“All You Need is Recalcitrance”; A Stengerian Fable for Psychology

Todo lo que necesitas es recalcitrancia; Una fábula stengeriana para la Psicología

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Abstract:
Recalcitrance is a form of resistance particularly relevant to human sciences. This essay explores how Isabelle Stengers outlined this topic from a critical reading of certain experiments in the history of psychology. Since living beings cannot remain indifferent to the proofs and interrogations they are submitted to in the laboratory, psychologists should not adopt the attitude of distant objectivity that has led natural scientists to observe without intervening. Instead, psychologists must remain attentive to the frequent issue of pliability, where the studied subject adapts its behaviour to satisfy the experimenter’s expectations. In this sense, recalcitrance offers an alternative to both false neutrality and experimental docility. Further developments by Despret and Latour have proposed this concept as a demarcation criterion for psychology. The second half of the essay is an auto-ethnographic account of my own clinician practice. From a series of vignettes, a speculative fabulation is woven to explore whether Stenger’s thesis on recalcitrance could and/or should be implemented in psychotherapy.

Keywords: epistemic resistance, objection, speculative fabulation, psychotherapy.

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Resumen:
La recalcitrancia es una forma de resistencia particularmente relevante para las ciencias humanas. Este ensayo explora cómo Isabelle Stengers perfiló este tema a partir de una revisión crítica de ciertos experimentos en la historia de la psicología. Dado que los seres vivos no pueden permanecer indiferentes ante las pruebas e interrogantes presentados en el laboratorio, los psicólogos no deberían adoptar la actitud de distante objetividad que ha conducido a los científicos naturales a observar sin intervenir. En cambio, los psicólogos deben permanecer atentos para al frecuente problema de la complacencia en situaciones donde el sujeto estudiado adapta su comportamiento para satisfacer las expectativas del experimentador. En este sentido, la recalcitrancia ofrece una alternativa tanto a la false neutralidad como la docilidad experimental. Despret y Latour han continuado desarrollando esta noción y la han propuesto como un criterio de demarcación en psicología. La segunda mitad del ensayo ofrece un relato auto-etnográfico de mi propia práctica clínica. A partir de una serie de viñetas, se entreteje una fabulación especulativa para explorar si la tesis de Stengers sobre la recalcitrancia podría y/o debería implementarse en psicoterapia.

Palabras clave: resistencia epistémica, objeción, especulación fabulativa, psicoterapia.

Doesn't have a point of view
Knows not where he's going to
Isn't he a bit like you and me?
Nowhere man please listen
You don't know what you're missing
Nowhere man, the world is at your command
Lennon & McCartney [1]

Introduction – Resistance never knows

In continental philosophy, the concept of resistance is inexorably tied to Michel Foucault. Countless manuscripts have been written on this topic, so the specialized literature has come close to redundancy. Yet, as the editors of this special issue rightly note, the theme of resistance remains as relevant as ever. Since I am not an expert,

[1] As the reader will notice, this essay is permeated by musical references. A revolution without dancing is not a revolution worth having. Indeed, the etymology of recalcitrance reveals a mysterious solidarity of rhythm and dissonance. I kindly suggest reading this text alongside the album *Recalcitrance* by the Dutch musician Gagi Petrovic, inspired by Stengers' writings, which can be found in the artist's Bandcamp profile.

I shall not discuss Foucault's insights here. Rather, I will approach the issue of resistance from the perspective of Isabelle Stengers. There are significant differences between both authors, but also some pivotal similarities. First, like Foucault, Stengers is concerned with the interplay of power and knowledge. Her work is usually described as political epistemology, but I find this label inadequate since it might be interpreted either as a visualization of the political intricacies within the sciences or as an awareness of the impossibilities of political neutrality in scientific research. Those commonplace ideas are already present in Stengers' writings, but she aims to question the very linkage between reason and judgment. In this sense, "epistemodicy" (Serres, 1995, p.80) would be more accurate since it stresses the accusatory nature of science and law. Second, both authors share a fierce critique of psychology. It is almost intriguing that Foucault's work has gained popularity among psychologists, considering that he displayed hostility towards this discipline. Some psychologists have tried to adopt his views to improve their praxis (Hanna, 2014), while others have attempted to continue his critiques (Hook, 2003). For her part, Stengers has dismissed psychoanalysis, behaviourism and social psychology as pseudo-scientific. Yet, unlike Popper, she does not expect psychology to mimic the natural sciences. Instead, Stengers claims that recalcitrance is required for psychology to generate better substantive knowledge.

What is recalcitrance and how does it relate to psychology? To answer these questions, I have arranged this essay in two parts. First, I will delineate the notion of recalcitrance, drawing from the work of Stengers and related authors. This entails some reflection on the difference between the concepts of resistance and recalcitrance. For now, we can advance that the former is a wide-ranging concept that has been fruitful in political science and governmentality studies, while the latter is a narrow phenomenon akin to experimental life in human sciences. In the second part, I will offer a discussion of how recalcitrance could be articulated in clinical psychology. These reflections will be informed by my own experience as a practitioner psychotherapist working in a general hospital. Auto-ethnographies are not uncommon to feminist scholars in science and technology studies – a field where the ideas of Stengers feel at home. Additionally, to fulfil the promise of a Stengerian fable, my account will take the form of a speculative fabulation. The bicephalous arrangement of the essay seeks to create bridges between the theoretical landscape of the Belgian philosopher and some practical issues of psychotherapy.

A caveat is in order. The term "recalcitrance" is a neologism only admitted by the Oxford Dictionary. In the form of a noun, it refers to a «recalcitrant character or behaviour», while the adjective form indicates «obstinately disobedient; uncooperative; objecting to constraint or restriction». The Oxford Dictionary points out that this term is borrowed from the French, but the Larousse Dictionnaire only accepts its adjective form «*qu'il n'est pas facile d'ajuster; qui se montre rebelle à faire quelque chose*». Curiously, the Real Academia Española allows its verbal form as

«*resistir con tenacidad a quien se debe obedecer*». All three sources remit to the Latin etymology *calcitrum*, which is the sound produced by feet hitting the ground. This term was employed in Ancient Rome to designate different types of sound: the tap of a dance, the noise of a riding horse, the commotion of a marching army and the tempest of a rioting mob. It might be difficult to find a single definition of this phenomenon in the writings of Stengers. On the one hand, she constantly mocks analytical philosophy and its obsession with univocal conceptualizations. On the other hand, it was not Stengers herself, but Latour (1997), who was the most amazed by the implications of recalcitrance for the human sciences. It is important to turn explicit this background to understand our *leitmotiv*: to delineate an elusive idea that offers new epistemological and political possibilities for psychology.

Recalcitrance is a warm gun

The stereotypical picture of the scientific revolution praises mathematical demonstrations, methodical scepticism, and experimentalist ethos as the signature virtues of modern sciences. The main heroes of this period are Descartes, Copernicus, Galileo and Bacon, notwithstanding the significant differences among them. Classic epistemologists insisted that all emerging disciplines had to follow the lead of physics to be properly scientific. Against this view, Latour (1987) argued that physics was not the pioneering discipline engaged in the colossal task of crafting a new cosmology that would differentiate modernity from the Middle Ages. Before Kepler's *Astronomia* or Newton's *Principia*, there were numerous explorers concerned with travelling to unknown lands and bringing back home several objects to compilate them in books or rooms (i.e., Atlases or *Wunderkammern*). In this sense, archaeology, cartography, geology and botany were more influential than physics in the configuration of modern science.

Following this insight, we find that the concept of recalcitrance was first coined by botanist Eric Roberts (1973). One of the main interests of agroindustry is to transport seeds to grow cereal, grains and vegetables in non-native locations. It seems to be relatively easier to adapt both seeds and soil than sending already harvested food prone to expiration. The principal technique to prolong the lifespan of seeds is to dehydrate and store them in low temperatures. This procedure slows the germination process in most seeds, commonly named "orthodox", except in a small group known as "recalcitrant". Those seeds have a quicker germinative process, which means that they perish soon if they are not sown and watered. Since recalcitrant seeds cannot be frozen, they pose special difficulties for storage and transportation. Adopting a quasi-vitalistic tone, we might say that the fragility of those seeds serves as a means of resistance against the pretensions of farmers who disregard the properties of native soils and the reproductive rhythms of vegetables. We usually imagine that resistance requires strength – yet delicacy can also be a form of objection.

The notion of recalcitrance was also shaped by analytic philosophy of emotions.

In the late 70s, authors like Solomon, Foot and Greenspan reintroduced affectivity in the discussion on moral rationalism. Their work opened a heated controversy between two meta-ethical traditions: cognitivism (i.e., judgmentalism) and sentimentalism. The former claims that emotion is a somewhat harmonious combination of a cognitive element (construal, judgment or belief) and an emotional state (pain or pleasure). The latter stance, on the contrary, argues that emotions are, to some extent, independent of cognition since they relate to other dimensions of human subjectivity such as aesthetics, language, corporality or volition. While the cognitivist tradition tries to create a linear path between reason and morality, the sentimentalist perspective insists that ethical behaviour is multiple and complex. D'Arms and Jacobson (2003, p.129) introduced the term "recalcitrant emotion" to point out the frequent situation where an emotion persists even when it contradicts a rational belief. The paradigmatic case is fear of flying: a passenger might admit that aeroplanes are safe, yet he cannot help but worry during the take-off. Recalcitrant emotions, therefore, pose a difficult challenge to the cognitivist project, since they seem to entail some sort of irrationality, incoherence, or arbitrariness. Also, recalcitrant emotions bring attention to the fact that affectivity and cognition have a discordant relationship.

Cognitivists either negate the possibility of recalcitrance emotions or explain them away by duplicating their own primal thesis. This last option, called quasi-judgmentalism, contends that behind a recalcitrant emotion lays a conflict between two sets of beliefs. The emotion would respond to a deeper judgment that there is something dangerous about flying, even though aeroplanes are safe machines. Or the phobic person might be afraid of the circumstance that elicits fear in the first place – in this case, the airport[2]. But this solution is not entirely satisfactory for sentimentalist authors, since it would entail that recalcitrant emotions are the result of the clash between concepts instead of a discrepancy between affectivity and cognition as such. D'Arms and Jacobson (2003, p.141) insist that «recalcitrance is the product of two distinct evaluative systems, one emotional and the other linguistic». Since only the latter involves a conceptual dimension, the former shall not respond to a re-evaluation of judgments. There is also a cognitivist attempt to reduce affect to perception by turning recalcitrant emotions analogic to perceptual illusions. This renders recalcitrant emotions as somewhat groundless affectivity potentially detrimental to moral reasoning. Opposing this view, Benjabi (2013) indicates that a better analogy would be between affectivity and volition, being recalcitrant emotions coextensive to the weakness of the will. Thus, the problem would not be that a person misjudges the safety of the airplane, but that he cannot overcome the fear despite his efforts. Similarly, Döring (2015) claims that irrationality as such is not a moral problem, but rather the behavioural incoherence that directly contradicts our beliefs about good

[2] Quasi-judgmentalism suggests that the association of ideas is not a smooth process, resembling the phenomena of "cognitive dissonance" and "free-floating anxiety". Also, recalcitrance of emotions has certain reminiscences of the degenerative and refractory diseases of 19th-century psychiatry.

and evil. In some cases, recalcitrant emotions might even be beneficial, since they provide the person the opportunity to reassess his judgments and re-synchronize his actions. Meta-ethical debates probably will continue endlessly but note that the issue of recalcitrant emotions has inspired some recent research on the placebo effect, anorexia nervosa and addiction (Hutchinson, 2020; Varga & Steglich-Petersen, 2023; Burdman, 2024).

Before entering the Stengerian landscape it would be useful to make some remarks about the genealogy constructed so far[3]. First, agroindustry employs the concept of recalcitrance in a descriptive fashion, while sentimentalist philosophers use it as a tool in their quarrels with cognitivists. While in the first case, recalcitrance is a "natural" feature of some seeds, in the second one it constitutes a problem that needs to be solved. As we shall see, Stengers holds that recalcitrance is an epistemic virtue that must be encouraged in human sciences. This does not mean that she avows for sentimentalism over reason. In this point, the Belgian philosopher closely follows the Latourian views about the distorted ideal of purism posed by modern metaphysics. Cognitive psychology has reduced thinking to the construction of mental representations, while neuroscience has diminished affectivity as a series of chemical reactions. Thought is deeply embedded in language, social conventions and corporality, so it is futile to seek a pure reason devoid of the constraints of other human activities. The ultimate lesson of recalcitrant emotions is that affectivity goes beyond the pleasure/pain dichotomy and the hereditary disposition towards some stimuli. Precisely by resisting this rough biological reduction, psychological processes prove they are not mere epiphenomena. In the second part, we will ask if the psyche can be better studied through experiments that enhance the recalcitrance of their participants. In other words, the complications of cognition are primarily epistemic and political, instead of merely moral.

To introduce our philosophical hero, I shall paraphrase Bob Dylan: «I don't know what I can say about Stengers that wouldn't come back to haunt me». As noted, the Belgian philosopher probably knows the minutiae of psychology better than most practitioners. Her writings are intentionally dense, not only due to the pleasure of being cryptic but also because she arranges words seeking to awaken novel sensibilities, perspectives and agencies in the reader (Despret, 2012, p.29). Furthermore, she combines her fine knowledge of behavioural sciences and her epistemological wisdom to condemn psychology as a pseudoscience for not being able to demonstrate the autonomy of its studied phenomena. We already anticipated that recalcitrance might be the antidote for this situation, but it might be better to start by situating the

[3] Additionally, consider a key passage of Lynch's (1985) *Art and Artifact in Laboratory Science*: «The concern with artifact […] appears simultaneously with the thematic orientation to an in-itself subject matter. The in-itself is delineated in terms of the endogenous features of laboratory inquiry which are other than those natural language, literary, and sociologically technical resources […]. The struggle with the recalcitrant phenomenon, a struggle which validates the experience of it as independent […], the phenomenon is available as an obscured presence, a baffling presence, or a series of failures, corrections, and refutations of the author's mode of addressing it». *Avant la lettre*, Lynch argued that technical procedures constitute the social context of any scientific community.

moment in which Stengers became concerned with these issues. She first studied chemistry and worked with Ilya Prigonine in the late 1970s. In the mid-1980s she met Léon Chertok and started together a long-term investigation on hypnosis, its entangled relationship with psychoanalysis and its epistemological implications for health sciences. This collaboration foreshadowed her encounter with Tobie Nathan in the mid-1990s, with whom she formed a study group along Bruno Latour, Phillipe Pignarre, Bruno Pinchard and Patrick Deshayes. By the end of the century Stengers had already published the seven volumes of *Cosmopolitics* and, from then on, she has developed this project in close dialogue with ecology and feminism.

The first time Stengers faced the phenomenon of recalcitrance was in the Netherlands, where she and Olivier Ralet (1991) were sent by the *Centre National de Prévention d'Etudes et de Recherches sur les Toxicomanies* to gather information about addiction in a country where drugs were legal. Initially, they were supposed to write a report on how to formulate a European public policy on this matter without replicating the legal persecution of the United States. However, while she was in the field, Stengers found that unrepentant drug users refused the label "addicts" and demanded to be regarded as citizens "just like anyone else". What was supposed to be a governmental enterprise became a primal encounter with a particular kind of resistance. It is important to highlight the epistemic component of this gesture, otherwise we might falsely assume that Stengers just had a politically correct attitude towards drug users. It is well known that, more frequently than not, medical treatments for addiction are futile. But this is not solely because we are facing a difficult disease like cancer or AIDS. Rather, it is mainly because drug users tend to react negatively to doctors. They are suspicious of the aid provided, they resent the usage of technical words, and they even sabotage the questionnaires used to collect data. The problem is not that their lack of cooperation delays the advancement of theories and therapies that will eventually "hit the spot". Instead, these behaviours challenge the preconceptions of drug users unproblematically adopted by scientists. It requires a lot of self-determination and cunning to be an unrepentant drug user who rejects a type of assistance that silences their own experience through the discourse of rehabilitation (Gomart, 2002).

The *Centre National de Prévention d'Etudes et de Recherches sur les Toxicomanies*, as one might suspect, is an institution that approaches drugs from the lens of pathology and crime. Unsurprisingly, they disowned Stengers' book, and her name was erased from their website. Nevertheless, Strangers, deeply concerned with psychology, continued to develop the concept of recalcitrance. By that time, she was also influenced by the book *On The Modern Cult of the Factish Gods*, where Latour (2010) tried to dissolve the dichotomy between fact and fetish by stressing that the artificiality – i.e., the quality of being fabricated – of any object is not a feature that undermines its reality. In this treatise, Latour echoed his prior constructivist theses

applied to technoscience and ventured into the domains of religion, psychology and (post)colonialism. Stengers agrees that scientific objects are not discovered but created within the walls of laboratories. In the first moment, the very existence of the object depends upon the instrumental, technical and theoretical conditions that gave it birth. But sooner or later the scientist must find a way to stabilize the object enough for it to travel to other locations without losing properties and agencies. (Does not this situation resemble the botanic conundrum of Roberts?) For Latour, this exportation process was not only the transportation of artefacts, but also the replication of certain procedures of usage and maintenance to prevent any possible corruption. For Stengers, in this late stage, the object gains certain independence from the author-scientist and the laboratory as a place of birth. Put it somewhat lyrically, only after the modern Prometheus escapes his cage, he begins to differentiate himself from Doctor Frankenstein.

To further illustrate this point, Stengers (2011, p.332) marks a contrast between the sciences that deal with inanimate objects (physics, chemistry, geology) and those working with living beings (ethology, psychology, sociology). In the supercollider, for instance, physicists try to isolate and decompose the electron – yet the electron remains indifferent to what the scientists expect from it or to the terminology imposed upon it. On the contrary, a rat in Skinner's cage is aware of the pleasant or painful stimuli it is subjected to. Although precariously, the rat "knows" that it is being examined, while the electron lacks any self-referential understanding. In scientific disciplines where two living beings are assembled (the scientist *vis-à-vis* the studied subject) it would be foolish to expect indifference. The behaviour of the former informs the conduct of the latter and likewise to the extent that it is not always clear who is who[4]. Here Stengers takes seriously the joke "who conditions who?" The rat pushes a button and Skinner takes notes just as predictably as the rat reacts to the stimuli provided by Skinner. More problematic, though, is that the Skinnerian rat is an artifice that exists solely in the laboratory and resembles nothing of the real rats living in the sewer. Again, the rat is aware that it is being examined and certainly attempts to perform the expected behaviour under the threat of electroshocks. Certainly, it might seem that the results confirm the scientist's hypothesis, but they only end up providing pre-configured redundancies instead of deeper insights. To retake the previous example, would it not be suspicious if a drug user always agreed with the clinician?

If a living being cannot remain indifferent to the inquiries of another; if the studied subject is somehow aware that s/he is being examined, would that imply

[4] Stengers (2011, p.319) draws from the work of Devereux, who insisted on the complementary relationship between transference and countertransference for behavioural sciences. However, she argues that despite being aware of countertransference, psychoanalysis falls back into a reactionary epistemology by demarcating real and fictional cures (Stengers, 2000, p.146). In contrast, the Belgian philosopher praises the ethnographers for engaging in this feedback loop without establishing an asymmetrical demarcation (Stengers, 1997, p.172).

that this reflexivity or mutual influence is an insurmountable obstacle for behavioural sciences? Not exactly, would answer Stengers and her student-became-colleague Viciane Despret. This reciprocal entanglement between scientist and phenomenon is not problematic per se, but only when this situation gives way to a docile or complacent attitude. To elucidate this assertion, Stengers (1997, p.171; 2000, p.22; 2011, p.333) repeatedly refers to the experiments by Stanley Milgram, where he impelled his students to apply electroshocks to some apparent participants with the pretext of researching the effects of punishment over learning. But Milgram was actually examining to which extent a normal individual – the student – could become a torturer just by "following orders". Stengers interprets this episode as a clear instance of how humans blindly obey in the name of science. Milgram's students acknowledged that they were engaged in an experimental setting designed to hurt, yet they carried on for the sake of the research. Milgram himself became a high-level torturer – the one giving orders without executing them – believing that he was contributing to psychology. Torture and denial were so ubiquitous in this scenario that the frontier between scientist and phenomenon became unclear. Milgram experiments did not bring into light any already existing sadistic tendency but rather manufactured the very conditions in which this behaviour became meaningful. Unfortunately, since the feedback loop described above was neglected and since the results were informed by docile behaviour, Stengers suspects that it is unlikely for this phenomenon to exist outside the laboratory.

The same argument is reiterated by Despret (2004, p.123), who analyses numerous experiments with animals in the history of psychology. A pristine example is Harry Harlow's studies on attachment with rhesus monkeys. The scientist separated a baby monkey from its real mother and put it in a cage with a substitute wool doll. Predictably, after receiving an electroshock, the baby monkey cried in despair and ran to the doll. After some repetitions, the animals began to show signs of depression and anxiety. The results confirmed the by-then novel theories of attachment that stress the role of maternal love and socialization in emotional well-being. Despret claims that these results are redundant, not because they coincide with previous experiments, but because the monkeys were not given any other option – either they performed the behaviour expected or they suffered physical pain. She argues that we must not take the "availability" of living organisms as a synonym for "docility". A living being might be responsive to another and yet display significant resistance to the imposed demands. Despret (2008, p.133) suggests that a proper experiment must provide the studied subject with the possibility to re-interpret, deform and challenge the expectations and conceptual language of the scientist. The interrogated being should be able to re-formulate the question posed to itself. This issue goes beyond the concern of classical epistemologists with verification and falsification. When the studied being is recalcitrant, it can advance a sharp objection in the form

of "your question is not appropriate"[5]. Whether the experimental results are positive or negative, they would only reflect the lack of differentiation between scientists and phenomena, unless the very language employed is offered by the studied subject. Otherwise, it could always be argued that psychological theories were manufactured out of docility. Again, natural scientists usually do not care for this riddle, since their objects remain indifferent no matter in which way they are interrogated. But living beings never remain indifferent, they always react. This is why behavioural sciences cannot appeal to the ideal of "observing without intervening" (Stengers, 1997, p.172) and must address the necessity of crafting scenarios that enhance the recalcitrance of the studied subjects.

As noted above, Stengers was not interested in sculpting a comprehensive theory of recalcitrance. It was Latour (2004, p.224), re-appropriating their work, who thematized recalcitrance to the extent of calling it «a normative touchstone to distinguish good from bad science». The French philosopher also despised the research that only produces redundancies – to reach interesting results is always better than "correct data". Therefore, recalcitrance might be a path to interesting results, albeit it is a risky movement. If the scientist asked «Am I asking the right questions? » he would receive an answer that resets his theories and experimental settings. That happened to Stengers back in the Netherlands. In this sense, recalcitrance is an epistemic virtue that brings psychology closer to the path of science. To understand better the implications of this epistemological touchstone, we can quote Latour (2004, p.218):

> '[S]cientific' means rendering talkative what was until then mute. It is the best way of honouring the word 'logos' that so many scientists have added to their discipline. If there is a psycho-logy [...] it is because there exist laboratory settings where propositions [i.e., entities, phenomena] can be articulated in a non-redundant fashion. [...] The path to science requires a passionately interested scientist who provides his object of study with as many occasions to show interest and to counter his questioning through the use of its own categories.

A day in the life of a psychotherapist

Now I will offer a speculative fabulation to further discuss these Stenegerian insights on recalcitrance. As Stenger herself explained (interviewed by Thorsen & Jensen, 2018), speculative fabulation is a method that seeks to disturb the hegemonic demarcations of what is scientific or not, politically permitted or not, metaphysically possible or not. While philosophers have been accustomed to thought experiments

[5] Here Despret is inspired by Latour, who traces the etymology of the word "object" to the legal instance of the "objection" during a trial. It could be interesting to draw a parallel with the wordplay subject/subjection in Foucault. Whereas Foucault stresses discipline and domination, Latour highlights dissent and controversy.

for centuries, those entelechies usually simplify the world to suppress anomalies. By contrast, speculative fabulation aims to multiply differences and to provide each voice an opportunity to become articulate in its own terms. Speculative fabulation is not the construction of an idealized scenario where an argument presents itself as incontrovertible, nor it is a rhetorical device for arguing in the name of a preconceived solution. Here we enter a literary genre that composes an interesting world filled with thick situations, unpredictable characters and humorous acts of resistance.

My speculative fabulation is hybridized with an auto-ethnographic reflection of my own practice as a psychotherapist. It might be useful to start by describing my workplace. The hospital is located on a highway just in the middle of several medium-sized towns not far from the capital city. Those towns began as suburbs and soon the population increased significantly. The hospital was built a decade ago and I have been working there for five years. It is a general hospital, which means that it provides services in (virtually) all medical specializations. It is not a colossal building, yet its six floors filled with patients represent an excessive workload for me. Within my duties, I must assist oncological patients, women in the gynaecology ward, institutionalized adults with emotional distress, children with dysfunctional families, and the relatives of the intensive care unit patients. I also evaluate the mental state of patients who will undergo surgery – mainly bariatric surgery, but occasionally sex reassignment surgery, vasectomy and tubal ligation. The emergency room also requires my services quite often: suicidal attempts, panic attacks, sexual abuse, domestic violence and other catastrophes. Additionally, I provide therapy sessions in the outpatient clinic. Most of the consultants go there willingly and usually do not have any prior therapeutic experiences. Some of them are remitted by educational, labour and legal authorities, or by other specialist doctors who have failed to diagnose a disease and want to discard any psychosomatic cause.

The main difficulty is that almost nobody understands the nature of my work[6]. Let me provide some illustrations of these misapprehensions. One day, the head of the intensive care unit called me to help a patient who had surgery for his throat cancer the day before. The patient had a tracheostomy and was breathing with the aid of a machine – therefore, he could not utter a single word. I tried to explain to the doctor that if I could not engage in a conversation with the patient, my intervention would be meaningless. «It is no problem» he replied, «I have seen the nurses using a little marker board to communicate with him». I did not fight back, went inside the cubicle and miserably failed to talk with the patient. Another day a similar situation occurred. This time it was the head nurse from the sixth floor who called me to assist a moribund patient saddened by her incurable disease. The patient could not truly chat either, since she also had advanced dementia. I tried to tell the nurse that it was

[6] I am inclined to an ethnomethodologist interpretation (Lynch, 1985, p.192). People embedded in professional activities have difficulties explaining why some actions are performed in a certain way instead of others. Any attempt to procedurally describe embodied and non-conscious skills (tacit knowledge) is self-defeating.

just natural for her to feel that way and that my intervention would be more helpful for her relatives. «Go on» commanded the nurse, «I know she needs to hear what you have to say». Until that moment I had not realized that I should have a script with supportive words and phrases to cheer up the patients. Again, I entered the room and tried to have an easy-going conversation with a woman who was confused about almost everything – except about her upcoming death.

I am ashamed to admit that I am not as eloquent as my coworkers believe. Fortunately, the efficacy of psychotherapy is not subordinated to the words pronounced by the clinician. That would be wizardry: a sage learns arcane spells and creates miracles when those words are spoken out loud. I am prone to say that psychology works inversely: the therapist must learn how to listen to the patient. However, this view has also raised some hilarious misconceptions. Let me offer another anecdote. One night a teenage girl came to the emergency room intoxicated with a drug derived from MDMA. It was uncertain if she was just curious or actively seeking to end her life. She told the paediatrician she inadvertently took the pill because she had mistaken it for a painkiller. The mother was mute and the father – who was not present but talked over the phone with the doctor – came up with a story about some "raver friends" who must have left the drugs at their house by accident. Social services were called to assess if the girl lived in a secure home, and I was summoned to unwind this web of alibis. I agreed with the paediatrician that something was off about the girl and her father's mismatching stories, yet I was not sure who was trying to cover the other one up. Furthermore, the doctor expected me to reveal the truth, as if I had some telepathic skills that allowed me to scan the people with just a few questions. Evidently, I tried to persuade the parents to tell me if something was wrong, but without success. I also attempted to interrogate the child about any possible emotional distress or behavioural disorder, but she refused to collaborate. When they left the hospital, the paediatrician expressed that he was disappointed we – he meant «you, the psychologist» – could not be more helpful.

Due to these recurrent misunderstandings, I frequently feel like Rodney Dangerfield – the comedian who complained about receiving "no respect". Hoping to find some consolation, I asked C – an anonymous colleague working at another hospital – if he had ever experienced anything like it. He certainly had, but he did not seem troubled by it. «It is not that difficult» he half-jokingly replied, «the patient enters the session in bad shape but leaves feeling a bit better». A relieving and meaningful conversation – that is C's definition of psychotherapy. It is hard to disagree, yet I would attempt to a more detailed account. Since the powers of psychology do not reside in the enunciated words nor in the listening attitude of the clinician, I would say that a good psychotherapist is one who can ask relevant questions to the patient, who in turn might come up with an insightful and genuine answer. It somehow resembles the tricks of police interrogations, where key questions are placed to make the other one reveal a hidden truth. I also want to draw attention to a singular trait from the

vignettes. Despite my discomfort with the demands of doctors and nurses, I failed to resist their requests. In other words, I am not recalcitrant enough when it comes to opposing the expectations of the hospital. And even if my interlocutors were more open to my objections, I remain deeply unable to describe the technicalities of my work. Alas, I am partly responsible for those misunderstandings. Certainly, I often find myself in the entanglement pointed out by Stengers where the distinction between scientist and studied subject is diffuse.

This picture is slightly frightening: an institution pressures a clinician, who in turn exerts some disciplinary techniques on his patients. No wonder why Foucault (1977, p.10) denounced those "moral orthopaedics". Despite not being forcefully resistant to my superior's orders, the previous illustrations reveal that I am not notably influential with my patients. Somehow, the disciplinary process is interrupted by my inefficiency. Luckily, I am the only psychologist hired at the hospital, so other healthcare professionals cannot properly judge my performance. I have no supervisor measuring the success rate of my interventions nor questioning if my therapies are "based on evidence". Here I find that my quotidian experience contradicts one of Stenger's ideas. In the hospital, there is not any expectation about the "scientificity" of my work. Instead, there is a plain practical approach in which the psychologist is allowed to do whatever it takes – to some commonsensical extent – to help the patient. In fact, the overall atmosphere of the hospital is not permeated by the discourse of "science". Not even when dissatisfied clients filed complaints the doctors invoke the name of science to justify their actions. According to Stengers, in psychological experiments both scientist and studied subject deploy a pattern of compliance in which they adapt their behaviour following the idealized image of science. Surely, people call me "doctor" because I wear a white coat, but they do not regard me precisely as a scientist. Amusingly enough, actual medical doctors are not perceived in that role either. All the actions that take place in the hospital are justified by our shared *furor curandis*. Unlike crusader knights invoking the name of God, we spent little (if any) time worrying about the scientificity of our practice. We mainly care about healing the ill (Jonsen & Toulmin, 1988).

Having said so, I also reckon that obedience is a common trait in patients. I agree with Despret that we must distinguish between availability and docility. Still, I have found that even the most complaisant patients might fail to respond as expected. In other words, being wilful to comply does not necessarily translate into the ability to distort one's behaviour at will[7]. One day a middle-aged woman came to the outpatient clinic and exclaimed «I saw a psychiatrist a few weeks ago, he said I had borderline personality disorder and that I should get cognitive-behavioural therapy. Can you help me? » As I realized shortly after, the woman was not sure

[7] A similar point is made by Bloor (2001), who distinguishes between consciously conforming to a social convention and blindly following a natural law. See also an interesting experiment on "tasks" which seeks to turn pliability operational in a non-authoritative and reflexive way (Morrison et al. (2019).

about the difference between psychiatry and psychology, what "borderline personality disorder" meant, nor why cognitive-behavioural therapy was the alleged idoneous treatment. She did follow the instructions given by the doctor with blind faith – just like when we go to the pharmacy and rest assured that we will receive the correct medicine. Stengers is not the only one noticing this impressively regular feature of tameness. Kurt Danziger (2003, p.27) has also drawn attention to the issue of pliability, which makes it extremely difficult to distinguish between "natural kind" and "culturally constructed" diseases. Consider a cliché example: while schizophrenic symptoms manifest univocally in different times and places, other disorders such as hysteria vary significantly from one cultural context to another. Could it be that those patients were not suffering a "real disease" but rather that they simulated some symptoms? However, when I meet an excessively submissive patient, I do not worry about whether he will be disciplined by the hospital (he is already there, anyway), nor about the reliability of my therapeutic techniques (they are not very effective, unfortunately), nor about the dichotomy between natural/cultural diagnosis (patients could not care less about it). What interests me in those cases is to explore whether such docility has led the patient to problematic situations in his ordinary life[8].

So far, I have not mentioned recalcitrant patients in the Stengerian sense – that is, not only uncollaborative but also aiming to subvert the imposed terminology. Do they make the clinicians work harder? Fairly so, but this is not necessarily a problem. As I said, humans can be docile and still fail to meet expectations – and this precise failure could be the source of transformative recalcitrance. Sometimes patients ask me to assign them homework, believing that those "tools" will help them feel better and/or gather useful information. Their intuitions are not necessarily inaccurate, but I usually avoid assigning homework. My experience has been that most patients forget about it and those who don't end up performing "wrongly" the tasks assigned. Once I asked a patient to write a dream journal so we could better explore his unconscious emotions. A week later he came with an Excel chart detailing the number of hours slept. The patient smiled, hoping to be congratulated. Unlike Stenger's experience with drug users who actively sabotaged research procedures, this patient firmly believed he was collaborating with the therapy. Since I am not very eloquent, it might have been the case that my instructions were unclear (Shwartz, 1976). But how did he candidly confuse the psychology of dreams with the physiology of sleep? I wonder what interpretation I could give to this incident. Is it just another instance of the multiplicity of rule-following actions (à la Bloor)? Or may it be that recalcitrance is not always hostile or conscious? Could even well-intentioned behaviours lead to unexpected responses, different prepositions and categorial mistakes that allow me

[8] I exposed an early draft of this research at the *IV Coloquio Nacional de Estudios de la Ciencia y las Tecnologías* in Bogotá, where I presented the preliminary results of interviews conducted with psychiatrists and psychologists from other hospitals. Unsurprisingly, psychiatrists prefer patients who do not question their medical expertise, while psychotherapists tend to distrust a pliable patient.

to refine my theories and techniques? Maybe recalcitrance is not necessarily a combative and tragic affair – it might appear in fragile and naive shapes.

Fair enough, the "ideal patient" ought to have some degree of recalcitrance. Extreme docility hinders therapy just as much as excessive resistance. We could benefit here from recalling Freud's conceptualization of resistance. Whether we ascribe to psychoanalysis or not, resistance is a ubiquitous clinical fact. Patients constantly resist – *but what do they resist exactly*? Sometimes they resist the suggestion of some friends to seek psychological help. They also resist the therapist as an individual, due to his personal traits or the fantasies elicited by them. They even resist the cure, since it entails deep transformations for which they feel unready. "Neuroses", etymologically, refer to nervous diseases. Freud was entangled in the debate on whether psychological disorders were based on neurological malfunctioning. But the word "resistance" in the sense employed by Freud ([1895] 1981) came from Galvanism and the first experiments with electrical circuits. If an electrical current cannot flow from one point to another, it is due to the resistance of an intermediate object. Physicists have done an excellent job measuring this resistance factor to discriminate between conductors and insulators. Freud even claimed that mental phenomena were possible only due to resistance impeding the discharge of sexual drives. The father of psychoanalysis abandoned hypnosis precisely because this state of extreme passiveness hampered the possibility of the patient becoming truly conscious of his trauma. Likewise, Freud discouraged psychoanalyzing patients whose levels of resistance were too high, since it might worsen the symptoms before the foreseeable interruption of treatment. In sum, since resistance – especially transference – is a sort of necessary evil, clinicians must learn to identify, handle and gradually dissolve it.

I imagine Stengers would disagree vehemently here. If psychology aims to produce scientific knowledge, it shall design scenarios where recalcitrance is amplified. Recall that "scientific" is related to the possibility of encountering objections and articulating non-redundant voices. In the case of psychotherapy, the relief of symptoms without the enhancement of the patient's agency would be a pseudo-cure. By the end of therapy, it would be expected that the patient had improved his chances to resist other people as well as the unknown conflictive parts of himself. It is also true that this "better" version of the patient is something that the clinician cannot predict or impose. However, I remain somewhat doubtful regarding the part that psychologists should *deliberately* seek to enhance the recalcitrance of the patient. Despite that psychotherapy is often a challenging experience, its most basic function – catharsis, as CD kindly reminded me – indicates that it should remain an overall alleviating activity. Patients momentarily escape from their overwhelming lives and strive for a space free of judgment. A therapist with a sharp clinical eye should distinguish when it is needed a more holding or confronting attitude. If a patient submitted himself to a series of sessions with a cruel clinician, such therapy would not be healing at all. Unlike Zen Buddhism koans, where high levels of frustration and revelation come

hand in hand, psychotherapy is a slow process characterized by care and reflective learning (Puig de la Bellacasa, 2017).

I confess I find it difficult to translate the thesis of Stengers to the context of psychotherapy. The physicist in the laboratory faces the enigmatic Polonium and performs several experimental acrobatics to provide this chemical substance with the chance to deploy its properties and agencies. This is a risky quest since the studied object might even destroy the scientist – indeed, Polonium murdered Marie Curie. It is still feasible to expand this scene to experimental psychology. We could imagine Skinner, fascinated by pigeons in themselves – that is, beyond the practical facilities as experimental animals – to the point of abandoning any commitment to behaviourism and dedicating the rest of his career to improving our relationship with those birds. As the example given by Haraway (2016, p.16), pigeons can become co-authors in research projects, since they can be trained to collect data and their particular way of life can inform the experimental design. That would be a marvellous democratic image where the scientist and the phenomena became asymmetrical! Unfortunately, it is somehow inevitable that psychotherapy relies on asymmetry. First, patients suffer symptoms which persist even though they have already tried to sort them out. (Recall the interpretation of phobias given by analytical philosophers?) Second, and foremost, psychotherapists must undergo extensive training to be *authorized* to work in healthcare services (Collins & Pinch, 2005; Orduz, 2016). Patients put their trust in that refined knowledge. Even when psychologists opt for a neutral attitude, they are accompanying the patients from the position of the *sujet-popposé-savoir* graciously named by Lacan. Such trust and expectancy already mobilize some of the patient's thoughts and emotions – even if the clinician remains silent or fails to apply his techniques. Yes, the therapist aids the patient to find his often-muted voice and to articulate it in novel manners. Despite the claims that therapy is "centred in the person", this is a process directed by the clinician.

Here I reach an oxymoron. On the one hand, I have conceded that some mild recalcitrance from the patient is desirable. But, at the same time, I concur with the Foucauldian interpretation of psychotherapy as a form of pastoral power[9]. As my vignettes indicate, the clinician usually holds an intermediate position between the inflexible orders of doctors, the persistent symptoms of the patient and his mixed attitudes that might facilitate or obstruct treatment. Embedded in this chaotic milieu, one must first create some orderings that inevitably will be felt as oppressive. As Savransky rightly notes (2013, p.97) there is a breaking point between Foucault and Stengers. Subjectivity, for the French philosopher, appears as the result of disciplinary techniques. There is no subject prior to the power relations that homogenize and

[9] Psychotherapy prolongates the religious practice of confession to achieve both emotional healing and self-knowledge (Hook 2003). Undeniably, therapy is a technology of the self insofar as it must institute a self that can be described, cured and normalized. Although Foucault (1977) repeats that moral orthopaedics leads to the production of docile bodies, it should not be missed that psychotherapy is mostly a verbal exchange with a more subtle form of persuasion and manipulation than physical force (Burroughs, 1986).

prescribe behaviour. In this scenario, resistance comes only after the subjectification process is accomplished. For Stengers, on the contrary, the starting point is the mutual reactivity among the amalgamated ensembles of living beings – see a similar remark by Elgaard Jensen (2019), who also conducted a fieldwork on the knowledge practices of psychology. The Belgian philosopher insists that any knowledge founded on pliability would be pseudoscientific. Truly objective science must enhance the recalcitrance of subjects to multiply individual differences and avoid redundancies. In this case, the subject can resist the disciplinary techniques, since he has an active agency despite that – or because? – he has not been homogenized yet. Savransky also indicates that Foucault's framework still operates within the subject/object dichotomy, while Stenger's view opens the possibility for an entanglement of local agencies, an interdependency of actors who affect and are affected by others. This argument might tempt us to prefer Stengers over Foucault, but my auto-ethnography shows that the everyday life of psychotherapy lingers somewhere in between.

Conclusion – Dear epistemic prudence

After the conceptual overdose of the first part of the essay and the cascade of personal confessions of the second one, I resemble a nowhere man. Psychotherapy has no fixed point of view nor a steady course. The world of mental health is not at my command – not even in my own speculative fabulation. Yet the journey so far has not been in vain. I offered a genealogy of the concept of recalcitrance: from botany, passing by analytic philosophy, and arriving at Stengerian landscapes. Hopefully, I have brought light to the contrast between the specific phenomenon of recalcitrance within behavioural sciences and the overreaching concept of resistance popularized by Foucault. Then I deployed a series of anecdotes from my clinical practice to elucidate to which extent the Stengerian appeal to recalcitrance could be endorsed by psychotherapists. Admittedly, I did not reach any definite conclusion besides the nuance that recalcitrance could take a fragile and candid form, instead of its usual defiance tone.

I would like to end by observing how the concept of recalcitrance is a product of intellectual collaboration. As mentioned above, in the late 1990s, Latour and Stengers had a close exchange with ethnopsychiatrist Tobie Nathan. The latter, an accomplished and maverick clinician, has not written precisely about epistemology. He rather advocates for a «psychopathology that takes risks, that makes a really fine-tuned descriptions of therapists and therapeutic techniques, but not of the sick people» (Nathan & Stengers, 2018, p.18). Indeed, Nathan's self-description of his clinical work is a common source of inspiration for both Latour's *On the Modern Cult to Factish Gods* and Stenger's *Cosmopolitics* – books that lay the theoretical ground for the notion of recalcitrance. Although I have not referred directly to the rather exotic ideas of the ethnopsychiatrist, my essay accepts his invitation and attempts a modest

contribution to the scarce bibliography that discusses therapeutic techniques from a down-to-earth descriptivist stance. In a similar line, Savransky (2013, p.103) rightly points out that many scholars à la Foucault criticize psychology solely from a textual-theoretical perspective, leaving unexamined several material-semiotic practices and promoting several misunderstandings of psychotherapy like the ones alluded in my auto-ethnographic account.

While Latour's interest in Nathan's work was mainly ontological, Stenger's engagement with it was directed to find a way to rescue psychology from pseudo-scientific pitfalls. This is not a minor feat, considering how psychology's credibility has been heavily attacked over the past century. I suspect that this noble aspiration is somewhat responsible for the extrapolation from the realm of psychotherapy to the domains of experimental psychology – albeit it is primarily Despret who deepens in the history of animal psychology – in the quest for better research practices. As I hinted, it might be the case that recalcitrance as an epistemological criterion is more useful in experimental settings than clinical ones. Furthermore, I consider that recalcitrance should not be regarded as a fixed criterion in the same way as Popper's falsifiability[10]. For sure, clinicians must encourage patients to articulate their voices in their own terms, but recalcitrance can also be an epistemic virtue for psychotherapists themselves. Latour might have good reasons to turn recalcitrance as the "normative touchstone" for psychology, yet this proposal cannot overlook the still-existing distance between theoretical epistemology and the psychotherapist's daily struggles. I dare to say that psychology should not be the handmaid of epistemology – accepting without hesitations its demands hoping to get some recognition as a proper science. Instead, clinicians should be recalcitrant as well and start to reject anyone who imposes requirements foreign to the messy actualities of psychotherapy.

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[10] It is contrasting how Popper and Stengers, being both critical of psychoanalysis, proceed quite differently. Popper's lack of rigour in reconstructing Freud's arguments (Grünbaum, 2008) pales in comparison with Stengers' familiarity with psychoanalytic writings. Epistemology is very different when it is imported from natural sciences than crafted from within each singular discipline. Here, again, I agree with Savransky, though he overlooks a key difference that Pignarre (2021, p.65) indeed catches: Stengers' critique of psychoanalysis, even if more refined, remains a textual-theoretical encounter, whereas Latour actually entered Nathan's consulting room at the *Centre Georges Devereux d'ethnopsychiatrie* to observe in situ the performance of his psychotherapeutic techniques.

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