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# A Review of Conjoint Family Therapy and the Theories of Virginia Satir



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## Introduction

Over sixty-five years ago, Virginia Satir began therapeutic work with people, first as a school teacher, and later as a social worker. Through years of work in the field of psychology, she developed her own approach of working with families. Namka (2003) described Satir as warm, brilliant, and knowledgeable of the pain of being human. According to Namka, Satir steered the mental health field away from the concept of pathology and toward the notion of people as a product of negative family patterns.

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## Family Theory

Satir (1983) rationalized that the primary goal of the family therapist is to deal with family pain. According to Satir, family pain manifests itself in the symptoms of one family member but extends itself to all family members in some shape or form. Satir distinguished the family member who carries the predominant symptom as the "Identified Patient," or "I.P."

Satir (1983) believed that a pained marital relationship is likely to result in dysfunctional parenting patterns. In effect, the Identified Patient is the family member who is most affected by the pained marital relationship and most subjected to dysfunctional parenting. Satir defined the Identified Patient's symptoms as an "SOS" regarding his parents' pain and the resulting family imbalance.

Satir (1983) described the family as an interacting unit that strives to achieve balance in relationships through the use of repetitious, circular, and predictable communication patterns. This phenomenon is known as family homeostasis. Satir described the spousal mates as the architects of the family and contended that the marital relationship is the axis around which all other family relationships are formed. Thus, family homeostasis is directly influenced by the marital relationship.

## The Spousal Unit and Low Self-Esteem

Satir (1983) defined a person with low self-esteem as having a great sense of anxiety and uncertainty about himself. Thus, individuals suffering from low self-esteem tend to be more concerned with what others think of them and less concerned with how they feel about themselves. Satir contended that this lack of self confidence results in a dependence on others and cripples personal autonomy and individuality.

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Satir (1983) contended that there are no accidents in the selection of a mate. According to Satir, an individual suffering from low self-esteem has high hopes about what he can expect from others but is also ready to expect disappointment and to distrust people. In effect, each individual sees something in his significant other which seems to fit his high expectations, as well as something which seems to corroborate his fears and distrust. For such individuals, Satir describes marriage as an effort to "get." Satir believed that each mate desires the other's esteem of him, as well as the other's qualities which he feels he lacks. In addition, each mate finds in the other an extension of himself which allows for feelings of completeness and success.

#### *Different-ness and Disagreements*

Satir (1983) believed that when two people get married, they do not realize that they will have to give as well as get. This is directly related to self-esteem, as individuals suffering from low self-esteem feel they have nothing to offer and should not be expected to give. According to Satir, married couples who possess high self-esteem are better able to trust each other and to feel confident in their abilities to give to each other. This freedom to give results in the appreciation of individuality, or different-ness, and the ability to use this different-ness as an opportunity for growth.

Problems with different-ness arise when the married couple begins to see in each other "the twenty-four-hour-a-day characteristics which do not usually show up during courtship and do not fit each mate's expectations of the other" (Satir, 1983, p. 13). Satir explained that when individuals begin to sense that they are different in ways that detract from their images rather than add to them, different-ness begins to look bad. In effect, different-ness is identified as a major source of disagreement.

#### *The Introduction of Children*

Satir (1983) believed that the need to "get" is a driving force in procreation. In effect, when a child enters into his parents' world, his parents' expectations and needs are there to greet him. Satir explained that troubles arise when the spousal unit realizes that the child is also out to "get."

The introduction of children into the marital relationship creates an environment rich with mutually-reinforcing functions. Through the birth of a child, the marital unit is "contributing to the continuity of the race by producing and nurturing children and transmitting culture to the children by parental teaching" (Satir, 1983, p. 26). Satir further explained that the introduction of a child contributes to the division of labor between the adults and the child and serves as a means of eventual care of the parents by the child.

Bitter (1998) reported that Satir focuses on the relationship of the parents and the self-esteem exhibited in that relationship. According to Bitter, children are extremely reactive to parental influence, and when a couple's relationship is marred by disappointment, the experience is often dealt with through the use of incongruent communication and defensive posturing. In effect, the spousal relationship thrives on communication that is altered by low self-worth, and the couple's overwhelming defensiveness is a product of the difficulty of existing as an independent individual in an interdependent relationship. Bitter further explained that the child, having a continual need to survive, is forced to adjust to whatever the parents are willing to give. Satir (1983) stated that, "When dissension between the parents increases, a child's deviant behavior may be a functional response to a dysfunctional system" (p. 48).

#### *Effects of Marital Disappointment*

Satir (1983) believed that married couples who are plagued by low self-esteem will inevitably create a dysfunctional family environment. In effect, a great indication of how a couple will fare as parents is the way in which the couple views its child. In a dysfunctional family, the parental unit views the child as a "vehicle for representing its worth in the community and for maintaining esteem about self and family" (Satir, 1983, p. 36).

The consequences of low self-esteem are evident in each parent's relationship with his child, just as they are evident in each parent's relationship with the other. Satir (1983) explained that in dysfunctional families each parent continues to view the spouse, as well as the child, as an extension of the self. In effect, both spouses expect the child to want the same things as them, to see the same

things as them, and to do what they want when they want it done. According to Satir, problems arise when either parent challenges the other parent's expectations for the child.

#### *Marital Discord and Triangulation*

Satir (1983) posited that when parents find themselves in divergence, the child simultaneously finds himself stuck between conflicting demands. Satir explained that in such situations, each parent begins to view the child as a potential ally against the other mate, as a messenger through whom communication can occur, and as a pacifier of the other mate. In effect, each parent's controlling desire for an extension of himself results in the confusion of individual parenting motivations with marital conflict.

Satir (1983) stated that "If the mates have low self-esteem and little trust in each other ... the child will be expected to serve crucial pain-relieving functions in the marital relationship"

(p. 57). According to Satir, there is no such thing as a relationship between three people, rather there are only shifting two-person relationships with the third person in the role of observer. As a result, over-developed parent-child relationships are likely to occur.

Satir (1983) defined a family triangle as a situation in which "the wife fears that her husband will be less interested in her, the husband fears that his wife will be less interested in him, and the child fears that he will not be the center of his parents' world" (p. 73). Such family triangles can be functional or dysfunctional.

Satir (1983) contended that in the functional family triangle, the mates are confident in the strength of their own marital relationship and are unthreatened by the child's fear of being left out. This type of triangle breeds healthy father-child and mother-child relationships and makes it obvious to the child that he can never be included in the spousal unit. Bitter (1988) contended that parents who function appropriately with each other have the resources to be the leaders of the family. Bitter explained that the child in this type of environment will grow, gain an identity and a place in the world, and develop a belief in the stability of relationships.

Satir (1983) explained that in the dysfunctional family triangle the mates lack confidence in their own marital relationship and already feel left out with each other. Because they are disappointed in the different-ness of each other, each mate begins to look toward the child to satisfy his unfulfilled needs. According to Satir, the child is then forced to side with one parent and to lose the other. In effect, the child who is identified as the I.P. is burdened with the responsibility of living for his parents.

#### Communication Theory

Satir (1983) attributed human survival to communication, whether verbal or non-verbal, conscious or unconscious. Mishlove (1995) reported that one of the points Satir made regarding communication is that we very often fail to communicate what we are feeling inside. In effect, we are compelled to believe that other people should be able to read our minds. According to Satir, "If you love someone and you don't read their minds, they believe it's because you don't love them, because if you did, you would know ahead of time" (Mishlove, 1995, p. 143).

Satir (1972) described communication as "a huge umbrella that covers and affects all that goes on between human beings" (p. 30). In effect, communication plays a large part in determining what types of relationships an individual will have and what happens in the world around him. Satir believed that all communication is learned and referred to communication as "a film camera equipped with sound ... that works only in the present, right here, right now, between you and me" (p. 31). As a result, Satir felt that individuals who cloud their minds with regret for the past or fear for the future engage in little to no growth or change.

Mishlove (1995) reported that Satir believed she could demonstrate the relationship between communication and health and illness, between intimacy and distancing, between competency and incompetency, and between making sense and not making sense. According to Mishlove, Satir believed that all of these things can be understood within the frame of how we interpret our communications. Moore and Kramer (1999) contended that the lack of clear communication resides in contradictions. Most often, contradictions occur between verbal and nonverbal messages.

According to Moore and Kramer, these types of contradictions create a serious difficulty for their receiver, for a response "appropriate to one layer of the message constitutes an inappropriate one for another, contradictory layer" (p. 430).

#### *Patterns of Communication*

Satir, Stachowiak, and Taschman (1975) identified five ways in which people handle their communication while under stress. These communication patterns, or coping stances, are seen as "brave attempts to survive when you do not believe you can" (p. 48). Satir et al. distinguished four of these communication patterns as incongruent communications. Moore and Kramer (1999) defined incongruent communications as communications that lack true expression regarding what a person experiences and needs and that contain camouflaged messages that are intended to conceal vulnerability. According to Mishlove (1999), Satir believed that incongruent communicators avoid placing themselves in vulnerable positions where they might have to protect themselves. As a result, people lie most of the time.

Incongruent communication patterns are identified as blamer, placater, irrelevant, and super-reasonable. Moore and Kramer (1999) described blamers as people who gain strength and self-esteem through the disparagement of others. According to Satir (1972), the blamer is a fault-finder, a dictator, and a boss. In contrast, Satir identified placaters as people who belittle themselves while simultaneously inflating others. Thus, the placater is a "yes man," who always tries to please, constantly apologizes, and never disagrees. Moore and Kramer explained that irrelevant people disregard their own opinions in an effort to avoid confrontation. As a result, irrelevant communicators lack self-worth, and their statements often appear completely unrelated to the subject matter at hand. Satir described super-reasonable communicators as unemotional and robot-like, possessing a strong desire to control both themselves and others. According to Moore and Kramer, super-reasonable communicators receive power from acting as if they know it all while simultaneously causing their audience to appear ignorant.

Satir, Stachowiak, and Taschman (1975) identified the fifth communication pattern as congruent. Congruent communication refers to communication that exhibits no incongruence within its own transmission. According to Moore and Kramer (1999), congruent communicators "share their thoughts and emotions about themselves without projecting them onto others and thus avoid manipulation" (p. 430).

#### *Theory and Practice of Therapy*

According to Banmen (1986), Satir's model of family therapy is based on a general systems theory. Banmen stated, "Satir's system describes a set of actions, reactions, and interactions among a set of variables essential to a single outcome and develops an order and a sequence among these variables to accomplish the desired outcome" (p. 482). In most cases, the desired outcome involves some form of change. Sayles (2002) reported that Satir's process of change is a way to aid people in making choices that increase self-esteem, provide self-accountability or responsibility, and move a person toward congruence between the self and others.

#### *View of People*

Smith (2002) reported that Satir saw people as having three births. According to Smith, the first birth is the union of sperm and egg. This union serves as a manifestation of the life force. In effect, Satir held that individuals serve as the co-creators of their lives in conjunction with the life force. Smith contended that the inclusion of the life force is a spiritual foundation of the Satir model.

Smith (2002) described the second birth as the physical emergence from the womb. During this time, individuals enter into a pre-existing family system and are totally dependent upon their caregivers for survival. In effect, Satir believed that an individual's beliefs regarding reality are entirely constructed through his interactions with his family of origin.

Smith (2002) identified the third birth as the moment at which an individual becomes his own decision maker. Satir (1983) contended that the most important concept in therapy is that of maturation, or the state in which an individual is fully in charge of himself and his choices. Banmen

(1986) reported that Satir believed that family therapy works with enabling dysfunctional families to become functional by transforming patterns of behavior into patterns of choice. According to Banmen, Satir felt that self-esteem is a basic element in family therapy and maintained that low self-esteem affects the entire family system.

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### *Stages of Change*

Banmen (1986) contended that Satir looked at change from three possibilities:

(1) change is initiated out of survival needs, (2) change is initiated out of hope, and (3) change is initiated by acknowledgement of what is already happening. Banmen further explained that Satir identified four components as necessary to the continuation of change: (1) the family needs a loving atmosphere, (2) the family needs a sense of trust, (3) the change contemplated needs to be believable, and (4) family members need to be in limbo throughout the change process.

Sayles (2002) reported that the Satir model identifies six stages in the change process. These stages include Status Quo, Foreign Element, Chaos, Integration, Practice, and New Status Quo. According to Banmen (1986), stage one is whatever it is that draws attention to the need to move away from the status quo. Sayles described the status quo as a point of balance within the family system that comes at a high cost to one or multiple family members.

Banmen (1986) defined stage two as whatever it is that allows the wish for change. In effect, stage two introduces a foreign element into play. Sayles (2002) described the foreign element as an event that comes from outside of the family system. According to Sayles, as family members begin to accept patterns of dysfunction and explore expectations and beliefs, the process of change becomes more conscious. As a result, the family system begins to move away from the status quo toward the inevitable chaos.

Banmen (1986) explained that stage three introduces a family system in a state of chaos. Sayles (2002) described chaos as being characterized by a willingness on the part of the family members to risk moving into territory that is unknown and unfamiliar. Sayles further explained that new possibilities do not appear obvious to those living in an unbalanced family system. In effect, a point of transformation does not emerge until the family system has moved through the chaos stage.

Banmen (1986) described stage four as the process of integrating new information into the family system and alleviating fluctuation. Sayles (2002) contended that the integration of new experiences helps reduce the conflict that many family members feel when building a connection with a new self that has self-esteem. As a result, the therapist maintains an important role throughout this stage. According to Sayles, the therapist must use this stage to anchor the significant alterations in perceptions, feelings, beliefs, and behaviors.

Banmen (1986) referred to stage five as the practice stage, during which the family is confronted with the opportunity to grow through change. Sayles (2002) described the practice stage as the homework component of integrating a new behavior. As a result, this practice increases self-esteem and value as new information is used as the family members relate to themselves and to each other.

### *Techniques of the Therapist*

Haber (2002) contended that Satir left an array of techniques that still remain functional and vital in the field of family therapy. Haber explained that all of Satir's techniques are focused on creating change in larger systems while simultaneously respecting the congruence of smaller subsystems.

According to Sayles (2002), Satir spoke of change as another way of discussing life. Satir stated that change that is truly transforming is made in a "safe, trusting, and accepting environment" (Sayles, 2002, p. 97). In addition, Sayles contended that growth and change most frequently occur in open and functional systems, where people are heard, valued, validated, and acknowledged. Satir, Banmen, Gerber, and Gomori (1991) reported that the goal of transformation is not to completely eliminate what no longer works, but to add to what already exists in order to transform meaning and understanding.

### *Family Reconstruction*

Banmen (1986) described family reconstruction as a process in which a person reenacts some chosen part of his or her childhood, reconstructing perceptions from new information, which results in different perceptions and ideas about oneself. Taylor (2002) contended that family reconstruction is important for its transformative possibilities. Satir, Banmen, Gerber, and Gomori (1991) stated:

Family reconstruction provides a way of seeing ourselves and our parents with new eyes and thus seeing the present and the future in a new perspective. This new perspective provides us with access to greater opportunities, more freedom, and an enhanced sense of responsibility. We can always change shit to compost! (p. 205)

Taylor defined compost as an extremely complex set of biological, regulated capacities which can be transformed into beneficial characteristics at many levels.

Beaudry (2002) identified several assumptions underlying family reconstruction. According to Beaudry, people are geared toward growth. In addition, people have within themselves all of the resources they need to grow or have interacted with someone who can model these resources for them. Beaudry believed that everyone and everything is affected by, and affects, everyone and everything in the family system. Thus, therapy is a process which takes place between persons in a positive and health-promoting context to accomplish a positive change.

Gilles (2002) reported that family reconstruction is usually done in large groups and takes one to three days. According to Gilles, the reconstruction process allows one person, identified as the Star, to reexperience his or her past, take a look at the present, and make plans for how things could change in the future. Taylor (2002) reported that the Star is selected through the conduction of personal interviews with family members who show an extreme willingness to change. Taylor added that for any number of reasons, the sequence of the processes within reconstruction may vary with any give Star and/or Guide. According to Gilles, therapeutic methods will allow the Star to heal by moving beyond thoughts, feelings, and patterns of behavior that are self-defeating.

Gilles (2002) contended that family reconstruction normally follows a four-act format: sculpting the family of origin; sculpting the families of origin of the Star's mother and father; sculpting the Star's parents' meeting, courting, and wedding; and resculpting the Star's family of origin. Taylor (2002) explained that with the Star, the therapist is able to determine which parts of the person's history hold the most opportunity for growth. In most cases, change resulting from a reconstruction is immediate in the same way that new attitudes are.

#### *Roles of the Therapist*

Banmen (1986) reported that above all, the therapist must create an environment in which people are welcome to take the risk of looking clearly and objectively at themselves and their actions. In effect, it is essential to convey warmth, confidence, trust, and acceptance throughout the course of therapy. Banmen further explained that the role of the therapist is one of high engagement and activity and requires the therapist to become a model of open and direct communication. Satir believed that the therapist "must show the family how to change, how to get in touch with their own feelings, how to listen to others, and how to ask for clarification if they do not understand another person's message" (Banmen, 1986, p. 490).

Smith (2002) reported that the therapist's use of self is an important concept in therapy. Smith explained that Satir believed that through becoming aware of his or herself, the therapist will have access to more creative and flexible ways to authentically connect with the individual. Satir believed that "while therapists facilitate and enhance patients' ability and need to grow, they should at the same time be aware that they have the same ability and need" (Smith, 2002, p.121).

Smith (2002) contended that a deep self-knowledge and confidence are necessary aspects of the therapist's ability to be conscious of self. Satir described this as "being fully present in the moment, as the personhood of the therapist is not shed at the office door but brought into each and every interaction" (Smith, 2002, p. 122). In effect, Satir considered the use of self to be one of the most important instruments for change.

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## THE SATIR MODEL: YESTERDAY AND TODAY

John Banmen

**ABSTRACT:** This article represents an attempt to update the reader by bringing into focus some of the more important components of the Satir model. The intrapsychic aspect of therapy is explained in the form of an iceberg metaphor. The use of the Satir family map, or genogram, is illustrated for use in individual and family therapy. Also, the various steps of a Satir model therapy session are listed. The Satir model has developed into a brief, transformational change model while keeping the earlier theoretical base intact.

**KEY WORDS:** Satir; brief therapy; family therapy; intrapsychic; transformational change; family of origin; coping stances; congruence.

Virginia Satir is considered to be one of the pioneers of family therapy. One of her earliest contributions was the idea and practice of seeing more than one member of the same family at the same time (Satir, Banmen, Gerber, & Gomori, 1991). What a daring challenge that she and others such as John Elderkin Bell, Nathan Ackerman, and Murray Bowen made to the existing practice of the day. And that was only the beginning of her contributions to family therapy and personal growth. Now, most therapists, and especially family therapists, consider such a practice not only normal, but essential in their work.

Satir was an innovator at the practical level. She put little effort on recording or even explaining her theoretical base. Nevertheless, over the years, her practice, her training programs, and her recorded demonstrations have indicated a deep, consistent psychological and

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therapeutic theoretical base. Few family therapy authors have captured the depth and significance of her contributions.

This article will be an attempt to share a small part of the Satir model and how it is presently practiced.

### **THE THEORY OF THE SATIR MODEL**

The Satir model, as Satir's contributions have become known, can best be placed in the humanistic/transpersonal psychological schools. From a therapeutic perspective, the Satir model falls within the experiential family therapy frame.

Therapy models are based on a foundation of beliefs, assumptions, and hypotheses. Without going into the philosophical antecedents of the Satir model, let us look at a few therapeutic beliefs that set the context for this article.

1. There is a strong belief that change is always possible, even if change can only take place inside of the person. These changes might include feelings, perceptions, and expectations.
2. Therapy sessions need to be experiential in order to bring about second level change. This involves a change in being, not only in doing or feeling.
3. The problem is not the problem; coping is the problem. Therefore, therapy focuses on improving one's coping instead of just solving one's problems.
4. Feelings belong to us and, therefore, we can learn to change them, manage them, and enjoy them.
5. Therapy sets positively directional goals and resolves the impact of negative experiences.
6. Therapy is systemic, both intrapsychically and interactively.
7. People have the resources they need to cope and grow. Therapy is one vehicle to harness these resources to help people change.
8. Most people choose familiarity over the discomfort or fear of change, especially during times of stress.

These, and similar therapeutic beliefs (Satir et al., 1991) help guide the therapist with a base from which to view human beings, relationships, and change.

## THE THREE AREAS OF THERAPEUTIC INTERVENTION

The Satir model focuses on three major areas for therapeutic intervention: the intrapsychic, the interactive, and the family-of-origin.

### *The Intrapsychic System*

The intrapsychic focus has been identified in terms of an Iceberg Metaphor. Many of the articles in this issue will include some reference to the Iceberg Metaphor. Basically, it is a way of conceptualizing human experience and recognizing that most human experience is actually internal. The components of the internal experience are very interactive and systemic. Changes in one area often result in some changes in other areas. In a linear, two dimensional framework, the areas, or components, that are included in the iceberg metaphor are a) behavior, b) perceptions, c) expectations, d) yearnings, and e) the Self. A detailed diagram of the Satir model Iceberg Metaphor is shown in Figure 1.

Assume that a client comes to see you for help. Let us say that he is unhappy because his wife left him for another man. After the therapist makes some contact with him by asking the client some personal questions with genuine interest, the therapist might say something like this:

Th.: "Well, tell me, what brings you here today?"

This kind of question usually brings about some description of some events. It is the story of his unhappiness and what brings him for therapy. The Satir model advocates keeping the story to a minimum and only using the story to provide part of the context in which the therapeutic work will take place.

It is now up to the therapist to explore the internal experience of the client. This will involve asking various questions related to the person's feelings, perceptions, expectations, and yearnings.

Sample questions might include the following:

"How do you feel right now?"

"How did you feel when your wife left?"

"How did you express or handle your feelings?"

"How do you see yourself now that your wife left?"

"How do you see your wife now that she left you?"

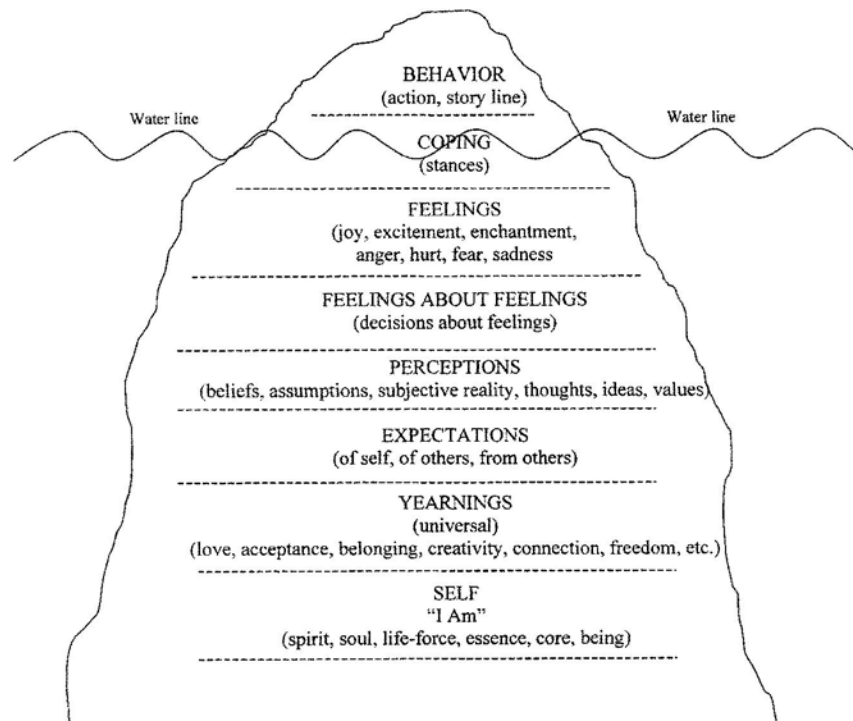


FIGURE 1

### The Personal Iceberg Metaphor

"What other feelings are you aware of?"

"What hopes and expectations did you have of your marriage?"

"What did you possibly contribute to make the break up take place?"

"What deeper longings are you aware of?"

These questions give an example of how to explore the internal, or intrapsychic, experience of the client. As these types of questions are being considered, the therapist now wants to start setting some goals. It is hoped that these goals relate to the internal experiences of the client. The client wants to feel better and more positive. The client wants to resolve his unmet expectations that have given him a lot of

reactive, negative feelings lately. He needs to find ways of meeting his yearnings, possibly forgiving himself, loving and accepting himself, and appreciating what he has done and who he is. While setting such goals, the client needs to be helped to make some commitments to work on these goals.

Now, the therapist helps the client to change whatever is in the way of experiencing some harmony, some self-worth, and some sense of accepting and empowering himself. He needs to resolve his disappointment, his possible guilt, his anger, hurt, and sadness.

The focus, initially, is to work on the intrapsychic area before focusing on the interactive area of his life. Goals are positively directionally framed to provide the client with a focus for change.

The Satir model has set four meta-goals as its positively directional focus for change. These are:

1. *Raising the self-esteem of the clients.* Self-esteem is considered as one's own judgment, or experience, of one's own value.
2. *Helping clients to be their own choice makers.* Satir encouraged people to consider at least three choices in any situation. She wanted to empower people to become their own choice makers. At the mechanistic, reductionist level of viewing humanity, we often find ourselves at one or the other end of a polarity: right or wrong, good or bad, for example. The Satir model, in simple terms, tries to avoid dilemmas such as "either/or" choices and advocates looking at one's situation in terms of three or more possibilities. The model also advocates a more integrative view instead of "either/or" thinking. Choices are not only decisions about one's actions; they include different responses to unmet expectations instead of a person's usual reactions.
3. *Helping clients to be more responsible.* Responsibility includes being in charge of one's internal experiences, not only one's behavior. The main focus here often is being responsible for one's own feelings. This includes being in charge of them, managing them, and enjoying them. With the help of the written works of such authors as Damasio (1999), Le Doux (1996), and Pert (1997), the responsibility of individuals could move deeper inside towards the molecular level of responsibility and change. The Satir model is open to such possibilities in its therapeutic work.
4. *Helping clients become congruent.* Congruence is a state of internal and external harmony. It is a sense of calmness, wholeness,

peace, and tranquility. Congruence is a state therapists are encouraged to be in during their therapy sessions. It is a sense of empowerment, which means that the individual is not controlled or triggered negatively by the outside world, but responds to the world from a state of internal harmony with one's deepest Self, as well as with others and within the context of the situation.

With these meta-goals as background and a framework, the therapist helps each client and each family formulate their own specific positively directional goals. These goals need to include the whole person, not only one aspect of life such as behavior or feelings. In Satir model terms, goals need to include changes in behavior, feelings, feelings about feelings, perceptions, expectations, and yearnings. That is, goals need to include every part of the Iceberg Metaphor. The Satir model in the 21st century is best described as positively directional goal focused and transformational change based.

### *The Interactive System*

In relationships, whether it is couples or families, people often report their problems as conflicts. The Satir model looks at people's relationships in terms of sameness and differences. Satir used to say that sameness attracts and differences help us grow. She missed telling us the other less effective ways to deal with differences. In the therapeutic field, we often hear about conflict resolution. The Satir model advocates resolving differences from a congruent place of interacting. Differences are handled in various ways. There are five ways that people might use to handle differences:

1. *Conflict as a solution.* This method of handling differences includes physical or verbal fights and disagreements. It is an either/or position with only one right possibility. It often builds on the polarity of right and wrong. In the hierarchical model, it becomes a power struggle. As might seem obvious, the Satir model does not advocate this approach to resolving conflict within, between, nor among people.
2. *Denial as a solution.* Even though differences exist, people using denial either verbally or non-verbally have decided to avoid the differences. For example, people never share or discuss their religious or political views because of potential disagreements

or conflict. They withhold their views and might, instead, withdraw from each other and avoid intimacy and closeness.

3. *Compromise as a solution.* When people compromise, both parties give in and both win and lose as they choose something that possibly neither wants, but both feel they can accept. It is sometimes a 50/50 settlement. Very often, in therapy, this level of dealing with differences is the beginning of reconnecting with each other.
4. *Resolution as an answer.* At this level of dealing with differences, both parties win. The resolution usually takes place at a deeper level of connectedness, at the level of yearnings. Here, people accept each other, both with positive intentions and good will. Often, resolving major differences needs a third party to help the individuals work through some of the disappointments, anger, fear, and hurt that might be lingering.
5. *Growth as an outcome.* Finally, when we look at how differences help people grow, we find that through understanding, acceptance, and risk-taking, clients can learn to incorporate some of their differences into their lives. Here, I usually share an example with my clients of some aesthetic differences between my wife and me. "I liked opera and she liked ballet. Now, we both like opera and ballet." In therapy, differences often trigger the survival needs and, therefore, differences become a life/death issue between couples or among family members.

### *The Family-of-Origin System*

The Satir model puts a great deal of emphasis on family-of-origin work. The major shift over the years has been from using the family map (genogram) as a way of connecting with one's parents as adult peers to resolving the negative impact of one's internal experience in the family-of-origin and reclaiming the resources one has received from one's family-of-origin. Family maps are very important in family reconstructions, one of Satir's most well known therapeutic vehicles for change. Now, they are often used in individual and family therapy sessions, as well. The family maps might look very much like they did when Satir used them. The processing of them seems to have evolved into something very different.

Working with an adult individual, we usually do a family map of the client's family-of-origin. The map includes two major time frames: the factual present and the perceptual past. For therapeutic purposes,

it seems advisable to do the factual present first, and then follow it with the perceptual past.

The factual present portion of the family-of-origin map includes the following:

1. father and mother's name.
2. their birth dates and birthplaces.
3. their current ages or age at death.
4. the date of their marriage and of their separation/divorce, if applicable.
5. their religious affiliation, if any.
6. their occupations.
7. their education.
8. their ethnic backgrounds.
9. their hobbies and interests.
10. any illnesses, infirmities, or disabilities that are applicable to either.

We then add the same information for each of the children in the family including, of course, the client. The client is a child in the family-of-origin map, regardless of his or her age.

We also include the deaths of any siblings, any miscarriages and abortions, if applicable. A stage I present, factual family-of-origin map is illustrated in Figure 2.

As you look at the factual, present family-of-origin map, you can see the structure of the map drawing. Children are placed in a vertical line instead of the more common horizontal line. Women are identified with circles; men are shown with squares around circles.

Once this factual present portion of the family-of-origin map is completed, we ask our clients to go back in time, preferably before the age of 18, and relax to give us some experiential data. We want two aspects of their experience. One is to give each member of their family, including themselves, two or three positive adjectives and two or three negative adjectives as they recall their childhood/adolescent experience of their family. During the early Satir model practice, as indicated in Satir and associates (1991), we only asked for three adjectives for each family member. We found that people who placate, who try to please others, often only gave positive adjectives. People who blame often gave negative adjectives. As we know that all people have both positive and negative aspects of themselves, we now ask for both.

The second aspect of the client's childhood experience we access is

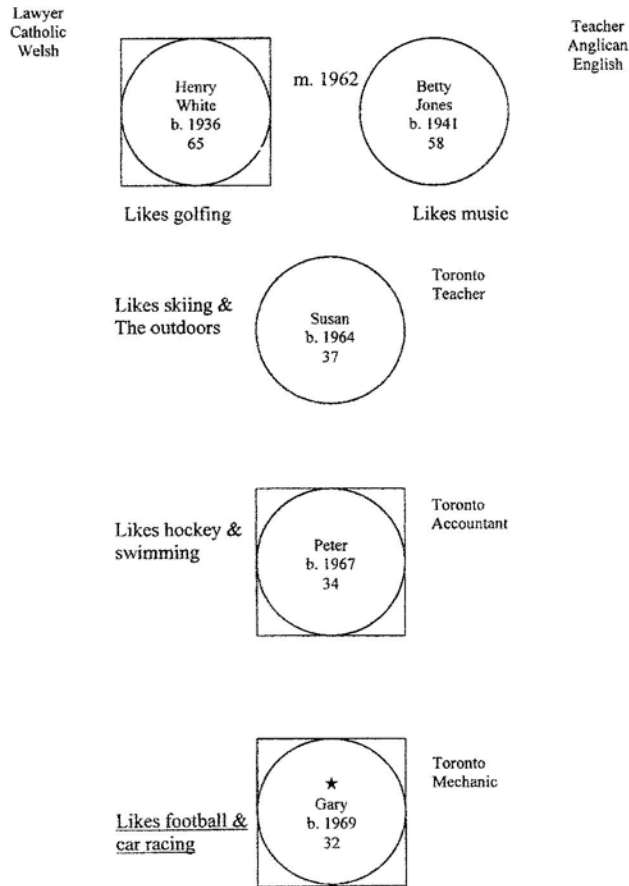


FIGURE 2

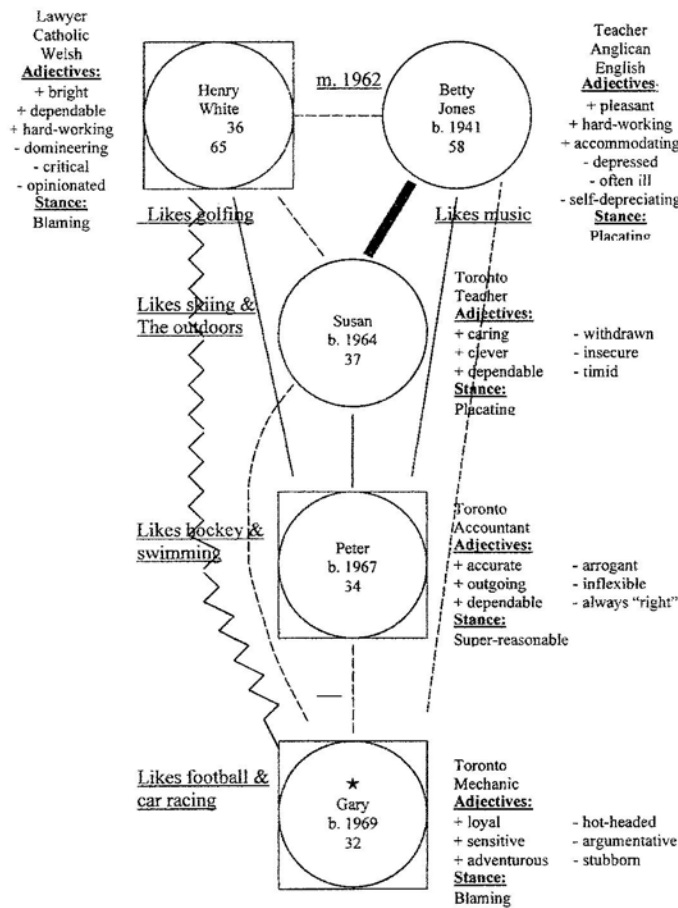
Stage I: Present Factual Family-of-Origin Map

the way that people in the family behaved in relationship to each other under times of stress or considerable disagreement. This description of relationships under stress is, of course, a generalization of how they remember childhood family experiences.

We give the client a code with four possibilities:



1. a solid, thick line **————** often indicates an enmeshed relationship between two family members.
2. a wavy or jagged line **^v^v** indicates a stormy, turbulent, or hostile relationship under stress (see Figure 3).
3. a solid, thin line **——** indicates a normal, accepting relationship, even under stress.
4. a broken line **- - -** indicates a distant, negative, or indifferent relationship under stress.



**FIGURE 3**  
 Stages I and II: Present Factual and Perceptual Past Family-of-Origin Map

Of course, other possibilities exist, but we find that these four types of relationships are usually enough to capture the picture of how most people relate under stress.

Family maps become useful once we start our therapy and find some emotional experiences which do not make sense in the client's present circumstances and which have not yet been resolved from childhood experiences. They are also helpful to assist clients to go inside themselves or when we suspect that some impacts of the past are interfering with present living.

If there is no specific event or context that is generating the negative impacts which the client is experiencing, we use a wide net to explore the impact of many areas. For example, we might explore the impact on the client of the family member relationships, the adjectives of each family member, the survival stances of each family member under stress, any illnesses that family members had, any losses that the family had, any other significant events family members had, and so forth.

The purpose is to reduce the negative impact these matters had or still have on the individual in terms of influencing, affecting, or controlling his or her behavior, feelings, perceptions, expectations, yearnings, or experience of their deeper Self. More optimistically, sometimes these negative impacts can be transformed into positive resources.

When dealing with families, the most common use of family maps is to have the factual and perceptual stage both in the present context. The map often becomes slightly more complex because each family member might have different perceptions of themselves and of the others in the family. Sometimes a more common picture evolves when people have worked through some serious differences of perceptions and expectations. Nevertheless, differences need to be acceptable in a healthy, growing family.

## **THE SURVIVAL COPING STANCES**

In earlier times, while Satir was still at Mental Research Institute, her approach was considered to be a communication model. At that time, she placed a lot of emphasis on people interacting with each other in a "straight" manner. After observing a large number of families interacting, or communicating, she formulated some basic behavior into patterns which she called "survival stances." No matter how rough

or difficult the experience people had in their family-of-origin, they would find a way to cope and survive. In order to show how people experienced themselves in these patterns, Satir sculpted, or externalized, the internal experience of family members. Out of this developed her well-known coping stances, which she referred to as 1) placating, 2) blaming, 3) super-reasonable, and 4) irrelevant. Much can be said about these stances. Excellent background reading material can be found in *The New Peoplemaking* (1988) by Virginia Satir.

Coping stances are modes of surviving under emotional stress. They are not personality categories. Most people have one major coping stance that they use when they are under stress. Many people actually use all four coping stances depending on the circumstances and relationships in which they find themselves. For example, a person might placate at work and blame at home and act irrelevant with friends at a party.

Assuming that most readers know these aspects of the Satir model, little will be said about the characteristics of each coping stance. More information can be found in Satir et al (1991).

What is important here is how these stances help us therapeutically. Once we assess our clients, even if it is just an observation of how they talk about their problem, we might be able to identify their coping stance. Knowing the coping stance, we will know how to connect with them in their internal process. Making contact with the client is an important concept and requirement for Satir Model therapy. While other models talk about building rapport, Satir emphasized making contact. By seeing each client in terms of an Iceberg Metaphor and immediately appraising the client's likely coping stance, the therapist can use the following ways to make deeper and faster contact.

Clients, who use the placating stance as their way of coping under stress, can easily be reached through their feelings. Clients like this are often depressed, see themselves as victims, and feel helpless and hopeless. By relating to the client through their feelings, rapport is built and therapy can begin.

Clients, who use the blaming stance as their way of coping under stress, can easily be reached through their expectations. The therapist focuses on what the client wants instead of how he feels. By doing this, rapport can be built quickly and easily.

Clients, who use the super-reasonable stance as their way of coping under stress, can easily be reached through their perceptions. These clients seem to be in their heads, rational, reasonable, logical, factual, and poorly connected with their feelings. To engage these clients beyond

their super-reasonable stance, the therapist might first explore their body reactions and their expectations before they can connect with their feelings.

Clients, who use the irrelevant stance as their way of coping with stress, are difficult to reach. Body sensations, touch, and physical activities such as going for a walk with them are three ways to start making contact with people who use the irrelevant stance. I often start working with them in terms of their context. In that moment of time, that usually means having them explore their immediate surroundings, namely my office. Inviting them to comment on the space, the furniture, the colors, and the office contents helps them to settle down, build some boundaries, and build some trust. This seems to work especially well with ADHD (Attention Deficit Hyperactive Disorder) clients who would be considered to be using the irrelevant stance in the Satir model.

Knowing your clients' stances and using the Iceberg Metaphor will greatly reduce the time needed to make contact with them. Once contact has been made and you have entered the client's internal system, the whole Iceberg, the whole person, becomes available to the therapist to help bring about change.

Let us now look at a simple outline that would show the general aspects of a Satir model therapeutic session in point form.

1. The therapist prepares himself or herself. We find it important that the therapist prepares himself or herself internally as well as he/she prepares himself or herself externally. That includes centering oneself, focusing one's energy on the client, becoming prepared to receiving and accepting the client.
2. As the client enters the office, the therapist makes contact with the client. At first, a few social interactions might help. Contact suggests a connection with the clients that are focused on hearing and accepting the clients in their present state of operation. Contact is very important in the Satir model. Assessing the clients' coping stances during this time and communicating within the component of the Iceberg Metaphor, as stated elsewhere, would increase the speed and depth of the contact.
3. Once some contact is made, the therapist is ready to listen to the problem. "What brings you here today? What would you like to look at today? What are we going to work on today?" might be questions that will begin the clients' sharing of their problems. Many clients seem ready and able to respond to

these or similar questions, but most want to tell the therapist what is "wrong" with them or some other member of the family. Their focus is to tell the problem. The question for the therapist is how much of the story do the clients tell before the therapist starts asking questions that will take the clients inside of themselves? Most therapists, in our experience, not only allow the clients to tell their story, but actually encourage it by asking more content questions than process questions, thereby continuing the talk therapy mode. What the Satir model encourages is to keep the story short and use it as part of the context within which to do therapy.

4. Once there is a general sense of what is happening to the client or clients, the therapist starts the process of helping the client formulate the problem into some positively directional goals for each part of the internal process: goals for feeling, goals for perception, goals for expectations, goals for yearnings, and, finally, goals for behavior. Goal setting is a joint effort between therapist and client, but it includes goals for the whole person, not just behavior or cognition. As the therapy proceeds, goals often change into deeper or more hidden areas of the client's experience.
5. Sometimes, clients are out of touch with their inner self, or are confused, depressed, or extremely angry. What is needed then is some effort by therapist and client to explore the internal functions of the client. Some time and effort is needed for the clients to experience themselves, to increase their awareness of themselves, and to accept what they surface before they can realistically set positively directional goals. Some clients need to do some work on a major impact of an event before they can set positively directional goals. If there is a serious block keeping the client from looking ahead, often some work needs to take place before such positive movement happens. Nevertheless, the Satir model encourages early positive goal setting to avoid pathologizing the client and/or the therapy focus.
6. Once the goal setting starts, and it is hoped still during the first session, the client is asked to make a commitment to working on making changes.
  - "Are you willing to work on achieving that goal?"
  - "Is that something you are willing to work on?"
  - "Will that goal help you to change your reaction?"
  - "Are you ready to commit to working on that goal?"

Often therapist seem to assume that clients are committed to change when they are only willing to talk about it, or, worse, they expect the therapist to do the work for them.

7. The major task in the Satir model is working on change. This is best achieved when the process is experiential. The therapist takes an active part in taking the clients into their internal experience and works on helping the clients to change the negative impact of their many experiences. Again, the meta-goals are for the clients to experience higher self-esteem, to be better choice makers, to be more responsible (especially internally), and to be more congruent. Changes in the areas of feelings, perceptions, expectations, yearnings, and behavior are the basic therapeutic areas of work. The rest of the process is person specific; it is driven by the yearnings and positively directional goals of the client, not just the problem.
8. Anchoring changes is also an important aspect of change therapy. This important therapeutic process includes accepting the change, internalizing the change, making room for the change in the different parts of the internal process (the Iceberg Metaphor), and integrating the change. Anchoring change takes place throughout the session whenever some shift, some new insight, some therapeutic movement, or some internal healing has taken place. Of course, at the end of the session, anchoring any work of the client is important.
9. Before the session ends, the therapist, with some input from the client or the family, gives homework designed to put into practice the changes that were worked on or achieved during the therapy session. Homework, according to the Satir model, is usually focused on internal change instead of the old behavioral activity like going for a walk or taking a bubble bath. Early examples of homework might include:
  - a. Monitoring one's feelings.
  - b. Tracking one's expectations.
  - c. Surfacing one's perceptions (beliefs).
  - d. Connecting with one's yearnings.
  - e. Becoming aware of how feelings and perceptions interact.
  - f. Becoming aware of how feelings and expectations interact.

Of course, later on much of the homework is focused on changing what no longer fits and making room for more congruence.

10. With a short summary of the work achieved, the session comes to an end.

The above gives the reader a short description of what most sessions today are like using the Satir model. The main focus is on achieving positively directional internal goals first. Many of the clients who come to therapists who are using the Satir model present us with problems such as couples' relationships, family relationships, suicide, sexual abuse, family violence, depression, obsessive-compulsive disorder, post-traumatic stress disorder, bi-polar disorder, dissociative personality disorder, anxiety disorder, and the many other common or typical difficulties.

We do acknowledge clients' problems, their symptoms, and their struggles, but we want to focus first on the client, on the person, and not get lost in the "problem" or "symptom." We want to have clients tap and connect with their own life energy and allow that life energy, or life force, to become their own center of being. Then they will have access to all of the rewards and responsibilities possible at their own level of competence.

## CONCLUSION

The Satir model is situated within the experiential/humanistic tradition of therapy with a strong existential flavor. During the last few years of Virginia Satir's life, she added more of a spiritual component to her therapy. Her personal mandala, mentioned elsewhere, indicates this as well.

The spiritual aspect of people has continued to expand in the Satir model and now is an important aspect of the therapist's growth and part of the therapeutic process. The main focus is on change towards greater wholeness, more harmony, greater responsibility and, ultimately, a fuller life.

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