Overcoming the objectifying bias implicit in therapeutic practice – Intersubjective Systems Theory complemented with Systems Intelligence

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Mikko Martela and Esa Saarinen

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"*Human beings are by nature relational.* There is more to this assumption than meets the eye. It implies that our psychological life cannot be the life of the isolated mind; it must originate, grow, and change within the intersubjective contexts in which we find ourselves." - Orange, Atwood & Stolorow 2001: 27

1. Introduction

Objectifying and rationalizing intelligence, while critically important, often also unnecessarily and unproductively narrows down the forms of intelligent action available in human interaction. This narrowing down is dramatized in therapeutic situations when the analyst subjugates herself to the techniques of a particular discipline or performs only interventions she is able to justify rationally. In here, the analyst is entrapped in what we like to call a Myth of Modeling. Yet ultimately a successful therapy is about what works, not about what the analyst understands. More often than not the most workable solutions in the specific case at hand can only be sensed by the analyst and will remain conceptually implicit and non-articulated concerning the unfolding therapeutic situation as a whole. In such situations, the therapist is applying her Systems Intelligence, her abilities of working from within the holistic and feedback-rich system she forms with the patient.

The concept of *system,* Alan Fogel suggests*,* is the central intellectual contribution of 20th century thinking (Fogel 1993: 45) and it lays ground for a fresh and rewarding perspective on viewing the therapeutic situation. Another key development in human sciences and scholarship is the relational turn that amounts to "thinking of everything as relational through and through" (Rorty 1999: 72). These two perspectives find a powerful synthesis in the Intersubjective Systems Theory of Robert Stolorow, George Atwood and Donna Orange. Our aim in this paper is to study the Intersubjective Systems Theory in order to demonstrate how it overcomes a dominating but often implicit paradigm in psychoanalytic theorizing we call the Myth of Modeling. By Myth of Modeling we mean a way of thinking which over-emphasizes the conscious, cognitive, rational and technique-based aspects of the psychoanalytic encounter. In addition we want to show how the emerging new perspective can be pushed further still on the basis of the Systems

Intelligence framework developed by Raimo P. Hämäläinen and Esa Saarinen (Saarinen & Hämäläinen 2004; Hämäläinen & Saarinen 2006, 2007). As we see it, Intersubjective Systems Theory and Systems Intelligence complement and mutually enrich one another.

The *Intersubjective Systems Theory* approaches psychological phenomena "not as products of isolated intrapsychic mechanisms, but as forming at the interface of reciprocally interacting subjectivities" (Stolorow & Atwood 2002: 1). In opposition to traditional psychological and psychoanalytical theories which are based on the often implicit "Myth of the Isolated Mind" (Stolorow and Atwood 2002: 7) this intersubjective theory of mind states that psychological phenomena "cannot be understood apart from the intersubjective contexts in which they take form" (Atwood & Stolorow 1984: 64). The perspective seeks to overcome the subject-object dichotomy and aims to address the essentially affective and prereflective nature of the therapeutic situation.

Compared to Freud's classical conception of the human mind and psychoanalysis, the Intersubjective Systems Theory is revolutionary. It is a forceful part of the emerging contemporary movement towards a new understanding of the psychoanalytic practice in terms of relationships, systems and contextual parameters. The previously dominant Cartesian background assumptions behind psychoanalytic thinking have been challenged among others by Kohutian self-psychology (Kohut 1959), by Marcia Cavell (1991; 1993), by American relational theory as represented in the work of Stephen Mitchell (1988) and Lewis Aron (1996), as well as by the work of the Boston Change Process Study Group (Stern et al. 1998; Stern 2004; Beebe et al. 2003; Boston Change Study Group 2003). An essential element in this movement is a shift from Cartesian, objectivist and positivist approaches to perspectivist approaches (Beebe et al. 2003: 743) as exemplified by a variety of theorists, including Reese and Overton (1970), Silverman (1994; 1999) and Hoffman (1998). Some of the most fruitful advances of psychoanalytic thinking have been drawn from developmental psychology - including the groundbreaking work by Louis Sander (1985; 1991), Stern (1985) and Beebe and Lachmann (2003), yielding an important contribution to this increasingly growing movement inside psychoanalysis. Other important openings take their inspiration from the findings inside cognitive psychology and neuroscience (see Fosshage 2005), or build on the dynamic systems approach developed by Thelen and Smith (1994). We see that as a whole this movement carries with it the means to overcome the Myth of Modeling.

In this paper, Myth of Modeling is conceptualized as comprising of three often implicit assumptions. First amounts to the belief that all relevant aspects of the therapeutic process are consciously accessible to the analyst and second one builds on this by claiming that these relevant aspects can also be articulated cognitively. Often it is assumed that what the analyst is not consciously aware of and able to cognitively grasp cannot be of use in a therapeutic encounter. Thirdly, it is often assumed that all interventions of the analyst should be rationally justified or based on a commonly recognized technique. In other words, the analyst should trust his rational intelligence in making therapeutic interventions. Taken together, these three assumptions support the thesis that all relevant variables of the therapeutic situation can be controlled. It is argued that this Myth of Modeling is strongly present in the conception of the human mind and psychoanalysis held by Freud and his followers.

We shall start our analysis by presenting an overview of the Intersubjective Systems Theory and the new paradigm it sets out for the meta-understanding of the therapeutic situation. Then we introduce the concept of Myth of Modeling and aim to show why it is not only wrong but even harmful as an understanding of the therapeutic system. Next we present the alternative view offered by Intersubjective Systems Theory which consists of understanding therapy as *phronesis* or practical wisdom. Then it is time to present the Systems Intelligence approach and offer three ways in which Systems Intelligence can complement IST in overcoming the Myth of Modeling. Finally, we present some more general ways in which Systems Intelligence approach contributes to the theorizing about therapy.

2. Intersubjective Systems Theory

In order to appreciate the importance of the intersubjectivity perspective of Stolorow and Atwood, we must start by briefly examining the notion of the Cartesian mind that has provided the dominant background paradigm for psychology, psychoanalysis and everyday understanding of human beings[1].

From the Cartesian perspective the mind is seen "in isolation, radically separated from an external reality that it either accurately apprehends or distorts" (Orange et al. 2001: 41).

[1] In this analysis Stolorow et al. rely much on Charles Taylor's (1989) classical analysis of the modern concept of the self in western culture.

The mind is conceived as an essentially atomistic and self-enclosed entity detached from the world by the infamous subject-object split (Stolorow et al. 2002: 21-23). The mind is "a thing that has an inside and that causally interacts with other things" of which it can have more or less correct ideas about (Stolorow et al. 2002: 31). The external world and the mind are thus two separate and independent entities that are somehow able to interact with each other. When perceived in terms of these often tacit Cartesian intuitions, a therapeutic situation is seen as involving the patient as an isolated subject and in terms of an objective analyst who is trying to influence the patient from the outside.

The Intersubjective Systems View puts out an alternative theory which is based on a radical rejection of "the Myth of the Isolated Mind". The view is most explicitly elaborated in the collaboration of Stolorow, Atwood and Orange and published as Worlds of Experience (2002). Using Heidegger (1962) as one of the main philosophical sources of inspiration[2] Stolorow, Atwood and Orange base their understanding of the human condition on "a post-Cartesian contextualism that recognizes the constitutive role of relatedness in the making of all experience" (Stolorow 2004: 553). Here the Cartesian dualism between internal and external is challenged because the thing we experience as the external world is in reality only the product of our subjective understanding of it. Our experience is always shaped by our psychological structures "without this shaping becoming the focus of awareness and reflection" (Atwood & Stolorow 1984: 36). We never experience the world itself directly. The only thing we ever experience is our own interpretation of it.

Stolorow et al. call their stance about human knowledge *epistemological perspectivism*. It "embraces the hermeneutical axiom that all human thought involves interpretation and that therefore our understanding of anything is always from a perspective shaped and limited by the historicity of our own organizing principles" (Stolorow et al. 2002: 76). Following Gadamer (1991) they state that human understanding always takes place inside "our own present horizon of understanding" that is influenced by our past experiences

[2] Along with Heidegger, this view is inspired by the concept of *Lebenswelt* (lifeworld) of Edmund Husserl (1970), by the concept *être-au-monde* (being-toward-the-world) of Maurice Merleau-Ponty (1962) and by Wittgenstein's (1961; 1953; 1958) ideas of contextuality of meaning, language games and forms of life (Stolorow et al. 2002: 33). Also gestalt psychology, hermeneutics, postmodernism and thinking of Mikhail Bakhtin (1981) have inspired the underlying contextual thinking (Orange et al. 2001: 71-73).

and our own individual life histories. Every subject has subjective background structures or principles that organize and define how the world is experienced. These Stolorow et al. call *structures of subjectivity* (Stolorow & Atwood 2002: 2) or *organizing principles* (Stolorow et al. 2002: 45)[3]. These structures are not static but amount to an experiential system of expectations, interpretive patterns, and meanings (Stolorow et al. 2002: 45). The subject cannot be viewed apart from these structures; the subject is both the product of these structures and the organizing gestalt that produces these structures (Stolorow et al. 2002: 35). These structures – operating mainly outside the awareness – determine what we can feel, know and experience in particular situations (Stolorow et al. 2002: 45). Because different contexts awaken different patterns and possibilities of interpretation, the subjectivity itself must be seen as "thoroughly contextualized" (Stolorow et al. 2002: 69).

Importantly, the structures of subjectivity are not formed in isolation. Instead, the development of personal experience "always takes place within an ongoing intersubjective system" (Stolorow & Atwood 2002: 22). "These principles, often unconscious, are the emotional conclusions a person has drawn from lifelong experience of the emotional environment, especially the complex mutual connections with early caregivers" (Orange et al. 2001: 7). The subject's affect-laden social interaction is of utmost importance in the formation and continuous reformation of her world horizon. Thus the subject's earlier experiences define what interpretations are possible for her in her future experiences; how she can understand them and what they mean to her. This explains the importance of childhood as the forming time of basic interpretive patterns. A growing body of research in child development shows how "recurring patterns of intersubjective transaction within the developmental system result in the establishment of invariant principles that unconsciously organize the child's subsequent experiences" (Stolorow & Atwood 2002: 24) [4]. The structures of subjectivity crystallize "within the evolving

[3] They are also called the *prereflectively unconscious* (Atwood & Stolorow 1980) because of their mainly unconscious nature. The name is meant to highlight a contrast with Freud's view of unconscious, which is significantly different. While Freud's view exposed that Descarte's self-conscious *cogito* was "a grandiose illusion" the Freudian unconscious was still "deeply saturated with the very Cartesianism to which it posed a challenge (Stolorow et al. 2002: 39-40; see also Cavell 1993). For a more throughout discussion of the fundamental difference between Freud's unconscious and Stolorow et al.'s prereflective unconscious, see (Stolorow et al. 2002: 39-65).

[4] The references here include Lichtenberg (1983; 1989), Sander (1985; 1987), Stern (1985; 1988), Beebe and Lachmann (1988a; 1988b), Emde (1988a; 1988b). As Stolorow & Atwood (2002:

interplay between the subjective worlds of child and caregiver" (Stolorow & Atwood 2002: 30).

The motivational primacy of affectivity is another essential feature of the Intersubjective Systems Theory (Stolorow 2002b: 678; Socarides & Stolorow 1984/1985). This derives from the theoretical shift to contextualism and is part of a larger ongoing shift from drive to affectivity as the central motivational construct inside psychoanalysis, as exemplified in the works of Basch (1984), Demos & Kaplan (1986) and Jones (1995). Affects are subjective emotional experiences and they are "from birth onward regulated, or misregulated, within ongoing relational systems." (Stolorow 2004: 551). Recent research has gone a long way to demonstrate that affectivity is not a product of isolated intrapsychic mechanisms; it is a property of the child-caregiver system of mutual regulation (Stolorow & Atwood 2002: 26; Sander 1985; Rogawski 1987; Demos 1988). Stolorow & Atwood (2002: 26) quote Lichtenberg (1989: 2) who says: "motivations arise solely from *lived experience*" and "the vitality of the motivational experience will depend [- -] on the manner in which affect-laden exchanges unfold between infants and their caregivers".

This background gives us a new understanding of human interaction. The key feature of Stolorow et al's approach is to understand that the interplay of subjective worlds of experience is not restricted only to childhood but continues throughout the subject's whole life. The main thesis of the Intersubjective Systems Theory is that therapeutic interaction[5] – as well as any direct interaction between human beings –always takes place inside an *intersubjective field* or an *intersubjective system*. An intersubjective field is defined as "a system composed of differently organized, interacting subjective worlds" (Stolorow et al. 1987: ix). It refers to the "relational contexts in which all experience, at whatever developmental level, linguistic or prelinguistic, shared or solitary, takes form"

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23) themselves put it: "An impressive body of research evidence has been amassed documenting that the developing organization of the child's experience must be seen as a property of the *child-caregiver system of mutual regulation*".

[5] It must be noted that here interaction is used in a more broad sense than is usually comprehended: "The very concept of interaction needs redefinition as only one aspect of the development of emerging, organizing, and reorganizing psychological worlds" (Stolorow et al. 2002: 33). The influence people have on each other goes beyond what we normally understand as direct interaction and in this context interaction has to be understood in this wider sense.

(Stolorow et al. 2002: 85)[6]. The experiential worlds have to be recognized as being "exquisitely context-sensitive and context-dependent" (Stolorow et al. 2002: 96). The essentially social nature of our subjective horizons ensures that a social situation involves "intersubjective reciprocity of mutual influence" (Stolorow & Atwood 2002: 4). Experiential worlds are "fluid and ever-shifting", they are products both of the person's unique intersubjective history and of "what is or is not allowed to be known within the intersubjective fields that constitute his or her current living." (Stolorow et al. 2002: 47). Experiential worlds and intersubjective fields are seen as "equiprimordial, mutually constituting one another in circular fashion" (Stolorow et al. 2002: 96).

This view of a social interaction is essentially a systems view. The interplay in a social system has to be seen as a dynamic, ever-changing process and amounts to "an ongoing intersubjective system" (Stolorow & Atwood 2002: 22). Drawing from the dynamic systems theory of Thelen & Smith (1994), Stolorow et al. view a social system as the interplay of self-organizing systems (subjects) in a process that can be characterized as being messy, fluid, nonlinear, multidimensional, and context-dependent (Stolorow 1997: 341). "A dynamic systems account of a developmental process, whether occurring during childhood or in the psychoanalytic situation rejects teleological conceptions of preordained end-states and preprogrammed epigenetic schemas. Instead structure or pattern is seen to be *emergent* from 'the self-organizing processes of continuously active living systems' " (Orange et al. 2001: 75; inner quote from Thelen & Smith 1994: 44) Thus the systems view provides "a broad philosophical and scientific net in which all the variants of contextualism in psychoanalysis can find a home" (Orange et al. 2001: 75). The concept of an intersubjective system "brings to focus *both* the individual's world of inner experience *and* its embeddedness with other such worlds in a continual flow of reciprocal mutual influence." (Stolorow & Atwood 2002: 18).

[6] Remarkably, this intersubjectivity of experience is more fundamental than the experience of subjective autonomy. Developmentally, only participation in intersubjective field creates a subject that is capable of thinking of herself as an independent unit.

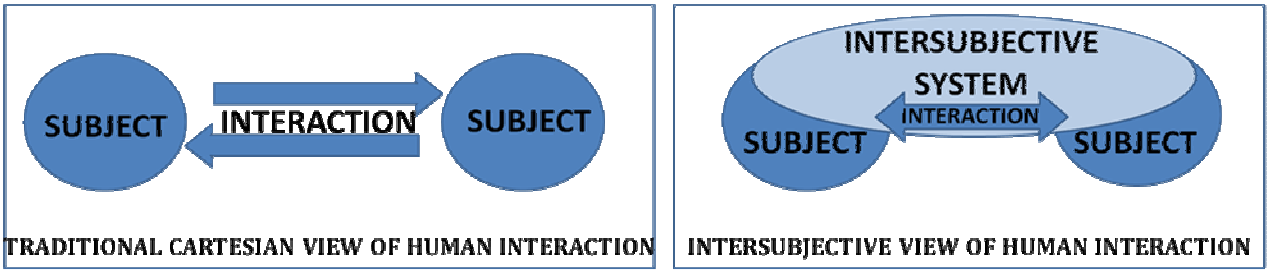

Figure 1 Two perspectives on human interaction

To summarize, in a social situation the interplay of participants' particular subjective worlds influences the intersubjective system, which in turn influences the way the participants view the situation. A social situation always takes place inside an intersubjective system which is constituted by the ongoing process of mutual interplay of subjective worlds.

Key insights from Intersubjective Systems Theory for the revaluation of therapeutic practice

As we see it the Intersubjective Systems Theory carries with it five major insights for the revaluation of the therapeutic practice. We see them as formulating an essential new comprehension about the intersubjective context in which we human beings, by nature, have to operate.

Firstly and most importantly human beings – including therapists – can never step outside their own experiential world or the intersubjective system they are embedded in. Our 'experiential repertoire' or horizon of experience is always partly defined and redefined by the intersubjective system we are currently embedded in. "What you believe is the system, is the system for you" Hämäläinen & Saarinen (2007a: 31) state, and intersubjectivity largely defines what you can believe the system to be. There is no "objective reality that is known by the analyst and distorted by the patient" (Stolorow & Atwood 2002: 91). This lack of an objective perspective shifts the focus to the subjective understanding of the analyst and her sensitivity to the unique intersubjective system in which she has to operate. No longer can the analyst be seen as manipulating the process of a psychoanalytic situation from the outside. Instead the analyst and the patient form an indissoluble intersubjective system, in which the analysts own subjective experiential world plays a crucial part. The impact of the analyst has to be seen "from a perspective *within* rather than outside the patient's subjective frame of reference" (Stolorow & Atwood 2002: 93). As an analyst's understanding of the situation is always partial and subjectively biased she has to be constantly aware of her own limitations and remain flexible in her thinking in order to allow new perspectives on the situation to emerge and manifest themselves. Thinking

contextually means "ongoing sensitivity and relentless attention to a multiplicity of contexts – developmental, relational, gender-related, cultural, and so on" (Stolorow et al. 2002: 84). Analysts' awareness of their participation in the process (Stolorow et al. 2002: 35) and the limitation of their own understanding is thus the first key contribution of the Intersubjective Systems Theory.

Secondly, the Intersubjective Systems Theory also demands that the affective nature of the analyst--patient relationship should not be ignored but instead it should be addressed and utilized. In therapy, the therapeutic impact of the analyst's interpretations lies "not only in the insights they convey but also in the extent to which they demonstrate the analyst's attunement to the patient's affective states" (Stolorow 1997: 343). Stolorow (1997: 343) states as his belief "that once the psychoanalytic situation is recognized as an intersubjective system, the dichotomy between insight through interpretation and affective bonding with the analyst is revealed to be a false one." A major asset of the analyst is the *intersubjective clinical sensitivity* that requires the empathic connection, 'undergoing the situation' (Gadamer 1991) with the other (Stolorow et al. 2002: 118). All actions of the analyst – also the seemingly neutral ones – contribute to the affective nature of the system and thus create new options and fresh openings that are possible in that particular therapeutic situation.

Thirdly, the intersubjective perspective demands a shift of focus to an *empathic immersion* – understanding rather than judging the other. Stolorow et al. (2002: 106) state that "we analysts also seem to participate in a common human propensity to see one's own perspective as the measure of truth and rather automatically to judge those with whom we disagree as unrealistic and misguided." But given the non-existence of an objective perspective the task of the analyst can not be one of evaluating, classifying or judging the patient. In Intersubjective Systems Theory it is instead one of understanding the other. (Stolorow et al. 2002: 38.) "The foundations of a therapeutic alliance are established by the analyst's commitment to seek consistently to comprehend the meaning of the patient's expressions" and her affect states from a perspective within the intersubjective system (Stolorow & Atwood 2002: 93). Analyst should not ask what is wrong with the patient but rather what is the patient's personal world like (Stolorow et al. 2002: 38). Stolorow and Atwood call this the 'sustained empathic-introspective inquiry'.

Fourthly, the psychoanalytic encounter should be viewed from a process viewpoint where all influencing is embedded in the mutually constituted process that is the intersubjective

system (Stolorow et al. 2002: 83). The change in the intersubjective system or in the patient's subjective world is co-constituted rather than the result of a one-sided intervention. "Central to the process of transformation is the understanding of the ways in which the patient's experience of the analytic dialogue is *codetermined* throughout by the organizing activities of *both* participants. The patient's unconcscious structuring activity is discernible in the distinctively personal *meanings* that the analyst's activities – and especially his interpretive activity – repeatedly and invariantly come to acquire for the patient." (Stolorow & Atwood 2002: 96.) The potential change always happens 'from within' the process. Therefore the focus of the therapy should be on a codeterminated transformation of subjective worlds.

Fifth, successful psychoanalytic treatment "does not produce therapeutic change by altering or eliminating the patient's invariant organizing principles. Rather, through new relational experiences with the analyst in concert with enhancements of the patient's capacity for reflective self-awareness, it facilitates the establishment and consolidation of alternative principles and thereby enlarges the patient's experiential repertoire" (Stolorow & Atwood 2002: 25). The crucial source of change within the intersubjective system is therefore the expansion of the horizon of *both* the patient *and* the analyst. Expanding the analyst's theoretical horizons is important because it "will have a salutary impact on therapeutic outcome, to the degree that such expansion enhances the analyst's capacity to grasp features of the patient's experiential world hitherto obscured" (Stolorow et al. 2002: 65). Still more importantly, expanding the patient's experiental horizon should be seen as one of the central aims of psychoanalysis (Stolorow et al 2002: 46). The patients' problems are to a large degree the result of limiting world horizons, of disclosure and hiddenness (Stolorow et al. 2002: 49-50). By expanding the patients' experiential horizons the analyst opens up the "possibility of an enriched, more complex, and more flexible emotional life" (Stolorow et al. 2002: 46). The process of expanding the patient's experiential world is thus a central feature in a systems view of therapeutic change.

3. Myth of Modeling

According to Orange et al. (2001: 19) Freud and his followers made two mistaken assumptions about the psychoanalytic practice. Firstly Freud reflected the spirit of his era in a tendency to see his psychoanalytic practice as a science in the tradition of exact sciences. This assumption has already been challenged by many observers of psychoanalysis as well as by many practitioners of it (Orange et al. 2001: 19). More

pervasive and unnoticed is however the other assumption of seeing psychoanalytic practice as a technique. Underlying both of these mistaken assumptions is what we like to call Myth of Modeling.

Myth of Modeling	
I	All relevant aspects of the therapeutic process are consciously accessible to the analyst
II	All relevant aspects of the therapeutic process can be articulated in terms of cognitively identifiable models
III	All interventions of the analyst should be rationally justified OR based on a commonly recognized technique
→	All relevant variables of the therapeutic situation can be controlled

Figure 2 Myth of Modeling

By Myth of Modeling we refer to a meta-level understanding of the therapeutic practice which consists of three interrelated and often tacit assumptions. First assumption amounts to the belief that all relevant aspects of the therapeutic process are consciously graspable by the analyst. Therefore in conducting the therapeutic work, the analyst should concentrate on these aspects as they are the only ones she can get a grasp on. Naturally, anyone with the slightest experience of psychoanalytic practice is ready to acknowledge that there are aspects of the therapy that are not accessible to us consciously. But the point is that usually these are not seen as relevant because the assumption is that as they are not consciously accessible, there is nothing we can do about them. The assumption could therefore also be stated as saying that unconsciously accessible aspects of the therapeutic practice can not be relevant for the analyst as these are something she can't base her judgments and interventions on.

Second assumption states that all relevant aspects of the therapeutic process can be articulated in terms of cognitively identifiable models. This naïve cognitivism (Hämäläinen & Saarinen 2007a: 20) assumes that the analyst's experience of the therapeutic situation can be cognitively analyzed and that therapeutic work could be characterized in terms of cognitive parameters that define an analyst's intellectual stance vis-à-vis the patient. Ready-made concepts for all the aspects of the therapy are consciously present for the analyst according to this view. In other words, the concepts, cognitive categories and cognitive models used by the analyst are seen as something fixed and object-like. They objectify the unique therapeutic situation into ready-made categories and cognitive distinctions thus flattening the richness of the actual situation.

The final assumption of the Myth of Modeling states that all interventions of the analyst should be rationally justified or based on a commonly accepted technique. It is

connected to the two former assumptions because in making rationally justified decisions we can only rely on material which is consciously and cognitively accessible to us. Same holds true for commonly accepted techniques which can only be applied when the situation fulfills certain cognitively accessible conditions. According to this naïve influentialism (Hämäläinen & Saarinen 2007a: 20) the influence the analyst is seeking could be articulated in object-like categories. Therapeutic interventions that are based on intuitive feelings and of which the outcome is not cognitively clear should not be performed. In other words, both the intervention itself and its desired influence on the patient should be such that they can be verbally stated, cognitively understood and rationally justified.

The common feature of all these assumptions is that, from the point of view of the analyst, what is relevant at the therapy happens at the conscious and cognitive level. This applies to the information-gathering, information-analyzing and decision-making phases of the analysts work. Additionally, they all three seem to assume the existence of a certain external viewpoint to the situation. Analyst is able to step outside the therapeutic encounter and consider it calmly from above rather than being at all times immersed in it. All three assumptions are also intertwined in that the legitimacy of any one of them depends on the acceptance of the other two.

Taken together these assumptions lead to the conclusion that all relevant variables in a therapeutic situation can be controlled. For to believe that all variables can be controlled, implies that these variables can be known consciously, mapped cognitively and manipulated in a consciously planned way. If we are to admit that an important part of the psychoanalytic encounter happens at an unconscious level we must admit that we can not get a grip on this level with the means of strict scientific rules or ready-made techniques. Taking this illusion of control for granted is according to Orange et al. (2001: 19) at the heart of both the view of psychoanalytic practice as a technique and as a science.

Applied to theory-building Myth of Modeling is the meta-level view that the theories of therapeutic actions and processes should be articulated in terms of objectively identifiable models – cognitively identifiable representations that describe key features of the therapeutic encounter, therapeutic practices, therapeutic techniques etc. An adequate theory should be able to capture and map cognitively all relevant aspects of a therapeutic encounter. The ideal world from this point of view would be one where all the

situations arising in therapeutic encounters could be cognitively categorized and identified in advance, together with appropriate ready-to-use techniques relevant for that therapeutic challenge.

Myth of Modeling is not in any part a unique feature of therapeutic theorizing. On the contrary, it is inherent and deeply entrenched in the intellectual culture of modern western societies (see Taylor 1989). Characteristic of it is the profound reliance on explicit reason and scientific rationality. At its height in the beginning of 20th century it also included optimism about the advent of exact sciences able to explain human behavior using strict and exact laws. Even nowadays the believe in the potential of human reason and scientific rationality surfaces itself in fields as diverse as organizational research or pedagogics. This bias for the consciously accessible and cognitive is still an elementary part of the modern scientifically based worldview. Orange et al. (2001: 20) see "reduction of thought to a methodical testing of hypotheses" as an ideal of modern science that has great influence in the field of psychoanalysis. It is understandable that the myth of modeling needed to be assumed to establish the appearance of scientific precision in the field of psychoanalytic theorizing.

Recent theoretical developments of contextuality and intersubjectivity have reduced this emphasis on the graspable cognitive aspects of the therapeutic situation. But we feel that to a large extent this perspective still governs the way these new theories are interpreted. For example Beebe et al. conclude that "psychoanalysis has addressed the concept of intersubjectivity primarily in the verbal/explicit mode" (Beebe et al. 2003: 743). On the other hand, the idea of the centrality of technique in psychoanalysis – which is based on the Myth of Modeling – has "persisted unchanged and continues to exert a deleterious influence in psychoanalytic thought and practice" (Orange et al. 2001: 23). Orange et al. point out that they have found very few psychoanalytic authors (Fourcher being the exception here) who question the appropriateness of 'technique' as a significant term in psychoanalytic discourse (Orange et al. 2001: 23). We argue that this sort of paradigm has dominated psychoanalytic theory-building until the recent developments and is still influential in the way the new theories are interpreted and in the tendency to view psychoanalytic practice as a technique. Rather than providing a detailed analysis of the

past psychoanalytic theorizing to prove this thesis[7] we feel that it is more fruitful to provide an alternative model to replace it in the future. But first it is time to demonstrate why myth of modeling is wrong and even harmful as a background assumption.

What is wrong with the Myth of Modeling

The reason we must abandon the Myth of Modeling is simple. As Orange et al. (2001: 19) state: "the realm of the mental is thoroughly incomplete, indefinite, and open." A human mind is such a complex dynamic system that modeling it using a limited number of parameters will never capture the actual many-sidedness and uniqueness characterizing it. Add to this the fact that we haven't got any clear picture of what these parameters could be or how the should be measured and that many, perhaps even most, of the parameters are not consciously accessible. Taking all this into account it is easy to understand why the Myth of Modeling is a faraway illusion. There are far too many relevant aspects of the therapeutic encounter that simply can't be captured by conscious and objectifying categories. This point is backed by recent psychological research that has increasingly acknowledged the role of unconscious information processing in human beings (see for example Kahneman 2003; Lieberman 2000; Dane & Pratt 2007; Epstein 2002). A major part of our understanding of the other occurs through the unconscious level; through our intuition rather than through rational deliberate thought-processes.

Accordingly, a social encounter involving two or more individuals is simply too complex to be modeled inside any purely cognitive and conscious framing. Of the dynamics at play a large portion happens on the unconscious level. Therefore any attempt to understand or manipulate the process taking into account only the conscious level is doomed to failure. Any practitioner of psychoanalysis can surely agree that a significant part of what they do in their practice is based on their expertise and intuitive insights rather than on purely rational calculation of the situation. Recognizing the huge unconscious currents at play is simply indispensable for any theoretical account of psychoanalytic practice to be realistic.

[7] As the assumption is often only tacitly present in the literature, to prove this thesis would require a complex and careful inquiry into the wide literature of psychoanalytic theorizing and would still not convince everyone.

Given this insight the view of the therapy where all relevant variables can be controlled is thoroughly misguided. But it is not only misguided, it is even harmful. Myth of Modeling is most visible in the prevailing tendency to view psychoanalytic practice as a technique. According to Orange et al (2001: 23) the main problem with this approach is the fact that the "primary purpose of the rules of any technique is to induce compliance, to reduce the influence of individual subjectivity on the task at hand" (Orange et al. 2001: 23). But given the particularity and uniqueness of every therapeutic encounter this unnecessarily limits the space of possibilities available to the therapist. There are surely some legitimate reasons to consider psychoanalysis as a set of techniques, in addition to the willingness to represent psychoanalysis as a science. Freud (1958) and his successors perhaps wanted to place a 'frame' (Langs 1978) around the psychoanalysis process to protect the relatively vulnerable patient and also the whole profession from practitioners who lack good judgment and good personal boundaries (Orange et al. 2001: 24). These are valid considerations and surely some limits must be set to protect the patients and the profession. But, as Orange et al. (2001: 24) aptly put it: "We must not equate the frame with the process." Getting too entangled in the frames turns the priorities of psychoanalytic treatment upside down. It is after all the process which is the main issue in any psychoanalytic encounter.

Orange et al. (2001: 24-25) divide the problem with technical approach to psychoanalysis into three parts. Firstly the idea of a technique "amounts to assuming that the same frame will be appropriate for every patient or for each analytic couple" (Orange et al. 2001: 24). Each analytic situation forms a unique intersubjective system that will develop its own process and therefore must find a frame appropriate for it. Viewing psychoanalytic practice as a technique thus delimits the appreciation of the unique aspect of a particular therapeutic situation. Through this it prohibits the flexibility of framing the different situations according to the needs of that special system.

Secondly "technique is oriented to production of a uniform product" (Orange et al. 2001: 25). Purpose of rules is, after all, to induce compliance and therefore they can blind us "to the particularity of our patients, of ourselves, and of each psychoanalytic process" (Orange et al. 2001: 25). What psychoanalysis is producing is understanding, and understanding of the other can be nothing else but particular and individual. Flexibility and attunement are the marks of a successful therapy and compliance-inducing techniques are usually not supporting this kind of development.

Thirdly, and most harmfully, technique-orientation gives a sense of "knowing in advance what to expect" (Orange et al. 2001: 25). Making the therapeutic encounter a routine procedure ignores the possibilities for relatedness with this particular patient which is an essential part of transforming the patient's experiential horizon. It also downplays the potential for new experiences and fresh openings into the therapeutic situation. The instrumentalist idea of a technique simply "reduces suffering human beings to the mechanisms of classical metapsychology" (Orange et al. 2001: 21). Orange et al. (2001: 25) remember a supervisor who told that with long experience one would no longer be surprised by patients, that "the incapacity for further surprise was the mark of a mature clinician." This kind of attitude they see as a serious threat to successful therapy, one that forecloses the potential for seeing the unique possibilities in the therapeutic situation.

Creativity is a central tool of the analyst in his effort to transform the subjective world of the patient. Unfortunately standardizing the therapeutic encounter plays down the potential for fresh viewing of the situation and for creative solutions. Orange et al. (2001: 19) conclude that the pervasive understanding of clinical work as technique is not only wrong, it is even seriously harmful.

4. Overcoming the objectifying bias implicit in therapeutic interventions

Traditional approaches to therapy are prone to emphasize *firstly* the cognitive understanding of the patient's mental patterns and *secondly* the transformation of these mental patterns. Building on the Intersubjective Systems Theory we want to challenge this mental model. Systems Intelligence takes the second aspect of these as the primary and makes the unorthodox claim that the first aspect is not always necessary to achieve positive therapeutic results. Due to the systemic nature of the therapeutic situation it is possible to make successful therapeutic interventions without having to be cognitively aware of why or how they work.

The Intersubjective Systems Theory has gone a long way in overcoming the Myth of Modeling. Unlike many more technically oriented approaches, it stresses the complexity and uniqueness of every therapeutic encounter. Our target is to argue that this view could be developed further with Systems Intelligence. We hope and believe that Stolorow et al. can agree with this expansion of their theory.

Alternative view: therapy as a *praxis*

In the place of technique-oriented thinking Orange et al. (2001: 27) propose that psychoanalysis should be viewed as a field of *phronesis* or practical wisdom in the Aristotelian sense (Orange et al. 2001: 19). The realm of the mental is thoroughly open and dynamic, therefore practice – and not technique – "is characteristic of work with human beings with minds" (Orange et al. 2001: 27). Characteristic of this Aristotelian practical reasoning is that there is no prior knowledge of the right means to any end. Only in the 'acting situation' do the ends and goals emerge. (Orange et al. 2001: 26.) Every therapeutic situation is unique and thus the general rules only tend to impede the understanding of them (Orange et al. 2001: 32). "In any given case, specific concrete arrangements may facilitate or hinder the analytic work, but to conceive narrowly of the psychoanalytic process as depending on any specific set of such arrangements is to fall into the illusion of seeing psychoanalysis as actually analogous to a medical procedure or a technique of production" (Orange et al. 2001: 89).

Freed from the shackles of a limiting technique, analysts are able to grasp the situation in all of its complexity and richness. "We point to the possibility of an emancipation of analysts in both their thinking and their practice, a freeing that would enable them to use the full resources of their creativity in the tasks of psychoanalytic exploration and treatment" (Orange et al. 2001: 89; see also Lindon 1994). To the extent that the analyst is restricted in how she conducts the treatment "psychoanalytic practice begins to resemble the frozen rituals that are closely associated with dogmatic religious faith" (Orange et al. 2001: 89).

Instead of any specific technique, the essence of psychoanalytic work is "constituted by an *attitude* the clinician brings to the material and by a *process* that takes place in the ensuing dialogue with the patient" (Orange et al. 2001: 88-89). The contextual perspective of Orange et al. (2001: 89) creates an attitude that "opens our horizons to expanded possibilities of meaning and ensures that our theoretical ideas continue to evolve toward an ever-widening and more encompassing viewpoint" (Orange et al. 2001: 89). Aristotelian *phronesis* is essentially seen as a form of understanding (Orange et al. 2001: 27). "The person with understanding does not know and judge as one who stands apart and unaffected; but rather, as one united by a specific bond with the other, he thinks with the other and undergoes the situation with him" (Gadamer 1991: 288; Orange et al. 2001: 27). This understanding is not conceived as general technical knowledge but as

something that emerges at a particular moment through an affective enquiry. Embedded inside a partly affective intersubjective system we aim to immerse into the experiential world of the other human being. Only through this process can real understanding of the other start to emerge. Taking an outsiders perspective on the patient does not produce the right kind of understanding. The attitude and process that constitute psychoanalytic practice is therefore one of empathic-introspective inquiry. It seeks to illuminate and transform the meanings and patterns that organize the patient's subjective experience.

Through the concept of *practice* we feel that IST has provided a powerful and crucially important alternative to viewing psychoanalysis as a technique. Emphasizing context-variant features of the therapeutic situation and putting the stress on the understanding of the therapy as *phronesis* or practical wisdom is an uplifting example of the emerging new paradigm of the therapeutic encounter. Still we feel that to fully challenge the still dominant paradigm of Myth of Modeling, IST could use the help of Systems Intelligence. To see why we have to take a small detour into the emergence of Systems Intelligence movement out of the Systems Thinking movement. After that we present three issues on which Systems Intelligence complements Intersubjective Systems Theory.

From Systems Thinking to Systems Intelligence

The origins of the Systems Intelligence approach is rooted in taking a stand against the Myth of Modeling implicit in systems thinking. Systems thinking is a novel framework for problem solving that is based on the belief that most 'problems' facing us humans occur inside dynamic systems. Solving the problem in isolation without taking into account the larger systemic effects is often doomed to failure and can even worsen the situation. Only by taking into account the context of the overall system and the relationships inside it can the problems be solved in a sustainable fashion.

Systems thinking thus correctly puts the emphasis on holistic structures that are usually neglected – systems. But "there is an objectifying bias in systems thinking, a bias for cognitive rationality and external viewpoint" (Hämäläinen & Saarinen 2006: 191). The approach is limited by believing that the only way to navigate better with this essentially systemic worldview in an essentially systemic world lies in becoming better systems thinkers, i.e., consciously more aware of the relevant systems structures. Systems Intelligence challenges this emphasis on modeling, on explicit objectival knowledge, on conscious symbolic reflectivity and on cognitive rationality in engaging with systemic environments. Without dismissing the significance of systems diagrams and other modeling techniques,

nor the relative value of advancement-through-making-the-implicit-explicit, the Systems Intelligence perspective sees no reason to restrict the systemic outlook to structures we can represent.

Systems Intelligence is the subject's ability to act constructively and productively within an emergent whole as it unfolds even while lacking objectival knowledge, models or codes (Hämäläinen & Saarinen 2007a: 5). It accounts for "an individual's non-rational, non-propositional and non-cognitive capabilities, such as instinctual awareness, touch, 'feel', and sensibilities at large, as capabilities that relate the subject intelligently to a system" (Hämäläinen & Saarinen 2006: 193). Armed with Systems Intelligence we are able to engage successfully and productively with the holistic feedback mechanisms of the relevant environment (Hämäläinen & Saarinen 2006: 191). This engagement is not dependent on us taking an external viewpoint on the systems or becoming cognitively aware of their function. Instead a person "experiences herself as part of an interdependent environment, aware of the influence of the whole upon herself as well as her own influence upon the whole" (Hämäläinen & Saarinen 2006: 191). This awareness is only partially conscious operating mainly on the level of the preconscious.

Systems Intelligence is a competence we as human beings already have (Hämäläinen & Saarinen 2006: 193). In order to survive the human race clearly must have had some such adaptive and practical intelligence to apply in situations arising in complex environments and in the living present (Hämäläinen & Saarinen 2006: 191). "People read situations as systems [- -] and part of that is the result of the workings of our social brain and what Stern calls the 'psychology of mutually sensitive minds'" (Hämäläinen & Saarinen 2007a: 14; Stern 2004). Recent infant research provides strong evidence for this human ability to read social systems preverbally and unconsciously (Stern 1985; Beebe et al. 2003; Bruner 1985; Sander 1991). There is in infants "readiness to find or invent systematic ways of dealing with social requirements and linguistic forms" (Bruner 1985: 28) or an "innate capacity for experiencing the complexity of the organism as a whole" (Sander 1991). Also the unfolding story of the social brain (Brothers 1997/2001) and the cognitive and neuroscientific investigation into the social aspects of the human mind (Lieberman 2007) provide support for this precognitive capacity to act intelligently in dynamically complex social systems. As we are immersed in complex systems that remain cognitively opaque as part of the *human* experience and orientation (Hämäläinen & Saarinen 2006: 191) our brains are tuned to act intelligently in such structures in spite of our cognitive ignorance

regarding the true nature of the systems. Humans thus have a higher-level cognitive capacity or a form of practical intelligence we have conceptualized as Systems Intelligence. The insight of Systems Intelligence in a nutshell is that we already have much intelligence that we can apply – and indeed do apply - in complex environments and social situations; a sort of "intelligence as part of moment-to-moment human aliveness" (Hämäläinen & Saarinen 2007c: 297).

Systems Intelligence thus challenges the Myth of Modeling by claiming that we indeed have a capacity to act intelligently that is not based on our cognitive rationality but on our intuitive unconscious feel for the situation. What Myth of Modeling ignores is our capacity to act intelligently in social situations that is outside cognitive awareness. Systems Intelligence is a direct antidote to this kind of thinking. The action that is not based on cognitively justified deliberation can still be intelligent. We can act intelligently based on our intuitive capacity for sensing our way in the social systems as they unfold.

Complementing Intersubjective Systems Theory with Systems Intelligence

The Intersubjective Systems Theory forms a background theory that is intriguing and momentously important in explaining how prereflective processes are at the core of all social interactions, including therapeutic practice. At the same time, however, it seems to us that the Intersubjective Systems Theory stops too early and does not make full use of its insights. The theory emphasizes aptly the affective nature of the therapeutic situation, the intersubjective system inside of which the analyst is immersed, and the procedural *change from within* –perspective. But when it comes to practical lessons to be drawn from the Intersubjective Systems view, the perspective narrows down. In terms of the practical conclusions, Stolorow and Atwood emphasize the "therapist's attainment of reflective self-awareness" and "therapist's continual reflection on the involvement of his own personal subjectivity in the ongoing therapeutic process" (Stolorow & Atwood 2002: 121). In here we feel that Stolorow et al. stop short of delivering the full implications of their theory. We are told what the theory means for therapeutic understanding. What we are not told is what the theory means for therapeutic action.

This is the situation where Systems Intelligence can complement IST in three important ways. Most importantly it provides a theory of action that is based on the intersubjective and contextualist perspective of Stolorow et al. In other words Systems Intelligence tells how the analyst should act given the Intersubjective Systems Theory. Secondly, we feel that the dynamic systems thinking that Stolorow et al. link their theory to is too objectifying.

Systems Intelligence provides an understanding of systems which is more compatible with their theoretical insights. Thirdly, we feel that there is a danger that IST is interpreted in too objectifying way and that through Systems Intelligence this danger can be diminished.

1. Systems Intelligence as a Theory of Action for Intersubjective Systems Theory

Intersubjective Systems Theory provides a radically new mindset for the analyst to look upon the therapeutic situation, but not much is offered in terms of practical advice. In summarizing the implications of their perspectival realism for clinical work they give us "three indispensable components to an intersubjective clinical sensibility" (Stolorow et al. 2002: 117-119). Firstly, the organizing principles and emotional convictions of a person's experiential world should be taken into focus and to *conscious reflection*. The second component is *self-reflexivity* meaning constant awareness of the analyst's own presence in the process of understanding the other and being open to revise that perspective. Thirdly, an analyst should *acknowledge* that there is no 'true' reality and therefore she should always try to understand the patient's point of view, given her unique background. Through these three principles the **understanding** of the analyst is enhanced. When it comes to the explicit advice on how the analyst should **act** differently, very little is given.

This is not a shortcoming of the theory itself as the aim of the theory is to increase the analyst's understanding of the therapeutic encounter and make her more sensible for the unique aspects of the particular therapeutic system. The theory is intended to be a framework for understanding how experience gets organized contextually in a therapeutic situation and it does not emphasize practical advice. Stolorow & Atwood (2002: 124) seem to be well aware of the partiality of their general recipe for coping with the complexity of therapeutic systems: "We are led inexorably to a consideration of the limits of self-reflection [- -]. It must be left to others to integrate our contributions within a still more general and inclusive viewpoint."

Systems Intelligence, on the other hand, is mainly a theory of action; a theory about how we should act in the dynamic social systems we are embedded in. A legitimate question for a practitioner of psychoanalysis is: given the intersubjectivity and contextuality of the therapeutic encounter, how should I act? Intersubjective Systems Theory does not even attempt to answer this question but it is exactly the question that the research on Systems Intelligence aims to answer. Therefore it is an important complementation to Intersubjective Systems Theory. We represent our vision of what Systems Intelligent action in the context of therapy is in the next chapter.

2. Re-Conceptualizing the System in Intersubjective Systems Theory

The second point we want to make is that the understanding of systems Stolorow et al. are somewhat depending on does not do justice to their insight into the therapeutic understanding. As we see it, Stolorow et al.'s perspective is essentially a Systems Intelligent perspective to the systemic nature of the world and human interaction[8]. They see therapeutic interactions in the bottom line as "dynamic, dyadic, intersubjective systems" (Stolorow 1997: 337; see also Thelen & Smith 1994: xix). This systemic understanding is however not meant to be a limiting perspective that narrows down the analyst to only one interpretation of any particular situation. Instead this widening of the perspective is meant to "serve as a source of guiding metaphors for psychoanalysis" (Stolorow 1997: 337). Systems understanding thus enriches the understanding of the analyst without entrapping her into the consciously modeled level of systems thinking. As a metatheory the Intersubjective Systems Theory is meant to provide "a sensibility that constantly emphasizes contexts [- -] and perspective" (Stolorow 2003) and in here the dynamic systems theory can be "a source of powerful metaphors" through which new insights to the situation can be gained (Stolorow 1997: 337). Stolorow (1997: 343) aptly emphasizes that the therapeutic impact of the analyst is not only determined by her cognitive insights but that an analyst's attunement to the patient's affective states plays also a major role.

Traditional systems thinking, on the other hand, is strongly entrapped in Myth of Modeling. It takes an objectivist outside perspective to the human systems and concentrates on the tangible and cognitively accessible systems. Systems are seen as objects, "entities to be identified and reflected from the outside" (Hämäläinen & Saarinen 2006: 191-192). Systems thinking aims to increase people's knowledge of systemic structures by teaching people to use systemic tools such as loop diagrams and stock-and-flow computer models.

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[8] In the history of Intersubjective Systems Theory, the emphasis put on the concept of system is a fairly new invention. Having called their theory 'intersubjective perspective in psychoanalysis' (Stolorow, Atwood & Ross 1978) or 'intersubjectivity theory' (Stolorow & Atwood 2002) it was only in 1997 that they coined the term Intersubjective Systems Theory (in Stolorow 1997; Stolorow & Atwood 1997). A certain sensibility for contextualism and the systemic nature of the therapeutic situation has always been represent in their theory (see for example Stolorow et al. 1987: ix; Stolorow & Atwood 2002 [1992]: 1, 23) but it was the dynamic systems theory of Thelen and Smith (1994) that provided the underlying rationale for understanding contextualism in terms of a systems philosophy (Orange et al. 2001: 75) thus leading to the adaptation of the new name for the theory.

Traditional systems thinking in its objectivism and scientific representationalism is thus too much biased on the cognitive and rational to be of use in dynamic and affective social systems like the therapeutic encounter. (Hämäläinen & Saarinen 2006; Hämäläinen & Saarinen 2008; see also Ackoff 2006.) This is even true about the dynamic systems approach of Thelen & Smith (1994). Even though they accurately conclude that all mental activity is "emergent, situated, historical, and embodied" (Thelen & Smith 1994: xxiii) they are still viewing mental activity from the impartial, objectifying and scientific perspective. Thus their approach is not directly applicable in the therapeutic situation where the subject is embedded inside the dynamic systems which are only partially accessible cognitively.

The adaptation of systems perspective has been a major success in understanding the therapeutic situation. But there is an implicit objectifying bias in the concept of a system as used by traditional systems thinking. This objectifying bias fails to do full justice to the actual therapeutic practice and also to the original insights of Stolorow and Atwood which – as we have shown – highlighted the non-symbolic and non-representational aspects of intersubjectivity. Our fear is that the cognitivist and objectival bias of the mainstream systems thinking will cause the analysts adopting the perspective to overvalue the cognitive and rational in the therapeutic system. As dynamic systems, therapeutic settings are "messy, fluid, context-sensitive" (Thelen & Smith 1994: xvi) and operate largely outside the realm of cognitive understanding. Recall that Stolorow and Atwood emphasize the fact that "the term *intersubjective* has never presupposed the attainment of symbolic thought" (Stolorow 2004: 547). The "systems" in question cannot be restricted to only those that can be represented, modeled or symbolically identified. But the systems literature has dismissed such systems, because of the scientific, objectival and representationalist commitments of that approach.

As systems thinking has been committed to the realm of the symbolically expressible, the Intersubjective Systems Theory needs a broader and less objectifying view of the systems concept and of the systems life as constituted by the therapeutic process. This is what the Systems Intelligence theory has argued for on independent grounds to be essential in an adequate account of the systems nature of the human condition. It is precisely here that the Systems Intelligence perspective is able to provide a way to understand systems that does more justice to the contextualist and sensibilities-attuned approach of Stolorow et al. than traditional systems thinking.

3. Overcoming the Danger of an Objectifying Interpretation

Although the Intersubjective Systems Theory has overcome the Myth of Modeling in many important ways we feel that there is an acute danger of interpreting it in wrong terms. Theorist and practitioners who are more or less entrapped in the Myth of Modeling easily interpret certain aspects of the theory from their own point of view without acknowledging the way the theory overcomes this framework. For example Stolorow & Atwood (2002: 120) formulate the thesis: "when the principles unconsciously organizing the experiences of patient and therapist in an impasse can be investigated and illuminated, significant new understandings and enhancements of the therapeutic process can be achieved." This could easily be interpreted as meaning that only through becoming consciously and cognitively more aware of the previously unconscious principles, can new understanding emerge. Another example is the way they discuss how to overcome therapeutic conjunctions and disjunctions. The only cure given is "reflective self-awareness on the part of the therapist" (Stolorow & Atwood 2002: 104). This can easily be interpreted as meaning that the therapist must become cognitively aware of the processes evident in the therapeutic situation. Finally they characterize the empathic-introspective inquiry as follows: "Such inquiry seeks to illuminate the principles unconsciously organizing the patient's experience (empathy), the principles unconsciously organizing the analyst's experience (introspection), and the oscillating psychological system created by the interplay between the two (intersubjectivity). Inquiry of this kind requires continual reflection on the inevitable involvement of the analyst's own personal subjectivity and theoretical assumptions in the ongoing investigation." (Orange et al. 2001: 43-44.) The authors clearly state that because of the affect-laden and unconscious nature of the therapeutic system, the analyst should try to become, as much as possible, consciously aware of these different influences upon the therapeutic situation, seeking "consistently to *analyze* it" (Orange et al. 2001: 44). The way out is thus located in the realm of the conscious and reflective. The analyst is to become reflectively aware of the limitations of her perspective and is to revise her consciously planned interventions accordingly. This emphasis put on reflection, conscious awareness and analysis easily leads one astray in thinking that what is meant is a purely cognitive and rational solution to the challenge of intersubjectivity.

To understand why this is not the case it is essential to see that the understanding Stolorow et al. are advocating is neither rationalist, cognitivist, nor objectivist. It is a form of understanding that is not entrapped in a false dichotomy between cognitive and

affective understanding but which is seamlessly comprised of both of these elements. Psychoanalytic understanding for them takes form in a dialogue between two worlds of emotional meaning. It is the same sort of understanding that emerges when one encounters a work of art. Therefore it should be made clear that becoming consciously more aware does not mean for them taking an objectivist stance about the elements of the dynamic system that the therapeutic situation is composed of. Instead awareness builds on both cognitive and affective elements that the particular systems arises in the analyst. The rational and cognitive are not privileged but seen as crucial parts of the wholeness of understanding.

Thus, Stolorow et al. are not participating in the Myth of Modeling but they are easily interpreted as such, unless careful attention is set on the issue. In here the Systems Intelligence perspective could be a useful ally with its outspoken dedication to overcome the cognitive rationality and external viewpoint still implicit in so much theoretical work.

5. Contribution of Systems Intelligence for the therapeutic practice

The previous chapter has shown us how Intersubjective Systems Theory and Systems Intelligence complement and mutually enrich one another. Intersubjective Systems Theory provides a background theory for understanding the therapeutic situation and Systems Intelligence builds on this to explain what intelligent action in a particular situation is, given the contextuality and intersubjectivity. Now it is time to set forth our vision of what Systems Intelligence really means in therapeutic context.

Emphasis on what the analyst already does right – her prerational and embedded intelligence in systems

The Intersubjective Systems Theory shows how the analyst is embedded inside a system that limits the understanding of the situation. An analyst's understanding is always partial and subjectively biased – yet she has to operate. Hämäläinen & Saarinen (2007b: 39) aptly describe this challenge the analyst is facing: "Suppose the veil of uncertainty is to stay. Suppose you have to act, without knowing what your choices ultimately amount to. Suppose you are in a situation where external forces are at play, influences mover hither and thither, the future is uncertain, and still you have to act." You as the analyst do not have the privilege of an objective viewpoint or right techniques "and yet you wish to act intelligently, indeed you must!" (Hämäläinen & Saarinen 2007: 39). Mere reflection is not

enough as large portions of what happens inside a therapeutic system will always lie outside of its grasp.

This is the critical moment where Systems Intelligence completes Intersubjective Systems Theory in explaining the analyst's ability to act intelligently in a mutually created intersubjective therapeutic system. In our opinion Systems Intelligence is a crucial missing link in explaining the success of analyst that is absent from current theories of psychoanalytic practice. Systems Intelligence is about engaging successfully and productively within the social system as it emerges (Hämäläinen & Saarinen 2006: 191). It enables us to be aware of the influence of the whole upon ourselves and our own influence upon the whole and to sense emergent potentials that could unfold within the system. This seems to be well in harmony with the Intersubjective Systems Theory. What is revolutionalizing about Systems intelligence is its belief that we already have an ability to act intelligently in these multidimensional systems and that this ability is not dependent on us being consciously aware of it or rationally able to justify it.

Systems Intelligence thus puts the emphasis on what the analyst already does right and what she could do more of in the systemic therapeutic situation (Hämäläinen & Saarinen 2006: 192). An experienced analyst is armed with a keen sensibility of what kind of behavior might be appropriate in any given situation, a sort of *procedural* knowledge (see Fosshage 2005). In other words, she is in fact already operating with Systems Intelligence, that forming the natural human core of the analyst's relation with the therapeutic situation. Inside psychoanalytic tradition, Wilma Bucci (1997: 158) perhaps captures this dimension best when she states that "the analyst perceives and responds to his patient on multiple, continuous dimensions, including some that are not explicitly identified. The analyst is able to make fine distinctions among a patient's states [- -] without being able to express those feelings in words." In other words, the analyst has an ability of sensing and experiencing the subtleties of the system. Following these affective and preverbal instincts - gut feelings, if you wish – her actions are often intelligently facilitating the system into the right direction without the necessity of analyst to be fully aware of her action or its rationale. The idea of Systems Intelligence is "to connect more actively, sensitively and lively" with this competence we already possess (Hämäläinen & Saarinen 2007a: 23). Instead of just *analyzing* her continuing unconscious and affect-laden influences on the therapeutic system, the analyst should *utilize* them.

Surely the ability to act on the instinct and on-the-fly is always an essential part of the therapeutic situation. In this sense we are not proposing anything novel. Our point is rather that the rationalist-emphasizing theoretical understanding of the situation inadvertently plays down this paramount ability of the analyst. The intellectualist conception of rationality found in most psychoanalytic writing requires a "discontinuity of knowledge and action" (Fourcher 1996: 524; Orange et al. 2001: 22). The analyst should be able to rationally justify the techniques and interventions she is performing in her work. This hidden form of objectivism leads analysts to avoid the more instinctual and 'irrational' forms of action available and thus restrains them from employing the full potential of their therapeutic capabilities.

Systems Intelligence does not dismiss any rationally justified therapeutic techniques: "Nothing in what we suggest takes away the necessity to analyze, to conceptualize in objective terms, to measure, to know and to engineer, to command and control – to the extent we can do it, and to the extent it is beneficial in a given context to do it" (Hämäläinen & Saarinen 2007a: 30). Systems Intelligence as part of moment-to-moment human aliveness "will connect with analytic and propositional knowledge where such is available" (Hämäläinen & Saarinen 2007c: 297). In showing the immersed and affect-laden nature of the therapeutic encounter the Intersubjective Systems Theory amounts to show why any implicitly objectifying and rationality-driven approach will narrow down the therapy from what might be beneficial in that special case. Cognitive comprehensibility of the therapeutic process is not the ultimate goal of a therapy; changing the patient for better is. When rationally available techniques have all been deployed there is still a huge field open for interventions that are based on the systemic expertise of the analyst.

The analyst should not be ashamed of following her intuitions; they are a major asset she possesses as a result of immersing herself in the praxis of her trade. Systems Intelligence highlights this vast array of practical knowledge the analyst employs in her work. Understanding this, the analyst should be more tuned in to her instincts concerning the situation and more daring to do what she feels to be a right action - disregarding the question of theoretical justification. The meta-level rationalist assumption behind current theorizing only unnecessarily delimits the possibilities of an analyst. Many times acting on instinct rather than on rationality is a more intelligent and effective form of action.

Emphasis on the positive

The second area where Systems Intelligence can complement Intersubjective Systems Theory is in the constant emphasis on the positive of the SI approach. Here Systems Intelligence joins in with the emerging field of 'positive psychology' (e.g. Seligman & Csikszentmihalyi 2000; Snyder & Lopez 2002; Lyubomirsky et al. 2005). For half a century psychology has operated with a disease model of human functioning concentrating solely on repairing damage (Seligman & Csikszentmihalyi 2000: 5). This almost exclusive attention to pathology neglects the more positive aspect of human functioning and the science of positive psychology wants to challenge this by concentrating on strengthening the positive facets of human experience. The central question is not how to cure disorders but how people's lives can be most worth living or how to create conditions where human beings can flourish. (Seligman & Csikszentmihalyi 2000.) Accordingly, a key idea of Systems Intelligence is *flourishment,* a capacity to make intersubjective systems flourish (Hämäläinen & Saarinen 2006: 192). Our believe is that more emphasis should be given to creating positive affectivity and thriving intersubjective systems. This can have a direct effect for better therapeutic outcomes.

Traditional therapies concentrate on how to cure disorders. We are not trying to undervalue this dimension. The problems the patients are facing are often so severe that they surely require careful attention. What we propose is not a shift in what to concentrate on in a therapeutic situation but how to view the therapeutic situation itself. The common view seems to be that a therapeutic situation usually works normally but sometimes it reaches to an impasse that must be overcome – that is to say, they concentrate on the negative. This parallels the aforementioned situation inside psychology in general by installing a dichotomy between normally functioning and malfunctioning therapeutic situations. Caught up in this mental model the possibilities that stem from the intersubjective nature of the therapeutic situation are seen as solely negative. The emphasis is exclusively on preventing these negative effects of intersubjectivity and not in embracing the positive possibilities it might have. An example of this tendency can be seen when Stolorow (1997: 343-344) gives us examples of how intersubjectivity affects the therapeutic situation, he focuses exclusively on the impasses. This is not to say that Stolorow et al. would have totally neglected the emerging positive possibilities that the therapeutic system can create. A fine example of the opposite is their genial discussion about how the analyst "through attuned responsiveness, will hold and provide a relational home for the patient's painful reactive feelings" (Stolorow 2007: 12)

Turning this view upside down is in the heart of Systems Intelligence. Instead of focusing on the pitfalls of a therapeutic situation the analyst should concentrate on creating an intersubjective system that flourishes. Admitting the affective-laden nature of the bond between the analyst and the patient (Stolorow et al. 2002: 15) the analyst should seek means to maximize the possibilities this system can create. There are at least three reasons why a more positive and flourishing intersubjective system is able to create more positive therapeutic results.

Firstly the therapeutic progress tends to create painful and frightening affect states for the patient and the therapeutic bond must be strong enough to withstand these. (Stolorow et al. 2002: 16). The therapeutic bond must be able to "withstand, hold, contain, and help integrate the powerful emotional states evoked in the course of the therapeutic dialogue." (Stolorow 2002: 333-334). Therapeutic impasses do often devolve from a failure in this aspect. Therefore a direct unalloyed emphasis on creating a sustainable therapeutic bond is a precondition for successful therapy.

Secondly, as Barbara Fredrickson's work has demonstrated, positive affects broaden people's momentary thought- action repertoires (Fredrickson 2001; Fredrickson & Branigan 2005). In a more positive affective state a patient is able to widen her though-repertoire, to acquire new perspectives on things past and present. By creating a positively vibrating therapeutic situation the analyst makes the patient more attuned for change for better and more willing to accept the new perspectives the analyst represents to her or facilitates in her. As the empathic-introspective view on psychonalysis "aims to expand the patient's experiential horizons, thereby opening up the possibility of an enriched, more complex, and more flexible emotional life" (Stolorow et al. 2002: 46) it should be clear that this inquiry brings better results when done inside a more positively attuned intersubjective system. Change for the positive is thus more likely to happen in a positive environment.

Thirdly, many patients have experienced severely damaging intersubjective experiences in the past. To cope in these intersubjective systems they must have repressed certain forms of their own experience (Stolorow et al. 2002: 47-48). In this situation "the intersubjective field of the analysis, made possible by the emotional availability of both analyst and patient, becomes a developmental second change for the patient" (Orange et al. 2001: 8; see also Orange 1995). In a flourishing therapeutic system, the patient is able to form new more flexible organizing principles and to open up to the experiences formerly repressed in more restricting intersubjective systems.

Taking all this together shows the paramount importance of a positively flourishing therapeutic system as a necessary context for successful therapeutic encounters. But it suggests also an even more radical perspective. Perhaps the royal route to therapeutic success does not always lie in concentrating on the problem at hand. The affective nature of the therapeutic bond and the flourishing therapeutic system can itself prove to be enough to help the patient substantially. Trusting her cultivated Systems Intelligence, the analyst should be open for positive interferences that are not necessarily connected to the problem itself. We are not suggesting that the more traditional problem-based aspect of therapy should be dismissed. It remains a central aspect of many therapeutic encounters. The suggestion is merely that this perspective should be complemented with another that acknowledges that many times positive therapeutic outcomes are to be reaped from a sheer focus on the positive.

"Systems create possibilities for self-supporting spirals of uplift" (Hämäläinen & Saarinen 2007a: 15). By creating flourishing intersubjective systems the analyst is able to enhance the patient in acquiring enlarged, enriched and more complex experiential repertoires. Thus the focus of the analyst should widen to include, as well as the problem, also the possibilities that the intersubjective system itself can create. By concentrating on the creation of a flourishing therapeutic bond, the analyst is already halfway to the solution of the patient's problem.

The emergent potential evident in a complex system

Taking intersubjective situations to be complex systems has also more far-reaching implications than is evident in Stolorow et al.'s account. Of these, the phenomenon of emergence is perhaps the most important. As Orange et al. (2001: 25) themselves state: "Technically oriented thinking blinds us to the particularity of our patients, of ourselves, and of each psychoanalytic process. Emergence may be a better concept than production – the emergence of understanding, of relatedness, of stable and positive self-experience."

'Emergence' refers to the "coming-into-being of novel, 'higher' level structures, patterns, processes, properties, dynamics, and laws, and how this more complex order arises out of the interactions among components (agents) that make up the system itself" (Hazy et al. 2007: 6; Goldstein 1999). The intersubjective system itself is an emergent feature that the analyst and patient co-create in their interaction but that has a strong effect on thinking and behavior of both of them. Its structure or pattern is seen to be *emergent* from the self-organizing processes of continuously active subjective worlds of the participants (Orange

et al. 2001: 75). Once it has emerged, "its presence and behavior becomes a salient layer for the exploration of explanatory relationships, perhaps even more so than the level of the components by themselves" (Hazy et al. 2007: 6; Anderson 1972). Understanding social situations to be essentially dynamic systems means that there is always present in them the possibility for spontaneous emergence of new ideas, thoughts, feelings and ways of acting (Fogel et al. 2008: 249).

From a systems perspective on therapy we must acknowledge that the possibility of emergence is one of the key aspects of therapeutic change. The experiential world of the patient is largely a result of her previous interactions in various intersubjective systems (Orange et al. 2001: 8). Accordingly, therapeutic change comes "through new relational experiences with the analyst in concert with enhancements of the patient's capacity for reflective self-awareness" (Stolorow & Atwood 2002: 25). This "facilitates the establishment and consolidation of alternative principles and thereby enlarges the patient's experiential repertoire". The aim of therapy should be the creation of intersubjective system that allows coming into being of the genuinely novel, of new interaction patterns, new interpretations of the reality and new modes of affectivity. Because of their dynamic nature, also seemingly stable systems always contain a seed for change. In any social system there is the latent potential to leap into a new level. These hiding potentials represent structural changes, changes in the 'local rules' of the social situation that when changed, take the system to a qualitatively new level. "People have adjusted to *what they believe is the system.* [- -] But when the system is shaken, the latent beliefs might trigger a revolution" (Hämäläinen & Saarinen 2006: 194).

The analyst's Systems Intelligence is also her ability to sense these potentials that are not yet there but can unfold. These potentials and how to reach them seldom manifest cognitively. Instead an experienced analyst has a feel for them and can be able to catalyze them through her intended and non-intended behavior. Sometimes even seemingly trivial interventions in the intersubjective systems can trigger large-scale restructurings in the subjective worlds of the participants. In a therapeutic situation, an analyst should always look out for these hidden potentials as they enable structural changes that constitute the major breakthroughs of the therapy.

To fully capture one of the central forms of emergence happening in therapeutic situations, another term besides emergence might be used. 'Wholeness-preserving transformation' – to borrow a concept from Christopher Alexander's (2003: 16) seminal

studies –aptly describes the process of organically overcoming and growing over the existing structures of intersubjective systems and the experiential worlds influenced by them. The aim of these transformations is to enlarge a patient's experiential world to encompass a more varied repertoire of interpretations of the world. By cultivating an intersubjective system that expands the experiential world of the patient and by actively seeking to change the 'local rules' that govern this intersubjective system the patient is able to encounter a qualitatively new intersubjective system which in turns can widen her experiential world permanently. A Systems Intelligent analyst develops an instinct for these wholeness-preserving transformations and views the therapeutic situation through this lens. She has a sort of sense for the emergent wholenesses that are already latently immanent in the present moment.

The systemic nature of the therapeutic situation thus explains why there is always a latent potential for a radical shape shift of both the therapeutic system and the patient's own subjective horizon. The potential of emergence also manifests the inadequacy of the objectifying view of therapeutic system, as it cannot capture this coming into being of the genuinely novel. Recognizing the tremendous potential of emergence is therefore an essential feature of Systems Intelligent therapy as well as an important argument for the adoption of Systems Intelligence as an essential feature of therapy in general.

6. Conclusion

The Intersubjective Systems Theory provides a powerful basis to understand the therapeutic situation. Its recognition of the analytic situation "as a dyadic intersubjective system of reciprocal mutual influence, to which the organizing activities of both participants make ongoing, codetermining contributions" (Orange et al. 2001: 43) is truly revolutionary. It captures well the affect-laden nature of the therapeutic situation, its reciprocity, complexity, intersubjectivity and sensitivity. It enables us to see the therapeutic situation as a mutually created and unfolding system that opens up and closes certain possibilities and that operates much outside of our cognitive-rational awareness. It thus provides a metatheory or rather a sensibility that enables the analyst to take into account and emphasize these subtle and contextual but crucially important aspects of the therapeutic situation. Building on this, Systems Intelligence is able to bring forth a couple of important points regarding the way the analyst works.

Systems Intelligence emphasizes the many ways the analyst is already doing right. Analysts need to proceed also when they cannot adopt an objective viewpoint, a definite understanding of the situation nor have the luxury of a technique. In these situations they have to trust their Systems Intelligence – their ability to move ahead with sensitivity and on-the-fly adaptability vis-à-vis the system that is emerging. Analysts already have this competence to preconsciously sense the situation and feel their way forward to the right way of being and acting with their patient. Put more technically, they are able to be responsive to the intersubjective system they are embedded in with the patient. Systems Intelligence celebrates this capacity and encourages analysts to entrust it more.

Additionally, Systems Intelligence encourages analysts to build intersubjective systems that flourish. Paying close attention to the affect-climate of a therapeutic system enables the analyst to create an intersubjective system that really paves the way for change in the patient's subjective world. Furthermore, the dynamic nature of the intersubjective systems exhibits the potential for emergence that is always present in the therapeutic situations. Qualitatively new intersubjective wholenesses can be unfolded through seemingly subtle interventions by a sensitive analyst.

Systems Intelligence emphasizes the *phronesis* of therapeutic practice, the practical knowledge of the analyst. In Systems Intelligence "a system that works comes first; understanding and explaining why it works comes second" (Hämäläinen & Saarinen 2006: 193). We believe this to be a mindset that analysts are already using in their daily work. After all, cognitive understanding is not the ultimate goal of a therapy but just one (albeit important) instrument in changing the patient for better. Stolorow recalls how long before developing the theories discussed here he, as a young candidate, was working with a patient. With hindsight he sees how he as the analyst "was already working contextually with him, even though his guiding framework, still in germinal form, was as yet unformulated, prereflective, nameless". (Stolorow et al. 2002: 64). He was operating with his Systems Intelligence, long before any theoretical rationalization for it could be given. By pointing it out and giving it a place in theory we want to bring forth more of that flourishment and positive change that is at the heart of any uplifting therapy.

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