Chapter 4

COMMUNICATIONS/ HUMANISTIC FAMILY THERAPY

BACKGROUND AND LEADING FIGURE

Virginia Satir is considered to be one of the founders of the field of family therapy. Satir is also the leading figure in the development of a communications family therapy model. Hence, it is befitting that we begin Part II on family therapy models and this chapter with a focus on the works of Virginia Satir, specifically her contribution of the development of her communications/humanistic model of family therapy.

Satir's family therapy model is identified primarily with the communication approach and secondarily with the experiential. It is accurate to state that her work defies a rigid categorization. To this end we will be focusing our primary attention on an articulation of Satir's communications/humanistic model.

Virginia Satir was a social worker by training and began her clinical career in Chicago—initially seeing families in private practice in 1951 and then in 1955 joining the staff at the Illinois State Psychiatric Institute where she set up training programs for resident students of family therapy. In 1959 Satir joined the Palo Alto, California, group of the Mental Research Institute (MRI). There she served as director of training and remained until 1966, when she joined the Esalen Institute in California as director.

In her later years Satir conducted many workshops and lectures. Eventually, Satir's focus on the individual and the family system expanded to community and ultimately turned her attention to world peace (the congruence between people and the global context). She formed and/or was involved with several organizations. The two most notable were the Beautiful People in 1969 (which later registered as

Photo 4.1 Virginia Satir became an international ambassador whose mission was to empower people to transform conflicts, develop possibilities, and enable them to take responsibility for their lives, health, work, and relationships

Source: © William Meyer

the International Human Learning Resources Network) and the Avanta Network in 1978. These organizations advanced Satir's philosophy of humanism in which people who were committed to her vision gathered together for training experiences and workshops. Satir died in 1988 of pancreatic cancer.

Satir left an important legacy to the field of family therapy, one of a fluid integration of artistry and theory in family therapy practice. In fact Satir so (seemingly) effortlessly understood and attended to the pulse of people's affective emotional experience (both in their family dynamics and processes and in their emotional experience in therapy) that in her early years as a family therapy theorist she was viewed by some as being atheoretical and too intuitive to immolate.

In the following years Satir finally garnered well-deserved respect as a gifted clinician and brilliant theorist. Later in this chapter we will illustrate the theoretical preciseness of her approach in understanding and in addressing family dysfunction that will allay the notion of her approach being too idiosyncratic to learn. This is not to deny Satir's warm, nurturing, and charismatic personality and the influence of her own style in her approach. However, the authors assert that the values, beliefs, and personalities of other family therapy architects similarly impact the unique family therapy process. It is the task of the beginning therapist to find and develop his or her own therapeutic style while adopting various family therapy models of practice.

Satir's flagship works are embodied in the books *Conjoint Family Therapy* (1964, 1967, 1983) and *Peoplemaking* (1972; see also *The New Peoplemaking* [1988]). These books remain as classics in the field of family therapy. Virginia Satir's family therapy model has been known by several names throughout its development: conjoint family therapy, process therapy, and the Human Validation Process Model. Satir's Human Validation Process Model (Satir & Baldwin, 1983) is the result of an evolution of sorts from her earlier focus on communication processes to an emphasis on humanistic values.

PHILOSOPHICAL, CONCEPTUAL, AND THEORETICAL UNDERPINNINGS

Although primarily identified with the communications approach and then the experiential, it is nevertheless accurate to state that Satir's therapy defies categorization.

Her approach embodies major tenets of all the schools of family therapy. Her work with triads and subsystems dealing with boundary and hierarchical issues in the family touches on work central to the systems approach. Her attention to intergenerational and multigenerational issues in parental styles of communication and family rules and roles gives her work a family of origin perspective as well as embodies role theory. Her use of bodily proximity and touch, sculpting, and psychodrama incorporates aspects of an experiential approach.

To understand Satir one must begin by appreciating her respect for the individual. Satir viewed self-esteem and its enhancement as one of the most important family functions, if not the most important one. Satir believed in the inherent goodness and growth potential of the individual. She felt that individuals are not always in touch with their (growth) potential, in that all human beings carry within them resources they need to grow. Satir saw her approach as helping people gain a sense of their wholeness and potential and a commitment to individual awareness and expression, self-fulfillment, and individual growth. In essence Satir believed in self-help ability and self-discovery—given a nurturing environment.

From the above discussion we can see some of the (philosophical) seeds of Satir's approach. Her conceptual framework can be summarized in the following five major tenets.

1. Our family of origin, including past generations, has a significant influence on our attitudes and behaviors.

2. Families are systems and as such seek balance; when that balance is maintained through inappropriate roles, restrictive rules, and/or unrealistic expectations, the members' needs will not be met, and dysfunction will occur.

3. The result of dysfunctional family systems is low self-esteem and defensive behavior, as the basic drive of human beings is to enhance self-esteem and defend against threats to it.

4. Each person contains all the resources one needs for growth and healthy functioning.

5. The therapist and his or her beliefs are the most important tools at his or her command.

We will now revisit each of these concepts in turn.

Concept 1: The Family of Origin's Influence

In *Conjoint Family Therapy* (1983), Satir describes her concept regarding the influence of the family.

I see the parents as architects of their present family. They bring together what they have learned in their own families, blending it both consciously and unconsciously to form the context of their current family. (p. 145)

Satir saw the family as a hierarchy in which there are inequalities, power imbalances, disharmony, conformity, and the loss of a sense of uniqueness and personhood. Someone dominates and believes that there is a "right way" to which everyone must conform. When this is the case, there is loss of self, as all the members—including the dominant ones—must give up some of their true selves to accommodate to the system. Hence, Satir viewed the present family (of procreation) as being unduly influenced by past generations and as having significant influence on the present family's attitude, behaviors, family structure, hierarchy, power, and balance.

Concept 2: Families as Systems

Satir wrote extensively about unrealistic expectations within families (e.g., unrealistic marital expectations, unrealistic expectations of children—ignoring or not understanding development needs, etc.). Marital partners may expect the other partner to be a parent to them to meet unmet needs or be a vehicle through which undesirable attitudes or behaviors can be projected or acted out (Satir, 1964, 1967,1983). Parents may expect a child to make them feel worthy by achieving or performing, to be grateful for getting what they did not get as children, or to parent them.

Parents may have unrealistic expectations of their children because they are not aware of children's developmental needs. For example, expecting a child to perform beyond his or her developmental capacity or to remain at a developmental stage longer than is appropriate is one of the many ways in which unrealistic expectations and restrictive rules may cause dysfunction in families.

Concept 3: Low Self-Esteem/Self-Worth

At the core of Satir's philosophy and central to her approach is the notion that families must respond to each other in ways that enhance each other's self-esteem. (Later in the chapter we will discuss dysfunctional communication stances that contribute to low self-esteem in family members.) Low self-esteem can cause a person to respond to family members in unhealthy, maladaptive ways. How we choose to cope often relates to our level of self-esteem. Satir, Banmen, Gerber, and Gomori (1991) add that

with low self esteem, we tend to think some "cause" determines our reaction. We believe that events make us angry, when, in fact, our choices of reacting range from extremely dysfunctional behavior to optimally functional behavior and a very positive growth-oriented state of mind. Causes do not determine our reactions. We can take charge of meanings we make of ourselves, others, and our context. We can also take charge of our feelings about those feelings. This capacity enables us to make the major shift from being victims of circumstances, others, or ourselves, to being empowered and taking personal, emotional responsibility. (p. 28)

Low self-worth is different from feeling low. One may feel discouraged, sad, or despairing without having low self-worth. Feeling low, however, becomes low self-worth when a person experiences feelings of unworthiness but is unable or is afraid to acknowledge these feelings. In other words, low self-worth has to do with what the individual communicates to him- or herself about such feelings and the need to conceal rather than acknowledge them.

Satir et al. (1991) contrast the feelings of persons with low self-esteem with those of persons with high self-esteem in terms of the coping stances that may be taken. For example, the coping stance derived from one of Satir's dysfunctional communication roles is that of the *placator* (to be described in more detail later in the chapter). This coping stance is an example of how a person with low self-esteem communicates. That is, his or her communication renders the message of "I'll do anything to please you as long as you don't reject me (emotionally)." However, a person with high self-esteem copes with interpersonal conflict by taking the communication stance of "I do what fits as my (emotional) survival will not be compromised at the expense of *self*." One might expect that since the level of self-worth or self-esteem impacts communication of the individual it will also play a significant role in family communication and hence family behavior.

Finally, Satir theorized that persons with low self-esteem tend to marry each other and create an environment wherein their children also experience feelings of low self-esteem. She believed that low self-esteem is the foundation of individual and family mental health and that many of the problems brought in to family therapy are ultimately connected with low self-esteem. Hence raising the self-esteem of individual family members is one of the essential foci for intervention within this approach.

Concept 4: Resources of the Whole Person

Satir held a positive view of the nature of man and one's relationship to one's environment. Satir operated from the assumption that each person has all

the resources she or he needs to function in a healthy manner. These resources include the capacity for learning, changing, awareness, compassion, rationality, wisdom, hope, self-acceptance and the acceptance of others, esteem, making good choices, being cooperative, admitting and correcting mistakes, asking for what one needs, and having courage to take action (Loeschen, 1998). Satir's philosophy regarding connecting with "inner resources" is reflected in her statement: "I am convinced that all people can grow. It is a matter of connecting them with their inner resources. This is the therapeutic task" (Satir, 1983, p. 264). This belief is very important in terms of helping people who are stuck and do not feel any hope. In essence Satir believed that change—especially internal change—is possible for everyone, regardless of age or other circumstances.

Concept 5: The Therapist and His or Her Beliefs

To help people change, Satir believed that therapists must serve as a model for family members. The therapist's ability to respond to the underlying messages of what is being communicated and the nonjudgmental qualities of the therapist's responses are essential; they provide new models of communication to the family (Satir & Baldwin, 1983). Furthermore, Satir believed that the humanness of the therapist is more important than therapist expertise.

THEORIES AND CONCEPTS

Early critics of Satir saw her model as lacking sufficient theory. What these critics did not acknowledge is that Satir's approach not only gracefully adds new and important concepts and theory but also successfully utilizes existing concepts and theories from other family therapy perspectives. Furthermore, Satir's approach intrinsically interweaves her philosophy, value assumptions, and conceptual framework with specific theory. Hence, as one acknowledges all aspects that constitute Satir's approach, one can appreciate the richness and fluidity of its theoretical base. This chapter will outline the major concepts and theories used by Satir in her communications/humanistic family therapy approach.

Dysfunctional Communication

Families with poor communication are families in which the communication is indirect, unclear, vague, dishonest, distorted, and incomplete. These same families are not as adept at nurturing each other, due to inability to communicate. Given

that these families are low on the nurturing scale, low self-esteem is often a result. In essence, poor communication results in low self-esteem, which can trigger individual or familial maladaptive responses, especially in times of high stress. Satir theorized that families with poor communication skills are more vulnerable in times of stress and are not as adept in dealing with developmental or environmental changes.

Satir viewed functional families as having clear, complete, congruent communication in which there are clear roles and rules to govern family processes. These family rules are few in number, relevant, flexible, developmentally appropriate, and consistently applied. A functional family is compatible with Satir's notion of an "open system"—a clear interchange of information and resources within and without the system that is adaptive and dynamic. A functional family will be able to effectively operate within the context of larger (social and cultural) systems.

A dysfunctional family is a "closed system" in which there is a poor exchange of information and resources within and without the system that is rigid and maladaptive. The presence of dysfunction in one family member is symptomatic of dysfunction in other family members and/or the larger family system. Dysfunctional family systems are unable to cope effectively because their rules are fixed, rigid, arbitrary, and inconsistently applied. These rules may tend to maintain the status quo or a *dysfunctional homeostasis* and may serve to bolster the self-esteem of the parents over that of the children and/or one spouse's self-esteem over the other's. Ultimately a dysfunctional family system is unable to cope and can become chaotic. Satir viewed family problems as in effect an inability to cope. Family presenting problems are not the problem; she viewed coping as the problem, and coping is the outcome of self-worth, rules of family systems, and links to the outside world. In essence symptom relief is secondary to personal integrity.

At the heart of Satir's communications/humanistic model is the constellation of concepts described in her book *Peoplemaking* (1972). These four dysfunctional communication stances are different ways to hide the reality of one's real feelings from oneself and from others. Real feelings of low self-esteem and low self-worth are communicated to other family members as they take on various incongruent communication roles.

1. The *placator* hides his or her feelings of low self-worth and vulnerability by attempting to please others, not because he or she really feels it but because his or her emotional survival depends on it. The placator engages in apologetic, tentative, and self-effacing communication that is designed to please others. In attempting to please others the placator tries to avoid rejection. This person also expends enormous emotional energy in serving as a mediator between family members in

family disputes. The placator's primary interest in his or her mediation attempts is to assuage his or her own feelings of low self-esteem and self-worth by gaining the acceptance of other family members—resolving family disputes is only secondary to the placator's goal of pleasing other family members. To this end the placator may, in fact, serve to block important communication attempts between members and thus serve to inhibit open communication. Consider the example of a mother who constantly intercedes in ensuing conflict between her husband and teenage son. While on the surface it may appear that her intentions are to resolve family conflict between two warring parties, in fact the outcome is that father and son are not allowed to work through their own dyadic issues. The mother's constant interception or interference has effectively blocked communication between father and son and impeded potential problem solving between the two parties.

2. The *blamer* hides his or her feelings of low self-worth and vulnerability by attempting to control others and by disagreeing indiscriminately, thus giving him- or herself a sense of importance despite his or her inner feelings of loneliness and failure. The blamer engages in fault finding, name calling, and criticism. It is as if the blamer cannot feel good or secure about him- or herself without placing other family members in the "one down" position. The result is often establishing dishonest communication in which the metacommunication is "I am better than you, and my opinion is more important than yours. I am always right." A father rules a family (and his wife) with an iron fist, seldom yielding (or even considering) the opinions or feelings of other family members. A significant portion of his communication with other family members is criticism, and he is never wrong. Even the wife is subject to his dictatorial style of relating, and at times he even criticizes her in front of the children.

3. One who takes the *super-reasonable* stance hides his or her own feelings by attempting to anesthetize and insulate him- or herself from his or her true feelings. His or her response to family communication, especially family conflict, is often an intellectual or overly rational one—bypassing the (emotional) inner self. This posture conveys noninvolvement and control—but the reality of the super-reasonable's inner feelings is one of (emotional) vulnerability. The impact on family communication is one in which inner feelings are downplayed or avoided altogether, encouraging other family members to do the same, hence impeding open and honest communication between family members. In a family wherein there is not much positive communication and considerable open conflict, an adolescent male attempts to hide his feelings of low self-worth and contempt for his parents—even from his siblings. His responses to their attempts to create a stronger affiliation is to ignore their complaints (of which he shares the same sentiment) and to attempt to justify the dysfunctional communication and open family conflict.

4. One who takes the *irrelevant* stance handles family conflict and stress by pretending it is not there. Internally the irrelevant stance taker feels uncared for and alienated from the family. Hence he or she attempts to refocus family communication elsewhere from the present context or topic under discussion and away from inner feelings. The irrelevant stance taker will engage in tangential or even totally irrelevant verbalizations that serve to refocus attention away from the topic at hand. The impact on family communication can be one of incomplete communication, wherein important dialogue is not fully explored. Consider this example: A young teenage girl is a member of a very male-oriented family in which females are not very highly valued. She feels like an outsider in this family, not even aligning herself with her mother (who spends her time trying to downplay family conflict and assuage hurt feelings, never confronting or affirming the children's feelings and opinions). The teenager responds to family conflict and tension by making jokes and being sarcastic in the heat of family disputes.

Virginia Satir did not view the above communication stances as rigid and unchangeable (Satir & Baldwin, 1983). Rather any family member can take on one or all of the dysfunctional communication stances under different circumstances or contexts.

It is important to note here that Satir was not naïve in her understanding of environmental factors and the role that they can play in family problems. Rather, as a social worker, Satir was very well aware of the socio-politico-economic and cultural systems and how these systems can and do have a major bearing on family distress. Her position was more one of how one reacts to external stimuli and not one's ability to necessarily control one's environment.

Incongruent Communication Messages

Essential to Satir's notion that family dynamics and family processes should serve to enhance the individual self-esteem of family members is congruence with family communicative messages. Congruency not only is obtained by the matching of the verbal (overt) message with the nonverbal (covert) message; it also entails using words that accurately reflect and match one's feelings and experiences. A congruent person is in touch with his or her feelings, and a family with congruent communication is a family in which "anything can be talked about, anything can be commented on; there is nothing to hold back" (Satir, Stachowiak, & Taschman, 1975, p. 49). Incongruence, on the other hand, implies the opposite of congruence. Incongruence is a type of communication in which (overt) verbal and (covert) nonverbal messages do not match. Intended messages are distorted. Family members are often confused, conflicted, and even hurt by incongruent messages.

Satir (1967) further describes incongruent communication messages

as a discrepancy between the verbal and the nonverbal message. Incongruent messages can also be exhibited by subtle external discrepancies and changes in voice tone, posture, facial expression, skin coloration, respiration and gesture. Contradictory messages are sent via different levels (e.g., verbal versus nonverbal) wherein these messages contradict each other. The listener does not know which level message to respond to—verbal or nonverbal, especially if the context of the communication and nonverbal signals contradict each other. If any of these levels of messages seem misaligned, the family therapist should ask for clarification, thus helping the person to get in touch with feelings that they may not be aware of—furthering the therapeutic process. (p. 84)

Metacommunication

Intrinsic to understanding the above defined concepts of dysfunctional communication stances and incongruent communication messages is the concept of *metacommunication* (message about the message). Metacommunication conveys the sender's attitude, feelings, and intentions. There should be congruence between the communication and the metacommunication so that there are no conflicting messages. That is, metacommunication punctuates and explains the real and possibly hidden message to the receiver. Metacommunication serves to ensure that the sender's full and intended message is accurately received—regardless of whether the message is functional or dysfunctional, or congruent or incongruent. One "cannot NOT metacommunicate" (Satir, 1967, p. 82) in that a message can be totally nonverbal (i.e., relayed by facial expression, body posture, and/or gesture). Verbal messages are always accompanied by and punctuated with nonverbal messages. As described above, congruent messages are ones in which the verbal and nonverbal components relay the same message. The metacommunication of a message may be affirmed and punctuated by congruent nonverbal messages. The context of a message (family situation) may also serve to either affirm or disaffirm the verbal message. Consider the example of a mother who never says what she means; rather her mixed messages are often confusing. That is, her nonverbal message is not congruent with her verbal message; in addition her metacommunication is expressed by facial grimacing, body posture, and lack of eye contact. For example, a college-bound daughter notices that her mother has a sad look on her face with downcast eyes as the daughter excitedly gives the news of her admission to her chosen college. The metacommunication of this response is "I am too sad for myself (that I didn't get to go to college) to be happy for you." The metacommunication of her verbal response (see the next paragraph)

is "Why don't you get a job instead of going to college so that you can help out with the family's finances?"

Double-Bind Message

Another key concept of Satir's is that of the *double-bind message.* In a double bind the message itself is paradoxical. The messages (statements or commands) are mutually exclusive, in that the receiver feels punished (or is punished) no matter which way he or she responds. To revisit our previous example of the daughter who is accepted to the college of her choice, when she asks one of her parents if she can go, the parent responds, "I didn't get to go to college; I had to work to support my brothers and sisters." In this exchange, not only does the child not receive an answer to her question, but she is made to feel guilty (and/or punished) no matter which way she responds. Double-bind messages (also referred to as double-level messages) can be considered a catch-22: damned if you do and damned if you don't. In another example one spouse feels that spontaneity is lacking in the physical relationship with his partner, so he looks to his partner and requests that she "be more spontaneous." The problem with this request is that no matter how the receiver responds, she is not being spontaneous if she complies with the request. However, if she does not attempt to be more spontaneous (at least immediately), then she as the receiver of the message may be criticized for complying with the request—that is, for being spontaneous by not doing what she was asked.

In double-bind exchanges Satir (1967) specifies that there must be certain conditions present for a child or spouse to experience the pressures associated with a double bind:

(a) First, the child (or spouse) must be exposed to double-level messages repeatedly and over a period of time.

(b) Second, these (double-level) messages must come from persons who have survival significance.

(c) Third, perhaps most important of all, he must be conditioned from an early age not to ask [clarifying questions such as] "Did you mean that or that?" but must accept conflicting messages in all their impossibility. He must be faced with the hopeless task of translating them into a single way of behaving. (p. 36)

In summary, families in which there are incongruent messages may contribute to family dysfunction—especially under times of stress. Conversely, families who communicate congruently are better able to cope with problems as they arise. If they need help around a specific issue they are able to obtain it without needing a major overhaul (Satir & Baldwin, 1983).

Family Rules and Roles

Central to understanding family pathology and dysfunction are Satir's concepts of *family rules and roles.* Satir saw family rules and roles as a transgenerational issue; that is, rules from one's family of origin are passed down through one or several generations to the family of procreation—either consciously or unconsciously. Family rules and family roles are an important communication factor in family pathology, in that family rules are expected behaviors that get woven in the "family fabric."

Family rules encompass all the behaviors that family members believe should or should not be performed in a given situation. Satir also described family rules as being overt, but more often it is the covert messages that are accepted among family members. Family rules and roles can influence an infinite number of family and individual behaviors, such as communication patterns and styles, sharing of information, family rituals and routines, career choices, emotional rules, family myths and secrets, how to respond to family problems and dysfunction, and behaviors for various systems and subsystems (conjugal, parent-child, and sibling).

Satir describes the concept of inappropriate and unhealthy roles in *Conjoint Family Therapy* (1983). Healthy, functional, and adaptive family rules and roles are those that are clear, flexible, and adaptive to the environment and changing developmental needs of the family and its individual members. On the other hand, dysfunctional family rules are rigidly enforced, autocratically developed, and everlasting. Satir believed that rules restricting freedom of expression are especially instrumental in decreasing self-esteem and functionality. Satir sometimes referred to family rules and family roles as "shoulds" and "survival beliefs" that operate as benchmarks by which one can gain approval from one's family.

Family Myths and Secrets

Family secrets are typically erected to protect some family members—usually the children—from the reality of their environment. Satir and Baldwin (1983) go on to state that

> family members do not comment about these areas openly and often justify their secrecy with statements such as "You are too young to understand" or "what you don't know won't hurt you." These secrets are often intended to keep a good parental image, so that children will not know that mother had an abortion before she married, or that father has a drinking problem. (p. 204)

Family myths are also typically erected to protect some family members from some reality of their existence. For example, the father is not an alcoholic, nor is he verbally abusive with the mother. The father is always right, even in the face of the opposite reality. The mother can protect the children from the father's wrath.

Satir theorized that some family myths and secrets are traceable back through three or more generations. This helps us recognize the circumstances that give rise to and perpetuate some enduring family myths and secrets.

GOALS OF THERAPY

Virginia Satir eventually came to refer to her therapeutic approach as the Human Validation Process Model (Satir & Baldwin, 1983).

> At this time, I see my therapeutic task lies in reshaping and transforming into useful purposes the energy bottled up in a person's or a family's demonstrated pathology. This is in contrast to my earlier belief that my task was limited to exterminating the pathology. I refer to my present approach as a health-oriented approach, although it is really more than that. I call it the Human Validation Process Model. (p. 207)

Satir's model is a natural extension of her philosophical beliefs about the process of change and her belief that all individuals have within them all the resources that they need to grow, change, and of course solve problems. Satir viewed family problems as being a symptom of an indication of impaired communication. Impaired communication blocks the freedom of family members to grow and denies them an opportunity to thrive in a family environment that promotes health, well-being, and good self-esteem. Helping individual family members feel good about themselves is the family's first priority and the major focus of the Satir approach to family therapy.

Satir's primary goal was to enhance the growth potential of the individual (self-actualization). Her goal in therapy was to integrate the needs of each individual family member for independent growth with the integrity of the family system (Satir & Baldwin, 1983). This process also entails the installation of hope, helping the family and its individual members enter therapy with (and/or develop) a positive feeling. Helping refocus the family off of the presenting problem or symptom (negative energy) and on to the strengths within the family (positive energy) is one of Satir's initial therapeutic moves. Hence, her model is a growth-oriented approach that focuses on the transformation of the individual (an additive process) rather than an attempt to eliminate or extinguish behaviors.

Another goal of therapy is to strengthen and enhance the coping skills of individual family members, teaching them new problem-solving skills. In a lecture Satir elaborated that "problems are not the problem; coping is the problem. Coping is the outcome of self-worth, rules of family systems, and links to the outside world" (Golden Triad Films, 1984). Satir sought to help families develop new ways of viewing their family problems, as well as new ways of handling the problems.

Central to Satir's approach is the therapeutic task of improving communication. Her approach also seeks to help family members become more aware of dysfunctional communication roles and patterns, especially as dysfunctional communication contributes to the low self-esteem and sense of low self-worth of individual family members. To this end Satir sought to model healthy (clear, honest, open) communication. She did not hesitate to explore how an individual family may be experiencing a negative reaction to a specific interchange. To this end, the Satir approach also helps family members explore new ways of relating to each other.

Helping families become aware that they have the ability to make choices and to feel competent and better able to cope with situations is another way that Satir approached the therapeutic task of developing better coping and problem-solving skills. In this growth-oriented approach, Satir sought to help the family develop health rather than to eradicate symptoms. To quote her (Satir & Baldwin, 1983),

> My hope is that every interview will result in a new window for each person to look through with the result of feeling better about himself or herself and gaining the ability to do things more creatively with other members of his or her family. This is really what I mean by saying that I am dealing with a coping process rather than a problem solving process. . . . I am not trying to solve a specific problem such as should they get a divorce or should they have a baby. I am working to help people find a different kind of coping process. I do not see myself as wise enough to know what is the best thing for a person to do. Should the wife ask her mother-in-law to leave? Should she *demand* that she leave? Should the wife leave her husband if the mother-in-law doesn't leave? These kinds of questions are not mine to answer. My task is to help each person with his or her own coping so that he or she can decide to do the things that work for him or her. (p. 186)

In summary, the goals of Satir's (1983) therapy approach are stated as follows:

Treatment is completed:

- When family members can complete transactions, check, and ask for feedback
- When they can interpret hostility
- When they can see how others see them
- When one member can tell another how he/she manifests him/herself
- When one member can tell another what he/she hopes, fears, and expects from him/her
- When they can disagree
- When they can make choices
- When they can learn through practice

- When they can free themselves from harmful effects of past models
- When they can give a clear message, that is, be congruent in their behavior, with a minimum of difference between feelings and communication, and with a minimum of hidden messages. (p. 176)

ROLE OF THE THERAPIST

Satir felt that a therapist must share in her underlying beliefs and philosophical assumptions about families, family processes, and human growth and potential in order to effectively immolate her therapy approach. In Satir's family approach, the role of the therapist is not one of a neutral party standing on the sidelines casually intervening from time to time. Satir's presence in family therapy sessions is legendary. Her warm, charismatic, and (seemingly) intuitive style was an important part of the therapeutic process. However, it is important not to make the mistake of misconstruing what usually is referred to as intuition; Satir's innate ability was actually the result of many years of learning and appreciating human and family processes.

In spite of Satir's obvious gift for nurturing and healthy communication, it is important that one does not regard her interactions with families as casual, off-the-cuff exchanges. Michele Baldwin (Satir & Baldwin, 1983) eloquently explores this issue:

> When watching Virginia work, one is confronted with an overwhelming amount of information: the way she moves, her voice tone, the way she touches, who she turns to next, the sensory cues she uses to orient herself to different members of the family, etc. It is easy to lose the forest for the trees and difficult to see her very systematic approach and organization. The process usually flows smoothly, without any apparent transitions, and hides the fact that Virginia is highly structured about her process. (p. 209)

Satir believed that the therapist's role is to help people realize their own potential. To this end, she also believed that the therapist him- or herself is the therapist's main intervention tool. In essence, the therapist is the center point around which successful therapy revolves. To have this effect the therapist must obviously be in touch with his or her own feelings, attitudes, and thoughts. Satir encouraged therapists to become aware of their beliefs so that they could make conscious choices regarding their actions as therapists.

In summary, Satir's therapeutic roles are that of a *facilitator* (of healthy communication within the family), a *role model* to the family (for good communication), a *mediator* (to help families with communication impasses), and a *teacher* and *educator* (to help the family see new solutions for old problems and view new ways of coping with problems).
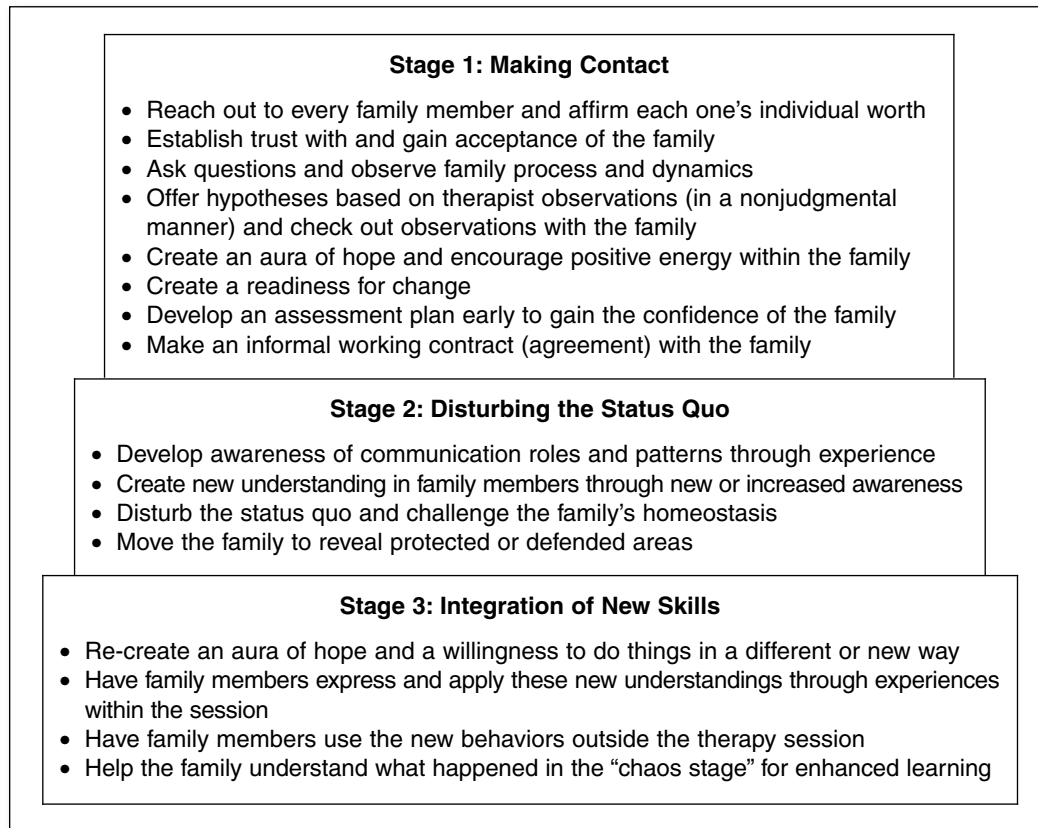
PROCESS OF THERAPY

Overview of Satir's Therapeutic Process

The Human Validation Process Model (Satir & Baldwin, 1983) can be divided into three stages. Like many other approaches, these stages overlap and are not always easy to distinguish from each other. However, they do have distinct characteristics, and different phases may vary in length.

The first stage consists of establishing contact and making an informal working contract (agreement). The second stage is characterized by chaos, during which the therapist intervenes in the family system and disturbs the status quo. The third stage consists of integration of new skills learned in the therapeutic process. An overview of the stages is illustrated in Figure 4.1.

Figure 4.1   Three Stages of Therapy

Stage 1: Making Contact

- Reach out to every family member and affirm each one's individual worth
- Establish trust with and gain acceptance of the family
- Ask questions and observe family process and dynamics
- Offer hypotheses based on therapist observations (in a nonjudgmental manner) and check out observations with the family
- Create an aura of hope and encourage positive energy within the family
- Create a readiness for change
- Develop an assessment plan early to gain the confidence of the family
- Make an informal working contract (agreement) with the family

Stage 2: Disturbing the Status Quo

- Develop awareness of communication roles and patterns through experience
- Create new understanding in family members through new or increased awareness
- Disturb the status quo and challenge the family's homeostasis
- Move the family to reveal protected or defended areas

Stage 3: Integration of New Skills

- Re-create an aura of hope and a willingness to do things in a different or new way
- Have family members express and apply these new understandings through experiences within the session
- Have family members use the new behaviors outside the therapy session
- Help the family understand what happened in the "chaos stage" for enhanced learning

We will now discuss each of these stages in turn.

Stage 1: Making Contact

As the assessment process began with the first introductions, Satir strove to make families feel comfortable and to decrease anxiety. It may appear that she was engaging in nonproductive chitchat; however, to the contrary, Satir was craftily going about her process of human validation—affirming the individual worth and identity of each family member (by taking care to learn the names of all members), while gaining the trust of the family, making important observations, and creating a comfortable therapeutic environment.

Satir did not have a standard procedure for assessment; however, she did utilize some of her interventions to further the assessment process (e.g., family life chronology, family map, and family sculpture—we will describe some of these interventions later in this chapter, in the section on tools and techniques). The first step in the assessment process is to gather information about the family by asking questions and by observing family dynamics and processes. Questions and observations should seek to uncover information about major triadic relationships in the system—that is, to uncover the roles, rules, and communication processes in the family; to examine relational messages (especially those messages communicated nonverbally); and to examine the content of communication with the family.

Satir started her interventions in the family system before she completed her assessment. As she asked clarifying questions of the family about what she was seeing, Satir was careful to be nonjudgmental—not only in how she phrased the questions but also in making more explicit what she was learning about the family. Therapists who take this nonjudgmental approach effectively model for the family as they teach family members to report their own observations in a nonjudgmental way as well. In this safe and informal atmosphere in which individuals do not feel intimidated, family members begin to realize that they can begin to behave in a more natural way—which certainly benefits the assessment process.

As Satir began to make more explicit what she had learned about the family (always being careful to check out her newly gained knowledge with the family), she took time to affirm the strengths of the family—creating feelings of hope and trust.

By focusing on emerging communication patterns and self-esteem issues, Satir gained an understanding of the survival skills or defenses used by family members to protect their self-esteem. In fact, in the Satir approach the content of the communication, as well as the presenting problem itself, takes a backseat and is seen only as a consequence of a dysfunction in the family system.

Satir sometimes asked every family member in turn what brought the family into therapy. This slow assessment process paid off as Satir began to better

understand family conflict by virtue of how various family members viewed their problems. Satir brought to life these variant perceptions and attitudes with the skillful use of her experiential techniques. However, Satir did not probe beyond defenses in this initial stage; people expressed only those feelings that were already in the family's public domain. It is important to differentiate that although Satir did not (initially) make a particular family problem the focus of the therapy, she did help family members find a more creative way to handle the issue.

As Satir began to explore expectations for change among family members, she did not begin to negotiate a working contract with the family until she deemed it appropriate. She took her cues from the family in determining how much direction and structure was needed toward negotiating such a contract.

Stage 2: Disturbing the Status Quo

The second stage of Satir's therapy model is characterized by general confusion and disorder. Satir began this stage by upsetting the equilibrium and (dysfunctional) homeostasis of the family. Satir allowed (and even encouraged) family members to express angry feelings and underlying feelings of hurt and vulnerability via her revealing experiential exercises (to be outlined later in this chapter).

In this stage one or more family members are encouraged to move beyond protected and defended areas, in contrast to Stage 1 wherein the status quo is maintained. Satir theorized that family members are able to begin to associate these intense feelings of anger and hurt (exposed in this stage) with a sense of mastery and growth in these new areas as fundamental changes are made.

In observing Satir one would have viewed her ability to be tough with the family while retaining her trademark gentle and caring therapeutic style. As stated in Satir and Baldwin (1983),

> The toughness in Virginia is always present when needed, although sometimes hard to detect. . . . She manifests toughness in relation to the person's obstructive part only after she has established a therapeutic alliance with him. In other words, she has allied herself with the individual's growth goal and has teamed up with the parts of that person desiring growth. If this therapeutic alliance is not present, Virginia will not push because she would then be violating the person's defended territory and trust. Until the person is willing to take the risk, growth cannot occur. (p. 217)

Satir so skillfully obtained the cooperation of family members that resistance was not likely to be a major factor in the therapy process. Satir's charisma was oft misconstrued to be the reason when, in fact, families' lack of resistance was more

likely attributed to her attention to system boundaries—as she probed for flexibility (willingness to change) within the system. That is, Satir was aware of the changes that families were willing to make (their positive energy and growth potential) but gave them the support that they needed to overcome impasses.

While supporting a particular family member, Satir was careful to attend to the needs of other family members, never losing contact with what was happening with the rest of the family—this allowed her to shift her attention to another family member when necessary.

In the chaos stage, Satir also kept the family focused on the present. She elaborates:

> People in this phase are in touch with their inner turmoil more than with the reality around them, and their fears are reinforced by memories of the past or uncertainties about the future. The task of the therapist is to bring them into the present, helping them use their senses and forcing them to pay attention to what is real rather than what is imagined. (Satir & Baldwin, 1983, p. 218)

Satir's artistry is apparent not only in her ability to apply her humanistic philosophy to her therapy but also in the balance she was able to achieve between toughness and empathy (Satir & Baldwin, 1983). The second stage is critical to her overall approach and must be handled skillfully, in that one must be careful not to rush Stage 2 in challenging the (dysfunctional) homeostasis of the family. However, one must also take care not to avoid the chaos stage, as this stage is essential for overall change to occur.

Stage 3: Integration of New Skills

The three stages of therapy are not as clearly defined in actual practice as described here. There is often overlap of these three stages, and family members are not always in the same stage at the same time. In addition, whereas Stage 2 is characterized by feelings of "stuckness" and hopelessness and an inability to move forward, the third stage is characterized by the feeling of hopefulness and a willingness to do things in a different way (Satir & Baldwin, 1983). It is important for the therapist to know which stage of therapy he or she is in; Satir also emphasized that as the stage of integrating new skills begins, it is essential for the family to understand what happened in the chaos stage.

Satir viewed herself as only the facilitator of the process; that is, she did not make decisions for people but rather helped families make decisions about their own lives. This distinction is important, as Satir believed that the distinction between making decisions for people and empowering them to do so was more likely to garner her the family's trust and hence its willingness to take risks in therapy.

Satir also saw herself as an educator. She guided family members to explore new communication patterns and healthier ways of coping within and outside of the session (via various homework assignments). Within the session Satir supplied cognitive information for the family to assimilate, as she made little distinction between teaching and therapy. Satir viewed some problems as resulting from a lack of (educational) information more than as emotional problems.

Satir paid special attention to internal messages and metacommunication, in an attempt to help family members figure out what happened in the chaos stage as new behaviors were learned. She helped family members make the connection between verbal and nonverbal messages, as well as pay special attention to the congruence between communication and metacommunication, so that there were no conflicting messages.

To summarize the essence of Satir's Human Validation Process Model (Satir & Baldwin, 1983),

> The art of therapy is in maintaining a balance between the overall direction of the therapy and new issues that emerge along the way. The process can be compared to threading a needle: if one ignores the small knot that has formed by the eye of the needle, the threading gets blocked. Similarly, the therapist who neglects to deal with a frown or other seemingly unimportant detail runs the risk of creating a blockage in the process. (Virginia checks her interventions every step of the way to make sure that no knot has formed. Virginia often compares her therapy to the process of weaving.) The process of weaving consists of picking up strands that often appear unrelated and connecting them until they eventually form a coherent design. Similarly, one thought, or strand, expressed by a family member is expanded by using other family members' input. Then another strand is picked up and developed. A strand that had been dropped is later picked up again. Eventually, the seemingly disconnected strands combine to form a design. (p. 222)

TOOLS AND TECHNIQUES

In the previous sections of this chapter we highlighted and emphasized Virginia Satir's sheer artistry. To this end, we also discussed how her uncanny talent and wisdom have led to an undervaluing of the theoretical richness of her approach. However, Satir has been credited as being the architect of some of the most defining and expansively applied techniques in the field of family therapy (e.g., family sculpting and use of the metaphor). Despite this fact, one would still not accurately think of her as a technician—even though her approach encompasses many rich and wonderful tools and techniques.

Michele Baldwin (Satir & Baldwin, 1983) captures Satir's essence and intent (in regard to the use of her tools and techniques) as she warns the reader not to go about using Satir's techniques in a cookbook or cookie-cutter fashion. Rather, she suggests that the *context* in which her techniques are used and what they try to accomplish with each technique are of more importance. In their book, *Satir Step by Step* (1983; unfortunately for the field, it is now out of print), Baldwin and Satir begin their chapter on tools and techniques with a story reported by John O. Stevens in the foreword of *Frogs Into Princes* (1979). The moral of this story is that a highly paid boilermaker's expertise does not lie in the elaborateness of his tools and techniques; rather it lies in the skill and wisdom of his knowing *how* to use these simple tools. It is in this spirit that the authors attempt to describe Satir's major tools and techniques, and the foreword of this story is recounted here:

> There is an old story of a boilermaker who was hired to fix a huge steamship boiler system that was not working well. After listening to the engineer's description of the problems and asking a few questions, he went to the boiler room. He looked at the maze of twisting pipes, listened to the thump of the boiler and the hiss of escaping steam for a few minutes, and felt some pipes with his hands. Then he hummed softly to himself, reached into his overalls and took out a small hammer, and tapped a bright red valve, once. Immediately the entire system began working perfectly, and the boilermaker went home. When the steamship owner received a bill for $1,000 he complained that the boilermaker had only been in the engine room for fifteen minutes, and requested an itemized bill. This is what the boilermaker sent to him:

> For tapping with hammer $ .50

> **For knowing where to tap**   <u>999.50</u>
> $1,000.00

> (Satir & Baldwin, 1983, pp. 239–240)

Using Techniques in Context: Knowing Where to Tap

"For Virginia, knowing where and how to tap is more important than the tapping itself" (Satir & Baldwin, 1983, p. 240). Satir conceptualizes techniques as a means of engaging family members around a specific exercise for a particular purpose. Hence there is an amorphous quality to her techniques in that they should always be adapted to fit the particular needs and specific situation of the family (that is to say that her techniques are [and should be] constantly changing in some way or another in order to help families see themselves, their interactions, and their situations in new ways). "The implicit can be made explicit, the unfamiliar

can be made familiar, the verbally inexpressible can be expressed, and new aware-ness can be developed" (Satir & Baldwin, 1983, p. 241).

Satir's approach is so replete with wonderful tools and techniques that it may be easy to become overwhelmed with so many choices. Suffice it to say that given the concept of *equifinality* (more than one means to an end), there are also many good choices that can be made. Hence it is of utmost importance for the therapist to have a solid assessment and a strong therapeutic alliance as a foundation upon which to make choices in the use of various tools and techniques in this approach.

Satir and Baldwin (1983) outline eight key questions that can help a therapist decide how to begin, questions that can facilitate the therapist's thinking process:

1. What is going on right now, with this person, family, or group?

2. What is present but not manifest?

3. What needs to be changed?

4. What would I like to accomplish?

5. What would be a good way to accomplish the immediate goal I see right at this moment?

6. What resources do I have at my disposal in terms of time, people, and context?

7. Are individual family members ready for the experience that is developing in my mind?

8. Will this experience achieve the expected outcome, or would another one fit better?

The authors contend that Satir's approach as a model of family therapy is one that the beginning therapist can and should attempt (with competent supervision, of course). The therapy process is carefully delineated and the role of the therapist clearly defined, and as you will read in the remainder of this chapter, the tech-niques are simple and straightforward.

The Human Validation Process Model includes 12 basic techniques, developed by Virginia Satir. We will now briefly describe each of these techniques in turn.[1]

Family Sculpture[2]

Family sculpture portrays the nature of the family's relationship system in space. It is the physical arrangement of family members as determined by an individual family member's perception of the family. Family members are asked to sculpt or design their relationships with each other using bodily posture, facial and other gestures, and components of distance and closeness to each other—aimed at portraying family

dynamics and processes (i.e., communication roles, relationship patterns, and family rules and roles. The therapist may choose to select several family members to successively do a sculpture, depending on the assessment issue or therapeutic task at hand).

The person doing the sculpting acts as the artist or director of the family sculpture. Verbal instructions may be given to family members to strike a particular pose or position. A family member may also "finish" his sculpture by positioning family members himself.

In addition to using sculpting to portray family relationships and dynamics, the sculptor may also rearrange the sculpture of his family to show how he would like for the family relational system to be. In addition, other members of the family may be asked to rearrange the sculpture to match their own inner (emotional) picture of family relationships and/or portrayal of how to remedy a particular family problem. At times (when there was an adequate therapeutic alliance), Satir would also sculpt a family to illustrate how she viewed the family.

Family Metaphor

A metaphor is a figure of speech in which a word or phrase denotes a likeness or an analogy between an object and an idea, which can also be used in place of one another. In Satir's approach a metaphor is used to help people see the similarities of their interpersonal relationships to other events, objects, or situations. Metaphors help people gain increased awareness (or a new awareness) especially in highly threatening situations. "The use of the metaphors can develop new awarenesses by connecting or linking two events, ideas, characteristics, or meanings and transforming experiences from one mode to another" (Satir & Baldwin, 1983, p. 244).

In 1987 Peggy Papp conducted a live demonstration with a young married couple wherein there was intense ongoing open conflict and hostility between them. Papp made several valiant attempts to get the wife to understand how her husband feels when she berates and criticizes him (especially in public). Nothing worked! (The wife's retort was that because her statements about her husband are true, he should have "thicker skin" and use her observations as an opportunity to change for the better.) Papp then gave instructions to the husband to *show* the wife how he feels when he perceives that he is being berated by his wife in public. The husband recounted the most recent episode from a cocktail party and then asked his spouse to take off one of her shoes. She complied, and he then proceeded to lie down on the floor next to her. He then instructed her to place her foot on his neck. At that point he began to writhe violently on the floor mimicking a snake with the wife's foot on his throat. The wife broke down and started to cry vehemently and profusely apologized to her husband; she did not fully realize the extent of the (negative) emotional impact that her "observations" had on him.

Satir (1983) contends that because metaphors allow for the creation of imagery, they reinforce learning. We can see from the above case vignette how the use of family metaphor when applied to a highly toxic interpersonal situation can be key in resolving a long-standing source of hostility and conflict.

Family Drama

Much like the use of the metaphor, family drama allows for the metaphorical expression of interpersonal relationships that may be otherwise difficult (or too threatening) to verbalize. In family drama the entire family is asked to act out a scene from its family life. Also like the family sculpture, family drama allows for family members to reenact troubling family scenarios, perhaps in a less threatening environment. Pantomime and sculpting are used in the family drama, which likely helps diffuse highly volatile situations. The goal of family drama is to assist family members with achieving new insights and possibly develop new coping skills to use in dysfunctional situations.

Reframing/Relabeling

Reframing (also referred to as relabeling by structuralists and strategic family therapists) is an attempt to get the family to view a family problem in a new light. The problem or dysfunction is redefined so that the problem behavior may be handled more constructively. The purpose of a reframe is to create a change in the perceptions of family members so that new solutions to old problems may occur. "The therapist decreases threat of blame by accentuating the idea of puzzlement and the idea of good intentions" (Satir, 1983, p. 142).

Humor

Humor is used in the Satir approach to make contact with family members. Humor adds a light touch in intense moments in therapy. The Satir approach also uses humor to clarify or exaggerate a dynamic, as well as to encourage movement away from defensive reactions. "Laughter is a powerful therapeutic tool which can transform the way in which a family looks at itself" (Satir & Baldwin, 1983, p. 247). Satir felt that laughter can be a useful therapeutic tool that has the power to change how a family views itself.

Touch

One of the most misunderstood and (needlessly) controversial of Satir's techniques is that of touch. In our graduate classes on family therapy (and in

our agency training, as well) hardly a semester will go by when we won't have a family therapy student to remark how uncomfortable he or she would be to physically touch a client. These students also wonder as to the client's reactions to the trademark "Satir touch." Our response to them is that the technique of touch is not a requirement for conducting Satir's communications/humanistic approach. In fact, therapists and clients are better off if the technique of touch is avoided when discomfort is present. In all likelihood if the family therapist is uncomfortable, then the client will likely pick up on that anxiety and become uncomfortable as well.

It is important to point out that Satir's touch is not an automatic, mechanistic "technique" that she used indiscriminately (Satir & Baldwin, 1983). Although Satir typically would shake the hands of each family member in the introductions, she was very cognizant of and sensitive to how powerful physical contact could be and took her cues from the client—and only used touch after she had established a rapport with individual members.

Photo 4.2 It is important for therapists to model nurturing behavior that affirms the importance and value of the individual

Source: ©iStockphoto.com/Chris Schmidt

Satir elaborates on her philosophy of touch, which informs the use of this technique:

> My hands are my most valuable treatment asset. Also my body and my skin, in sensing what is going on; and my eyes seeing; and the connections that all of these make. Hands are so important! This is one of the reasons I try to help people educate their hands. Something else I do in affectional relationships with people is to help them to educate their bodies and also to be aware of space and boundaries. I am quite convinced that that's what this business of making connections really means. What I have just said helps me make a definition of intimacy. It is simply the freedom to respect the spaces between people—to go in when there is an invitation, and not to invade when there isn't one. That is real intimacy. (Satir & Baldwin, 1983, pp. 247–248)

Communication Stances

The communication stances are often integrated and combined with other techniques (i.e., family sculpting). Communication stances are re-creations of the four dysfunctional communication stances—placator, blamer, super-reasonable, and irrelevant—as outlined and described earlier in this chapter. Persons are asked to take on (a caricature of) each posture to represent these communication stances. "By adopting these positions in sequence, participants become aware of their preferred interactional pattern, its meaning for themselves, and its meaning in relation to others" (Satir & Baldwin, 1983, p. 249). Family members may also benefit by better understanding the emotional impact of these dysfunctional and incongruent communication positions on another family member.

Family Stress Ballet

The family stress ballet is an extension of the communication stances, where participants are asked to shift (incongruent) positions in rapid succession, as they might in real life (Satir & Baldwin, 1983). This exercise adds a fluid (more three-dimensional) aspect to the communication stances, which are more static. The purpose here is to help family members experience the negative emotional impact of multiple and successive incongruent communications on the family system.

Simulated Family

The simulated family (which can be a teaching tool in workshops as well) is a form of reverse role play, if you will, in that family members are asked to take on the role of another family member (or rather their perception of that family member's interactions with others). This is done to "simulate" a dysfunctional interaction and to help family members experience for themselves how others experience them as a result of their interactions.

Ropes as a Therapeutic Tool

Ropes as a therapeutic tool can be seen as a metaphor for family relationships, to demonstrate how one part of the family system affects the rest of the family.

Each family member receives a short rope, the "self" rope, to attach around his or her waist. In addition, each receives as many ropes as there are other family members. He ties these ropes, which represent his relationships to every other family member, around his own waistline rope. Then, each family member hands the appropriate relations rope to the family member to whom it belongs.

Each member is thus encumbered by all the ropes representing his relationship to other family members as well as by all the ropes representing their relationships to him. (Satir & Baldwin, 1983, p. 251)

The ropes concept is likened to the systems concept of *reverberation* (throughout the system). Reverberation refers to the general systems notion that one part of the system is impacted by all. (A stone thrown in a pond will have a ripple effect, depending on the size of the stone, that could reach the shoreline. The closer one is to the point at which the stone hits the water, the greater the ripples will be.) Hence, we emphasize three points: first the interconnectedness of all family members; second the fact that one cannot be attentive to *every* family member at the same time—thus one must be judicious in how one attends to family relationships; and third how tension and stress can be transferred to other close family members. Finally ropes can be a useful therapeutic tool for large families (extended, augmented, step, and blended), in that one has many relationships to juggle and special attention needs to be paid to maintaining these important relationships.

Anatomy of a Relationship

Anatomy of a relationship is an extension of the family sculpting technique. Family members are asked first to sculpt the way they see themselves in the relationship and then to sculpt the way they would like the relationship to be (Satir & Baldwin, 1983). This too can be very diagnostic for the parties involved, as well as for the family therapist. Members can become more aware of their hidden agendas, unconscious desires, and unspoken expectations.

Family Reconstruction[3]

Satir saw family reconstruction as being the most representative of her theories on how people evolve and change (Satir & Baldwin, 1983). This technique aims to guide family members to unlock dysfunctional patterns stemming from their families of origin. This technique is a rich blend of general systems theory, Gestalt therapy, group dynamics and group processes, role theory, communications theory, and psychodrama and psychoanalytic theory. The goal of this technique is to move beyond old notions of family rules and roles that the family of procreation has outgrown by reenacting multigenerational family drama from the family of origin from past generations.

There are three general goals: The first is to reveal the source of old learning, the second is to develop an awareness of the personhood of one's parents (separating fact from fantasy and expectations and desires from reality), and the third is to challenge distortions of how one views one's parents and to use "adult eyes" so that the gaps that exist between adult child and parent can be filled in.

CASE ILLUSTRATION

IP (identified patient).	Mr. and Mrs. Richardson were referred to therapy for help with their 15-year-old son, Charles, Jr. (The family calls him Chuck and the father Charles. The family also includes 12-year-old Felicia, an honor student and an excellent athlete—both children run track.) The school's social worker has received numerous complaints about Chuck's outrageous behavior in school (e.g., getting the school's track team—of which Chuck is a member—disqualified from a meet due to his unsportsmanlike behavior; eating sandwiches in the classroom). It appears that this behavior is a pattern; Chuck has been kicked out of two other (private) high schools, and his parents now reluctantly enroll him in the local public suburban high school. (In fact Chuck was also expelled from his initial elementary school—he transferred to a private elementary school from which he graduated with honors, but he also graduated while on probation for similar acting-out behaviors.)
Possible **self-esteem issues**: That the family lives in a fairly affluent neighborhood and expresses extreme reluctance (almost a defeatist resignation) to send its son to the local high school—which enjoys a wonderful reputation for being college preparatory—is quite puzzling.	
Touch.	I shook everyone's hand and asked their names again. In the initial session it was very apparent who was in charge. The mother took the lead on every question posed to the family, as well as interrupted the father and son. Mr. Richardson seemed to be more resigned to Mrs. Richardson running things, more so than any agreement that this is best for the family.
Poor communication: People are not allowed to speak for themselves.	
Family rule: Mother gets to speak other people's minds.	
Human validation.	I stated to the family that it was important for me to understand how everyone viewed the problem of Chuck's trouble with school officials, and it took a lot of effort for me to get the mother to give other family members a chance to speak. In turn they began to give their story (I also asked Felicia for her view—she was there in the waiting room, as they had just picked her up from school, so I asked her to come in as well.).
Blaming stance.	This part of the session was very revealing. Mrs. Richardson, who volunteered first, stated that she felt the father was at fault in that Mr. Richardson had been downsized from his corporate position and had showed "very little initiative" in finding new employment. Mrs. Richardson further stated that Mr. Richardson spends most of the day sleeping and doesn't pick up the slack in helping with household chores. Mrs. Richardson believes that sons take after their fathers and "like father, like son."
Family myth.	

Low self-worth.	Mr. Richardson had (what I thought was) a weak response to his being attacked and maligned by Mrs. Richardson—especially in that she made these statements in front of the children, without any apparent regret or hesitation.
Dysfunctional communication pattern: boundary intrusion of conjugal subsystem.	Upon asking Mr. Richardson his thoughts about his son's problems at school, Mr. Richardson implicitly seemed to agree with his wife's hypothesis, in that he was apologetic for his employment status and began to give a very long and technical explanation of the world of high finance and how difficult it is to start over again. (Although Mr. Richardson has not worked in several months, he received a handsome severance package that the family lives on. Mrs. Richardson is also employed in the corporate sector but now feels that she is supporting the family. Apparently Mrs. Richardson does not make nearly as much as Mr. Richardson did when he was employed; in fact it is apparent that Mrs. Richardson resents working at all and feels "put upon" having to work. In a later session it came up that Mrs. Richardson has very extravagant taste, which Mr. Richardson resents [he seems to be the more thrifty type].)
Irrelevant stance.	
Family myth.	
Conflict around **gender roles**.	
Double-bind communication (Mrs. Richardson: "I want you to work, but not that job.").	Mr. Richardson did point out that he has attempted to find work, but Mrs. Richardson was critical of the starting salaries—so much so that he did not pursue these employment leads. Mrs. Richardson stated that the jobs he was considering taking were "barely above minimum wage; and that apparently you aren't looking hard enough." Felicia interrupted her parents and asked them to stop arguing all the time, in that Chuck was to blame for his own behavior.
Mediator stance (especially dysfunctional when a child is placed in the role of mediating parental disputes).	It is important to mention here that at the mother's insistence, the family follows a strict vegetarian diet. Her own mother died of cancer at the age of 45, and Mrs. Richardson is now convinced that she can avoid the same fate if she makes changes in her diet and lifestyle. However, the daughter and mother are the only ones that strictly follow this regimen, as both father and son eat meat when they are away from home—to the mother's strong disapproval. (She refuses to cook meat or fish or allow it to enter the home.)
Multigenerational message.	
Family theme and **family myth**.	
	It became apparent that the daughter had adopted the role of the "good child"—obedient, star pupil, and athlete. Even though the mother is very strict (perhaps inappropriately so—for example, the daughter's curfew on the weekend is 8:00 p.m., and she is not allowed to go to games held at school if they are at night—even on the weekends), Felicia never complains about her mother's strict rules.

(Continued)

Mediator stance.	Chuck, on the other hand, had adopted the role of the "bad child." His grades fluctuate tremendously; although he demonstrates apparently well-above-average intelligence and his standardized test scores are always in the 90th percentile, he gets Cs and some Ds in his classes—regardless of whether he is placed in the regular or honors tract at school. Chuck is somewhat of a class clown and takes this role in family dynamics as well. When questioned in the initial session about his behavior, he mostly digresses to how he is misunderstood and that the rules "are stupid."
Irrelevant role.	
	No one complains about anything in this family for fear that they will be ridiculed even further by the mother.
There is obviously **poor communication** in this family, characterized by **incomplete, distorted, vague, and dishonest communication**.	I received a call from the mother to reschedule an appointment, and she was interrupted twice by the children—both apparently wanting to know what was for dinner and such things. I asked the mother which child was which as I felt that I could tell from her response to them, her tone of voice, and her manner which child she was talking to at which time.
Negative (energy) communication to the son further undermines his low self-esteem.	
Positive (energy) communication to the daughter, but only on the condition of strict obedience and loyalty to the mother, also puts the daughter in the **placator role**. This also creates feelings of low self-worth in the daughter, whose "worth" is based on her mother's acceptance.	In subsequent sessions I learned a great deal about both parents' background. The father came from a working-class background and the mother from a middle-class background (her mother was a teacher). Mrs. Richardson in fact had also become a teacher but soon opted for the corporate world to increase her income. The dynamics between these two families are even more of a contrast. Mr. Richardson's family of five (he has three brothers—all of whom live in the general area) seems to be close knit with strong ties among members. Although Mr. Richardson's family does not see or socialize with the family of origin due to the wife's disapproval of them (she considers them too blue collar and "country") for her taste, Mr. Richardson stays in close phone contact with occasional visits. Mrs. Richardson's family, on the other hand, appears to be not as functional as her husband's (her mother is deceased, there is no mention of the father, and she is not in close contact with either of her siblings). Apparently there was domestic violence in the home, wherein the mother was physically abused. Although Mrs. Richardson did not say, I gather that she was also the occasional target of the abuse.
Career choices influenced by **family of origin**.	
Family rule (Mrs. Richardson: "I get to decide with whom we stay in contact.").	
Likely source for Mrs. Richardson's **sense of low self-worth** and reasoning for her affluent taste and need for status (e.g., private schools for the children).	

Also **family of origin** is the likely source of **communication roles and patterns** as set by Mrs. Richardson (i.e., her obvious need to be in charge and take control of everything so she won't be a victim again).

In terms of the interventions I made sure that all members got to speak and were heard by all.

Stage 1 interventions: reaching out to every family member—affirming their individual worth.

Also in initial sessions, I did not move too quickly and wanted to be sure not to reprimand Mrs. Richardson's controlling style.

Establishing trust with the family/**gaining acceptance** of the family—especially in the case of the most powerful member of the family, Mrs. Richardson.

Early on I began to ask family members to engage in various experiential exercises to better communicate how each felt (especially in times of heated discussions).

Sculpting; family metaphor; family drama, and communication stances.

It was through these exercises that I was able to really get Mrs. Richardson to "hear" what family members were essentially unable to tell her verbally. These experiential exercises also allowed family members to experiment with other more congruent and less dysfunctional styles of communication.

Also in **Stage 1** I was very careful about not **offering hypotheses in a nonjudgmental manner** so as not to alienate the most powerful member of this family (I wanted the family to return).

We agreed on eight family sessions and two couple sessions. Our goal was for all family members to put their heads together and help Chuck figure out how to better navigate his way around school.

Create readiness for change.

After two sessions in which I asked a lot of questions and observed family processes and dynamics, we began to **work out a contract**.

I pointed out the strengths in this family; it had an adequate source of income, and everyone loved one another—although some members had more problems showing it than others.

Create an aura of hope—encourage positive energy within the family.

I purposefully increased the amount of discussion after various experiential exercises. Mr. Richardson began to express some of his concerns about Chuck's relationship with his mother—she is extremely critical of him. Both parents began to "correct" Felicia when she began to referee their disagreements. Even Chuck began to express some of the pain and hurt he feels under the constant barrage of criticism from his mother.

Develop awareness of dysfunctional communication patterns through experience and **disturb the status quo**.

In **Stage 2** I purposefully allowed the family's communication **to move into unprotected areas**.

In this stage of family therapy I began to comment on how the family communicates differently than it did when it first came to therapy. I was careful again not to be judgmental but to allow the family members to cast their prior communications as negative. I merely pointed out for them how these patterns of communication did not seem to work for them.

Challenge the family's homeostasis.

(Continued)

In Stage 3, I re-created an aura of hope and a willingness to do things in a different way.	Mr. Richardson, toward the end of therapy, was much better at expressing himself and seemed to become more engaged with the children—especially his son.
Have family members **express and apply these new understandings through experiences in the session**. Use **simulated family** and **anatomy of a relationship**.	Seeing this, Mrs. Richardson became much more pleased with Mr. Richardson and was much less critical of him, in general.

Chuck seemed to respond well to the closeness that he was beginning to experience with his father, as well as responded well to much less criticism from his mother—he, in turn, seemed much more positive toward his mother. His behaviors at school were beginning to become minor infractions versus those behaviors that lead to expulsion. |
| **Use new behaviors outside the therapy session**. | |

SUMMARY

Virginia Satir left the field of family therapy an important legacy. Her family therapy model of the human validation process stands alone in its humanistic orientation emphasis. Satir became well known around the world for her demonstrations and her approach to families that combined her interest in clarifying communication discrepancies between family members with her humanistic orientation toward enhancing the self-esteem and feelings of self-worth in the entire family. Satir's respect for the individual, her belief in the inherent goodness of people and their potential for growth, and her commitment to individual awareness and expression are unparalleled.

Critics of Satir's approach are skeptical that her intuitive artistic style may be difficult for others to emulate—as her therapeutic techniques are so much of a reflection of her values and philosophy. Unfortunately, her untimely death in 1988 has left a void in the field of communications family therapy. It is also unfortunate that her apparent popularity in the field has waned.

It is the intention of these authors to revitalize that interest (with the writing of this chapter exclusively devoted to the works of Virginia Satir) and to help others see that Satir's approach has a clear conceptual framework, clearly defined stages with many useful skills and techniques. Hence, the Satir approach not only is teachable and can be learned but also is potentially powerful in its ability to attend to basic human processes—those of human communication and attention to the self-worth and self-esteem of individuals.

NOTES

1. The reader is directed to the original works of Virginia Satir for a comprehensive description of each of these techniques: *Conjoint Family Therapy* (Satir, 1964, 1967, 1983), *Peoplemaking* (Satir, 1972), and *Satir Step by Step* (Satir & Baldwin, 1983).

2. Virginia Satir developed the sculpturing technique in 1965. It has been greatly expanded since that time.

3. For a more comprehensive presentation of family reconstruction see *Satir Step by Step* (Satir & Baldwin, 1983).

RECOMMENDED READINGS

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DISCUSSION QUESTIONS

1. What are the principal tenets essential to understanding Satir's communications/humanistic family therapy approach? Discuss.

2. Why is it important for therapists to embrace and clients to accept these tenets in order to facilitate therapeutic success?

3. Discuss the theoretical and philosophical shifts that influenced Satir to change the name of her approach to working with families from communications family therapy to the human validation process model.

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