Phenomenological Complexity: On Emergence and Lived-Experience

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Complexity and Lived-Experience: Common Ground

> A genuine reconciliation of first- and third-person methodologies asks us to discover … conceptual complementarities and to trace out in detail their common ground. It does not require bridge-building because the bridge is already there.

These words, by phenomenologist Maxine Sheets-Johnstone, resonate, in part, with similar views expressed by Varela, Shear, Roy and Petitot who point to the need to "move beyond the gap" or to "build the appropriate links" in a "necessary circulation" between first-person accounts and third-person descriptions of natural phenomena. This apparent duality between the inside ("first-person accounts") and the outside ("third-person descriptions), however, has produced a "misleading divide". As Sheets-Johnstone suggests, there is no divide to speak of as "the bridge is already there." That is, as Varela and Shear propose, "phenomenal data can provide the common first-person/third-person ground" for particular kinds of questions raised in the natural and social sciences. In particular, this paper is intended to be an argument for complexity researchers to be more attentive to the "ground" of lived-experience where complexity science and phenomenology might be seen as mutually co-specifying sources of analogies. That is, the notion of "complexity," as meaningful experience of the world, could find some significance in the existential or thematic expressions of lived-experience.

Where many complexity-related theories continue to be imposed upon different phenomena to explain and categorize the world, a more sensitive approach is required to understand the common ground of complexity science and lived-experience: one that resists taxonomizing, classifying or abstracting one's experiences in a pre-reflective sense. There is a need to include the experiencing subject as part

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of the epistemological basis, which Letiche describes as "phenomenal complexity theory," to frame a study of human consciousness, one that is attentive to the lived-structures of meaning as manifest through the fundamental thematic existentials of spatiality, corporality, temporality and relationality. A central purpose of this piece is to consider the possibility of a human science that speaks to and with complexity science. More specifically, this paper proposes to examine the notion of "health" in light of lived-experiences of wellness and illness and of the concept of dynamical systems in an on-going study of healthy learning organizations.

Sketching the Common Ground

There is much in the large body of literature that suggests that first-person accounts and third-person descriptions of natural phenomena are incommensurable. There also is another body of work that speaks to the "fundamental complementarity" of these two different research orientations to the world. In fact, these two apparently separate spheres of inquiry historically have been wrongly pried apart. Rather than attributing some either/or thinking to the nature of living phenomena, there is a need to "obscure the in-between dynamic realities that constitute life itself and in turn how these realities rest on complementary rather than oppositional pairs". It is, as neuroscientist Scott Kelso writes, that the "reconciliation of first-third-person accounts of natural phenomena promises much in helping us to understand ourselves, other creatures, and the world we live in". The implications for learning, in fact, could be profound.

Many complexity-related theories suggest that they are anti-mechanistic frameworks, however, this notion is not shared by all scholars and researchers in the complexity field. In their work on complex responsive processes, for instance, Ralph Stacey, Patricia Shaw and Douglas Griffin critique and challenge what certain conceptual frameworks—like systems theory—can and cannot do. In particular, they point out how the troubling notion of "boundaries" creates a range of epistemological, methodological and conceptual concerns. That is, a systems perspective continues to divide the world up into bits and pieces. Still, it does seem that it is a desire for many complexity theorists to see what they do as "putting the world back together"—to tend to natural phenomena holistically.

The observation that "much of educational research tends to pulverize life into minute abstracted fragments and particles" is one shared by many phenomenologists who try to avoid dissecting the world. In this manner, then, phenomenology is, in some ways, quite different from other forms of educational research. As van Manen writes: "Most research we meet in education is of the type whereby results can be severed from the means by which the results are obtained". Phenomenology asks that we take our own experiences seriously: It is a project that aims to engage our selves and language authentically to speak the world as opposed to speaking *of* the world. In doing so, one engages in an on-going study of the lifeworld, that is, "the world as we immediately experience it pre-reflectively rather than as we conceptualize, categorize, or reflect on it". In other words:

> The task is to abstain from all speculation, such as metaphysical construction, which could lead to the elaboration of an abstract ontology. And one should put aside all

> psychological deductions which endeavor to identify phenomena and subjective experience.

To engage in phenomenological research is to ask "What is the nature of this phenomenon in its 'whatness'?" In the context of this paper, therefore, the question, which is one of the central aims of this paper, is to understand what the experience of illness or sickness might be like. In addition, the common ground with complexity science is also considered to identify similar shared insights in matters of health—indeed, of healthy learning organizations.

A Phenomenology of Dis-ease: Complexity and Lived-Experience

Phenomenology, Merleau-Ponty tells us, is all about "the study of essences". But, it is also, he tells us, a "philosophy for which the world is always 'already there' before reflection begins" which "offers an account of space, time and the world as we 'live' them." As such, there is what Husserl describes as a "returning to the things themselves". In so doing, a renewed contact with original experience is made as manifest through various thematic dimensions and modalities. These themes, in the context of this paper, will be examined for their resonance with life—in particular as one might recognize them in anecdotal sketches of sickness and well-being.

Generally speaking, human beings do not notice their bodies during occasions of common everyday healthfulness. It is, as Sartre describes, the body being "passed over in silence". In fact, it is "illness and not health which 'objectifies' itself, which confronts us as something opposed to us and which forces itself on us". It is important, therefore, to recognize that in matters of good health that one does not notice the world in the same manner as when one is ill. As van Manen writes:

> It is significant that it is much more difficult to describe the experience of health than the experience of illness. People who are trying to study health or well-being rather than illness discover that the elusiveness of the phenomenon of health parallels the elusiveness of the ordinary experiences of the body in its "natural" taken-for-granted or silent modality. As long as we are healthy we may not have reason to take notice of our corporeal being.

On the other hand, for the individual who is sick, directing his or her gaze upon a body that once was previously silent, the body now discloses itself quite differently. Phenomenologist, van den Berg, describes this change in the bodily relationship where for the healthy individual, he or she is:

> allowed to be his body and he makes use of this right eagerly: he is his body. Illness disturbs this assimilation. Man's body becomes foreign to him. An intruder makes it his headquarters and it becomes uninhabitable to the sick person. … The trusted ally has become an antagonist, a fierce enemy. The sick person has to revolt against it.

In other words, the once previously quiet ally has turned against the individual who is sick. And, so, the body enters a different modality: one that reflects an unliveable—even an adversarial—relation. The sick individual has, somehow, lost control. But what is the nature of this "loss"?

In the enterprise of science, there is no denying the success of an approach to understand the world by tending to an apparent orderly and predictable set of linear relationships so that human beings could be in control of the world. Of course, non-linearity need not imply that control is not possible. Moreover, an inability to predict and control does not imply that some given phenomenon is unintelligible. Such is the case of many complex phenomena of an emergent nature, that is, phenomena that arise through a collectivity of interactions and relations. To be sure, understanding emergent phenomena requires a study that goes far beyond an understanding of the "parts" of a system in interaction. Emergent phenomena, however, may show itself in different "states" depending upon the nature of the interactions of the parts. The nature of human health is one such phenomenon.

Complexity science suggests that we are thoroughly embedded in the world in a manner that is fundamentally different from previous scientific characterizations framed by notions of predictability and control. To be sure, while complexity science might suggest that little control may be exerted "over" a system, as if any observer might be able to stand "outside" of a given system, the notion of "participating" rather than "controlling" might be more appropriate in terms of understanding how human beings might *influence* a system. Rather than being a naïve observer standing outside some phenomenon, one might find a better understanding of how the world, of which human beings are always and already a part, might work as it does through the notion of "participation." As Gadamer suggests:

> Health is not a condition that one retrospectively feels in oneself. Rather, it is a condition of being involved, of being in the world, of being together with one's fellow human beings, of active and rewarding engagement in one's everyday tasks.

In times of illness, the body—a diseased object—is sometimes said to be encumbered by illness where the body is blocked in, or hampered from, participation in the world. Put differently, "connections" are crucial and vital to healthy, living phenomena. Human beings cannot self-regulate in isolation from the rest of the world: human beings require other human beings to come into contact with one another to form relationships. In other words, connections or relations are a matter of survival for human beings and are a part of human evolution. Such a notion, moreover, requires interaction, iterated over time and in space, with one another and ourselves. An individual encumbered by illness, therefore, remains disconnected from the world in time and space.

For a person who suffers from some kind of illness, there is often the need to be reconnected with and to his or her body through a liveable relation. That is, the relationship with one's body has become "broken, disrupted, or disturbed". For an individual who is ill, the quality of the experience for the body can be quite complex and ambiguous. As a guide for reflection on the experience of being ill, corporality or the lived-body in various modes of well-being and illness shows itself as important aspects of the world as one is always bodily present in the world. To be sure, serious illness changes the way a person experiences the many dimensions of that person's life. Not only does an illness change the complex relations with and to one's body, but a serious illness can change the way in which one experiences time, the relation to lived-space, and the lived-relations with others. Just as one discovers a body reflecting upon itself as a body—as an object—the unity of one's entire existence becomes fragmented and broken with and across the other lived existentials of time, space and relations.

Of course, one can never become thoroughly objectified and cut off from the world—not without being dead to the world. Still, this *sense* of disconnectedness is something which is felt, existentially speaking. As in everyday life where one must be able to forget one's body to be attentive to the things of the world and those projects of involvement, one sometimes "loses track of time." Indeed, this suggests a particular modality of lived-time—for the healthy individual. This kind of temporality is "subjective time as opposed to clock time". Certainly, the world was—and perhaps still is—viewed like some mechanical timepiece. Kepler, for instance, spoke of the universe as being "likened not to a divine organism but rather to a clockwork". Such a view of time as absolute, linear and uniform, however, does not reflect all modalities of lived-time—not in the everyday sense of time for a healthy human being. This inherited account of time from a clock-work universe in contemporary Western culture is simply insufficient.

Prior to the notion of a clockwork universe, an invention of the Age of Reason, time was thought to be and experienced in its fluidity and variability: Its qualitative nature became more homogenous, regular and linear. Lived-time, however, presents itself as having "a complex texture (evidence that we are not dealing with a 'knife-edge' present), a texture that dominates our existence to an important degree". Lived-time is an organized dynamic structure, where "now" lies in the "center" of, and bounded by, a moveable horizon where the structure moments of past, present, and future form an original synthesis. To be sure, "our time sense thoroughly pervades our experience of what it means to be human".

This sense of time, of being in touch with the natural rhythms of the cosmos, is felt less and less for many people as they are becoming more out of sync with the world. In other words, a kind of disconnection has occurred, making time appear flat, rushed, inflexible and almost machine-line in its tempo. As such, any sense of personal "nowness" no longer exists given the need to make it fit in with the persistent and precise ticking of the minute hand of a clock, the uniform blocks of time in one's daily agenda, and the linear sequence of days on a calendar. Our collective well-being has become compromised: A chronic health issue has manifest itself, expressed through a particular sense of lived-time.

If one should adhere to the notion that lived-experience is an emergent phenomenon, then time, as some existential dimension of the life-world, must likewise emerge from localized interactions-in-the-world. Depending upon the nature of the interactions, the phenomenon of time could be described in terms of a fractal structure where the "center" of time might vary in terms of its "distance" to the ever-shifting and mobile horizon of one's personal "now." As such, fractal organizations are healthy organizations and vice-versa and a diminished sense of time would correlate to an unhealthy organization. As Ratson writes: "the emergence of both human health and disease is coupled to our perception of time".

At the heart of this emerging picture of health and the shared ground of complexity and lived-experience is the notion that connections are crucial to life and its attending vital signs. In this emerging paper, the importance of connections in terms of one's relationship to one's body and felt-time has proven helpful in terms of orienting ourselves a bit differently to the world and its many dimensions and aspects as a dynamical system and framed by the notion of health. All in all, a different kind of picture of the world, one more (w)holistic framed, is needed.

A Picture of Health

When it comes down to it, human beings are more or less "whole." The notion, however, that disease begins and ends with the body as if it were a machine, has proven inadequate. Varela suggests that science tends to ignore experience when doing science and human beings tend to ignore science when leading life. Clearly, a better picture of health is needed where a different metaphor—in this case, health—might prove more useful, if not simply helpful, to understand the vitality of complex dynamical phenomena. Moreover, that picture must include and be attentive to lived-experience.

There is compelling evidence that there is a conceptual crisis—something that Capra has described as a "crisis of perception"—facing society, the education system, the medical community, economics, the environment, etc. Part of this crisis could be addressed through a greater attentiveness to the study and understanding of complex dynamical systems and the self-organizing nature of emergent phenomena. In addition, this crisis of perception that society faces could be helped by paying closer attention to our lived-experience. As such, tending to the common ground of lived-experience and complexity, especially in light of a complexified and felt sense of health, society might recover from decades—even centuries—of dis-ease, violence, environmental degradation and generally a multitude of toxic relationships as opposed to "a web of relationships that include the human observer and his or her consciousness in an essential way".

References

Capra, F. "Foreword." In *Space, Time and Medicine*, vii–xi. Boston: New Science Library, 1982.

Capra, F. *The Turning Point: Science, Society, and the Rising Culture*. Toronto: Bantam Books, 1983.

Dastur, F. "Phenomenology of the Event: Waiting and Surprise." *Hypatia* 15, no. 4 (2000): 178–189.

Dossey, L. *Space, Time, and Medicine*. Boston, MA: Shambhala Publications, 1982.

Eberle, G. *Sacred Time and the Search for Meaning*. 1st ed. Boston, MA: Shambhala Publications, 2003.

Gadamer, H-G. *The Enigma of Health: The Art of Healing in a Scientific Age*. Translated by Jason Gaiger & N. Walker. Stanford, CA: Stanford University Press, 1996.

Griffin, D. *The Emergence of Leadership: Linking Self-Organization and Ethics, Complexity and Emergence in Organizations*. New York: Routledge, 2002.

Griffiths, J. *A Sideways Look at Time*. New York: Jeremy P. Tarcher/Putnam, 2002.

Kelso, J.A.S., & D.A. Engstrøm. *The Complementary Nature*. Cambridge, MA: MIT Press, 2006.

Letiche, H. "Phenomenal Complexity Theory as Informed by Bergson." *Journal of Organizational Change Management* 13, no. 6 (2000): 545–557.

Merleau-Ponty, M. *Phenomenology of Perception*. London: Routledge, 1962.

Ratson, G.A. *The Meaning of Health: The Experience of a Lifetime*. Victoria, BC: Trafford, 2003.

Roy, J-M., J. Petitot, B. Pachoud, & F.J. Varela. "Beyond the Gap: An Introduction to Naturalizing Phenomenology." In *Naturalizing Phenomenology: Issues in Contemporary Phenomenology and Cognitive Science*, Edited by J. Petitot, F.J. Varela, B. Pachoud & J-M. Roy, 1–80. Stanford, CA: Stanford University Press, 1999.

Sartre, J.P. *Being and Nothingness: An Essay on Phenomenological Ontology*. New York: Philosophical Library, 1956.

Shaw, P. *Changing Conversations in Organizations: A Complexity Approach to Change, Complexity and Emergence in Organizations*. New York: Routledge, 2002.

Sheets-Johnstone, M. "Preserving Integrity against Colonization." In *Perils and Promises of Interdisciplinary Research*. University of Copenhagen, 2002.

Solé, R.V., and B.C. Goodwin. *Signs of Life: How Complexity Pervades Biology*. New York: Basic Books, 2000.

Stacey, R.D. *Complex Responsive Processes in Organizations: Learning and Knowledge Creation*. New York: Routledge, 2001.

Stacey, R.D. *Complexity and Group Processes: A Radically Social Understanding of Individuals*. New York: Brunner-Routledge, 2003.

Stanley, D. "Comparative Dynamics: Healthy Collectivities and the Pattern Which Connects." *Complicity: An International Journal of Complexity and Education* 3, no. 1 (2006): 73–82.

Stanley, D. "Creating Healthy Learning Organizations: A Complex Approach to a Crisis of Perception " In *Approaches to Educational Leadership and Practice*, Edited by W. Smale and K. Young. Calgary, Alberta: Detselig Enterprises, To Appear.

Stanley, D. *On the Importance of Connectivity in Healthy Learning Organizations: A Comparative Dynamics Perspective*. Paper presented at the Proceedings of the 2005 Complexity Science and Educational Research Conference, Loranger, LA, November 20–22, 2005.

van den Berg, J.H. *The Psychology of the Sickbed*. Buffalo, NY: Prometheus Books, 1967.

van Manen, M. "Modalities of Body Experience in Illness and Health." *Qualitative Health Research: An International, Interdisciplinary Journal* 8, no. 1 (1998): 7–24.

van Manen, M. *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*. Albany, NY: State University of New York Press, 1990.

Varela, F.J. *Ethical Know-How: Action, Wisdom, and Cognition*, Writing Science. Stanford, CA: Stanford University Press, 1999.

Varela, F.J. "The Specious Present: A Neurophenomenology of Time Consciousness." In *Naturalizing Phenomenology: Issues in Contemporary Phenomenology and Cognitive Science*, Edited by J. Petitot, F.J. Varela, B. Pachoud & J-M. Roy, 266-314. Stanford, CA: Stanford University Press, 1999.

Varela, F. J., & J. Shear. "First-Person Methodologies: What, Why, How?" In *The View from Within: First-Person Approaches to the Study of Consciousness*, Edited by F.J. Varela & J. Shear, 1–14. Bowling Green, OH: Imprint Academic, 2000.

Varela, F. J. *The View from Within: First-Person Approaches to the Study of Consciousness*. Exeter, UK: Imprint Academic, 1999.

Varela, F.J., E. Thompson, & E. Rosch. *The Embodied Mind: Cognitive Science and Human Experience*. Cambridge, MA: The MIT Press, 1991.