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REALITY AND CONSTRUCTION IN PSYCHOTHERAPY: SENSE AND NONSENSE OF THIS DISTINCTION [1]

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INTRODUCTION

Systemic Therapy can be considered a further development of the Family Therapies of the 1960´s and 1970´s. As an independent approach to psychotherapy it appeared at the beginning of the 1980s. Its immediate forerunner was the systemic family therapy of the Milan group. The initial impetus came, as far as I can reconstruct it, 1981 from Paul Dell (1982) in Zurich. During a legendary conference held in that year by the Zurich Institute Paul Dell sent shock waves through the world of family therapy by demolishing in his address to the assembled most of its cornerstone concepts, such as information, family rules and homeostasis. Drawing theoretically on the findings of contemporary biologists and other natural scientists such as Humberto Maturana, Francisco Varela, Ilya Prigogine and Heinz von Foerster Paul Dell started a revolution in the world of psychotherapy that would transport family therapy, and in fact, psychotherapy onto a new dimension of thought based on a constructivist understanding of reality, systems and mankind. These novel ideas harmonized well with those of Paul Watzlawick, Mara Selvini Palazzoli putting them, however, on a broader theoretical footing. In effect, a new era of psychotherapy had begun.

Not long after Dells´s lecture in Zurich the North-American journal Family Process published articles of Paul Dell, Bradford Keeney and Steve de Shazer in its 1982 issue. Although the contributors represented a somewhat divergent point of view they generally corroborated a theoretical shift towards constructivism (or radical-constructivism). These ideas found, at first, only partial acceptance among family therapists. As one could hear from behind the stages many readers of Family Process vented their anger by writing letters to the editor or cancelling their subscription to the journal altogether. Well-known family therapists like Bebe Speed, Jay Haley or even Mara Selvini reacted quite critically. It was obvious that a „change“ had taken place triggering a serious crisis in the field.

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[1] Extended version of a sub-plenary lecture delivered at the IV. EFTA-congress from June 26th-30th 2001 in Budapest.

Now, some 20 years after its introduction it is time to review and re-evaluate the specifics of this new approach, namely its theoretical foundations and its practical application. It is time to balance the books and weigh the benefits against the costs incurred; that should help to determine what is worth keeping and what is to be discarded. Since I personally have had the great fortune of being involved in the „systemic movement" from the very beginning, and also of contributing, at least in the German-speaking community, to its further development (e.g. Ludewig 1992) I feel entitled to engage in a critical assessment of its development. In this short essay I shall focus on some of the central issues of Systemic Therapy and evaluate their worth in terms of benefits and costs.

Before turning my attention to the issue at hand I would like to make my theoretical position clear: I understand modern *Systemic Therapy* to be the application and utilization of Systemic Thinking as a framework for understanding the practice of psychotherapy, and in turn, *Systemic Thinking* to be a global way-of-thinking about mankind and human knowledge which is grounded epistemologically in constructivism and ontologically in systems theory.

REALITY AND CONSTRUCTION: CONTRADICTORY TERMS?

From the point of view of psychotherapy I contend that both reality and construction are useful and not contradictory notions. Broadly speaking, „construction" applies to the realm of knowledge and „reality" to the field of practice. Theoretically, I follow Humberto Maturana´s claim that *„everything said is said by an observer"*. This general ontological statement implies that all we can deal with are our constructions as observers (in-language), since there are no further means to attain an objective or universally valid knowledge that transcends human cognition. On the other hand, from a pragmatic point of view, it makes equal sense to contend that, for all practical purposes, *realities* do exist. This argument applies regardless of whether it addresses the so-called „hard realities" or the „relational realities", that is, whether it pertains to objects, forms or discourses. Assigning theory and practice to different realms of existence (or phenomenological domains) takes into account that practitioners and theoreticians generate different discourses which, even if they contradict each other, may still be perfectly valid within their relevant domain of existence. While both the practitioner and the theoretician perceive their actions and feelings as consistently „real", rational reflection about these actions and feelings cannot bring about anything other than „constructions". Distinguishing different realms of existence follows what Humberto Maturana calls a clear *„logical book-keeping"* and should end or, at least, limit the absurdities produced by some authors and therapists who mistakenly understood constructivism as allowing for the arbitrary creation of realities. This can only have been a thorough misunderstanding as Systemic Thinking never countenanced a drift into a no-man´s-land of arbitrariness and capriciousness.

What is reality? Initially, it may be claimed that *real is what has real consequences*. Systemic Thinking disregards the objectivist claim that the existence of reality can be demonstrated independently from the perceiving activities of observers. Focussing on the observer, Systemic Thinking contends instead, that all „relevant" existence derives from the cognitive abilities of human beings. Stemming from the biological study of cognition this contention substantiates the ancient epistemological conclusion that all knowledge is, in the last consequence, construction. Although this viewpoint to some extent reanimates subjectivity in terms of attaching reality to individual cognition, modern constructivism implies by no means that realities are only subjective or come about arbitrarily. Quite to the contrary! Realities are seen as proceeding from the specific operationality of structurally coupled nervous systems - or, in

other words: from the common operationality of communicating observers. This means that observers can only bring forth those realities of which they are capable, namely, only those that proceed from their structure determined possibilities. However, once such realities have been brought forth by observing (in-language) they become for all practical purposes binding and unavoidable, and they remain that way until they have been replaced by other realities that fit even better or prove more useful. This being the case, we may conclude that whatever we human beings perceive as real, or even consider to be real, is both real and construction. As long as it can be intersubjectively consensualized it is at a pragmatic level of observation real and, at the same time, a construction at the level of reflexivity.

How real is real? From Systemic Thinking we learn that the quality of a reality is not an inherent characteristic in itself but, instead, the result of an evaluating discourse or the result of attribution by observers who use similar criteria of validation. The criterion of objectivity which requires an overlapping of perceptive and concrete object is itself unattainable because the object is only „cognitively" accessible. Therefore, objectivity should be replaced by a more suitable criterion that focusses on the actions as well as the motives of observation. Such a criterion - „viability" - was proposed by Ernst von Glasersfeld. Personally, I prefer the term „communicational usefulness" which indicates that a particular knowledge is useful when it allows different observers to arrive at comparable results.

Evaluation. Systemic Thinking does away with objectivity and thus liberates scientific discourse from metaphysical assumptions about an unattainable reality. Apart from achieving this end and countering previous misinterpretations, it says nothing about an „an-sich"-reality that goes beyond the possibilities of observation. Systemic Thinking withstands the temptation of either affirming or negating the existence of a world that transcends human cognition. On the contrary, Systemic Thinking subscribes to the modest contention that all we can say about the world is restricted to those worlds that we constitute through the process of living.

In psychotherapy the adoption of constructivism enabled the emergence of a new approach - Systemic Therapy - which is committed to an understanding and practice of psychotherapy that is as free as possible of objectivisms and other logical misplacements. One of the most important benefits Systemic Thinking has bestowed on psychotherapy is the liberation from inadequate postulation. The costs of this gain is apparent in the realm of methodology, and very especially, in the areas of empirical process and outcome research. Outcome research in psychotherapy has been traditionally attached to the notion of causality. A difference in pre/post-measurements under controlled conditions is indicative of causal change provided that it can be attributed to well operationalised procedures. Since this is, presently, the universally accepted scientific standard the systemic approach faces a tremendous challenge: if it is to achieve scientific acceptance it needs to prove empirically useful, if it is to remain systemic it should neither revert to a disputable concept of lineal causality nor fall back upon the myths and oversimplifications of mental classification. Research is called for that converts existing practice-based evidence into sound evidence-based practice. One possible way of remedying this predicament would be to apply new mathematical methods to it as have been devised in chaos theory and synergetics. Guenter Schiepek (e.g. 1999) has carried out such a project in Germany and the initial results indicate an optimistic outcome.

Reality and Psychotherapy

For client and therapist as participants in a therapeutic process the question of whether or not a reality exists that is independent of the observer has little or no relevance. Suffering is the main motive that leads people to look for psychotherapy, and since suffering is an emotion that is experienced painfully real there are no grounds for a debate about the reality or constructivity of these motives. Seen though from the point of view of the reflecting therapist or theoretician the immediate evidence of such a reality becomes disputable, and the discourse about it may lead to different interpretations and evaluations. It is precisely such a cautious and differentiated disharmony between client and therapist with regard to their respective appraisals which prove helpful in creating a fruitful therapeutic relationship. A therapist who bonds, contrariwise, too closely with the client will not be of much help. Both therapist and client are left facing the same constructions while sensing the same feelings; that can easily wipe away the few „degrees of freedom" that the therapist has, in comparison with the client, because of his/her cognitive naivety and emotional distance with regard to the presented problem. This peculiar dynamics that contradicts to some extent the usual expectations seems to originate from the processes of affective regulation involved in psychotherapy. Some new results of psychotherapy research using a precise observation of the mimics of client and therapist during a session confirm that, depending on the problem and specific features of the client, a continuos emotional reciprocity between client and therapist may obstruct a good outcome (e.g. Merten 2001). Striving for mutual confirmation makes sense when, instead of change, consolation or compassion is sought for. In the case of therapy the therapist finds him/herself in the paradoxical situation of having both to accept and reject the client´s understanding of him/herself, and of also having to be at the same time empathetically close to, and emotionally distanced from the client. Dealing appropriately with these paradoxical contradictions is one of the major concerns of clinical theory.

A Clinical Theory of Systemic Therapy

The subject matter of a systemically based clinical theory may be regarded as a sequence of different social systems that are distinguishable with respect to the actual communications that sustain them and the themes involved (e.g. Ludewig 1992). This proposition draws on a contemporary systems theory of the social as it was advanced by the German sociologist Niklas Luhmann (e.g. 1984, 1997) who, instead of considering persons as the components of a social system, regards communicational unities (communications) as the elements constituting a social system. As it will be explained in the next section this shift of definition expanded the scope enormously since it enabled to refrain from regarding families and other social systems as composed of „whole persons" or other unities stemming from phenomenological domains other than the social. Defining communications and not persons as the components of a social system enables to handle the processes involved in a therapeutic situation - problem, diagnostics, intervention, evaluation - as a temporary sequence of different events and not as an activity affecting a structural identity, e.g. a person or a social system.

One main goal of clinical theory is to provide answers to the reasons and occurrences that necessitated the initiation of a psychotherapeutic procedure. From a systemic point of view this question may be answered by describing a sequence of, at least, four types of social systems that build upon each other during the course of a therapy but without losing their specifity: 1) a problem-system, 2) a help-seeking system, 3) a non-specific help-system, and 4) a specific help-

system, e.g., a therapy-system. Following this classification I shall briefly review a systemic theory of problems and then the general tasks of the therapist.

PERSONAL AND INTERACTIONAL PROBLEMS

The first step towards formulating a clinical theory in systemic terms needs to identify or re-define those specific situations that induce people to turn to therapy. These situations have been traditionally termed as „problems“[2]. Family therapy as the predecessor of systemic therapy kept with tradition and contented itself with defining problems as structural conflicts or deficiencies, as dysfunctional patterns or communicational disturbances affecting a social system, in most cases, a family. Harry Goolishian, one of the most innovative pioneers of Systemic Therapy, formulated in the middle of the 1980´s a new concept that allowed clinical theory to be re-conceptualized from a systemic point of view: the concept of the *problem-determined-system* (e.g. Anderson, Goolishian et al. 1986). Basically, he did nothing more spectacular than turn a traditional notion up-side-down: social systems do not generate problems but, instead, problems generate social systems.

This idea had a revolutionary impact conceptually because if it were taken to its logical conclusion it would do away altogether with the traditional notion of psychopathology. It enabled to think of clinically relevant problems without having to lean on metaphorical semantics as derived from somatic medicine or natural science which had lead to misplaced reifications such as mental illness or mental disorder. Goolishian´s concept focusses on communication and social systems. Coupled with a growing awareness of the emotional aspects involved in every therapy Goolishian´s concept helped to give Systemic Therapy a more precise theoretical foundation. In addition, it helped to clearly position Systemic Therapy within a wider frame than most previous approaches, that is, in the realm of social phenomena which has its roots in biology and psychology but also its own distinct characteristics (*bio-psycho-social approach*).

By way of a definition, human problems that are relevant for clinical theory may be seen as arising from an unsuccessful attempt to alleviate an irritation (perturbation, disturbance, disorder) that is alarming enough to trigger suffering. This irritation overstrains (i.e. stresses) the coping possibilities of the system; it can neither react adequately nor withdraw. As a consequence, a personal „problem“ may emerge which, depending on its sphere of influence, may remain a subjective *problem-of-living* or become a communicative *problem-system* (= German term for a problem-determined system). One feature that characterizes any problem that becomes an enduring problem-of-living or a problem-system is stability in time. The processes required to constantly reproduce the problem, being an internal monologue or a ritualized communicational pattern, are limited to an interminable repetition of the same. Alternative thoughts and/or communications that could eventually broaden horizons, distract from the problem, or even replace it altogether have little chance of success. In the case of the problem-system the problem-sustaining communications adjust gradually to a pattern of repetitions that continuously reproduces itself; at the same time, the participating persons, who are mostly aware that nothing is changing, may rest assure that things, at least, won´t get worse.

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[2] This term is used in this paper although it is rather misleading since problems have usually implicit solutions whereas „problems-of-living“ may be considered as themes of a communication and thus not solvable; they are, at the most, dis-solvable.

Following some 10 years of work in Germany using the new concept of the problem-system, Tom Levold, a therapist who had become increasingly intrigued by the results of contemporary baby-research (e.g. Fivaz-Depeursinge & Corboz-Warnery 1999) began questioning the suitability of the concept. He proposed that a distinction be drawn between the narrative and the emotional aspect of a problem deploring that the latter, namely, the subjective perception of a problem and all emotional states attached to it had been widely ignored by the then prevailing systemic clinical theory. Accordingly, he advocated that the alluded concept should be complemented with notions addressing subjective experience but without losing sight with the communicational sphere. The concept of *problem-of-living* (German: *Lebensproblem*; cf. Ludewig 1998) seemed to meet these requirements since it connected well with the fact that emotional dispositions have a decisive influence on all processes of human life (cf. Ciompi 1997). The relationship between problems-of-living and problem-systems lies at the core of clinical reflexion und thus represents one central guiding-distinction of clinical theory. With this distinction in mind, individual and interactional problems may be regarded as unities that interlace recursively without losing their operational and structural independence so that their interrelation may be regarded as one of structural coupling.

Evaluation. Generally speaking, the complementation of interactional with personal problems re-opened the systemic field for discussion and co-operation with other approaches of psychotherapy. Within the field of Systemic Therapy the relationship between problems-of-living and problem-systems occupies a central place in clinical reflexion.

THE TASKS OF THE THERAPIST

A methodology of psychotherapy must provide a framework that allows for actions that are capable of somehow counteracting the dynamics sustaining the presented problems. In the realm of Systemic Therapy this problem has been tackled from various angles ranging from a direct problem-orientation to an exclusive solution-orientation. In accordance with the position followed in this paper this problem has been solved by combining some of Niklas Luhmann´s theory of communication with latest developments of the theory of emotionality and affective communication (e.g. Stern 1985, Maturana 1988, Ciompi 1997). These aspects seem to supply the necessary elements for an understanding of therapeutic change in terms of achieving a dissolution of problems-of-living and problem-systems.

Both problems-of-living and problem-systems have been understood as repetitious patterns that maintain even an unpleasant *status quo* because there is no way of working out accurately the consequences of forward action: will the next move being release or could it trigger a worsening of the situation and increased suffering? That being the case the only safe thing to do is not to change anything, that is, to remain entangled in the continuous reproduction of a repetitious pattern. This understanding of the dynamics involved indicate that altering the repetitious pattern that sustains the problem is necessary to precipitate change. This would be an easy endeavour if the participants were not halted by the fear of situation deterioration. Therefore, the therapist is required to provide encouraging marginal conditions which are inasmuch assuring for the client that he/she may feel safe enough to allow him/herself to take risks and probe insecure actions with an unknown outcome instead of continuing with repetitions. The therapist is thus required to strike an „artistical balance“ between empathetically appreciating the client and his/her legitimacy to be the way he/she is **and,** at the same time, depreciating the problem and its necessity of being. In this balancing act the therapist simultaneously provides the client with emotional security and destabilises the problem. Basically, the clients are stimulated to

„change preferences“, that is, to shift their attention from the problem and its circumstances towards alternatives and other resources that are suitable replacements for the problem. In this sense, Systemic Therapy may be generally defined as a social activity aimed at arranging for social encounters, e.g. therapy sessions or, theoretically speaking, marginal systemic conditions which serve the clients as a favourable context (marginal conditions) to realize change on their own (helping to help oneself).

Having dispensed with lineal causality Systemic Therapy may no longer rely on causal principles in order to shape proper therapeutic interventions. With this constraint in mind the therapist finds him/herself in the middle of what I call the **„therapist´s dilemma“**, which states: „*Act effectively without ever knowing in advance how, and what your action will trigger!“*. A therapist who takes this dilemma seriously refrains from defining the goals of therapy him/herself and from causally planning change. Instead, the clients are motivated to formulate their own concerns and wishes in a way that guides the therapist´s actions. Yet, the therapist remains responsible for arranging a helpful context for therapeutic conversation. One way of coping with the therapist´s dilemma is to follow step-by-step a pathway that begins with accepting the presenting problem as point of departure, continues with helping to formulate a concern and then with negotiating an operable assignment and ends with drawing up a contract based on the foregoing steps.

Evaluation. Dispensing with simple lineal causality has been one of Systemic Thinking´s major contribution to psychotherapy. However, it has also mislead some therapists to disregard the influence of biography and generational legacies on the clients. If everything that matters is communication or „sense-making“, as Niklas Luhmann puts it, this always unfolds in the course of the actual actions produced and reproduced by the participants, in order to maintain a communication flow. These events have, other as in the domain of things or spatial existence, no substantial „grounds“ that operate causually or compellingly on each other. That being the case there is from a theoretical point of view no need to believe or accept the narratives that clients bring with them as explanation for their problems. That could even be counter-productive since it could undeliberately reinforce the assumptions under which the clients suffer. With respect to the presented problems it is highly recommendable, as Gianfranco Cecchin (cf. Cecchin et al. 1993) points out, to profess an attitude of irreverence towards the problem and the narratives sustaining it. On the other hand, all „sense-making“ is for all practical purposes true and real as well. Therefore, depreciating the value of whatever makes sense to the clients would not only be offensive but could also be detrimental for the course of the therapy. Once again, a clear „logical book-keeping“ is called for that helps to prevent confusion of phenomenological domains. The empathetic acceptance of the clients´ reality **and** the questioning of its inevitability need not contradict each other.

Another practical problem that may follow from adopting Systemic Thinking as a theoretical framework for psychotherapy results from adhering too closely to the schemes proposed by recognized authorities of the field. This relieves at times the unease the therapist might feel with constructivism but it may also lead to severe conflict. A therapist who is, for instance, interested in solution-oriented procedures may find him/herself faced with the conflict of having to choose between a problem-focussed and a solution-focussed-orientation („problem-talk“ vs. „change-talk“ or „solution-talk“, cf. for example Steve de Shazer 1988). Systemically speaking, any talk about a problem is always in danger of being confirmatory of an unwished for stability. Steve de Shazer has clearly demonstrated that the make up of a „solution“ need not correspond with that of the problem. That being the case there is no need to have a thorough knowledge of the

presented problem or of whatever is involved in its reproduction in order to help overcoming it. Thus, engaging in a „solution-talk“ appears to be more in agreement with the dynamics of change than „problem-talk“ engagement. This proposition is inasmuch theoretically correct as it harmonizes well with Systemic Thinking. However, it may become an obstacle in practice that is not only pragmatically hindering but also unethical. As stated above, persons who get caught into the repetitious pattern of a problem and suffer from that generally need to feel secure before daring to take risks and trying out available options. Even if some clients could profit from a direct orientation towards a „solution“, some others will prefer to be listened to while reporting about the problems. And since the effects of such a differential treatment cannot be anticipated by the therapist he/she should, at least, be open towards engaging in either „problem-talk“ or „solution-talk“ depending on whatever the client´s needs are but naturally keeping in mind that therapy in the end intends change.

THE DILEMMA OF DIAGNOSTICS

The next challenge to be coped with while formulating a clinical theory in systemic terms is posed by the problem of diagnostics. A systemic therapist who wishes to remain within the „normal discourse“ of Clinical Psychology and Psychiatry finds him/herself quickly caught in a seemingly unsolvable dilemma. He/she needs to use conventionally accepted classification schemes like ICD or DSM but, at the same time, he/she must remain aware of their limitations - they are nothing but semantic generalizations that condense a complexity of variables into a categorical constancy with an eigen-structure. While being interested in preserving complexity and variability and not wishing to succumb too easily to simplified reductions the systemic therapist needs to keep a difficult balance between observing both the norms of reductionist and constructivist discourse. In the face of such a dilemma and after adopting constructivism as the guiding theoretical orientation, Systemic Therapy shunned diagnostics radically (psychodiagnostics, family diagnostics etc.). Many of the innovative techniques brought forth by systemic therapists like Steve de Shazer were meant to allow for useful interventions with no prior diagnostical appraisal being required. Harry Goolishian´s contribution hereto was the introduction of an attitude of „Not-Knowing“ which should help the therapist to refrain from diagnostic-based interventions and encourage him/her, instead, to regard the client as the appropriate expert of his/her own matters (cf. Anderson & Goolishian 1992). In order to cope with this dilemma I have found it useful to apply the notion of „survival diagnostics“ (cf. Ludewig 1999). This notion is an appeal to the therapist to adopt an attitude of interest (or curiosity, cf. Cecchin 1988) for all those aspects of the client´s life that have enabled him/her to survive up to the present, that is, it encourages the search for resources, alternatives, exceptions and whatever may seem useful to shift the client´s attention from the problem and to open him/her to alternatives. With this attitude as guiding orientation it has become possible to regard the client as an expert without disregarding the expertise of the clinician.

Evaluation. Systemic Thinking calls our attention to avoidance of any kind of misplaced logic that reduce phenomena from one phenomenological domain to another; an awareness for a clear „logical book-keeping“ is called for that helps to refrain from reducing problems-of-living and problem-systems to somatic disorders or other pathological conditions. However helpful this awareness has been for the further development of therapeutic concepts it has also, at times, given way to even harmful exaggeration. This is the case, for instance, when primarily organic disorders such as some attentional deficits in children, some psychotic disturbances or other neurological dysfunctions are treated as if they were only the result of, for instance, stressful communication or family conflict. In order to keep a clear track of what we are doing in therapy

some kind of screening is necessary that allows a distinction, for example, between mainly organic states and „problems“ and, in complicated cases, a thoughtful ponderation of the multiple factors involved. Most of the presently existing screening procedures stem though from a different frame of reference and are therefore in need of further refinement before clearly meeting systemic expectations.

THE TECHNOLOGY OF INTERVENTION

Systemic Therapy has only deviced a few special techniques in the last 20 years, e.g. circular and constructive questioning, externalization, reflecting team, deconstruction. However, no theoretical or practical necessity exists for reducing systemic practice to the sum of these techniques. Since Systemic Therapy emerged out of the idea of utilizing a new way of thinking in the domain of psychotherapy it has dedicated much of its work to the formulation and implementation of a therapeutic attitude that corresponds with thinking systemically devoting less time and energy to the development of new techniques. As long as the systemic therapist reflects about his/her work and acts within a systemic frame he/she may feel free to incorporate techniques that have been developed in other approaches into his/her work. Every technique that is capable of providing the client with a sufficient sense of security that he/she will dare to quit the repetitious pattern of the problem may be a useful one. A way of evaluating whether a technique is appropriate or not is the consideration of the following three criteria: *usefulness* with regard to the goals of therapy, *beauty* with regard to the selection of interventions, and *respect* with regard to interpersonal attitude between therapist and client (cf. Ludewig 1988, 1989).

Evaluation. The formulation of systemically based therapeutic attitudes has helped many practitioners in their daily work. On the one hand, some of the proposed attitudes such as parsimony, patience and respect have mislead some therapists to adopt an attitude of passivity waiting for the client to signal that it is time to take the first tentative steps towards a „co-created solution“. I see, personally, no necessity for such a restriction. The appeal to treat clients respectfully as „experts of their lives“ does not mean that the therapist should lean back and wait for the clients to work. There are many clients who for whatever reasons are not able to initiate and create differences and change on their own. This applies to younger children as well as to some seriously handicapped or disturbed adults. To refrain from giving advices, from providing clear structures or even provoking a healthy reaction would, under certain conditions, dismantle a lack of empathy for the situation of the client and thus demonstrate a careless and respectless attitude on the part of the clinician. Yet, the problem remains that of finding out which one or another procedure is recommendable and acceptable.

BY WAY OF A CONCLUSION

The systemic approach to psychotherapy locates phenomenologically in the realm to which it belongs, namely, that of sociality since all that happens in psychotherapy is communication. One of the major benefits that has accrued from adopting Systemic Thinking has been to liberate psychotherapy from its historical commitment to exclusively objectivistic thinking. However, since the human being can only be adequately understood by a simultaneous consideration of the different types of systems that make up the whole, especially, the various biological, psychic and social systems, it follows, that at the level of theoretical reflexion psychotherapy should be regarded as a complex **social** interplay of likewise complex, multisystemic, **bio-psycho-social** unities, namely, human beings.

From the point of view of Systemic Thinking human beings may be regarded as living beings that are inseparably both individual **and** social; the human being as a living-being in-language - as Humberto Maturana defines it - can only be adequately understood by a simultaneous consideration of its biology **and** its languaging. This implies that the human being should neither be reduced to a *homo biologicus* nor a *homo sociologicus*! In addition, if every cognition stems from a distinction the existence of **ME** must be understood as a consequence of an existential reflexion upon the existence of a **YOU.** That being the case, **WE** presents a social system that comprises both the elements **ME** and **YOU** as well as it generates **ME** and **YOU** providing with the conditions of their existence. This recursive generative relationship between the individual and the social system reflects what I call the *systemic principle* implying that mankind begins with, at least, two human beings. Mankind has its roots in a social system.

Systemic Thinking, as a child of the closing 20th century, a time in which new scientific knowledge had begun bypassing many of the blockades inherited from reductionism, enables us to simultaneously consider the complexity of biological, psychological and sociological aspects that constitute human existence without having to reduce these aspects in relation to one another. The main benefits incurred from adopting this way-of-thinking have been to relocate psychotherapy within a humanistic frame, to liberate it from its conceptual dependency from the natural sciences, and to release it from the burden of a solely realistic and individualistic stance.

Summing up, I hope to have shown that the overall benefits of Systemic Thinking for the theory and practice of psychotherapy outweigh largely the entailed constraints and difficulties. This I see as one good reason for further supporting the development of Systemic Therapy, not allowing a dilution of its distinctive qualities in the diffuse stream of traditional approaches.

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