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Systemic-Dialectic- Multilevel- Multifocal Approach



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Name of Approach-Intervention Model

Systemic-Dialectic Multilevel-Multifocal
Approach.

Introduction

The **systemic-dialectic multilevel-multifocal approach in therapy, training, and large system interventions**, originated by George and Vasso Vassiliou, is being developed by the interdisciplinary team of the **Athenian Institute of Anthropos (AIA) Associates** over 55 years, since the AIA's inception in 1963, in Greece.

Professionals at the AIA, trained in the Greek cultural heritage of pre-socratic philosophers Heraclitus, Anaxagoras, or Empedocles as well as of Plato, Aristotle, and the Greek playwrights, felt at home in the international interdisciplinary network advancing the systemic approach, looking at dynamic processes, and approaching human systems as *wholes in context* – individuals, families, groups, communities, cultures – searching for the interrelating dynamics and the prevailing

dichotomies as factors involved in functioning and malfunctioning.

Through a continuous dialogue across the globe with fellow thinkers in four basic streams of thought – general systems theory, family therapy movement, group therapy and psychodrama, and the comparative sociopsychological research – the AIA approach grew to its current shape.

Basic Premises: Epistemological Contribution

The initial impetus was provided by the societal conditions in post-civil war Greece that called for ways to help individuals, families, and communities rebuild unity in their lives and a sense of meaning.

Meaning is central. The foundation of the Approach is **essentially existential**, emanating out of its founders' vision to offer to the fragmented society an approach that would respect the basic **unity of life: individual and group as an undivided entity, developing together on a cooperative basis.** A team and a plan were created to acquire the skills and start a center that would provide the context for elaborating on new emerging theories and applications. Seeking meaning in life as a creative community member became the basis of the approach. In George Vassiliou's words: "**The worst addiction is the addiction to a life without meaning.**"

Anthropos as a system. Since the early Vassiliou writings, “*Anthropos* (the human being in Greek) *and the group are seen as aspects of the same process*” – a basic Aristotelian concept. Individuals, families, and groups are perceived as open, dynamic, bio-psycho-socioeconomic-cultural systems in interrelation, interdependence, and transaction with other systems in their wider contexts.

Functioning is defined as the spiraling process to levels of increasingly organized complexity, through *morphogenesis* and *anamorphosis* – basic change mechanisms – toward emotional-cognitive-social differentiation and integration. G. Vassiliou proposed the concept of *anotropy* over *negentropy* to focus on promoting functioning over arresting dysfunctioning, constantly seeking *openness in organization and organization in openness* (Vassiliou 1973).

Disequilibrium. Anotropy relates to the handling of *disequilibrium* when new information filters in the system, a concept that was central in theoretical discussions at the AIA in the early 1970s: The spiral development, at certain points, necessitates **destructuring**, experienced as distress or crisis, which allows **restructuring** that incorporates new elements from experience and from the changing environment. The introduction of optimal to therapy disequilibrium in family therapy is considered important in order to cultivate the change receptors of the system; psychodrama techniques and paradoxes are used in that respect.

Dialectic. The approach attends to the essential *dialectic* that is created among the interrelated systems – coming out of the **coevolving processes** within and among them. It is distinguished from the concept of *dialogic* that refers to the actual dialogue that happens among systems (e.g., family or group members). In therapy, the *dialectic principle* may lead the therapist working with a difficult parent–child relationship to focus primarily on their separate yet coevolving growth patterns rather than on their direct dialogue.

Multilevel. The centrality of the concept of **unity in human processes** is further grounded

in the principle of the **hierarchy of interrelated social systems at different levels of organized complexity** (Vassiliou and Vassiliou 1982). Any system (individual, family, small and large group, school, organization, community) is approached as an integral part of the particular hierarchy in which it functions, which constitutes its supra-systemic context; in order to understand, relate with, and engage in therapy or training, one needs to attend both to the way the system, e.g., a family, is internally organized – how members interrelate as well as how the family interacts and functions in its wider context of extended family, community, work, and school and in the particular culture and developmental phase.

Multifocal. Having a holistic view of **processes evolving at different system levels** allows the intervener – therapist or trainer – to **shift focus** within the session(s) from one system to another or from one level to another (e.g., from family as a whole to the couple’s relation with the children subgroup to the relation among female with male members, or among three generations or separate cultures where appropriate). Shifting the focus facilitates maintaining an **optimal to therapy and learning level of motivation** and opening up new alternatives (Polemi-Todoulou et al. 1998).

Milieu-specificity. Acknowledging the decisive role the complex socioeconomic and cultural processes play in how families and groups function led to the *milieu-specific* character of the approach: the therapeutic team needs to be constantly sensitized with relevant research data, incorporating them in a constantly developing milieu-specific approach to each particular system (Polychroni 2016).

Synallactic – Systeming. The distinction between *systeming* vs. *summing*, proposed by systemic thinkers in the 1970s (Durkin 1981), clarifies what is aimed for in therapy. The former presupposes the *synallactic* (Greek term signifying **changing together**) interaction of members: **“I change the other through being changed by the other”** (G. Vassiliou). The latter refers to dialogues where members, remaining emotionally

disconnected or antagonistic, cite their views without allowing the emergence of new growth through synthesis. *Keeping our hearts together and our minds apart* was a classic ending phrase in G. Vassiliou speeches, meaning fostering a safe relational context that allows the emerging differences to become a source of growth through their elaboration and synthesis.

Becoming increasingly aware of how academic and medical practices, paying the cost of growing specialization, tended to lose the unity of understanding, a focus was placed at discerning instances of *either/or* – the artificial dichotomies – frequently found in the scientific language and practice. **Systeming beats artificial dichotomies** that stem from linear models and is proposed to substitute *either/or* in approaching cognitive/emotional, individual/group, and intra/intersystem.

Appreciative stance. The foundation of the therapeutic (or training) relationship is built on **unveiling and utilizing the strengths and values** of each subsystem (e.g., family or group member) and of the system as a whole (e.g., the value of the process and product of their interaction), reframing the presented problem as an expected difficulty in the developmental process that has not been timely met, or as a crisis stemming from immediate or wider context changes demanding system redefinitions. Therapy aims at **enhancing the self-leading processes** within each system at each level.

Combined therapy contexts. Individuals are treated as members of the groups in which they function: family, social groups, community, and culture (Sakkas 1990). Therefore, therapists utilize individual sessions, family sessions (whole or any subgroup), and group sessions, in a joint way, combined as deemed appropriate for each case: soon after the first few family sessions, the couple or one or more of the members may be advised to enter group therapy in order to become an agent of change for themselves and for the family. By the same token, individuals starting out with individual therapy and entering group therapy are encouraged to hold family therapy sessions to

complement and ground the desired changes in the family context. The therapeutic scheme may even include participation of one or more members in a parents or life orientation on experiential training group.

The combined use of different settings grew as a basic feature of conducting therapy at AIA, at a time when the movements of group therapy and family therapy were still keeping relatively apart in conferences, networks, and journals.

The Tools of the Approach

The Therapist. The intervener (therapist, trainer) is seen as part of the system; therefore, emphasis is placed on the therapist's *self as a tool*, **the relationship** among the therapist and the members of the family or group as **the primary context of care and genuine concern**, as well as the **therapeutic team's relational system as a coevolving partner** in the process of therapeutic change. In G. Vassiliou's words, the therapist is viewed as *the CAlyzing-REgulatory System (CA-RE), instigating self-leading processes within and among the members*. The therapist's tools and skills include:

- (a) Inner **self-awareness** that allows him/her to become *syntonic* – i.e., tuned in – with the specific context
- (b) Laying the ground for a **safe relationship** and an appropriate **socio-emotional climate** (Gournas 2015)
- (c) Understanding of the **emergent themes** and their transformations within the evolving **family/group process**
- (d) Awareness of the **coevolution** between the therapeutic team and the family/group
- (e) Confrontation of **stereotypical assumptions and artificial dichotomies**
- (f) Utilization of **disequilibrium and crisis** as an agent of change
- (g) Cooperative value system and a constantly redefined shared vision with co-workers

The AIA's training for therapists involves **personal, group, and family therapeutic experience**, along with being familiarized with the interactional family and group dynamics and the intricacies of larger complex systems.

Methodology/techniques. The Vassiliou introduced two important diagnostic and therapeutic tools: the **Synallactic Collective Image Technique (SCIT)** and the **Sequence Analysis (SA)**.

SCIT invites members to use a common stimulus – a voted member drawing – in order to narrate and reflect on a life incident and express the related underlying feelings. As the members share their stories and feelings, the therapist attends to the underlying common theme as it develops and to the way the varied individual contributions enrich it. Through the **Sequence Analysis** of the members' narrations (elaboration of M. Arnold's TAT Analysis), the group theme is revealed and used by the members as a wider frame in which to develop their individual themes. Thus, a self-leading *dialectic process* among the individual members and the group or family as a whole is facilitated, and new alternatives are opened up by **the focus alternation** on different aspects of the theme.

The SCIT was further refined by AIA associates to include a wider range of facilitating stimuli (music, clay, objects, or movements) and expanded for use in different contexts.

Additionally, a wide range of techniques are used to actualize the nonverbal aspects of the interaction, such as shared or interactional drawings (e.g., joint family drawings, kinetic family drawings), transactional TATS, role playing, alter egos, dramatized internal dialogue of the polyphonic self, family, community or large organization, sculpting and techniques involving body and movement, genogram enactments, and symbolic representations.

These techniques reflect the importance this approach attaches to **analogic communication** among family/group members (Vassiliou and Vassiliou 1985), to **the enhancement of synallactic processes** in the system and to **the**

identification of the shared meaning that emerges out of the transaction, as the par excellence context in which the individual becomes a **useful group or family member**, and the group or family becomes a **meaning-fostering environment** for the individual.

Epilogue: The Approach – A Dynamic Process in Context

The approach itself remains a living system constantly evolving through an **ongoing dialogue** between disciplines, cultures, fields of practice, philosophical movements, and related approaches, as well as between generations of trainees, professionals, and members of the communities being served.

The differential focus of the approach and its applications has been changing over the years as a response to changes happening in the wider society:

Emphasis on the wider culture. In the 1960s–1970s, when the scene of family functioning and the status of relevant institutions in Greece were still scientifically uncharted, the AIA's effort was oriented toward collecting social-psychological research data on *subjective culture* (C. Osgood's term for people's perception of their social environment) and on sensitizing families, groups, and communities on how social change triggers the emergence of new roles, necessitating the development of new skills and attitudes in human relation. Research projects carried by the AIA associates during the 1960s and 1970s on families, groups, and communities provided the basis for this milieu-specific aspect of the approach.

Likewise, back then, time was devoted on defining the newly emerging mental health roles and on developing or adapting clinical and training tools.

Emphasis on the immediate context. Over the years, milieu specificity came to encompass the way people perceive structural and functional aspects of the system they are part of, e.g., how the

family is organized in a new emerging form, how the setting of its boundaries change from the traditional era, how readiness for change is cultivated, or how members perceive and experience themselves in the particular socio-emotional climate. The goal shifted toward developing a **milieu-sensitivity in a less generalized way**, i.e., understanding and utilizing the functioning of the immediate (here and now) context, its different aspects and particular qualities, the developmental phase, and the level of complexity. The understanding of the wider context has become a much more difficult and ambiguous task because of the increased complexity and pace of change.

Emphasis on inner dialogue. In the 1980s and 1990s, as the waves of rapid social change untidily overlapped with each other in a less manageable manner, there was a noticeable turn toward working with the inner dialogue as a response to the internal confusion and feelings of inadequacy that were a direct reflection of the not-yet effectively reorganized emerging new value system (Polemi-Todoulou et al. 1998).

Emphasis on autonomy through and for interdependence. In the last two decades the emphasis is on rebuilding the individual as a useful to oneself and others member of a group, not with given definitions of roles and behavior expectations as in the traditional culture, but as a self-leading process constantly redefining and repositioning oneself at every instance. In that respect, the main therapeutic and intervention goal is learning the process of constantly reformulating a *personalized tailor-made compass* as a tool at hand in a rapidly changing world.

Cross-References

- ▶ [The Athenian Institute of Anthropolos](#)
- ▶ [Vassiliou, George and Vasso](#)

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