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**A World of Systems: The Role of Systemic Patterns of
Experience in the Therapeutic Process**

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This article underscores and expands on a contextualist, complexity theory perspective in conceptualizing the organization of personal, subjective experience and the therapeutic process. It emphasizes that one's personal, lived experience originates and continues to evolve from within a relational matrix, with affect as its primary currency, and reevaluates *what*, exactly, is being analyzed and potentially transformed in the clinical setting. An extension of intersubjective systems theory, this article focuses on two complementary themes: the concept of the interpenetration of multiple worlds of experience and the idea of systemically derived organizing principles. These ideas enhance our understanding of the positive transformation of subjective experience and expand our perspectives about therapeutic change in psychoanalysis.

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

—Jacques Derrida

Psychoanalytic Theorists Conceptualize both the Organization of personal, subjective experience and the therapeutic process increasingly through a contextualist, systems perspective. Many eschew the more objectivist, one- and two-person perspectives for understanding psychological phenomena because they feel these views denude personal, lived experience of its fundamentally and necessarily relational qualities. Subjective experience is systemically constituted (**Buber, 1970; Atwood and Stolorow, 1984; Fonagy and Target, 1996; Beebe and Lachmann, 1998; Stern et al., 1998; Aron, 2000**)—that is, one's personal, lived experience originates and continues to evolve from within a relational matrix with affect as its primary currency. This is true regardless of the variability of the participants' physical locations. One can never extricate oneself from the world, for even just a moment, in accounting for an individual's perceptions and experiences. To do so thrusts one back into the theoretical quagmire where these perceptions and experiences are conceptualized as transference distortion. To say one is distorting reality decontextualizes the person, effectively plucking him or her out of the subjective worlds and relational fields in which such psychological phenomena coalesce and make sense.

In extending these ideas, several theorists (**Stolorow, 1997; Sucharov, this issue**) attempt to particularize the nature of emergent subjective experience, to understand more specifically, from a contextualist perspective, how and where emotional experience originates, evolves in a nonlinear fashion, and is transformed through a thorough investigative process. In this light, organizing principles, and the personal experience to which they are thought to give rise, have been reconceived to denote modes of experience that are relationally, or, more broadly, systemically derived, rather than constituting the results or residua of intrapsychic processes, past relationships, or both. Hence, theorists now speak less of the transformation of organizing principles *within* the patient, emphasizing the coalescence and evolution of organizing principles whose author and owner is the analytic dyad or system. Speaking of psychological phenomena as being of ambiguous ownership (Sucharov, this issue).

often immediately evidenced on the *local level* of an individual mind (e.g., a person's dream, a person's fantasy), further supports this anti-Cartesian, anti-representationalist perspective. In light of these changes, this paper reconsiders the idea of psychoanalytically investigating the patient's subjective world. Theorists must reevaluate *what*, exactly, is being analyzed and potentially transformed.

In this paper, I explore two essential, complementary themes. The first involves a further elaboration of intersubjective systems theory (**Stolorow et al., 1994; Orange et al., 1997**), specifically as it applies to the concepts of context and the interpenetration of systems, the seamless intertwining of multiple worlds of subjective experience. This is pursued in light of complexity theory (**Prigogine, 1996; Cilliers, 1998**), neural networking or connectionism (**Rumelhart and McClelland, 1986; Edelman, 1992; Arnetoli, 1999**), and wholeness (**Bohm, 1980; Godwin, 1991**). The first theme also highlights the conceptual tension, persisting in psychoanalytic theory, between attempts at understanding psychological phenomena through a one- or two-person model one moment, and then through a systems or contextualist lens the next, largely depending on the particular needs of the theorist at the time (**Aron, 1996; Stolorow, 1997**). This tension is due, in large part, to the conflation of *phenomenological* and *explanatory* levels of conceptualizing key concepts—concepts such as the self, transference, individuality, autonomy, intrapsychic processes, self and object representations, and other reifications of personal, lived experience.

The second theme concerns the idea of systemically derived organizing principles. Clinically, understanding and articulating these principles create new, more useful patterns of experience that are reiterated or *distributed* across other multiple, experiential worlds in the patient's life. A contextualist view of this process advances our understanding of the positive transformation of subjective experience, expanding our ideas about therapeutic change in psychoanalysis.

In addition to extending particular aspects of intersubjective systems theory, we can reconcile a few of the conceptual contradictions that reside within this theoretical framework. In a similar vein, Trop, Burke, and Trop (**1999**) have usefully critiqued the language of intersubjectivity theory from a perspective located in nonlinear dynamic systems theory (**Thelen and Smith, 1994**). I wish further to conceptualize psychological phenomena as emerging not just within a nonlinear system (or dynamic) context, but also within a suprasystem of multiple, interpenetrating

systems (or subjective worlds) that seamlessly and relentlessly ebb and flow in relation to one another, much in the way the components of a “singular” system self-organize into specific configurations at a given point in time. Here the concept of suprasystems and subsystems (Stolorow, 1997), or, in the language of complexity theory, framing, is central. In effect, in singling out a specific system for examination we arbitrarily extricate it from its own greater context—a theoretical process that, although seemingly reductionistic, is a necessary part of perception, analysis, and discussion.

From Structure to Complexity: An Evolving Complex Systems Perspective

Intersubjective systems theory evolved out of the psychobiographical analyses of psychoanalytic metapsychologists and their various theoretical models. Such analyses underscored the origins and evolution of subjectivity and subjective experience (Atwood and Stolorow, 1993). In this context, *intersubjectivity* does not refer to any specific *category* of experience, as it does, for instance, in the work of Stern (1985) or Benjamin (1998). For those authors, the term *intersubjectivity* describes a particular *type* of experience, and a *form* of relating which contains specific characteristics and which is associated with specific developmental capacities. In contrast, intersubjectivity, as used in this article, refers to the broader context of human perceiving, interacting, and experiencing—a context that is the precondition of having *any* experience at all.

Whereas intersubjective systems theory has undergone many transformations over the last 25 years, its main tenets, until recently, have generally centered on (a) the study of subjectivity and subjective experience; (b) the concept of the intersubjective field, that psychological phenomena cannot be understood apart from the intersubjective context in which they crystallize; (c) the concept of invariant organizing principles or psychological structures that shape one's experience of oneself and the world. This third concept includes the idea that we humans naturally tend to organize unfamiliar stimuli into meaningful patterns of experience and then concretize these patterns throughout our everyday life. In this model, transference is redefined as *organizing activity*—a significant shift in the history of the concept of transference; (d) the centrality of affect, that the organization of meaningful patterns of

experience evolve via the mutual and reciprocal, self- and interactional regulation of affect leading to the organization of specific relational patterns; (e) the strong emphasis on the interplay between human sameness and human difference, termed *intersubjective conjunctions* and *intersubjective disjunctions*; (f) the concept of the three realms of the unconscious, namely the prereflective, the unvalidated, and the dynamic; and (g) the presence of specific philosophical underpinnings, such as existentialism, phenomenology, structuralism, and hermeneutics.

Intersubjectivity theory's invocation of modern structuralism (Atwood and Stolorow, 1984) in the early 1980s both helped shape its vocabulary and anticipated the spirit of nonlinear dynamic systems theory (Thelen and Smith, 1994). This latter theoretical perspective has been more explicitly elaborated in relation to psychoanalysis over the last decade, albeit from a variety of (sometimes disparate) paradigms (Godwin, 1991; Stolorow, 1997; Arnetoli, 1999; Trop et al., 1999; Coburn, 2000; Sucharov, this issue). Note the similarity in Atwood and Stolorow's underscoring of structuralism with that of more contemporary descriptions of nonlinear dynamic systems. From Atwood and Stolorow (1984):

[Structuralism] implies first of all an interest in the relations *among* the specific phenomena being explored rather than any of those phenomena taken in isolation.... [S]tructural thought is not concerned with isolating cause-effect connections, but rather seeks understanding of the interrelations linking different phenomena into structural unities or wholes.... Structures have no existence apart from the phenomena in which they are discerned.... The empirical field of a structuralist inquiry, on the other hand, does not possess the features of a closed causal system and may indeed be open and thus *inherently unpredictable* [pp. 31-32, italics added].

And then, from Orange, Atwood, and Stolorow (1997):

Structure or pattern is seen to be emergent from “the self-organizing processes of continuously active living systems” (Thelen and Smith, 1994, p. 44). Emergent structure formation within a dynamic system develops from the intercoordination or cooperative interaction of its elements or subsystems as they coalesce into a self-organized pattern [p. 75].

In this context, both individuals and groups are considered as constituting a complex system. This is distinguishable from earlier models that might describe humans and human experience as merely *complicated*, rule-driven systems or networks of neural-based and socially interactive components.

In the arena of cognition and development, Thelen and Smith (1994) have attempted to explore and account for the global properties of complex systems that often share a wide range of diversity. They differentiate between two types of systems: closed and open. A closed system is one that has “run down to a state of entropic equilibrium” (p. 53) in which the system settles into a stable configuration. An open system, on the other hand, is “one that is stable yet far from thermodynamic equilibrium” (p. 53). This condition can be “maintained only by a continuous flow of free energy and matter into and out of the system” (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” (pp. 53-54, italics added).

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. Thelen and Smith 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 *a priori* 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 violate long-held expectations of orderly, linear, development inherent in theories that assume teleological, epigenetic progression.

Cilliers (1998) underscores the relationship between complexity theory and postmodern views of language (e.g., Lyotard and Derrida). He explores the ways in which naturally occurring, complex systems might be modeled and thereby grasped more clearly. He points out that the

difficulty in this project is that the model must necessarily be as complex as that which is being modeled. He understandably turns, then, to neural networks (Edelman, 1992) as a basis for understanding the characteristics of complex systems. In doing so, Cilliers describes complexity in some detail. In contrast to traditional rule-based models, complexity (or complex systems) theory (Prigogine, 1996; Cilliers, 1998) envisions open systems in which “there are more possibilities than can be actualized” (Luhmann, 1985, p. 25) and with which certain characteristics are associated. Cilliers extrapolates from the work of Prigogine some of these defining characteristics. First, complex systems comprise a large number of elements; this is a necessary but not sufficient condition of a complex system. The elements must interact in a dynamic fashion; this interaction does not have to be physical, but often simply involves a transference of information from one component to another. Such interactions need to be *rich*, that is, any constituent in the system influences and is influenced by many others. Interactions are *nonlinear*: “Nonlinearity ... guarantees that small causes can have large results, and vice versa” (p. 4). Nonlinear interactions often have a short range. For example, one person has an immediate effect upon another when in close physical proximity; one neuron directly impacts its immediate neighbor only. But such interactions also have a wide-ranging influence on components more distally located. Furthermore, elements in a complex system share the quality of recurrency, that is, the “effect of any activity can feed back onto itself, sometimes directly, sometimes after a number of intervening stages” (p. 4).

Complex systems are thought to be *open*, in the sense described by Thelen and Smith (1994); this means that they are capable of interacting with their environment. As Cilliers states, “Instead of being a characteristic of the [complex] system itself, the scope of the system is usually determined by the purpose of the *description* of the system, and is thus often influenced by the position of the observer” (p. 4). *Framing* is involved as a way of defining specific systems as either a system, subsystem, or suprasystem; any element potentially can be considered a system in its own right, as any system can be understood as an element, depending upon the perspective of the observer. Framing does not apply to a closed system, which is necessarily “framed” or concretely delimited by its own boundaries. Complex, open systems, as mentioned earlier, function under conditions far from equilibrium; in the context of human

life, “equilibrium is another word for death” (p. 4). Moreover, complex systems have a history: Cilliers states, “Not only do they evolve through time, but their past is coresponsible for their present behaviour” (p. 4.). This reveals the limitations of, for example, naïve constructivist or “here and now” perspectives in which psychological phenomena arising between two people are believed to have been “constructed” in the moment, quite apart and somehow insulated from both individual's relational histories.

Finally, the nature of a complex system is such that “[e]ach element in the system is ignorant of the behaviour of the system as a whole, it responds only to information that is available to it locally.... If each element ‘knew’ what was happening to the system as a whole, all of the complexity would have to be present *in that element*” (pp. 4-5). For Cilliers, the notion of each element “knowing” the status of the system as a whole constitutes either a “physical impossibility” or a leap to metaphysical descriptions.

With this cursory view of complex systems, let us return to intersubjective systems theory and examine more closely the relevance of complexity to understanding psychological phenomena and therapeutic action. The work of Atwood and Stolorow during this time period (the early 1980s), crystallized a cohesive alternative to traditional psychoanalytic theorizing (1984). But their model still contained implicit, internal contradictions, representing in part a midpoint in the transformation of one-person perspectives, such as Freudian metapsychology, into a systems or field theory perspective. In particular, they emphasized the elucidation of the “nature, developmental origins, and functional significance of the psychological structures that prereflectively organize the *patient's* subjective experiences” (p. 46, italics added). At the same time, they argued that psychological phenomena arise out of “indissoluble psychological system[s] ... system[s] that constitute the empirical domain of psychoanalytic inquiry” (p. 64). From a more contemporary perspective, one necessarily asks, is it the *patient's* organization of experience that is grasped and articulated, or is it *systemically derived* configurations of experience that are the subject matter of investigation? By the advent of their more recent work, particularly in **Stolorow's 1997** essay on dynamic, dyadic systems and in Orange, Atwood, and Stolorow's book, *Working Intersubjectively*, they more robustly conceptualize the psychoanalytic investigation of psychological phenomena from the standpoint of a more radical contextualism. This recent work emphasizes

that the subject matter of psychoanalysis is systemically derived patterns of experience that often appear to manifest experientially on the *local level of the individual*. Alternatively stated, they observe that the “inter-subjective viewpoint does *not* eliminate psychoanalysis' traditional focus on the intrapsychic [the local level]. Rather, it contextualizes the intrapsychic” (1997, p. 67).

Trop et al. (1999) draw on the work of Thelen and Smith to question the use of structuralism in intersubjective systems theory. In particular, they critique the language embedded in assumptions of invariant structures and principles. They alternatively propose the use of the terms “perceived experiential patterns” and “attractor states” in place of “structures of subjectivity” and “organizing principles,” respectively. Such a proposed modification in language advances us toward a more robust nonlinear, open systems sensibility, to an even more experience-near perspective of psychological phenomena. For me, however, terms like “attractor state” have an experience-distant flavor, whereas a phrase like “perceived experiential patterns” underscores the experience-near ambience traditionally associated with intersubjective systems theory. Of course, this latter phrase invites the question, perceived by whom? This necessarily prompts us to ask how, exactly, contours of experience are explored, and how patient and analyst collaboratively arrive at agreed upon visions of experience and meaning. (I have addressed this issue elsewhere in detail [Coburn, 2001].)

Other theorists also extend a nonlinear, open systems perspective to psychoanalysis. Connectionism, parallel distributed processing, and the concept of empathic network, as discussed by Arnetoli (1999), represent an exciting elaboration of systems thinking in the dyadic, psychoanalytic context. The work of Sucharov (this issue), including his concept of “empathic contact,” similarly extends the anti-Cartesian, anti-representational spirit of systems theory. Essentially, these perspectives understand psychological phenomena, in any form (e.g., a dream, an emotional experience), as *distributed* across a network of which each individual is a part. Psychological phenomena, then, are conceptualized as potentially emergent at the local level (e.g., in the experiential domain, perhaps, but not necessarily, of one person only) and as a dyadically or systems generated emotional event as well. Depending on the resolution of the “frame,” psychological phenomena, for instance, can be conceptualized as distributed across the neural network (as opposed to located within a specific neuron or set of neurons) of a singular brain, across

multiple neural networks (as opposed to located within a singular brain), or across multiple systems of neural networks (as opposed to one dyadic system or intersubjective field). In the spirit of complexity theory, these phenomena are understood as arising out of the nonlinear, self-organizing interactions between the system's history, the system's current state, and the system's environment.

Arnetoli (1999) states that psychological phenomena or “entities are localistic and subjective but they are also systemic and parallel-distributed” (p. 24). Likewise, Sucharov (this issue) posits that the “interpenetration of experience in the analytic encounter dislodges experience from the tidy compartment of intrapsychic space and spreads it throughout the relational field.” Hence, psychological phenomena are said to be of ambiguous ownership (this issue). From a relational perspective, Ringstrom (2001) provides a striking illustration of spontaneous, emergent experience, in the form of improvisational relating, in which the therapist exercises his or her latitude for spontaneous, true-self expression without immediate reflection. I believe this type of relating especially dramatizes systemically derived, emergent experience evidenced on the “local level” of the therapist's true-self functioning.

This recent expansion of intersubjective systems theory, with its focus on an inquiry regarding the origins of subjective experience, begins to clarify a more specific and less contradictory view of those origins, particularly as they pertain to our understanding of therapeutic action. This leads us to the concept of *interpenetrating* systems, a hypothetical construct aimed at conceptualizing a broader and necessarily more complex frame of reference in understanding emotional experience and emotional change. This idea will be elaborated below.

Thus, the subject matter of psychoanalytic investigation might be reconceived to include not only the lived, subjective experience of the patient, but also the systemic interactions that constitute the shape and form of that experience. Here is an important distinction: We may more usefully think of these modes of patterning of experience, or *experiential contours*,¹ not as operating in the background, not as *giving rise* to personal experience itself, but rather as the *actual, unique, emergent experience at hand*. In other words, it is conceptually useful to resist dichotomizing experiential patterns and the experiences themselves.

¹ The use of this term was stimulated by Stolorow, Orange, and Atwood (2001).

Rather than conceiving of experience and context as being analogous to a river and its riverbed, in which the water and the contours by which it is shaped are two, extricable entities, emotional experience and its specific contours or character are inseparable; they are one and the same. To borrow Orange et al.'s use of medieval philosophical distinctions, differentiating between experiential contours and the experiences themselves might be understood as “distinctions of reason ... entities without real plurality” (p. 70), whereas the water and riverbed analogy illustrates “real distinctions ... entities thought to be actually divisible” (p. 70). Experiential contours do not reside either within the unconscious of the patient or within that of the analyst, but rather, they lie at the interface of a myriad of self-organizing components of which the patient and the analyst represent a few.

What, then, can we say *gives rise* to lived, subjective experience? One promising answer lies in understanding the self-organizing capacity/activity of a multitude of complex, interpenetrating systems and their various constituents. These constituents, in and of themselves, are not conceptualized as “containing” any experiences, just as individual neurons are no longer thought of as containing specific memories (Edelman, 1992). Similarly, whereas we tend to think of a person as “containing” experience (the Cartesian isolated-mind model)—after all, who is it that *does* the experiencing?—we also now understand that there would be no experience without the interaction of interpenetrating systems of which that person, along with many others, is a member. A standard criticism of this perspective manifests in the question, “But what about the role of fantasy in one's intrapsychic life, the fact that a person can have an ‘individual’ experience, for example, while skiing down a mountain, entirely alone?” This line of inquiry unsuccessfully attempts to bypass our knowledge that individuals develop, from the moment of conception, in a particularized system that is highly contextualized and quintessentially relational and that one's physical aloneness at a given point in time does not negate one's relational, systemic history and one's continued embeddedness in a specific world context (important attributes of all complex systems). Even the experience of a sensory deprivation tank, of course, is highly contextualized and does not place one suddenly into the realm of the Cartesian isolated mind, even though the *experience* very well may be one of isolation and aloneness. Psychological phenomena originate from, are sustained by, and are modified in response to living, intersubjective systems. In any situation, individuals are continually

affected by interpenetrating intersubjective systems, past and present, and are always shaped and sustained by the current surround, human and nonhuman alike. To think otherwise decontextualizes the person, effectively separating him or her from the systems in which he or she is embedded. This reduces the person from the status of a constituent of a *complex* system to that of being simply a member of a complicated one in which the whole can be reduced to the sum of its parts. In *complex* systems, such a view is not tenable.

Experience, then, takes form and continues dynamically to transform out of multiple, interpenetrating systems. Whereas we understand emotional experience to be systemically derived, it is never informed entirely by the vicissitudes of one system alone, no more than a single neuron in one's brain determines the distribution and character of neural firing throughout a neurological network (Edelman, 1992). Whereas seemingly evolving “in” the context of a psychoanalytic relationship, for example, during an analytic hour, emotional experience necessarily arises at any given moment from within multiple contexts simultaneously, since we do not actually “move” from one system to another as we might walk from one room to the next. Relational enactments between patient and therapist, for instance, when understood as *repetitive* of the patient's archaic relationship patterns, denudes the patient-therapist relationship of its unique, dynamic, nonlinear, context-sensitive character. Systems—although they seem at moments to recede into the background—never die, and hence, we continue to be “of” all of them, as a living constituent, on an ongoing basis.² This is what is meant by the interpenetration of multiple, complex systems. Furthermore, systems are not solely interpenetrating, but they are also interactive, as must be evident by now, such that one or more systems help to shape and inform the dynamics of others, and vice versa. Here, using the process of framing, we may ask: Is it useful to think in terms of certain systems that feel more experientially central, salient, and relevant to the participants than others? This question is germane to the analytic dyad's exploration of emotional experience and meaning, to how the participants arrive at and organize their conclusions about the patient's subjective world from one moment to the next.

² This crucial distinction involving the use of the term “of” was put forth and elaborated by Trop, Burke, and Trop (2000).

The Coalescence of Experience

Bohm's (1980) idea of wholeness and the implicate order provides us with another useful metaphor for certain psychological phenomena, particularly unformulated perceptions, that appear to lie dormant and embedded within an undifferentiated medium of potential. Bohm's perspective offers a creative complement to and enhancement of complexity theory, particularly as it pertains to the concept of unformulated (Stern, 1997) and dysformulated (Stolorow, Orange, and Atwood, 2001) experience in human relating. An important facet of analytic exploration lies not just in the illumination of an individual's *contours* of experience, but also in an acknowledgment that these contours exist in varying degrees of formulation and clarity, that is, of consciousness. The work of Bohm offers a model that usefully incorporates these less clear dimensions of experience.

Godwin (1991) describes the essence of Bohm's thinking as it pertains to the concepts of the *implicate*, the *explicate*, and *wholeness*. Here he suggests new ways of conceptualizing the evolution of personal experience from a systems perspective. Godwin states:

Perhaps the most significant discovery of quantum physics is the disclosure of a fundamental realm of unbroken wholeness underlying our perceived world of apparent separateness and fragmentation. Instead of analyzing the universe into parts and then trying additively to make a “whole” out of how they interact, Bohm therefore begins with this notion of an underlying, undivided wholeness, and then attempts to show how amidst this wholeness there may exist the “relatively enduring subtotalities” available to our senses and scientific instruments. Language becomes problematic at this point, because the deeply dualistic bias in its subject-verb-object structure presupposes a universe of individual parts in external relationship to one another. This outward order described by conventional language is what Bohm refers to as the “explicate,” or “unfolded” order. But underlying this explicate order is the vast multidimensional sea of quantum potential which forms the constantly unfolding common ground of the manifest universe. This prior and fundamental order of the universe Bohm calls the “implicate” (or enfolded) order. This order exists as “undivided flowing movement without borders” (Bohm, 1980, p. 172), and what may

appear stable to our senses is simply a rapidly iterating succession of similar forms [p. 628].

Note here, among other important ideas, the high degree of compatibility between Bohm's views and the fluidity, dynamism, and absence of hard structure implicit in complexity theory. Bohm's model also allows for analogies to the parallel distributed processing and empathic contact concepts described by Arnetoli and Sucharov, respectively.

Whereas much of Bohm's theorizing intends on elaborating a rather different, postmodern view of physics and the workings of the universe, he himself recognizes the implications of his work for the study of consciousness. He states that the “general tenor of the implicate order implies that what happens in our own consciousness and what happens in nature are not fundamentally different in form. Therefore thought and matter have a great similarity of order” (Bohm, 1980, p. 100, quoted in Godwin, 1991, p. 630).

Translocating Bohm's evocative ideas and terminology into the psychoanalytic context, we can say that the *explicate order* comprises those emotional experiences that are felt to contain meaning and upon which the analytic participants remain focused from one moment to the next, that is, the actual, systemically derived contours of emotional experience. In contrast, the *implicate order* suggests an infinite array of perceptions and potential perceptions that are not currently in focus in the sense of their containing emotional interest and meaning. The utility of this perspective is that experience that remains “dormant” or unformulated can usefully be understood as residing in a “vast multidimensional sea of [psychological] potential,” rather than as entirely nonexistent or as in an objectified, concrete, unconscious state of repression as in the Freudian sense. *Bohm's concept of the implicate offers a powerful metaphor for conceptualizing the interpenetration of all systems as a whole, just as his idea of the explicate helps us to grasp the highly particularized nature of personal experience from one moment to the next.*

Therapeutic Action

Before applying these models to explaining therapeutic action, I wish to distinguish between the terms *therapeutic action* and *therapeutic change*. *Therapeutic action*, in my view, denotes those actions authored by and

occurring between the patient and the therapist that lead to positive developmental change, whereas *therapeutic change* refers to the *results* (of therapeutic action) that are considered by patient and therapist to be useful in advancing the patient's experiential world in a positive direction. Note the absence of specificity in the terms “useful” and “positive.” Therapeutic change is a phenomenon that can be particularized descriptively only a posteriori on an individual basis, not prescriptively beforehand. I believe this is the thrust and beauty of Bacal's concept of specificity theory (1994).

The problem of a lack of distinction in this area is found in Friedman's (1988) otherwise excellent explication of therapeutic action in psychotherapy and psychoanalysis. He draws from psychoanalytic history three essential modes of therapeutic action: insight, attachment (or new relational experience), and psychological integration. The first two would thus be examples of *therapeutic action* and the third of *therapeutic change*. Elsewhere I argued for the coalescence of the *sense of the real* as a vital element involved in therapeutic action (2001). This is an instance of a combination of the meaning of the terms *action* and *change*, in that the coalescence of the sense of the real represents both a transformative element (action) and the result of such a transformation (change). The same dual significance might be found in Aron's (2000) concept of the capacity for self-reflexivity.

In this light, what can our ideas about intersubjectivity and complexity theory tell us about therapeutic action and therapeutic change? Do they shed any specific light on therapeutic technique? Do we, for instance, conceptualize therapeutic action as a process whereby new systemic patterns of experience in one context “generalize” to other contexts “outside” of the therapeutic context? If so, how is that supposed to work? Is it ever possible to step “outside” of any context once one has stepped into it? Do we, as subjective beings with multiple relationships, move from one context to (or into) another, with similar systemic contours of experience being activated along the way? In other words, do we “carry” our organizing principles or contours of experience around with us, as in the Cartesian sense of carrying around an intrapsychic life, fantasies (or phantasies) and all; do we “carry” relational expectancies (Beebe and Lachmann, 1998) or self and object representations around with us; or are there alternative ways of understanding the appearance of similarly thematized patterns of experience in evidence across multiple contexts (what traditionally has been considered a form of transference)?

Furthermore, if the organizing principles or contours of experience that are being investigated in the analytic milieu are necessarily *systemic* organizing principles, coconstituted from within the analytic dyad, how is it that we can ever reach those that are particularly germane to the patient's history, the patient's historical context? And also, do we need to? Theoretically speaking, what is the difference between those patterns of experience that are said to be systemically derived in the context of psychoanalysis, truly a unique property and component of the analytic dyad, and those that are felt to be more central to the patient's family of origin, more germane to the unique patterns of experience originating from the patient's history? Or is this a false distinction? Who exactly, or what exactly, is being investigated anyway?

This latter question has been explored and elaborated by theorists such as Mitchell (1993) and Aron (1996). They underscore that the subject matter of psychoanalysis is necessarily not just the subjectivity of the patient, but that of the analyst as well. This has been referred to in other contexts as examining transference-countertransference configurations in the analytic dyad. However, a more radical contextualist approach does not just recognize the necessity of including the subjectivity of the analyst in the exploration process, but, instead, chooses to understand all psychological phenomena as component and product of the interface between the two participants, in concert with many other interpenetrating, complex systems perhaps too numerous to envision. Through the process of framing, some systems can be privileged over others. The spirit of complexity theory asserts that all psychological phenomena are always the product of the system's history, its current state, and its current environment and that the lines drawn between these three sources of emotional experience cannot be anything but indeterminate.

In light of this more radical contextualism, we are able to account more reasonably for the fact that therapeutic changes said to occur “inside” the consultation room appear to be generalized to relationships forged in the “outside world.” The idea of generalizability—originally a behaviorist concept—heretofore cemented psychoanalytic theorists to the notion of an isolated mind undergoing therapeutic change in response to the interventions of another isolated mind. Those changes, sequestered from and perhaps impervious to the “outside world,” were then thought to be carried around by that individual, just as he or she was thought now to be the proud, postanalysis owner of a transference-free, isolated, intrapsychic world. Being relatively “transference-free,” the patient

would be able to experience an objective world, unencumbered by a highly subjective, and distorted, perceiving lens. This traditional view collapses under the weight of our current knowledge of complexity and nonlinear systems.

If we accept that the subject matter of investigation is the perceived patterns of experience coalescing systemically in the consultation room, that they are the result of the self-organization of that system's myriad components, and that these patterns of experiencing evolve and transform largely due to their illumination, how can we then conceptualize the appearance of change in one individual? In the spirit of this theoretical framework, we technically can no longer speak in terms of individual change, but rather as systemic change within one system that then has profound repercussions throughout other systems of experiencing, other relationships in the world of the patient. In other words, people alone do not change, systems change—and on multiple levels. Perhaps a more felicitous way of stating this is that apparent change is reiterated or *distributed* throughout all systems and their respective constituents, just as those constituents *support* or *are responsible* for those changes in the first place. Here again we see how complex systems theory illuminates the vicissitudes of multiple experiential worlds. The distribution of change across the very systems that support it evolves in nonlinear ways and is influenced by the *richness* of the interactions. Recall that seemingly small perturbations at the local level (say, the analytic relationship) can yield large effects in other localities within the larger system or systems, and vice versa. This sheds light on how a brief, apparently inconsequential comment from analyst to patient, for instance, can have profound consequences, whereas at times extravagant interventions and so-called provisions ultimately may have little impact.

This works at two levels of abstraction: *Phenomenologically*, we may *experience* ourselves and others as having changed, as being different from what we are used to. On the *explanatory* level, we must understand change as always occurring across systems—the process whereby the constituents of multiple systems continually organize and reorganize into different patterns, perhaps like billiard balls whose positions in relation to one another are continually altered by the stroke of a cue. Change in one person, then, can be understood as an alteration in a complex system (with an indeterminate number of components) that is evidenced on the local level of the individual (e.g., the patient), much in the way that any psychological phenomenon (e.g., a dream, a fantasy, a feeling), said to

occur “within” an individual, is itself an emergent product and component of a larger system—something that is, in Sucharov's view, of ambiguous ownership. I believe *ambiguous ownership* is another term for what Cilliers refers to as “non-linear, distributed relationships between the constituents of the system” (1998, p. 80). Therapeutic change, then, in one patient is understood as an emergent property of a greater system, or multiple systems. In other words, when we speak of change occurring in one person, we create an artificial construct that necessarily disembeds that individual from his or her greater context. This is what traditional psychoanalytic doctrine has done to patients for decades. Instead, a nonlinear systems approach recognizes that the analytic dyad is shaped in part by “historical” though ongoing systems, brought to the table both by patient and therapist. Furthermore, the emergent systemic properties of the analytic dyad then produce changes to what will become novel or modified systems—actually, those systems originally thought of as individual and historical and that continue to evolve in nonlinear ways.

Concluding Thoughts

What *appears* to be the superimposition of the influence of one system of subjective experience (that of the analytic dyad) *onto* or over others (other experiential worlds inhabited by the patient) reflects the fact that we are and always will remain *of* a context. This is true regardless of whether it is physically present or absent, whether it is newly constituted or part of one's distant history. Once we become *of* a context, there shall we always remain in some form or another. This corresponds to the earlier idea that we cannot dissolve old and familiar organizing principles, but rather are more likely to develop newer, more useful ones (Stolorow, 1992).

All psychological phenomena, then, must be understood as originating and evolving from within a system or systems. But to what degree can the nature of those experiences be said to “bear the stamp” of one particular participant? Phenomenologically, the answer depends on the specific perspective of the experiencing person at a given point in time. We often speak this way, especially to our patients (e.g., this is how you seem to feel, this is what this seems to mean to you, etc.), because we are there, after all, to investigate the subjective world of the patient—at least that is what psychoanalysis traditionally aimed to do. In effect, however,

intersubjective systems theory—in its more radical, contextualist form—has altered the subject matter of investigation. Atwood and Stolorow (1984) underscored this, in different words, over fifteen years ago: “Patient and analyst together form an indissoluble psychological system, and it is this system that constitutes the empirical domain of psychoanalytic inquiry” (p. 64). On the explanatory level, we are necessarily investigating psychological phenomena emanating not from one, nor even two subjectivities, but rather from an array of interpenetrating worlds of experience, ebbing and flowing (or self-organizing) seamlessly in a sea of unformulated potentials (the realm of the implicate). Whereas it is left to our own personal subjectivities, on a moment by moment basis, to determine how we “choose” to organize the appearance of these worlds (i.e., how things “feel” to us), even these “choices” are the products and components of interpenetrating systems operating in the background of our emotional experience (the implicate). An experience that is felt to bear the stamp of one individual, as unique as it is, nevertheless is distributed and supported across a multitude of interacting systems or worlds of experience. Applied to psychoanalysis, then, individuality can be understood as distributed or reiterated, and supported, by multiple, interpenetrating systems, most of which potentially remain outside of awareness. These descriptions hold provocative implications about the concepts of autonomy, individuality, and free will—clearly not subjects within the scope of this paper.

Complexity theory, like intersubjective systems theory, must alter our view of therapeutic action and therapeutic change. We have learned that by investigating those contours of experience that appear immediately salient and meaningful, patients may feel understood—one cornerstone of therapeutic action. Here, we distinguish between the patient *understanding something* and the patient *feeling understood*. The latter remains a central component of therapeutic action and positive change, whereas the former is an important but not sufficient condition for the continuance of an analytic process. As clinicians, we have witnessed a positive impact when the patient experiences the analyst as willing to grasp his or her own constitutive role in the coalescence of the patient's personal lived experience. Transformation can result from the analyst's openness to considering the emotional relevance of “current-context,” experiential contours to those more experientially germane to the patient's history or family of origin. Insight and attachment are inextricably linked to therapeutic action (Stolorow and Atwood, 1992), and through analytic

engagement a *sense of the real* emerges (Coburn, 2001). Within the realm of complexity theory, to speak in these specific terms about therapeutic action and therapeutic change represents the observer's use of *framing*—as discussed above, an artificial though necessary delimiting of one's perspective in order to examine specific constituents of a larger system.

We can no longer conceptualize therapeutic action as a series of interventions based on either the generation of insight, the experience of attachment, or some form of integrative function (or an inextricable combination thereof), resulting in emotional changes in the recipient (the patient). Rather, therapeutic action is an ongoing intersubjective playing with meaning that reverberates across multiple experiential worlds. From a complexity perspective, intersubjective play and the meanings that emerge therefrom are as *distributed* across multiple, interpenetrating systems as are the reasons that bring patients to treatment in the first place. This is an example of *recurrency* on a large scale (that is, compared to the world of neurons or marbles).

How might this contextualist sensibility alter, exactly, what we think of as therapeutic in psychoanalysis, inform, exactly, what it is we might or might not do clinically? Most essentially, I think, it suggests an expanded view of the unconscious and of how we approach the affective world of our patients. Clearly it changes our own personal subjectivities. This view invites us to imagine that there are always multiple sources of an individual's experience, perhaps too numerous to conceive, and that perhaps, in some unformulated way, we may be quite aware of this—what I, in part informed by Sartre's concept of the “prereflective self consciousness,” think of as the *prereflective systems consciousness*—a topic deserving of further elaboration. Thus, to concede, perhaps in concert with our patient's sense of certainty, that a given relational experience vis-à-vis, say, the analyst essentially “boi” “Is down” to historically based selfobject experience or transference, or to infant-caregiver affect regulatory patterns ensconced in the mind of the patient, is to foreclose potentially on other sources of experiences and their related meanings—sources whose understanding may prove pivotal for the continued elaboration and transformation of a patient's subjective world. Patients are often looking to us for a “bottom line”—continued ambiguity and uncertainty, despite its clinical utility, are not always easy to tolerate. But settling on a particular “bottom line” with certainty may carry with it the presumption that the context or system has, in effect, run its course.

We can well envision here the potential for what could become a foreclosure of broader experience and expanded meaning. If we recall that subjective lived experience is always informed by the system's history, its current state, and its environment, we can readily imagine how the arrived at origins and meanings of individual experience may become or remain stalled in the privileging of just one of these sources.

Thus, clinically, a complexity theory sensibility suggests that while we attempt to remain attuned to the meanings and nuances of the patient's experiential world, we also remain always open to alternative perspectives about the origins of that world. This means that we hold lightly our collaboratively derived conclusions about why and how the patient's experiential world is organized in the way that it seems to be. We don't rest on the conclusion that a given individual's experience is primarily the result of analyst contribution, or of early history, or of neurobiological state, but remain always receptive to considering additional contributions from other sources of emotional experience that are derived from a myriad of self-organizing systems and their components.

I anticipate an important criticism of my use of paradigms that seem experience-distant for understanding experience-near phenomena. It is important to note that we do not necessarily *experience* the world in the way it seems to work. To develop a broader understanding of psychological phenomena, we rely upon various conceptual distinctions—the most salient of which is recognizing the great conceptual divide between living, interpenetrating systems and the individual's actual lived experience. Perhaps the ultimate irony of attempting to remain as experience-near as possible in our investigating and theorizing about psychological phenomena lies in the fact that we must understand our subject matter as fundamentally embedded in experience-distant, hypothetical constructs, such as complex systems, that, in and of themselves, cannot be said to *have* any experience at all. What we may *experience* are neither systems nor intersubjective fields, but curiosity, perplexity, understanding, love, fatigue, desire, irritation, calmness, pride, or wonder. What we may experience in our heart is not nonlinearity complexity, or chaos (depending on the day!), but a longing for understanding, emotional connection, a wish to be seen, or perhaps not seen, a yearning for anonymity when we are humiliated by the emergence of our frailties, an emotionality that earlier in life was perhaps not greeted exactly with open arms. We may feel unitary, congealed, clear-minded, purposeful, determined, and true,

or we may feel split and false, may experience disjunction, multiple self states, incoherence, discrepancy, and indecision. We may feel heard, and then irrevocably transformed. We may be plunged into darkness by a single utterance or we may feel warmed and soothed by a nod, an eyebrow raised. And, we may feel passion. This is the stuff that transformation is made of, that human life gathers around. Not systems and fields. Perhaps, then, this is our short-term fate, as theorists, to speak in explanatory terminology in our continuing search for understanding the nuances of human experience and positive change. To do so, I believe, does shed useful light on what otherwise only poets may truly grasp.

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