Satir Around the Globe

A Summary of a Qualitative Study of Satir Family Therapy: Theoretical and Practical Developments over the Past 30 Years

Jessica Erker, California State University, Northridge

As one of the original pioneers of family therapy, Virginia Satir's work has left an indelible mark upon the history of family systems therapy as well as on its current practice and development. From seeing her first families in 1951, to conducting and establishing workshops for tens of thousands of families and individuals throughout the world and authoring numerous books that have been translated into various languages, Satir's contributions to the field are profound and many (Banmen & Maki-Banmen, 2014). In her career spanning four decades, Satir participated not only in training practitioners in her method and developing programs to support their training, but also played a role in larger social issues of the time. The various manifestations of Satir's model practiced today continue to affirm her influence and effect on current postmodern therapeutic practice.

Satir's method has borne various names throughout her years of working with families: Conjoint Family Therapy, Satir Family Therapy, The Satir Model, The Satir Process Model, Human Growth Model, and the Human Validation Model (Banmen & Maki-Banmen, 2014; Cheung & Chan, 2002; Haber, 2002; Innes, 2002; Lee, 2002a; Lee, 2002b; Lum, 2002; Lum, Smith, & Ferris, 2002; Martinez, Hollingsworth, Shephard, Stanley, & Lee, 2011; Morrison & Ferris, 2002; Satir, 1983; Satir & Baldwin, 1983; Taylor, 2002). Despite the various names applied to her approach as it developed, specific themes and philosophies underlie the work, namely the humanistic, systemic, and experiential methods that she utilized (Banmen & Maki-Banmen, 2014; Innes, 2002; Satir, 1983; Satir & Baldwin, 1983; Satir, Banmen, Gerber, & Gomori, 1991). Satir's model is humanistic in that Satir believed people strive toward growth and she valued the therapist's use of self as a means to model congruent behavior and communication. The model is systemic in that it does not place the blame on the individual client, but sees the problem arising out of a complex family system. Her model is experiential in that the underlying assumption about change is that it occurs in the present. When working with Satir's experiential methods, the client is able to work through their issues in ways that incorporate the entire person—cognitively, emotionally, and somatically.

Satir is known for the magic she created in her training groups and practice with families (Andreas, 1991; Loeschen, 1991). As a person, she exhibited intimacy and warmth that created a safe place for change to occur. She had a deep respect for each person, seeing each person as unique and important, all a part of a human family. She had a radical hope that was infectious for her clients and helped them to cultivate hope for themselves. These personal qualities helped Satir and her clients to work toward their therapeutic goals. The major goals for her individual clients and their families were to increase self-esteem and to promote acceptance, appreciation, and healthy communication within the family (Satir, 1983; Satir & Baldwin, 1983; Satir, Stachowiak, & Taschman, 1975). To achieve these therapeutic goals, Satir encouraged nurturance, respect, safety, and hope. She utilized touch, intuition, emotion, personal disclosure, collaboration, and spirituality to create change. Satir engaged all aspects of the client's self towards change and, later in her career, it was this focus that she developed further to help move her clients and their families toward individual and systemic self-actualization (Banmen, 2009).

Since her death in 1988, Satir's work lives on in the professional communities she helped build around the world as well as in the varied approaches inspired by her method. Satir founded Avanta (now known as the Virginia Satir Global Network) in 1977, as a place where practitioners can learn her methods through workshops and trainings, as well as connect with others practicing her approach around the world (Haber, 2011). Satir's former students and practitioners of her method in North America as well as Eastern Europe and Asia, continue to practice the Satir model, including adaptations of her method (Kim, 2007; Haber, 2011; Wong & Ma, 2013).

Despite the influence of her work on the current practice of family and systemic therapies and the continued teaching of her methods, the Satir model is not considered one of the more popular therapeutic approaches being used in North America today (Banmen & Maki-Banmen, 2014; Cheung, 1997). Satir published many books throughout her lifetime delineating in specific terms her approach, yet no single institution today is representative of her model (Banmen & Maki-Banmen, 2014). Rather, various groups throughout the world practice their own version of her approach (Innes, 2002). Perhaps one of the reasons this variation in the practice of her model has developed is due to Satir's attempt to make her process accessible to as many people as possible (Innes, 2002). While her simple descriptions of her therapeutic processes and interventions may seem easily utilized by practitioners, criticisms of her method underline its lack of grounding in theoretical principles as well as its lack of empirical research devoted to the model, making her approach hard to operationalize in everyday practice (Brubacher, 2006; Cheung, 1997; Innes, 2002). This has led Satir's method to be considered, in the current constellation of therapies, more of a "general" approach (Brubacher, 2006; Cheung, 1997; Innes, 2002). Some practitioners have strived to fill that gap, attempting to ground her approach in philosophy as well as current trends in social construction theory (Cheung, 1997; Innes, 2002). Others have modified Satir's method and interventions to be applicable to specific populations and contexts (Bitter, 1993; Brubacher, 2006; Cheung, 2013; Cheung, 1997; Freeman, 2000; Freeman, 1999; Klein, 2008).

Virginia Satir published numerous books over the course of her career spanning over four decades. During her career, the focus of her practice continually evolved and changed based on her ongoing clinical and training experiences (Banmen & Maki- Banmen, 2014; Banmen, 2009). Since her death in 1988, John Banmen, a close friend, student, and colleague of Satir, has described four different stages or periods of Satir's work (Banmen & Maki-Banmen, 2014): (a) the communication stage, (b) the validation model, (c) the change model, and (d) transformational systemic change. Thus, although Satir practitioners continue to practice the model, it is unclear exactly how the model is practiced today (e.g., a combination of elements from all stages, only certain elements, etc.) and what is emphasized in the current practice (Innes, 2002). The changes in practice cause questions to arise when reading the current literature: Which elements from earlier phases are still being used in contemporary practice? How are they being practiced? How are new practitioners interested in learning the model trained?

To answer these questions, a literature review of all books and scholarly articles produced since the year of her death, 1988, until July 2016 was conducted. A total of 219 relevant books, book chapters, and journal articles were found (Erker, 2017). The information gathered from the literature analysis was then compared against the lived experience of 10 Satir experts via phenomenological qualitative interviews.

When comparing the results of the literature analysis to the 10 qualitative expert interviews, both the literature analysis and the expert interviews revealed a rich and diverse contemporary Satir practice. The following is a summary and comparison of the findings from the literature analysis and the expert interviews.

How is the Model Practiced Today?

As mentioned previously, both the literature analysis and the expert interviews indicated a diversity of contemporary Satir practice: analysis of the literature showed 31 different contexts and populations in which the Satir model has been conceptualized and applied since her death in 1988 (Erker, 2017). Also of note from review of the literature were articles dedicated to research completed to support the model (n=11),

new techniques developed since Satir's death (n=4), efforts toward systemization of the model, as well as new therapeutic models based on Satir's model have been developed (n=5) (Erker, 2017). While Satir experts likewise identified the rich diversity of contemporary Satir practice, they also provided a context for understanding why different practices exist. Many experts stated that the Satir model allowed each practitioner the freedom to bring to therapy their own unique selves, adding what they feel is appropriate with each unique client or clients. Experts further discussed their respective practices and programs they developed to meet the needs of the populations with which they work. Some experts have systemized their programs, conducted research to validate it or depended upon extant research for support. Most of the experts expressed a desire to continue scholarship, connection, and support of the model through their participation in Satir organizations as well as through workshops conducted throughout the world to promote the Satir model and their respective Satir practices.

What is Emphasized in Current Practice?

Regarding the contemporary practice of the Satir model, both the literature review and the expert interviews reflect an emphasis on deep systemic transformational change, spirituality, congruence of the therapist, and a positive approach rather than a focus on pathology (Erker, 2017). In the expert interviews, all experts emphasized the importance of systemic change, congruence of the therapist, and a positive approach to therapy, however, many but not all experts discussed spirituality as being emphasized in their practice.

Which Elements from Earlier Phases are Still Being Used in Contemporary Practice?

As seen in the literature review and expert responses, contemporary practice of the Satir model, despite the diversity of its practice, retains its humanistic, systemic and experiential foundations, its positive, growth promoting beliefs, as well as its goals toward promoting individual and systemic self-actualization through increasing self-esteem and healthy communication (Erker, 2017). Congruence of the therapist is also a continued focus in contemporary practice. In the literature, while many articles indicated the contemporary application of various Satir vehicles for change, an emphasis was seen in the use of the personal iceberg as a major vehicle for transformation. During the expert interviews, experts did not emphasize the use of the personal iceberg, but rather discussed the use of various vehicles for change, including family mapping, sculpting, ingredients of an interaction, self-mandala, family reconstruction, parts parties, humor, metaphor, meditations, as well as the self-esteem maintenance tool kit to support the change and transformation process. Lastly, while trainings are briefly mentioned in the literature, many experts discussed continuing Satir's tradition of outreach within their own practices through their work as teachers, supervisors, and workshop and seminar leaders. Thus, while teaching the model is not a part of the Satir model per se, it was a large part of Satir's own practice, and all experts continue Satir's tradition within their own practices.

How are new practitioners interested in learning the model trained?

While the literature analysis provided only few small references to training conducted in the model, expert interview responses described major training options available in North America and around the world and noted that the type of Satir training one receives is dependent upon the Satir approach utilized by the trainer or training institutions (Erker, 2017).

Summary

Virginia Satir's method of family therapy has borne various names throughout her four-decade long career. Review of recent literature compounds the confusion regarding how the Satir model is practiced

today as many Satir practitioners have developed new models and applied different names to their respective Satir practices. All practitioners suggested, yet did not overtly indicate, different approaches within contemporary Satir practice.

Results of this study demonstrate that the contemporary practice of the Satir model is diverse in its practice and application (Erker, 2017). While all Satir approaches retain Satir's philosophical and theoretical base and include her concepts, vehicles, and goals for change, many Satir practitioners adapt their practice to the specific populations they serve, including clinical and non-clinical populations. The diversity of Satir practice is also seen in the variation of training options available in North America and internationally where the type of training one may receive is dependent upon the Satir approach utilized by the trainer or training institutions.

The flexibility and creativity inherent in this integrative approach is a characteristic of the model itself (Erker, 2017). The Satir model promotes organic growth, transformation, and positive change. It values the uniqueness of each person as well as each therapist. Thus, the diversity within the practice of contemporary Satir therapy, as seen in the literature analysis and expressed by the Satir experts interviewed, reflects the value the Satir model holds for the uniqueness of each individual, and in the same sense, reflects the organic growth of the model since Satir's death.

Jessica Erker is a marriage and family therapist intern working in Los Angeles, CA. She received her master's degree at the University of California, Northridge, under the advisement of Dr. Diane Gehart.

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