

A Warrior's Stance: Commentary on Paper by Terry Marks-Tarlow

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This commentary highlights specific aspects of a psychoanalytic complexity perspective in considering and discussing Terry Marks-Tarlow's article, "Merging and Emerging: A Nonlinear Portrait of Intersubjectivity During Psychotherapy." The advantages of a complexity theory sensibility reside in the areas of (a) providing a robust theoretical framework for understanding the sources and phenomenology of complex emotional life and (b) understanding the clinical implications of thinking through a complexity theory lens. The latter involves examining the attitudes that emanate from such a revolutionary perspective and their impact on the therapeutic relationship and on therapeutic action and change. Special emphasis is placed on the distinction between two vital dimensions of psychoanalytic discourse: the *phenomenological* and the *explanatory*. This distinction is used as a lens through which the author considers the essential themes of understanding the complexity of the multiple sources of personal lived experience and their concomitant meanings, personal situatedness (or "thrownness"), emotional responsibility, and personal freedom.

What was it about the [human] species that would save the symbol and discard the thing it stood for?

— Richard Powers (*The Echo Maker*)

I celebrate myself, and sing myself,

And what I assume you shall assume,

For every atom belonging to me as good belongs to you.

— Walt Whitman ("Song of Myself")

Is Ahab, Ahab? Is it I, God, or who, that lifts this arm?

— Herman Melville (*Moby-Dick*)

The introduction of complexity theory to psychoanalysis and psychoanalytically informed therapies in the last 30 years—what I think of as psychoanalytic complexity—has been revolutionary if riddled with personal reactions of perplexity and suspicion. The term *revolutionary* I do not use lightly. This perspective, of which there are innumerable facets and emphases, has altered profoundly our more traditional presumptions about the individual person, the emergence (and dissociation) of affect and emotional meaning, and the nature of relationships. If there had remained any doubts about the illusion of isolated minds and the internal forces to

which they were relentlessly subject, any doubts about the myopia of subjectivist and individualist perspectives, its inculcation into our field has radically overturned them. Clinically this has been much to our advantage. The more explicit paradigm shift of the last 30 years, from objectivism to perspectivalism (**Mitchell, 1988, 1993, 1997, 2000**), from Cartesianism to contextualism (**Atwood & Stolorow, 1979; Stolorow & Atwood, 1992; Stolorow, Atwood, & Orange, 2002; Stolorow, 2007**), has been concretized and extended in vital ways by the complexity sensibility of which Marks-Tarlow writes and with which this discussion is centrally concerned.

Acknowledging the foundational distinction between lived emotional experience and its concomitant meanings, on one hand, and the working explanations for the sources of such experience and meanings, on the other hand, is a vital prerequisite for grasping what psychoanalytic complexity offers theorists and clinicians alike. It is essential that we know in what dimension of discourse we are thinking and speaking at a given point in time: Are we describing lived emotional experience (the phenomenological) or theorizing about explanations to account for such experience (the explanatory)? In the absence of such acknowledging, we remain conceptually muddled and confused. And thus I underscore this observation as one of the lenses through which I consider Marks-Tarlow's work.

Moreover, liberating ourselves from the presumption that selfhood and worldhood always operate in (and are explained by) the way they *feel* to us, and thus ending our centuries-long propensity to reify lived emotional experience, reveals a multitude of dimensions of explanatory discourse, such as the interpenetration of experiential worlds and the inextricability of past, present, and imagined future (**Loewald, 1972**). Theorists and clinicians perpetually struggle with the omnipresent tension between the presumption of the interconnectedness between persons relentlessly embedded in socio-cultural-historical contexts (**Frie, 2010**), on one hand, and the assumption that individuals seek and experience personal individuality, agency, autonomy, self-reliance, and authenticity, on the other hand.¹ This struggle has led to the employment of mixed (and sometimes contradictory) models of understanding emotional life, some often grafted onto others. Psychoanalytic complexity obviates the need to invoke contradictory models for explanatory purposes. In this light, theories of the “intrapsychic,” for example, become rich sources of phenomenological description but no longer reflect logical *explanatory* frameworks for *accounting* for lived emotional experience.

All complexity theorists do not share the same interest in every facet of this paradigm. Each seems to be grabbing a different part of the proverbial elephant. Some underscore the concepts of self-criticality, emergence, and nonlinearity, some the concepts of irreducibility and autocatalysm, whereas others privilege recurrency, novelty, and perturbation. There are many aspects of this perspective, each quite specific, fascinating, and useful in its own right. Marks-Tarlow, in this particular article, chooses to consider her clinical work through the lenses of (a) the nonlinearity of the relationship between diagnosis and treatment, including a welcome and salutary nonreductionistic attitude toward understanding individual persons, (b) an intersubjectivity that is “constituted by continual feedback loops within and between people,” (c) the self-organization of the dyadic system, (d) the emergence of novelty leading to “greater system complexity,” and (e) fractal patterning.

Marks-Tarlow's varied, rich, and passionate descriptions of her own nonlinear systems perspective and her elegant clinical application have deepened my own complexity sensibility,

¹ See **Frie and Coburn (2010)** for a thorough treatment of this subject.

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for which I am grateful. She expands our understanding of complexity and therapeutic action in useful directions. In this commentary, I consider aspects of her work through two essential points of view: The first entails thinking about the way complexity theory is used as an explanatory framework with which to conceptualize what emerges in the consultation room; the other entails assessing the contribution of a complexity sensibility to therapeutic action. The latter consideration necessarily involves acknowledging the critical role personal attitudes play in psychoanalytic work, to which I turn shortly. Thus, I address several of the concepts Marks-Tarlow presents through these two perspectives: her explanatory framework for understanding psychological and relational phenomena and the therapeutic implications of the attitudes that emanate from such a framework.

ATTITUDES

First, a few words about attitudes: In attempting to examine the therapeutic value of psychoanalytic complexity, I have been increasingly fascinated with the character and role of the therapist's attitudes. Such attitudes, often implicit and prereflective, exert powerful influences on the patient, the dyad, and the trajectory of the analytic relationship (**Coburn, 2002, 2007, 2009, 2010**). The patient's attitudes, of course, also exert similar influences on the analyst. You need look no further than the recent work of **Orange (2009)**, **Hoffman (2009)**, or Shane (2007) to grasp a palpable, contemporary sense of the central role personal attitudes play in therapeutic action. Shane wrote that "it is the attitude of the analyst toward the patient and toward the process that is most potent in whatever that change process may be" (p. 236). If you were to look further, eventually you would find, among many others, a comment by **Glover from 1937**: "a prerequisite of the efficiency of interpretation is the attitude, the true unconscious attitude of the analyst to his patients" (p. 131). And if attitudes are "undeliberate interpretations," as **Friedman (1982)** has averred, they most certainly are powerful determiners that shape the co-constituted trajectory of the relationship and the truths at which the analytic dyad arrives. Naturally, our attitudes inform our theory building and theory choices (**Stolorow & Atwood, 1979**), just as our allegiances to specific theories, in turn, determine our clinical attitudes. (This is an instance of the action of feedback loops, or recurrency, of which Marks-Tarlow writes.) Many of our attitudes remain unformulated (**Stern, 1997**) or within the realm of the unthought known (**Bollas, 1987**). We hope to wrest them from the domain of the implicit, though we are not always successful. Nevertheless, their influence reverberates throughout our dyadic and socio-cultural-historical systems, and beyond, and it behooves us, as clinicians, to examine their role in the treatment setting. Indeed, our attitudes about how things work, about how we relate in a particular dyad, become, over time, the subject matter of investigation and conscious elaboration by the analytic participants.

To extrapolate from the work of **Benjamin (2004)** and **Aron (2006)**, our interventions, verbal or otherwise, are always necessarily "marked" or accompanied by an associated attitude, just as our "mirroring" responses always include aspects of our own subjectivity, are *marked* by them.² This action not only allows for the potential of increasing one's sense of self/other delineation in the process of getting to know oneself through the mind of the other, but also provides the

² For a thorough discussion and expansion of the concept of mirroring vis-à-vis complexity theory, see **VanDerHeide (2009)**.

underpinning for one coming to “know” the *other*, whether we like it or not. We witness a dramatic, therapeutic instance of this at the outset of Gus's treatment, as well as at what might be the crux of the treatment, when Gus, over some time, implicitly and eventually explicitly experiences Marks-Tarlow discomforting, affective shifts. I soon revisit these exchanges in more detail.

MERGING AND EMERGING

As evidenced in her title, Marks-Tarlow beautifully illustrates two essential and complementary phenomena that are intertwined throughout her clinical example: *merging* and *emerging*. As she describes, the *merging* aspect of complexity pertains to the mutual and reciprocal responsiveness, fluidity, and interpenetration of the constituents of a given system, for our purposes, of human adaptive systems. We are all connected, intertwined, and *related*, in one respect or another (**Ghent, 2002; Lazar, 2001**). This is a topic of intense interest, if controversial.

Explanatorily speaking (i.e., not phenomenologically), the notion of merging (not to be confused with *experiences* of an absence of self/object boundaries, of merger fantasies, etc.), in my view, pertains to the extreme context sensitive and context dependent nature of human experiencing and meaning-making, such that each of our experiential worlds is inextricably intertwined with those of others we know, and perhaps with those we do not know.³ From the standpoint of her concept of “the one in the third,” **Benjamin (2004)** captures an understanding of this process in her description of “attuned play ... in which both partners follow a structure or pattern that both of them simultaneously create and surrender to ... [as to] the question of ‘Who created this pattern, you or I?’ the paradoxical answer is ‘Both and neither’” (p. 18).⁴ This need not render our *experiences* of boundaries, separateness, and individuality mere illusions but rather liberates them from the explanatory framework of Cartesianism, and contextualizes them. The analytic dyad comprises partners in a dance whose impromptu and prereflective movements are relentlessly mutually and reciprocally determined and never of one's own making (**Beebe & Lachmann, 2003**). Even experiences of personal ownership and authorship are contextually emergent properties of a larger relational system. I would argue, however—explanatorily speaking—that given the unrelenting interpenetration of emotional worlds, invoking the concept of projective identification detracts from our sense of the complexity, fluidity, and systems orientation of emotional life to which Marks-Tarlow refers: One need not slide back into this Cartesian-based concept—in which two separate brains are pictured as doing things to each other—to account for the kind of nonconscious affective communication to which Marks-Tarlow refers and on which we rely in doing clinical work. From the standpoint of a complexity explanation, and not phenomenological description, the notion of one person projecting dissociated affect into another

³ Sometimes the realm of the explanatory converges with that of the phenomenological, such that we may directly and consciously experience the embeddedness of our experiential worlds in contexts greater than ourselves (e.g., our culture). Indeed, this is one outcome of therapeutic action. This is not a given, however. Often we may experience ourselves as disengaged, alienated, decontextualized beings as if immune to the effects of the relentless contexts to which we are always subject. And indeed, a “decontextualized self” (if you will excuse the Cartesianism) is one in which the person has been stripped of his awareness of the contextual forces (e.g., social, cultural, historical) that gave rise to his emotional life to begin with and that continue to inform his experiential world (see **Maduro, 2008**,

for a thorough explication of this topic).

⁴ This is an example of speaking explanatorily and not necessarily phenomenologically.

negates the presumption that our emotional worlds are inextricably intertwined to begin with. Phenomenologically speaking, we certainly may have the *experience* of projection and/or identification, however we wish to define those terms, but reifying such experiences suggests a theoretical framework that lays claim to notions about who, specifically, is projecting what into whom, which is an anathema to a contemporary complexity perspective. This more traditional, reification-based point of view is conceptually inconsistent with Marks-Tarlow's assertions, with which I am in complete agreement, that “I am fully embedded within the universe, at the very same time that the universe is fully embedded within me” (p. 123) and that “the self [or one's selfhood] is enfolded within the other at the same time that the other is enfolded within the self [or one's selfhood]” (p. 124).⁵

The *emerging* aspect refers to the emergence of self-organized (i.e., not predesigned, not rule driven, not of a single source), psychological phenomenon that tend to increase the level of complexity of the system, making way for a more varied, broader, and richer array of emotional experience and meaning, including a decrease in dissociation and an increase in affect tolerance (**Pariser, 2010**). This is often associated with the introduction of novelty (a “perturbation”) into the system (**Trop, Burke, & Trop, 2002**). Emergence, here, is a system's event, and not the result of one person *doing* something to another: It is the result of the cooperation of innumerable parts of a system and their unique relationship with each other. **Ghent (2002)** beautifully articulated this spirit of emergence and its underpinnings in the following passage in which he references **Thelen and Smith (1994)**:

Notice the sentence, “[t]hese solutions emerge from relations, not from design.” It reminds me of the words of the French mathematician, Henri Poincare, ... that “the aim of science is not things themselves, as the dogmatists in their simplicity assume, but the relations among things; outside these relations there is no reality knowable.” (Kelso, 1997, p. 97). To my mind it is in *this* meaning of relational, rather than its more superficial usage as the relations between people, that gives power and significance to the term relational psychoanalysis. (p. 771)

INITIAL ATTITUDES

Beginning with her first principle, Marks-Tarlow calls for a nonlinear sensibility in considering the relationship between diagnosis and treatment. This is a welcome and salutary abandonment of the reductionist, one-person model implications of traditional practice. Traditionally, Western medicine, psychiatry, and psychology predicated the formulation of treatment approaches on arriving at a diagnostic *conclusion*. Once you knew what was *wrong* with your patient, treatment became clear. To know a person was to superimpose a predesigned, previously codified, descriptive label over what otherwise was an infinitely complex, fluid, dynamic, relational being whose only accurate description is understood as an emergent property and product of a larger dynamic system—one that is relentlessly unfolding, over time. An explicit diagnosis and well-defined treatment approach were the emollient for the practitioner's epistemological anxiety: The patient was now reduced to a category, and the doctor was calmed. The advantages inherent in tolerating not knowing, in remaining open to surprise and novelty, were lost. There is nothing quite

⁵ This is resonant with **Orange's (2001)** description of a “kind of double inhabiting” in which “the experiential world seems to be both inhabited by

us and inhabiting us” (pp. 297–298).

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like the *DSM* if you are looking for a “ready-to-hand” device to reduce the complexity and contextuality of human experiencing and meaning-making down to two-dimensional caricatures of what is human.⁶ As **Phillips (1999)** remarked, “Fear of the unknown is cured through flight into the intelligible... . The familiar, the unsurprising, restores our collusive sanity” (pp. 110–111). Marks-Tarlow's complexity sensibility (and corresponding attitude) precludes this from happening, inviting her patient to reconsider the value of investigating the yet-to-be discovered nuances of his *and* Marks-Tarlow's embodied experiences together.

What is to be diagnosed, rendered pathological, is often politically driven (**Cushman, 2010**) and subject to the dictates of mainstream scientism: The presumed medical and psychological authorities dictate what grants get funded, what is to be studied in laboratories, what gets taught, what is normal, and especially what is human and what is not. Marks-Tarlow eloquently acknowledges this in her statement, “Like the normative statistics that underlie too many social science experiments, such an idealized [diagnosis-prescription-treatment] progression is too fragmenting and simplistic to bear much relationship to life itself” (p. 116). Her refusal to diagnose—her initial refusal to support Gus's accommodation to the dictates of mainstream scientism—yielded vital and profound clinical results. Thus, we witness in Marks-Tarlow's work a complexity-based, explanatory framework that pictures useful, lightly held, diagnostic impressions, and the potential treatment that follows, as dynamic, “messy,” and irreducible, the only real description of which can be found as time unfolds in the “years of relationship building that becomes inseparable from processes of exploration and intervention during psychotherapy” (p. 115). We cannot know this kind of choreography until it is danced. And to complicate things even more, this peculiar kind of choreography is self-transformative, as the dance moves relentlessly forward in time. As I have commented elsewhere (**Coburn, 2009**), “as complexity theorists are wont to say, the rules of the game change as a result of the play” (p. 189).

Whereas this particular complexity theory contention serves as a powerful explanatory tool in understanding the complexity, dynamism, and unpredictability of human experience—the irreducibility of Gus's experiential world—it also informs the analyst's implicit attitude that contributes to therapeutic action. Given the illusion of conscious free will and control to which Marks-Tarlow refers, clinical work demands of us the adoption of a “warrior's stance of not having to know what is coming next” (p. 115). Beautifully stated! In the same vein, **Seligman (2005)** captured this sensibility when he wrote that “analysts tolerate uncertainty, find meaning in apparently disordered and even unruly communication, and embrace the unexpected twists and turns that emerge from intimate attention to the ordinary complexities of everyday life” (p. 286). This is one of the key attitudes, inspired by a complexity sensibility and Marks-Tarlow's courage to embody it, from which Gus benefited. Without it, this analytic pair would not have come to understand more deeply Gus's wish to be diagnosed as a “symptom of inner conflict” and as an effort to maintain dissociative aspects of his experiential world.

Confronted with Gus's initial plea for an accurate diagnosis, his pathologizing of the unwanted, dissociated aspects of his selfhood, and his wish for being relieved of his dysfunction, Marks-Tarlow quickly responds with an “alternative path” for Gus: One of helping him

⁶ It is instructive to note here that, drawing from information theory, an additional and separate definition of complexity is incompressibility, such

that a complex system cannot be reduced down, or compressed, into an algorithm that is shorter or simpler than the system itself. In that light, the system itself, as it unfolds over time, is its own shortest description.

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“understand and make meaning out of his experience” (p. 111). Here Marks-Tarlow's complexity sensibility—in particular what I experience as her love of emotional meaning, her respect for the uniqueness of the individual person, her acknowledgement of the complexity of human experiencing, her *let us wait and see what we can learn about you before we jump to conclusions* attitude, and much more—communicated decisive messages to Gus, which messages, or attitudes, progressively and continually pervaded the treatment relationship. Gus was getting to know Marks-Tarlow, and coming to know her, especially where she stood on things, impacted him profoundly. Note that she did not spell this out for Gus, and consequently he was able to consider her at-first implicit propositions in his own time. If she had clearly articulated her attitudes and biases at the outset, he may have never returned for a second session.⁷

Marks-Tarlow's attitude invited Gus to reconsider, over time, the perspectives through which he might view his life and the newer relational stances with which he might regard himself and others. It also conveyed to Gus that his emotional life, including his opinions about it, is far more interesting, complex, and multidetermined for them to be relegated to the realm of pathology, labels, and stereotypes. Despite his apparent initial disinterest in insight into his life, Gus not only became curious and invested in exploring his *own* affective world but in inquiring of that of his analyst as well. Marks-Tarlow's initial attitude and its far-reaching implications for both patient and therapist reflect an example of the determining power of initial conditions in complex systems as they begin to unfold, over time (**Poincare, 1913**). An alternative attitude could easily have sent this therapeutic dyad off in dramatically different directions, perhaps ones not as beneficial.

SOURCES OF EXPERIENCE

Doubtless an essential facet of Marks-Tarlow's complexity-informed, explanatory framework pertains to how we conceptualize the sources of emotional experience, dissociation, enactment, and current relational engagement—in other words, given our embeddedness in our world context, how we arrived at where we are and the situatedness (**Frie, 2010**) in which we find ourselves, as of the moment. Marks-Tarlow acknowledges and, as we have seen, beautifully describes the interpenetration of our combined experiential worlds. She also invokes the Mandelbrot set formula ($Z_{n+1} \rightarrow Z_n^2 + c$) to extend this spirit of contextualism by underscoring the role of historicity and propensity toward iteration in powerfully determining what unfolds next. Through recurrency, outputs, essentially in the form of information, are “continually fed back in[to the system] as the new starting conditions” (p. 117). In that sense, emotional experience is not constructed, per se, in the moment, but is more usefully understood as always emergent and constituted by what is new, present, and anticipated (**Lichtenberg, Lachmann, & Fosshage, 1992**), on one hand, and also by what is old and previous, on the other hand. In other words, we are quintessentially historical beings and relentlessly carry forward aspects of our histories into our present and the future that all too soon will become our present. The wonder and beauty of

⁷ Herein lies the beauty of what Adam **Phillips (1999)** referred to as “hinting”—in one sense, a gentle proffering of a point of view in the absence of the analyst's need for the patient to adopt such a point of view. He stated, “Analysis—unlike teaching and seduction—is an education through hinting, about hinting” (p. 109).

fractals, which Marks-Tarlow elaborates in great detail, illustrate the property of scaling, or self-similarity, inherent in the process of proceeding inexorably through time. As she rightly points out, there is no true repetition, and certainly no such thing as regression.⁸ This aspect of a complexity explanation has profound clinical ramifications, again, as conveyed through our clinical attitudes.

Here the concomitant attitude, informed by this aspect of complexity theory, resides in our assumptions about the interpenetration of not only our experiential worlds, in the moment, but also in the interpenetration and the interface of one's history, one's current state of mind, and one's environment. These admittedly and purposefully broad categories of sources of affectivity and meaning are continually informing of each other and perpetually combine, or *interpenetrate*, to give our experiential worlds the depth, richness, variability, fluidity, irreducibility, and indeterminacy with which they are associated. The trajectory of Gus's treatment with Marks-Tarlow reflects this. This particular attitude supports a therapeutic environment in which we convey to our patients, as Marks-Tarlow did with Gus, that emotional experience could never be reduced down to a single source (e.g., one's history, one's current relationship, one's neurobiology) and that there is always much, much more to one's emotional life than meets the eye. As clinicians, we are often confronted with patients whose sole intention, it seems, is to locate *the* source—usually, the *one* source—of their emotional experiences and convictions (or problems) and then somehow excise it (e.g., for Gus, there is something wrong with me, inside me, this experience of me as a woman, and it must be removed). This phenomenon is commonly witnessed in patients and analysts—and I do not exclude myself from this category!—who leap to “truth and reality” conclusions in contrast to provisional emotional meanings about a specific aspect of the patient's experiential world (e.g., this perception is “transference” or “projection,” or that perception [e.g., about the analyst] is “real” and does not pertain to one's history [only the present], etc.). Marks-Tarlow's attitude, informed by her complexity sensibility, conveyed otherwise.

For Marks-Tarlow, Gus's affective experiences and convictions had a variety of sources: Eventually the unfolding and elaboration of Gus's historical contexts, in concert with his experiences of Marks-Tarlow's emotional presence in the present—not the least of which was Marks-Tarlow's emotional honesty with Gus—allowed each to “reclaim his music” and to expand their understanding of his experiential world, to “reclaim” its complexity, variability, nuance, vitality, and felt sense of relationality. Gus was not the product of his history alone, nor was he only responding to Marks-Tarlow's interventions. And this understanding comes with no small amount of anxiety. As Gus's emotional world expanded, and as his dissociative processes waned, the *felt* qualities of complexity, dynamism, and emergence in Gus's life evoked Marks-Tarlow's anxiety about the potential directions ahead. Would Gus repeat old patterns of “implosion or explosion,” or would he be able to “hold,” consider, and reflect upon the new found

⁸ The concept of regression, one of the hallmarks of a variety of traditional psychoanalytic perspectives, serves as a glaring instance of the importance of identifying whether one is thinking and speaking phenomenologically or explanatorily: Phenomenologically, we certainly may label a particular dimension of experience as “regression” because of its developmental familiarity or its presumed *appearance* of decreased organization and immaturity. However, explanatorily speaking, there can never be regression, since all complex systems, despite appearances, necessarily move

relentlessly forward in time. In this light, development is defined as the continual (though sometimes gradual) stabilization, destabilization, and restabilization of attractor states (preferred configurations of the constituents of a system). Generally clinicians attribute regression to their patients when something familiar, unwanted, and anxiety-provoking is underway, and the term is not infrequently used in a pejorative manner.

richness of his emotional life. Must he jump to conclusions and act upon them, or might he tolerate the anxiety inherent in knowing what it is like to live as, and within, a complex adaptive system, one that was, for the most part, not of his or Marks-Tarlow's making? How would either of them know until the answer emerged? Evident in the clinical material is that both analytic participants were able to leave behind, in the wake of their dangerous if warrior-like explorations, the isolate and excise sensibility of the traditional Western medical/psychological model mentality in favor of tolerating the unpredictability and dynamism of a nonlinear relational system. One can never know what will emerge next, or lay claim to linear causation for that which emerges. In this light, therapeutic action, ultimately, is not something that one person *does* to another but instead reflects a series of attitude informed, systemically generated events that contribute to the dyad's surge toward more useful, affect-expanding directions. Gus was as “perturbing” (in the complexity theory sense of the term) to the dyadic system, in his daring to inquire about her nonverbal, implicit communications, as was Marks-Tarlow through her courageous, complexity-informed attitudes of nonreductionism, fallibilism (Orange, 1995), and emotional honesty (Davies, 2005). This speaks to the “life of its own” quality of the analytic dyad of which Marks-Tarlow writes.

PERSONAL SITUATEDNESS, EMOTIONAL RESPONSIBILITY AND POTENTIAL FREEDOM

Perhaps the most dramatic example of the action of complexity-informed attitudes can be found in the ubiquitous conundrum of personal situatedness (Frie, 2010) (or, drawing from Heidegger, 1927, *thrownness*), emotional responsibility, and potential freedom that permeates our emotional lives. As human beings, we often find ourselves, as did Gus and Marks-Tarlow, propelled into life circumstances that, for the most part, were not of our making. Again we are confronted with the “life of its own” quality of emergent human existence: As much as we may lay claim to *experiences* of control, authorship, ownership, free will, agency, and autonomy, we inexorably remain radically contextualized beings embedded, or situated, in complex adaptive systems. The developmental trajectories of such systems are forever indeterminate; we have little say in what will emerge next, though we would like to think otherwise. Marks-Tarlow is on to this when she writes, “We would like to believe we are in control of our own bodies, yet a fuller picture suggests that the whole of our body/mind/brain system self-organizes according to implicit dynamics that exist on multiple, interlocking [and nonconscious] time scales” (p. 115). And imagine the implications of *multiple* body/mind/brain systems interpenetrating throughout the larger sociocultural/historical systems of which we are all constituents, and we begin to sense the true complexity of human life. Hence, explanatorily speaking, we cannot pretend, on one hand, to lay claim to ownership and authorship of our affective lives and thus are often left with the sense of having been “thrown” into emotional situations that were not of our making. And yet, on the other hand, we must claim what we have been given—our situatedness—and accept responsibility for it, phenomenologically speaking, as our own, or invariably suffer the consequences of ghostlike, dissociated, disavowed existences. Indeed, this particular aspect of Marks-Tarlow's complexity sensibility encouraged Gus to live with the present and potential dimensions of his experiential world—heretofore radically eschewed—into which he had been “thrown” and for which now he struggles, successfully, to take responsibility. Furthermore, we witness that it is within such acceptance of his “thrownness” (making his life more *his*, as opposed to remaining

mired in the isolate and excise mentality) that Gus and Marks-Tarlow find a deepened sense of personal freedom. This freedom extends to greater meaning-making, more intimate relating, and less anxiety.

What of the situations into which Gus and Marks-Tarlow had been thrown? And how did they ultimately, each in their own unique way, take responsibility for them? And from what was their personal freedom derived subsequently? As previously noted, Gus found himself thrown into dimensions of experience of his personal selfhood that disturbed him, that threatened his life, and that he wished to have excised. Marks-Tarlow's invitation to Gus to live with and embody more fully "integral aspects of his *being*" yielded a "reclaiming [of] these [heretofore] split-off pieces" and ultimately an embracing of both masculine and feminine dimensions of his selfhood. Among the many facets of Marks-Tarlow's own emotional world into which she was thrown and for which, ultimately, she had to assume responsibility *as her own*, her palpable sense of the unpredictability of Gus's behavior was perhaps what was most anxiety provoking. She writes, "I sensed great danger to his marriage. Gus's blooming heart gave me the feeling of a train off its tracks, racing down a hill. I was scared that Gus was repeating old patterns of implosion and explosion" (p. 114). Would Marks-Tarlow be able to embody the same kind of courage required to endure the experience of unpredictability, fluidity, and emergence that she previously had invited Gus to tolerate? Would she be able to accept the ramifications of Gus' own responses and life-altering decisions, born of *his* taking responsibility for his own emotional life, whatever they may be? Despite her anxiety, which for a period of time Gus sensed implicitly, Marks-Tarlow was indeed able to tolerate her own affect states and furthermore, at the right moment, was able to share them explicitly with Gus. Herein lies another instance of one of Marks-Tarlow's complexity-informed attitudes, telegraphed to Gus loudly and clearly: I too find myself in situations not of my own making, and I too can be frightened by them; and I too can live with them and in them, as you have—a kind of a warrior's stance, trying to remain ready, but never really prepared, for what may emerge next. Marks-Tarlow comments, "I realized that my increasing comfort corresponded to trusting Gus now to hold the full complexity of his experience, without needing either to implode inside or explode the outer conditions of his life. The 'danger' seemed to have passed" (p. 114). Vitally important, it was in this dyad's combined willingness to live in the danger of an unpredictable, dynamic, relational system that contributed to transforming their thrownness and situatedness, via assuming responsibility for something that was not entirely of their own making, into opportunities for personal freedom: The personal freedom for Gus to confront Marks-Tarlow about her implicitly conveyed anxiety and for Marks-Tarlow to disclose later on her worries to and about Gus, just to name two examples. Ultimately, and particularly beneficial for Gus, an increased sense of personal freedom afforded Gus, "no longer a 'prisoner of fear,'" the ability to embrace his own expanded emotional life, yielding "greater flexibility and capacity for a variety and intensity of emotional experience, greater impulse control, wider emotional regulation, and deeper access to his own creativity" (p. 121).

CONCLUSION

I appreciate this opportunity to have commented on Marks-Tarlow's own vision of complexity theory, including a few facets of its powerful and far-reaching theoretical framework and several of the many attitudes that emanate from it. Most striking, for me, is the life-of-its-own quality of

our therapeutic relationships, systemically derived, that arrives unbidden and often unannounced. The same can be said for human existence in general. Though not specifically of our own making, we must assume responsibility for what emerges, or suffer the consequences of further dissociation and disavowal. It is only via this admittedly sometimes dark and threatening egress that we may derive a sense of personal freedom in a life that, for the most part, is otherwise structured by interpenetrating relational systems over which we have little control. As beautifully illustrated in Marks-Tarlow's clinical experience with Gus, a complexity sensibility serves the two-fold purpose of (a) providing a powerful theoretical framework for helping us understand the phenomenology of human emotional life and the meaning-making process and (b) insinuating implicit (though sometimes explicit) attitudes into the clinical surround that, over time, play a substantial role in therapeutic action and change.

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