

## CHALLENGING OUR REFLEX TO REDUCE COMPLEX ISSUES INTO CONTROLLABLE COMPLICATED ONES.

*by Paul Beenen and Matthias Guett*

Due to increasing globalization, technological advances, and sociological changes our world is becoming more complex. Complexity has gone from large systems to organizational and individual levels. Today it concerns all aspects of society.

When it comes to the urgent societal challenge to position and reorganize the care for health and well-being, to us this complexity is very apparent at a systems level. But complexity is also a clear element in the individual relation between a health or social care professional and a patient. Showing the struggle to acknowledge and act in the complexity of the whole patient system and to become truly personalized on a day-to-day basis.

Following from that, it seems somehow inevitable not to talk about complexity when talking about health and well-being. However, **there is the observation that it seems fashionable to talk about complexity and wicked problems, but that we seldom grab the real meaning and necessary action related to it.**

We realized that in both systemic and individual contexts of health, we must let go of the immediate habit to 'solve' the complexity. **We need to we brace ourselves against the conditioning to break down and reduce complex situations to complicated ones.** Starting by looking beyond the clearly defined linear diagnose- intervention relations. Because this means that we are ignoring the function(s) and capabilities of the whole system, with all the relations in between the parts.

**We are aware that this is not easy.** Because it is a strong habit – just think of what our first reaction was to the COVID-19 pandemic: We put a group of virologists and epidemiologists around the table, and we started fighting a virus to solve the problem. Largely denying other social and economic aspects of life and all the interactions in between.

But why is this? Our observation is that we seem to often ignore complexity because it forces us otherwise to acknowledge that we cannot predefine the outcomes. And that we cannot control and plan the intervention fully and to the very end. So, we seem to be avoiding the inherent discomfort. And the loss of control. This control so important in our culture of engineered society and the auditing of it.

**However: Complexity is there in the world and it's not something one can get rid of.** Complexity exists (as a onto-epistemic approach) next to the reductionist approach. And we must embrace it for finally building a society-based and personalized care for health and work simultaneously towards systemic change of our unsustainable societal care systems.

For this to happen, we need to change our mindsets and actions. **This change then always means a learning journey.** A humbling one, as we seek to learn to anticipate and navigate complexity. Letting go the illusion of control and full comprehension at all times. This doesn't mean at all, that we are against using the reductionist approach to understand a part of the whole, however, we always relate this part (back) to its real context.

**We call this learning and acting process a complexity orientated approach.** Embracing and acting upon this complexity-oriented approach has profound consequences for education. It is not enough to transfer knowledge and hope that the learner can apply this. Learning in complexity becomes truly 'situative' and for this the learner needs to learn to be, to know and to act in this situation.

**We need to accept that to prepare and support this approach is challenging.** However, we feel that it is worth to invest in the understanding of complex adaptive systems; in a more situative, evaluative epistemology, offering the capability to anticipate complexity and its emergence (futures literacy).

Also, the focus on becoming in this journey – in the spirit of true life-long learning – needs attention. Complex issues often involve the engagement of more people forming a community. Think of a family, a neighbourhood, or in our context a learning community. This means that we need to facilitate both collective and individual learning processes. Whereby, preferably, both processes strengthen each other reciprocally.

Because of the uncertainty and ambiguity of this journey we feel that if we want to really embrace complexity we need to invest much more in a 'holding and facilitating environment'. As learning in complex issues demands care and compassion, to hold each other at times and to find courage and inspiration to keep going and to keep experimenting in what often is a long journey.

**With the Erasmus+ project “Embracing a Complexity-Orientated Learning Approach in Health” (ECOLAH) we are creating learning spaces and methods for this intense but rewarding learning journey.** We integrate this in both formal and informal education in curricula and in our engagement in communities where we research, innovate, and somehow also live.

With facilitating learning in complexity, we aim to contribute to the urgently needed changes in our social and health care systems (and possibly other societal transitions). And we seek to act upon education's limited capacity to build students' hope and agency in these wicked times.

**For it, we invite everybody to join us in this truly humbling journey for better health and education!**

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MORE INFORMATION: [WWW.ECOLAH.EU](http://WWW.ECOLAH.EU)