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Complex Thinking: The Science and Spiritual Nature of Therapeutic, Pedagogical, and Supervisory Relationships

Daniel Rzondzinski¹

At the end of the nineteenth century and the beginning of the twentieth century, social sciences adopted scientific methods from physics, biology, and chemistry in order to be considered true scientific disciplines. Classical science uses two principles: disjunction and reduction. Disjunction means disconnection, separation, the parts from the whole or the whole from its context. Reduction means simplification, making simple something complex in nature and consequently changing the nature of the object. These strategies represent the two principles of the paradigm of simplification.

Following these principles, classical science divides the object into its basic elements, forgetting the connection among them. Then, each element is studied by a particular scientific discipline. In this manner, classical science does not see the object as a whole. Classical science divides the object, thereby changing and simplifying its nature. The purpose of this action is to increase power and control over the object. This means accumulation of power and knowledge by classical science. If the object cannot be manipulated, classical science excludes the object from the scientific realm. At the same time, classical science removes the object and the researcher from their own contexts. In this way, classical science pretends to achieve scientific objectivity. Scientific objectivity is an ideological product. It is a social and historical construction. Scientific objectivity is a product of positivism or neo-positivism. Classical science is science without consciousness, without soul. People who use classical science do not consider the spiritual or moral consequences of its application. This is one of the reasons that classical science excludes any kind of spirituality or morality. This kind of science has been used by the people who have been running the planet from the beginning of positivism until the present and they are taking the planet to its potential extinction.

The strong influence of positivism supporting classical science during that period required that other ways of knowing – spirituality, religion, philosophy, arts, and literature, to name only a few – be excluded because they were not scientific enough and not able to fulfill the criteria of scientific objectivity. Accordingly, the environmental context of fully knowing objects was removed and research provided simplified answers to complex questions. Thus, the true nature of any object being studied was lost and these answers are not able to address the present problems that humankind is facing.

In our post-modern world, complex thinking has been a response against the dominant reductive position that has come from the neo-positivism of natural sciences. Moreover, complex thinking emerged as a way to answer questions that classical reductive science could not. Consequently, new research strategies that cross disciplinary boundaries allow for a new holistic approach to understand human experiences.

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Complex Thinking

Complex thinking is one of these new cross-disciplinary strategies and is the product of the work of, among others, Edgar Morin (b. 1921), sociologist and philosopher; Basarab Nicolescu (b. 1942), theoretical physicist; Stephen Hawking (1942-2018), theoretical physicist; Jean Piaget (1896-1980), developmental psychologist and educator.

The concept of complex thinking means to study a phenomenon considering its complex nature without using any kind of simplification. Morin (1998) provides a definition of complex thinking. He says:

The ambition of complex thinking emphasizes the articulations among disciplinary landscapes broken by the paradigm of simplification (one of the most important aspects of the paradigm of simplification); it isolates what it divides and it hides what it leaves out, it interferes. Complex thinking attempts to achieve multidimensional knowledge. However, complex thinking recognizes that complete knowledge is impossible to reach. One axiom of complex thinking is to state the theoretical or pragmatic impossibility of any kind of omniscience. Complex thinking is affected by an internal tension between its desire to achieve non-fragmented knowledge, not divided, not reduced; and the recognition that every knowledge is incomplete. (p. 22)²

This paper will use the concept of complexity formulated by Morin. Considering this concept, I assert that humans are complex systems because they are multidimensional entities where each dimension determines their subjectivity. As indicated by Morin (1999), human beings are physical, biological, psychological, cultural, social, and historical. And, I add, “spiritual.” This means that human beings are determined by their social locations: race, gender, sexual orientation, ability, age, socioeconomic status, marital status, etc. In this way, human beings develop complex relationships such as the therapeutic, pedagogical and supervisory relationship.

Therapeutic, pedagogical and supervisory relationships

The therapeutic relationship is the relationship between the psychotherapist and the client, the pedagogical relationship is the relationship between the teacher and the student, and the supervisory relationship is the relationship between the clinical supervisor and the student in placement or the psychotherapist in supervision. Two of the main goals of these relationships are: individuation and self-actualization.

In 1921, in his work *Psychological Types*, Jung defined individuation as the process by which an individual becomes an independent, separate entity from the collective that was understood as humankind. While Maslow, in 1943, explained the concept of self-actualization in his “theory of human motivation.” He stated that self-actualization is a process by which a human being is able to develop his/her talents and potentialities, satisfying his/her desire to grow and his/her drive to express, potentialities that exist in every person. Based on these definitions, we can define the role of the psychotherapist, the role of the teacher, and the role of the clinical supervisor. The role of the psychotherapist is to help the client to recover his/her mental or emotional health following one or various

² Translation by the writer.

therapeutic models (example: cognitive behaviour therapy, psychoanalysis, narrative therapy, etc.).

In terms of teaching, a constructivist approach was developed by Freire (1968) in his book *Pedagogy of the Oppressed*, which is in opposition to the concept of “Banking Education.” Freire described how the dominant ideology is internalized in the minds of the students without any kind of critical thinking. In this way, the dominant ideology of traditional education continues to support the oppressive social context in which the students live and are oppressed. In relation to this topic, Freire (1968) says:

In banking education, “wisdom,” knowledge, is a donation from people who have knowledge to those who are ignorant. Donation is the instrumental ideology of oppression. Complete ignorance is achieved through alienation from knowledge. The lack of knowledge is in the other (p. 73).³

Following Freire, it is not difficult to understand that the position of the student is passive and the position of the teacher is active. In banking education, students need to be passive: students are the future oppressed people. They represent the power of the oppressor; they represent the power of classical science supported by global capitalism.

But this approach to teaching diminishes what the student brings to the learning process. Teachers need to be active. The role of the teacher is to teach students new knowledge by building on previously acquired knowledge following a constructivist approach. The students are coming to the classroom with previous knowledge that the teacher needs to identify and respect.

The clinical supervisor has a triple role. This means that he/she has to perform a didactic role, a therapeutic role, and a consultant role.

1. The didactic role is the classical role of the teacher. The clinical supervisor teaches the student the nature of the therapeutic relationships, the use of various therapeutic models and the use of various clinical strategies and techniques.
2. The therapeutic role happens when the student has difficulties working with a client. The clinical supervisor will help the student to review issues related to transference, counter-transference and use of self, and help the student to explore the blind spots that are affecting his/her clinical performance. Under no circumstance should the clinical supervisor do therapy with his/her student. This would be an example of not respecting the learning alliance, the learning contract between the student and the clinical supervisor. If the clinical supervisor identifies an important blind spot affecting his/her student’s performance, the clinical supervisor will suggest that the student examine this particular blind spot with his/her own psychotherapist. Depending on the level of difficulty in terms of addressing the particular blind spot, the clinical supervisor, if necessary, will also have to consider transferring the student’s client to another available student in placement or psychotherapist.

³ Translated by the writer.

3. The consulting role does not happen on a regular basis. The consultation happens occasionally. The therapist or student in placement requires assistance in relation to one specific topic, clinical situation or clinical intervention.

Structural elements of the therapeutic, pedagogical and supervisory relationships

The human relationships described in this article present common elements that are the foundation of their structure. These structural foundations are: complex system; power differential; assimilation-accommodation processes; therapeutic-learning alliance; transference/counter-transference; and spirituality.

System and complex system

Because human beings are complex systems, they develop complex relationships. These relationships are also complex systems.

The concept of a system was first used by the philosopher and mathematician Gottfried Wilhelm Leibnitz in 1666. He defined a system as a group of elements in interaction. This interaction can be an exchange of energy, matter or information. When the interaction happens, it produces emergent properties unknown to each separated part of the system (Rzondzinski, 2017, p. 13).

Complex systems are extremely dynamic, non-linear and chaotic. It is very difficult to predict a system's behaviour or its elements, and complex systems are unable to follow the principle of causality. Human relationships share some aspects of complex systems as do human minds. Our minds consist of conscious and unconscious processes and psychoanalytic theory, as well as contemporary science, posits that we cannot control our unconscious mind. The unconscious mind controls and shapes our consciousness, and the process of psychoanalysis attempts to make conscious the unconscious so the client can express his/her own unconscious desire in order to achieve some balance.

The unconscious mind is a turbulent and chaotic complex system that drives our conscious thoughts and behaviors (Palombo, 1999). Thus, we can infer that the unconscious mind is present and determines every human relationship, including the therapeutic, pedagogical and supervisory relationships. Finally, we need to add that these relationships have great capacity for adaptation to their environments. When Palombo (1999) reflects on the therapeutic relationship, he introduces two concepts: The concept of complex system and the concept of adaptation. He concludes that the therapeutic relationship is a complex adaptive system. He says the following:

This is the dyad composed of the patient and the analyst; and both patient and analyst are systems. These are systems within systems... [C]hanges in the ecosystem formed by the patient and the analyst can increase the fitness of the patient... [A]daptive change in the patient results from the coevolution of the therapeutic dyad in the analytic ecosystem. A better adapted ego emerges in the patient as the patient and the analyst become better adapted to one another. (Palombo, 1999, pp. 1-2)

Following Palombo's definition, we can presume that the pedagogical and the supervisory relationships are also complex adaptive systems. The teacher and the students and the

supervisor and the supervisee present the same behavior described by Palombo when he explains how the analytic ecosystem is operating. Consequently, we can add that these relationships include a dyad and these dyads are systems. Dyads are also systems within systems. This means that changes in the learning or supervisory ecosystem can increase mutual development. Finally, adaptive changes result from the coevolution of the learning or supervisory dyad in the learning or supervisory ecosystem. Through that, a better adapted ego emerges in each component of the dyads and they become better adapted to one another.

Power differential

In relation to the field of psychotherapy, this writer uses the client-centred perspective. In this perspective, the client is leading the therapeutic process; the client formulates the therapeutic goals and the therapist supports the client throughout the therapeutic process in order to help him/her to achieve his/her therapeutic goals. The client has the greater power, not the therapist, because the client is the expert in his/her own life and not the therapist. Client-centred perspectives are in opposition to the medical model where the greater power and expertise in assessment or treatment is in the hands of medical doctors and not the client.

In relation to the pedagogical and supervisory relationships, the students and the supervisees are not considered a clean slate. The student and the teacher and the clinical supervisor and the supervisee are dyads and they are learning and leading the learning or supervisory process together. They use co-evaluation in order to assess the outcomes of the learning and supervisory process together. In this way, the power differential tends to be equalized. Centred-approach perspectives, such as Freire (1968) has indicated, criticize the traditional education system in which students are passive elements in the pedagogical relationship and teachers, the active elements, have the obligation to deposit their knowledge into the empty mind of their students.

Assimilation and accommodation processes

The concepts of assimilation and accommodation were formulated by Piaget (1936) in his work "Theory of Cognitive Development." I would suggest that these concepts are applicable to the therapeutic, pedagogical and supervisory relationships. Piaget believed that children are able to construct a cognitive model of the world and he was able to demonstrate that intelligence is a product of the interaction between biological maturation and the psycho-social context or environment. Piaget described four stages of cognitive development: sensory-motor, pre-operational, concrete, and formal. Finally, Piaget explained the learning process as a dialectical interaction between the assimilation and accommodation processes.

Piaget defined assimilation as the cognitive process where new knowledge is internalized by the mind of the subject and is added to his/her previous knowledge. Piaget indicates that accommodation is the cognitive process that describes how new knowledge changes previous schemas (perception of reality) of the subject. This happens because the new knowledge does not fit into the existing schemas. Because of that, the subject has to change his/her schemas or perceptions of reality to accommodate the new knowledge.

Assimilation and accommodation processes happen in every interaction between the teacher and the students when the teacher is teaching new content; when a therapist and the

client develop a new strategy to address the problem of the client; or when the clinical supervisor helps the supervisee to see his/her blind spots that are affecting his/her clinical performance. In all of these cases, transformation happens: new schemas replace old schemas. A new perception of reality is developed. It is possible to say that the transformation described in the therapeutic, pedagogical and supervisory relationships is consistent with the principles of transformative learning theory. Cranton (2016) says:

Transformative learning theory is based on constructivist assumptions. In other words, meaning is seen to exist within ourselves, not in external forms. We develop or construct personal meaning from our experience and validate it through interaction and communication with others. What we make of the world is a result of our perceptions of our experiences. If we were to claim the existence of absolute truths or universal constructs that are independent of our knowledge of them, the goal of learning would be to discover the right answers rather than to contemplate our perspectives on the world. Transformative learning is a process of examining, questioning, validating, and revising our perspectives (p. 18).

Therapeutic and learning alliance

The therapeutic alliance is an agreement between the therapist and the client. Both of them agree to work together in order to help the client to achieve her/his therapeutic goals. The learning alliance is an agreement between the teacher and the students or between the clinical supervisor and their supervisees. In this agreement, the teacher or the clinical supervisor agrees to help the students to achieve their learning goal or agree to help the supervisee to achieve his supervision goals. The therapeutic alliance, as well as the learning alliance, are basically conscious agreements. The therapeutic alliance and the learning alliance can be strong or weak. It is important for the therapist, the teacher or the clinical supervisor to develop strong alliances in order to achieve their respective goals.

Transference and countertransference

In 1910, Freud defined the concept of transference in his book *Studies on Hysteria*. He stated that transference is the emotional unconscious connection, identification, of the client towards his/her psychotherapist.

Transference in psychoanalysis is the process for which unconscious desires are projected over certain objects, over the relationship among these objects; and especially, in relation to the analyst. It is a repetition of infantile prototypes which are re-enacted in the present. When psychoanalysts are talking about transference, they talk about the transference that happens during the treatment (Laplanche & Pontalis, 2001, p. 439).⁴

Later, in 1920, Freud defined the concept of counter-transference in his work "The future prospects of psycho-analytic therapy." He describes that countertransference is the emotional unconscious connection, identification, from the psychotherapist towards the client. "It is the emotional unconscious reaction from the psychoanalyst towards the client. It is a response to the transference of the client" (Laplanche & Pontalis, 2001, p. 84).⁵

⁴ Translated by the writer.

⁵ Translated by the writer.

Transference, as well as countertransference, also happens in the pedagogical and the supervisory relationships. Transference and countertransference can be positive or negative.

The psychotherapist, the teacher and the clinical supervisor must work on developing and keeping functioning positive transference and countertransference in order to help the client, the student, or the supervisee to achieve positive outcomes from their respective therapeutic or learning processes.

Spirituality

From a complex thinking perspective, human beings are multidimensional beings. One of the most important dimensions is the spiritual dimension. Complex thinking affirms that any source of human knowledge is important and needs to be integrated into a global kind of knowledge: the knowledge of humanity. Among these other sources of knowledge recognized by classical science, we need to consider others such as philosophy, arts, religion and spirituality.

Historically, spirituality has been rejected by classical science because spiritual issues are not possible to prove through experimental methods, issues such as the existence of God, the existence of the human soul or any other mystical experiences. Classical science therefore states that mystical experiences or belief in spiritual entities are products of superstition or madness. At the beginning of the twentieth century, there was an intense conflict inside the field of psychoanalysis between Freud and Jung in relation to spiritual issues. Freud supported a materialistic position in relation to psychoanalysis. Jung supported the opposite one. As the result of that conflict, Jung separated from Freud and developed his own approach to psychoanalysis that he called "Analytical Psychology."

In this article, following the principles of complex thinking, I argue that all of sources of knowledge need to be welcome in the world of human knowledge. Therefore, I suggest that it is extremely important to include spirituality in the field of psychotherapy. In addition, we should acknowledge that spiritual issues can be very important for many of our clients. At the same time, disregarding spiritual issues means violating the principles of complex thinking and the client centred perspective that I have been advocating in this paper.

I believe that spirituality is present in every human relationship, including the therapeutic, the pedagogical and the supervisory relationship. Pargament (2007) reflected on the connection between spirituality and psychotherapy defining what he called "spirituality integrated psychotherapy."

Spiritually integrated psychotherapy is an approach to treatment that acknowledges and addresses the spirituality of the client, the spirituality of the therapist, and the process of change... Spiritually integrated psychotherapy rests on the assumption that spirituality is a vital dimension in the lives of many clients (p. 176)

Following Pargament's definition, I would affirm that spiritual issues are also present in the pedagogical and the supervisory relationships. Excluding spirituality from these relationships means reducing the complexity of these relationships using the paradigm of simplification, a paradigm that rejects the complex thinking approach. The psychotherapist, the teacher and the clinical supervisor will have to work to pay close attention to spiritual

issues to help the client, the student, or the supervisee achieve positive outcomes from their respective therapeutic or learning processes.

Conclusion

From a complex thinking perspective, human beings are multidimensional entities having many social locations. They are complex systems where each dimension determines their subjectivity. Following that perspective, I propose that human beings develop complex relationships such as the therapeutic, pedagogical and supervisory relationships. I explained that these relationships have two common goals: the process of individuation and the process of self-actualization.

I describe how the psychotherapeutic, pedagogical and supervisory relationships present similar structural components: complex adaptive systems (dynamic, non-linear, turbulent); power differential (that it is equalized through clients, students, supervisees, centred perspectives); assimilation-accommodation processes (the principles of genetic-epistemology and transformative learning theory are applicable); therapeutic alliance/learning alliance (they have to be strong rather than weak); transference-countertransference (they have to be positive rather than negative); and spirituality (it needs to be always included in every psychotherapeutic, pedagogical and supervisory assessment).

Finally, I emphasize the importance of the spiritual dimension rejected by classical science. I demonstrated that spirituality is a central dimension present in every therapeutic, pedagogical and supervisory relationship. At the same time, I agree with the principle of complex thinking that states that any source of human wisdom needs to be included as an essential base for the whole knowledge of humankind.

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