered by, but rather it is a potential tool or perhaps schema that, once grasped and set aside, though within easy reach, may be invoked during moments of Cartesian Anxiety or, perhaps more importantly, evoked (read: stimulated, not caused) in part by the subjectivity of the patient in a given context. In the latter regard, I conceptualize the evocation of a particular theory, via the intermingling of aspects of the patient's and my own subjectivity, as a specific form of countertransference that help determine, for me, a greater sense of my patient's subjective world. At that juncture, a multitude of questions begin to unfold: Does the patient need this particular theoretical construction from me right now? Does situating myself in this specific theoretical perspective presently afford the patient a greater potential for a developmental experience with

me? Would a refication of the patient-evoked theory reflect a “truth” in the patient, or help us arrive at some sense of truth, or perhaps a “sense of the real” (**Stolorow and Atwood, 1992**)? This is a conceptualization, in certain contexts, of the patient informing technique instead of theory informing technique. This is an especially useful perspective, considering the increasing levels of theory bifurcation and specification one witnesses in psychoanalysis today.

Although this conceptualization of theory development might prove useful to the clinician in certain contexts, leaping ahead to elevate theory to the status of clinical truth via the analyst's experience of certainty and conviction potentially becomes less than helpful and sometimes exemplary of flopping onto the Procrustean Bed. Alternatively, theory invocation and construction, as alluded to earlier, can be usefully conceptualized as a specific form of analyst self-experience that potentially sheds more light on the patient's subjective world as well. Instead of representing the means of describing the structure and dynamics of the patient's “internal world,” finding theory in the front of one's mind is more suggestive of something about the patient's experiential world, in combination with one's own subjectivity, that has triggered theoretical conceptualizing in the analyst. Theory, then, ultimately is much less explanatory of the patient's actual lived experience (i. e., what we are all interested in) and much more an aspect of (a) the analyst's own subjective world (**Stolorow and Atwood, 1979**) and (b) the analyst's lived responsiveness to the patient's subjective experience. Viewed in this way, theory is considered another vital aspect of self-experience alongside affect, thought, fantasy, sensation, and so forth. This perspective can usefully be applied to the specific occasions of invoking concepts such as projective identification and other similar one-person model designations.

From a nonlinear perspective, a theoretical construction is at once a property of and component of an open system and, like any facet of personal experience, should not be discarded simply because it has come to be seen as illigical or fallacious. There are other ways theory can be used in addition to constructing it and aiming it at representing “reality.” (I am in agreement with **Nabokov's (1955)** sentiment that “reality’ is one of the few words which mean nothing without quotes” [p. 283]. Although certain theoretical constructions can usefully be removed from the position of representing Truth and Reality, they can be retained and considered as yet another facet of the analyst's experience of being with a given patient. Certainly, analysts are able to extricate themselves from the assumption that their self-experience, vis-à-vis a patient, reflects Truth and Reality.

Thus, for example, instead of the analyst using the concept of projective identification as a means to laying claim to knowing and describing the truth of the patient, he or she can consider this particular theory invocation, like any other, a facet of his or her personal, subjective experience, which may not be useful in illuminating that of the patient. Then the question, vis-à-vis the notion of projective identification, might be asked, “what is this unusual, albeit painful feeling or state of mind I have now; this does not feel like me; I want to envision the patient as having this experience, perhaps sequestered somewhere; perhaps it belongs to him; perhaps he intends on my feeling it, or getting it; and now, how can I understand my own experience of my imagining it in the mind of my patient, or of feeling that somehow it is not really belonging to me?” The concept of projective identification should perhaps not be discarded altogether, that is, if it can be reduced to and understood as an aspect of the analyst's subjective, lived experience, and not necessarily anything directly reflecting the lived experience of the patient. Nonlinear theory affords one this sensibility, this freedom not to make, and not to have to make, presumptions about the “internal” or “intrapsychic” world of the patient.

The Future of Contemporary Psychoanalysis: Concluding Remarks

I have attempted in this article to illustrate and underscore the utility of reconceptualizing psychoanalysis as a whole, as well as several theoretical constructs and clinical preoccupations, through the lens of nonlinear dynamic systems theory (**Thelen and Smith, 1994**). Each specific component to which I have referred deserves a more complete explication in light of the evocative and, at times, awe-inspiring implications of a nonlinear sensibility. I hope that this article serves as a continued introduction to more detailed reflections on nonlinear theory.

I envision, in the spirit of nonlinear theory, the current and future state of contemporary psychoanalysis as highly dynamic, messy, fluid, emergent, and unpredictable. Its trends appear in some ways increasingly soft-assembled and highly contextualized (**Stolorow, 1997**). Fortunately, analysts are less inclined now to respond, for example, to a colleague's description of “excessive aggression, chaotic relationships, lack of object constancy, impulsivity, substance abuse, and so forth” in a patient with “Oh, sounds like another borderline.” This rather diminutive, adversarial one-person model designation narrows the clinical horizon and situates the patient within an emotionally, relationally,

and developmentally limited scope. Contemporary psychoanalysis, informed by a nonlinear systems perspective, instead encourages analysts to consider more closely context and the immediacy of experience.

In terms of communication, disciplines need to explore each other's views and tenets with more dedication and vigor. **Keepes (1965)** alluded to the importance of multidisciplinary communication in his *Structure in Art and Science*. He stated that

those working in cultural and scientific fields today recognize that there is a crisis in communication which is due to fragmentation of experience and the dispersion of knowledge into many self-contained disciplines, each with its own ever-growing, increasingly private language. Our sense of a cohesive world has been endangered by this communication crisis. (**Keepes, 1965**, as in **Laszlo, 1972**, p. 301)

Stated in 1965, this sentiment is as crucial today as it was then. Beebe once remarked that “the problem with our different fields is that we just don't read enough of each other's literature” (Beebe, personal communication, March 15, 1996).

Finally, a closing notation regarding one of the essential sources of the energy that maintains the sense of dynamism and emergence in this open system—that is, the experience of passion. Passion is the lifeblood of psychoanalysis and the impetus that drives analysts to help others heal. Analysts need to develop relevant and innovative ways to continue to stimulate this passion and to convey it to colleagues, supervisees, and the public at large. **Kohut (1977)** once remarked, “it is not so much what the parents do that will influence the character of the child's self, *but what the parents are.*” (p. 417, italics added). The mentors and teachers who remain inside of me are those who have been passionate about their work and about their lives. As long as analysts are communicating their subjectivity to their patients, or to anyone else for that matter, I hope that they convey a strong sense of passion along with it.

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