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Comment to: *Interview with Corrado Pontalti in conversation with Fabio Vanni*

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Complexity in clinical practice and the complexity of clinical practice

The interview with Corrado Pontalti brings into sharp focus how clinical practice represents an encounter with complexity: the complexity of the multi-significant and multi-signifiable syntonies and suffering of others which cannot be reified or tackled using standard processes. Clinical practice puts us in the privileged position of observing the functioning of individuals and experiencing first-hand how subjectivity reacts in the face of a specific social, economic, historical and political situation. We can speak of complexity in clinical practice, but at the same time, of the complexity of clinical practice. The subject's complexity is to be found in the symptom which it produces, which is its expression and its suffering in idiosyncratic form. The symptom is the subject's unique solution to the problem of maintaining an equilibrium in the world, the social and the proximal world.

A look at the clinical perspective leads us to reflect on care and the theory of care. As Heidegger says, it is an act, and as such, has repercussions and links, not only to each patient's individual context, but also to his or her proximal context, and the context in which the act is constructed, applied and expressed, and which contributes to shaping our social context. Our social context in turn, in a circular way, shapes the theory of clinical practice. Each theory is the product of its time, and in this regard Pontalti recalls that psychoanalysis found fertile ground for its development in a period in which "the individual" occupied a primary space of acceptance. Clinical practice is, therefore, the complex product of subjects who are suffering in a particular historical and socio-cultural period, in terms of content, symptoms, theory and structure.

It is pertinent, from this reflection on clinical practice, to reason in terms of

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complex thought. Pontalti illustrates the risks of simple thought particularly well. Clinical practice puts us in contact with the complexity of the world and the subjects that inhabit it. The response to this challenge cannot be reductionism, a characteristic of simple thought which dissociates clinical practice from the real world. The reification of suffering leads us, in a pernicious way, to believing that what has been delineated is, in fact, the real world, and we act on that reductionist basis. Pontalti's illustration of therapies in adolescence is particularly significant. Some forms of clinical practice, in dealing with distressed adolescents, separate the subjects from their problematic families, they work only with the subject, and have no dialogue with parents. This simple, reductionist view is reassuring, but it means that we lessen the effectiveness of interventions and weaken and disrupt the system's potential.

The interview stimulates a reflection on the complexity of our subjects. It clearly illustrates the multi-determination of events that we address in our consulting rooms and proposes that we tackle this complexity from the inside, with the proviso that the path to avoid, given that there are no predetermined solutions, is the search for traumas, culprits, and causes, which only isolates the phenomena. Pontalti warns against the default mindset that determines unconstructive treatment outcomes: the search for regularities, answers, causes, paths to understanding, and heuristics. I believe that complex thinking consists of keeping in mind that we tend to search for heuristics to direct us, this does indeed happen, and we cannot avoid starting with an idea, but we must be aware that what we see when we circumscribe in this way is neither the truth, nor the world, nor our patient. We cannot escape this way of reasoning given that complexity cannot be fully embraced, however, we need to be aware of it in order to question and relativise it, to enable us to negotiate the flow of complexity that we, as therapists, contribute to with our interventions. Otherwise, we might mistake our difficulty in being in something unknown that we are trying to make sense of, for reality.

In the interview, a good example of this anchoring to a pattern is the story of the therapist who meets an adolescent patient. Despite not understanding the patient, the therapist decides against seeing the mother because she claims she is not a systemic therapist. This shows how technique can become absolute: instead of embracing reality, technique imposes its simple form, but the patient is a complex reality and as such will elude such a reduction. A further risk, in my opinion, is that a technique which is absolutized to such an extent may not be considered liable if a patient loses interest in therapy; in this event the failure is attributed to the patient's condition. What happens if the reality does not fit the model that clinical practice imposes on it? What are the repercussions on the patient?

Pontalti's position concerning the role and involvement of parents is interesting, he appears to restore to therapists the role of social actors. Pontalti abandons the paradigm of the expert who knows what to do and instead suggests to parents that no-one knows what to do to help the child, and that

they are there to look for a solution together. The solution cannot be presented *a priori* but will emerge out of a clinical process respectful of the complexity inherent in the young person's suffering. It is a change of perspective that leads us to not delegate responsibility to the assumed knowledge of the technician and his theory. If we accept that we do not understand the suffering of that young person, we assume responsibility for finding a solution. There are no set procedures to follow - these will emerge from the nature of each individual situation. Those of us who work with young people know how difficult it is to work with adults in the same way.

Pontalti stresses the importance of the initial interview and consultation and describes how he gets the setting to speak by immediately involving the parents of his young patients, to convey the message that they are on the same journey, are not going to be judged, and to get to know the child's and adolescent's world, to get a broader view.

I wonder if, instead of adopting a technique that makes space for complexity, it would not be sufficient for complexity to inhabit the therapist's mind and give the patient-system space to manifest itself in its own way. Let me explain: Pontalti puts forward his technique for establishing who is to be called in for consultation, in other words, the parents, for the reasons I mentioned earlier. Vanni, on the other hand, suggests another technique that embraces whatever the system brings, and makes sense of it from the inside keeping in mind the complexity of what is presented. If therapists know they have a partial view of the situation, a view which derives from patterns that enable them to understand the patient's otherness, and that while partial are expandable and can become flexible in an exploration of what is co-constructed with the patient, then there will be no need to absolutize the technique; rather, the technique will be relativised, ensuring its consistency with the theory of complexity.

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