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Saving Satir: Contemporary Perspectives on the Change Process Model

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Virginia Satir continues to be a highly influential figure in family therapy. The summation of her decades of work with families, the Satir growth model (SGM), remains a relevant therapeutic approach that is still practiced by many. This narrative review sought to examine (a) the core therapeutic methods developed by Satir for working with families, and (b) the empirical evidence to support the use of such methods. The author reviewed both firsthand and secondhand accounts of Satir's model of therapy, as well as extant research. Results from four included studies lend equivocal support for the continued use of Satir's approaches in contemporary family therapy. Implications for clinicians include the need for further refinement and systematization of the SGM. Also, researchers must empirically test Satir's methods using stronger methodology with larger and more diverse samples. In an age where evidence-based practice has become standard, all stakeholders must actively work to bolster the support for Virginia Satir's work, lest her important contributions to family therapy be forgotten due to insufficient evidence.

KEY WORDS: *evidence-based practice; family therapy; Satir growth model; Virginia Satir*

Virginia Satir (1916–1988) was a pioneer of family therapy who developed key contemporary therapeutic strategies still in use today (Innes, 2002; Rasheed, Rasheed, & Marley, 2011). Satir was born in Neillsville, Wisconsin, to a large farming family, and her early years were shaped in large part by the challenges she faced caring for her siblings and parents. By 1948 she had completed her MSW at the University of Chicago. Satir began her therapeutic career in Chicago working with families, and in 1964 she published her first book, *Conjoint Family Therapy*, in which she outlined her ideas on family therapy. By the 1970s, Satir was conducting popular training programs and workshops on her family therapy methods. She continued to develop her ideas, and by the 1980s she was actively promoting the group therapeutic model known as the Satir growth model (SGM), which has become her signature contribution to family therapy (Banmen, 2002). Satir is also broadly credited with promoting the role and value of therapy to the general public (Innes, 2002).

It is likely that Satir accomplished "more than any other pioneer" in family therapy to bring the movement into the public's attention (Innes, 2002). And yet, her legacy is contradictory: It is simultaneously omnipresent in family therapy practice and yet underrepresented in research. Although there exists an extensive written body of work discussing Satir's methods, both authored by herself and others, there is a distinct lack of systematized study on her model (Innes, 2002). This dearth of empirical support is particularly problematic given the reliance on evidence-based practice that currently dominates the landscape of both therapy and greater social work. Further inquiries into the details of Satir's work have the potential to provide additional support for her methods so that they can retain a place of prominence among family therapy approaches going forward.

SATIR'S WORLDVIEW

An understanding of Virginia Satir's family therapy model must begin with an examination of her beliefs about the individual (Smith, 2002). Satir viewed humanity as essentially good and fully capable of achieving meaningful personal growth through positive modeling, encouragement, and nurturing (Rasheed et al., 2011; Satir, 1988; Satir & Baldwin, 1983; Smith, 2002). She believed that many people live under a closed, hierarchical threat-and-reward model of existence whereby humanity is viewed as inherently bad and in need of constraints and rules, if not outright punishment, to guide proper behavior (Satir, 1988; Satir & Baldwin, 1983; Smith, 2002). In contrast to this, Satir embraced an egalitarian seed model, which promotes change through open, functional systems that value individuals' unique qualities and perspectives

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(Sayles, 2002). Valuation of these unique qualities begets, in turn, individual hope, acceptance, and self-worth that are the foundation of personal growth and, ultimately, successful relationships with others (Sayles, 2002).

Satir differentiated between three key factors that influence individual development (Satir & Baldwin, 1983). First are the innate, individual genetic characteristics that are immutable and, thus, not specifically addressed in Satir's model. Second are longitudinal influences that encompass one's cumulative learning experiences over the course of the life span. Satir believed that as children grow physically and developmentally, they also grow emotionally and spiritually. Through longitudinal exposure to people and experiences, individuals develop healthy or unhealthy processes of functioning in relationships. Third, Satir believed that for every individual at any point in time, there are dynamic interplays between the mind and the body that influence personal development. These interplays include those relating to the physical, the intellectual, the emotional, the sensual, and others (Satir & Baldwin, 1983).

As an extension from these three factors, Satir (1983) also outlined three primary beliefs about human nature that guided her therapy. First, she held that every individual is motivated by the interrelated desire to survive, grow, and connect with others. Thus, she believed that even troubled clients were motivated, in some way, by the basic desire to belong. Second, Satir viewed pathology and its manifest expressions as simply calls for help by a troubled person. Third, she was adamant that individuals are only limited by lack of knowledge and that, if provided opportunities, all humans possess the innate power to grow and learn (Banmen, 1986; Satir, 1983). Collectively, these points constituted a unique viewpoint that has since become commonplace throughout family therapy.

CORE CONSTRUCTS OF SATIR'S THERAPY

Two key elements are hallmarks of Satir's practice: writings and teachings. For Satir, the first core element of family therapy was self-esteem, the presence or absence of which strongly influences family functioning (Banmen, 1986; Rasheed et al., 2011). For Satir, self-esteem was the foundation for meaningful connections within one's own self, and also the fuel that empowered individuals to build meaningful relationships with others (Lum, 2002). Satir defined *self-esteem* as "the ability to value one's self and to treat oneself with dignity, love, and reality" (Satir, 1988, p. 22), and she believed it to be the byproduct of clients' formative life experiences. She maintained that low self-esteem leads to poor coping strategies and dysfunction. When people do not value their own thoughts, feelings, and needs, they typically overvalue those of others, leading to imbalanced relationships (Smith, 2002). Imbalance, in turn, gives rise to symptoms that hinder relationships. High self-esteem, however, builds self-worth that fosters individual growth and healthy relationships (Banmen, 1986; Rasheed et al., 2011; Smith, 2002). It was Satir's personal and professional goal to see that all people "develop those qualities which will help them become more fully human" and "to make in themselves the changes necessary" to bring about positive change (Satir & Baldwin, 1983, p. 180).

Throughout Satir's writings and teachings, there is a strong focus on having the therapist be responsible for modeling positive self-esteem (Banmen, 1986; Rasheed et al., 2011). Satir believed that although self-esteem is always inside the individual, it is not always manifested (Satir, Banmen, Gerber, & Gomori, 1991), often necessitating a skilled guide to support clients through the process of positive change (Beaudry, 2002). The therapist's ultimate responsibility is to lead clients toward a mature state of existence signified by complete control of the client over his or her actions, feelings, and behavior (Satir, 1983). The individual must be aware of his or her learning and be willing to take appropriate risks to achieve success. Throughout the change process, and independent of the individual or the issues at hand, Satir's focus was always on encouraging positive learning rather than on unlearning the negative.

The second core construct that permeates Satir's therapeutic approach is congruence, which is essential to both dynamics among family members and overarching family processes (Lee, 2002a; Rasheed et al., 2011; Satir et al., 1991). As Satir defines the concept, *congruence* exists when individuals are able to simultaneously (a) value and respect their own feelings and thoughts, (b) value and respect the feelings and thoughts of others, and (c) place their role and purpose within a greater context (J. A. McLendon, personal communication, November 17, 2014). This classification is often distilled into three distinct yet interrelated levels: (1) the intrapsychic, (2) the interpersonal, and (3) the universal–spiritual (Satir et al., 1991). Incongruence, meanwhile, results in communication in which internal and external messages and feelings are not harmonious (Rasheed et al., 2011). The result of incongruence is distortion, unbalance,

confusion, and often harm to interpersonal relationships (Rasheed et al., 2011).

For individuals, congruency occurs when a person can communicate and act with balance in relation to the self, to others, and within context (Innes, 2002). For families, a congruent system is one in which anything can be shared safely without fear of conflict. Satir believed that congruent communication among family members was requisite for healthy functioning (Rasheed et al., 2011). Like many of her contemporaries, Satir's conceptualization of the family unit is based in systems theory (Innes, 2002). Sets of actions (communications) and interactions (relationships) among various components (family members) produce a system that changes over time (Banmen, 1986; Innes, 2002). In Satir's words, "every part is related to the other parts in a way such that a change in one brings about a change in all the others" (Satir & Baldwin, 1983, p. 191). Satir also viewed family systems as existing on a continuum from open and flexible to closed and rigid (Smith, 2002). To locate a family's place, she asked questions relating to the clients' definitions of a relationship, definitions of the individual, explanations of events, and attitudes regarding change.

Satir often described parents as "architects" of their family, whose essential task was to "bring together what they have learned in their own families, blending it both consciously and unconsciously to form the context of their current family" (Satir, 1983, p. 145). Thus, she believed that past generations had significant influence on present family structure and functioning (Rasheed et al., 2011). Satir also believed that the family evolved over the course of its existence through various permutations and changes such as the addition or loss of members (Banmen, 1986). When this evolution proceeded harmoniously, the family was likely to be functional. Dysfunctional families equate to closed systems that struggle with change and evolution, leading to poor adaption (Rasheed et al., 2011). Closed families also typically feature a poor exchange of information and resources because of such rigidity. Ultimately, these families are unable to cope with evolving members and processes, leading to chaos (Rasheed et al., 2011). At its core, Satir's therapeutic approach sought to transform dysfunctional families into healthy systems that function both as a whole and for each individual.

SGM

Overview

Although Satir herself was quick to caution against rigid or finalized models (Satir, 1983), in time she came to coalesce her ideas into a more or less unified whole (Rasheed et al., 2011). SGM (also referred to as the human validation process model or change process model) was the result of over three decades of practical experience working with families (Satir & Baldwin, 1983). The driving force behind SGM was transformation, which occurred in two steps: (1) change in the way the system (family or individual) relates to itself, and (2) change in the way the system interacts with the world (Sayles, 2002; Smith, 2002). Specifically, Satir outlined three specific goals in the SGM to accomplish this transformation (Satir & Baldwin, 1983). First, she sought to enable families to seek out fulfillment of old dreams and to develop new dreams. The focus with this goal is on giving families hope and instilling the belief that change is possible. Her second goal was to enhance the coping skills of individual members and of the family as a whole. The therapist's role is to teach families new ways of viewing their problems and new techniques for handling stressful situations. The third goal involved awakening clients to the reality that they have the ability to make choices that can change their lives.

Stages of Change

Although some have divided this model into five (Banmen, 1986) or six (Innes, 2002) components, Satir herself divided the model into three broad stages of change (Satir & Baldwin, 1983). The first stage, Making Contact, establishes the relationship between the therapist and the family (Satir & Baldwin, 1983). The therapist becomes acquainted with the family and gathers information. Also, an informal contract is agreed on that will guide the therapeutic process going forward. The importance of establishing a solid relationship base should not be overlooked in this stage, or at any other point in the therapeutic process. Many families enter into therapy with emotional pain that stems from their problems. There is often significant anxiety about the therapist, the therapeutic process, and perhaps even the need for therapy. It is crucial that at the beginning of the change journey the therapist takes a leading role in creating a comfortable, nurturing environment (Satir, 1983). In this way, a trusting relationship is established between the therapist and the family.

Stage 2, Chaos, is a period often marked by confusion, disorder, and frustration for family members (Satir & Baldwin, 1983). Satir believed that this stage, far from being destructive, was actually an essential part of the therapeutic process. Building

on the foundation established during stage 1, this period opens up the anger and pain that exist within stakeholders because of their underlying issues. Inherent to this stage is movement from the comfortable to the unknown. It is almost a given that frank discussions among family members about their problems will lead to some acrimony in the therapeutic session itself. Also, it is common that individual members will experience general feelings of hopelessness and powerlessness that may threaten the success of the therapy. The therapist must simultaneously encourage clients to discuss difficult topics with confidence and an eye toward growth, while also managing the resultant emotions and conflicts (Banmen, 1986; Satir, 1983).

The third and final stage in Satir's model is Integration. The key feature of this stage is that closure is brought to previously created chaos. Family members work through new ideas and strategies for dealing with the issues at hand. In contrast to Chaos, hopefulness should prevail in this stage. The therapist guides the family in sorting out options for enhanced coping. Clients use an additive approach to build on existing resources (Smith, 2002). It is important to note that integration may mark either the end of the therapeutic process or may simply represent the end of a cycle that will be repeated in future sessions (Satir & Baldwin, 1983).

Role of the Therapist

The primary role of the therapist in SGM is to help clients realize their own potential (Rasheed et al., 2011). In fact, the therapist is viewed as the main intervention tool in Satir's approach to family therapy (Rasheed et al., 2011). An effective therapist is not a neutral party who observes the change process. Rather, the therapist is an active agent who must use her or his individual beliefs, assumptions, and strategies to shape the family's therapeutic growth. To facilitate a family's awareness of their coping, behaviors, and thought processes, the therapist must also be fully aware of himself or herself. Throughout the therapeutic intervention, the therapist in Satir's view must be able to take on several roles. Varyingly, the therapist becomes a facilitator of healthy communication, a role model for appropriate communication and behavior, a mediator of communication impasses between members, and an educator of new solutions and strategies (Rasheed et al., 2011). To facilitate uptake of the SGM model, Satir outlined questions that aid the therapist (Rasheed et al., 2011; Satir & Baldwin, 1983). These questions were not meant to be definitive or all-encompassing but provided therapists a solid foundation to begin their work with families. These questions often assessed what the therapists was experiencing in the therapy, the goals they sought, what resources they had at their disposal, and other factors.

The Personal Iceberg

Just as individuals and families evolved, so too did Satir's model. Building from her core ideas, the posthumous work *The Satir Model* (Satir et al., 1991) was an attempt to articulate Satir's philosophies, beliefs, goals, and techniques into a cohesive whole (Lum, 2002). This book and additional efforts by Satir's former colleagues are largely responsible for the current iteration of Satir's family therapy model. Today, Satir's approach to family therapy is heavily associated with the visual metaphor of an iceberg (Innes, 2002; Lum, 2002; Sayles, 2002). The personal iceberg is a tool that views human internal experience as a component of the overall process of developing relationships (Satir et al., 1991; Sayles, 2002). The iceberg visual contains Satir's six levels of human experience: (1) behavior, (2) coping, (3) perceptions, (4) feelings, (5) unmet expectations, and (6) longings (Innes, 2002). The key idea behind this metaphor is that external actions (that is, the ice above the water) are merely manifestations of internal, below-the-surface feelings, expectations, yearnings, and core beliefs (that is, the ice below the water). By extension, relationships are also like icebergs, with only a fraction of experiences being overt while the majority are hidden and submerged (Beaudry, 2002). By connecting these underlying layers to the individual's manifested behaviors, both client and therapist gain a deeper understanding of the intrapersonal forces that shape communication and coping strategies (Innes, 2002; Lum, 2002; Satir & Banmen, 1983; Satir et al., 1991; Sayles, 2002). In this way, the iceberg provides figurative and visual structure to the therapeutic process. Banmen and colleagues still use the personal iceberg framework as a key tool to train therapists in SGM and, thus, perpetuating the legacy of Virginia Satir (Beaudry, 2002; Lum, 2002).

EMPIRICAL SUPPORT FOR SATIR'S THERAPY

Coinciding with a broader interest in evidence-based practice, some scholars working in the field of family therapy have sought to produce empirical evidence supporting the long-practiced approaches and

techniques used by Satir. Although the number of inquiries remains small, these inquiries provide valuable insight into the potential applications of Satir's model in contemporary family therapy. Reviews of research have indicated support for some of the general concepts used by Satir, especially regarding the positive correlation of congruence with positive therapeutic outcomes (Klein, Kolden, Michels, & Chisholm-Stockard, 2002). However, examinations specifically directed at Satir's methods and SGM remain few. To summarize the state of research regarding Virginia Satir's therapeutic approaches, recent studies were identified by searching databases (for example, Dissertation Abstracts International, Google Scholar, PsycINFO, Social Work Abstracts) for articles using the following search string: (intervention OR study OR comparison OR eval* OR program) AND ("process model" OR "validation model" OR "change model") AND Satir. Four relevant articles were identified that sought to empirically test Satir's methods.

In an unpublished master's thesis, Lum (2000) explored therapists' responses to the personal iceberg metaphor. The goal of this qualitative study was to examine the personal and professional impact that incorporating the personal iceberg had on individuals in training as therapists. Therapist trainees included seven women and two men ages 35 through 61 who were participating in 120 total hours of Satir training in two courses over five months. The researcher conducted two interviews with each participant over seven months. Results from the interviews revealed five important themes that can inform those working within SGM. First, respondents reported that using Satir's personal iceberg metaphor increased their awareness of both clients and themselves. Trainees became better able to manage themselves and their interactions with clients, leading to enhanced confidence in their abilities. Second, using the personal iceberg constituted a process of moving away from external storytelling toward internal impact. Trainees felt their work was internalized more by clients and, thus, was more impactful. Third, respondents reported feeling a fostered sense of acceptance of clients as three-dimensional beings with real potential for change. The personal iceberg pushed the therapist trainees to examine in more detail the various deep, complex levels of thought and behavior embedded in their clients. Fourth, the personal iceberg organized and structured the change process such that change among clients was both quicker and more impactful. Trainees also felt that the approach resulted in deeper, internal shifts in clients perspectives compared with prior work before using the iceberg. Fifth, trainees reported strong personal growth. Participants felt the iceberg resulted in a stronger spiritual connection with their inner selves, resulting in greater peace and serenity.

Another unpublished master's thesis by Cohen (2006) examined Satir's approach on women ages 25 through 34 with high-risk pregnancies in a maternity hospital in Canada. All women had experience some sort of trauma or hardship related to their pregnancy, including depression, injury, and family conflict. The author held therapeutic sessions of approximately two hours with the women during their hospital stays using Satir brief therapeutic techniques, including the personal iceberg and discussion of congruence. The overarching goals of the therapy were to effect awareness, transformation, and lasting change among the women. At seven weeks following discharge, Cohen conducted follow-up interviews with four of the women and then transcribed their responses for her exploratory, qualitative study. Results indicated that the women did achieve growth by increasing their awareness of perceptions, feelings, and expectations. The mothers were able to use Satir's therapeutic techniques to cope with stress, understand their feelings, and become aware of their personal thoughts. It was also a useful tool for assessing expectation of the mother, baby, partner, medical staff, and support systems. Cohen concluded that Satir brief therapy is likely to be (a) an appropriate assessment tool for social workers dealing with high-risk postpartum mothers, and (b) a useful intervention tool to affect mother–baby bonding.

In 2008, Wong and Ng conducted a mixed-methods phenomenological study to examine therapists' experience with Satir's core concept of congruence. The authors were interested in (a) the lived experience of congruence in therapists' personal lives, (b) the use of congruence in therapists' psychotherapy practice, and (c) means for enhancing therapists' level of congruence. The sample included 11 Singaporean-Chinese therapists ages 25 through 59 working in a helping profession (for example, family therapy, social work). The mean psychotherapy experience level was 8.1 years. All participants used SGM either exclusively or in conjunction with other approaches, and all had received at least six months of formal training in SGM. Quantitatively, Wong and Ng (2008) relied on the validated Congruence Scale

(Lee, 2002b), a 75-item measure developed specifically for Satir's model that includes items assessing intrapsychic, interpersonal, and universal–spiritual congruence. Empirical results demonstrated statistically significant correlations among intrapersonal, interpersonal, and transpersonal types of congruence. There were also correlations between congruence, self-esteem, and overall life satisfaction. Qualitatively, the authors used face-to-face, semistructured interviews of about one hour that were specifically organized around the personal iceberg metaphor and the three levels of congruence. Three main themes emerged from the interviews: (1) congruence in therapy involves connecting with clients, (2) congruence in therapy involves the therapist taking personal responsibility for his or her actions and thoughts, and (3), congruence in therapy involves establishing positively directed goals for clients. Overall, the 11 therapists indicated that knowledge and application of the congruence construct resulted in greater security, creativity, and energy both personally and professionally. Taken together, both quantitative and qualitative findings suggested that participants were able to relate their personal experience of congruence with the three levels of congruence. The authors concluded that congruence was an important construct that should be more fully explored by therapists, therapeutic trainings, and researchers.

Der Pan (2000) conducted the most rigorous empirical test of SGM to date. Using a quasi-experimental design, the author assigned Taiwanese college students to either a control group ($n = 14$), a structured experimental group ($n = 21$), or a semistructured experimental group ($n = 21$). The 56 students in the study had a mean age of approximately 22 years and were 55 percent female. Participants were recruited and selected on the basis of two criteria: (1) having relational problems with their parents, and (2) having psychological difficulties such as insecurity, anxiety, and conflict. The purpose of the study was to examine the effect of SGM-based group counseling on the students' family relationships. The structured experimental group received weekly 150-minute counseling sessions relying on a fixed sequence of eight stages tailored to Satir's model. Meanwhile, the semistructured group received the same counseling dosage, but sessions were conducted in a looser fashion with therapists having the freedom to progress through the therapeutic process at their own pace. The control group students did not meet during the course of the study and received no counseling. Students were surveyed at pretest, posttest, and eight weeks post follow-up using the Family Relationship Scale and Family–Self Scale. Results from a two-way repeated analysis of variance indicated that both experimental groups showed statistically significant ($p < .05$) improvements at posttest compared with the control group. Participants' relationships with their family members became more positive as a result of using Satir's family therapy model. It is important to note that these gains were maintained at follow-up. The author concluded that SGM was an effective approach for improving relationships between Taiwanese college students and their families and might be a viable strategy for other types of family therapy.

FUTURE RESEARCH DIRECTIONS

Despite the valuable contributions of recent research inquiries, there remains a dearth of empirical support for Virginia Satir's therapeutic approaches. This does not call into question the validity of SGM so much as it points the way toward much-needed research inquiries given an increase in the focus on evidence-based social work practice. Limited evidence does support the use of congruence-focused therapy and the personal iceberg metaphor. Both quantitative and qualitative studies with both therapists and clients have begun to suggest what practitioners have long believed: that Satir's methods work for many individuals and families. In particular, Der Pan's (2000) study deserves praise for testing that incorporated a rigorous design, validated measures, and appropriate statistical methods.

Going forward, researchers should look to expand on the extant research with more empirical studies. Four key courses of action exist for family therapy researchers. First, the sheer dearth of research studies limits the evidential support for Virginia Satir's work, necessitating more research across the board. The four studies discussed in this article are a good start for the next wave of Satir research to establish evidence for the widespread use of SGM. Second, research studies should seek to use either experimental or quasi-experimental designs that can provide rigorous levels of evidence. The designs could be used to test experimental groups receiving SGM in comparison with other groups receiving alternative therapeutic models, or could be used to assess different iterations, dosages, timings, settings, and other factors within SGM, such as those explored by Der Pan (2000). Third, studies should include larger and more representative samples to increase the generalizability of

findings. Fourth, more attention is needed on specific subpopulations of clients and therapists. Much of the current research has focused on younger populations of women. There is a great need for exploring SGM with other populations and families. Satir herself was highly sensitive to the ways in which therapy is individualized—it only makes sense for research to be sensitive to how particular types of families experience SGM.

There is also a need for further work related to SGM. It may be difficult, if not impossible, to systematize some aspects of Satir's approach, but an evidence-based practice environment necessitates further investigations. The first step is to build on existing resources and research. The concept of congruence, for example, could be codified by Satir experts into a clearly defined and testable framework. Lee's (2002b) Congruence Scale has been underused and should be further tested with confirmatory factor analyses to establish its validity with various subpopulations of clients. This scale, and potentially others that may be developed based on SGM, could then be used to test powerful mediation and multilevel analyses. Such analyses would provide a great deal of empirical evidence for the effectiveness of Satir's methods. Likewise, the personal iceberg could be further refined. Several visual versions of the iceberg currently exist with slightly different labeling and text. Satir experts should convene to establish (a) a set version of the visual and (b) clear guidelines for the use of this helpful tool. The next step is to establish empirical support for other parts of SGM that have yet to be researched, such as the stages of change, specific Satir-based therapeutic techniques, and other factors. Investigations should be aimed both at therapists and at families, given research supporting the application of SGM to both groups.

CONCLUSION

Family therapy is a particularly difficult practice to mold to evidence-based requirements. It is also difficult to test in controlled research settings. As a client-directed, relational process that often eschews step-by-step conformity, family therapy faces many issues relating to measurement and assessment, manualization, and systematization (Larner, 2004). Simply put, it does not translate easily into interventions that can be applied and tested with traditional research practices (Larner, 2004). Satir's model of family therapy is no different and is, perhaps, even more individual and intuitive than others. It is safe to say that Satir was more concerned with individual family work and spreading her overall message than with formally delineating her ideas into a cohesive model (Innes, 2002; Rasheed et al., 2011). That said, there is much within the Satir approach that can be critically appraised. Moreover, Satir's contributions are so valuable that they deserve strong empirical support both in the interest of delivering best practices and in the interest of posterity. All those who love and have loved Virginia Satir care deeply about her legacy and tremendous contributions to family therapy. Although some evidence exists for SGM, more empirical support is needed to preserve Satir's model of therapy lest it be marginalized because of a lack of evidence. SW

REFERENCES

Banmen, J. (1986). Virginia Satir's family therapy model. *Individual Psychology: Journal of Adlerian Theory, Research & Practice, 42*(4), 480–492.

Banmen, J. (2002). The Satir model: Yesterday and today. *Contemporary Family Therapy, 24*, 7–22. doi:10.1023/A:1014365304082

Beaudry, G. (2002). The family reconstruction process and its evolution to date: Virginia Satir's transformational process. *Contemporary Family Therapy, 24*, 79–91. doi:10.1023/A:1014373605900

Cohen, B. (2006). *The effect of Satir brief therapy on patients in a maternity hospital*. Unpublished manuscript, University of South Africa, Pretoria, South Africa.

Der Pan, P. J. (2000). The effectiveness of structured and semistructured Satir model groups on family relationships with college students in Taiwan. *Journal for Specialists in Group Work, 25*, 305–318. doi:10.1080/01933920008411469

Innes, M. (2002). Satir's therapeutically oriented educational process: A critical appreciation. *Contemporary Family Therapy, 24*, 35–56. doi:10.1023/A:1014369504991

Klein, M. H., Kolden, G. G., Michels, J. L., & Chisholm-Stockard, S. (2002). Congruence. In J. C. Norcross (Ed.), *Psychology relationships that work* (pp. 195–215). New York: Oxford University Press.

Larner, G. (2004). Family therapy and the politics of evidence. *Journal of Family Therapy, 26*, 17–39. doi:10.1111/j.1467-6427.2004.00265.x

Lee, B. K. (2002a). Congruence in Satir's model: Its spiritual and religious significance. *Contemporary Family Therapy, 24*, 57–78. doi:10.1023/A:1014321621829

Lee, B. K. (2002b). Development of a congruence scale based on the Satir model. *Contemporary Family Therapy, 24*, 217–239. doi:10.1023/A:1014390009534

Lum, W. (2000). *The lived experience of using the personal iceberg metaphor from Satir's systemic brief therapy training*. Unpublished manuscript, University of British Columbia, Vancouver, Canada.

Lum, W. (2002). The use of self of the therapist. *Contemporary Family Therapy, 24*, 181–197. doi:10.1023/A:1014385908625

Rasheed, J. M., Rasheed, M. N., & Marley, J. A. (2011). *Family therapy: Models and techniques*. Thousand Oaks, CA: Sage Publications.

Satir, V. (1983). *Conjoint family therapy* (3rd ed.). Palo Alto, CA: Science and Behavior Books.

Satir, V. (1988). *The new peoplemaking*. Mountain View, CA: Science and Behavior Books.

Satir, V., & Baldwin, M. (1983). *Satir step by step: A guide to creating change in families*. Palo Alto, CA: Science and Behavior Books.
Satir, V., Banmen, J., Gerber, J., & Gomori, M, (1991). *The Satir model: The family and beyond*. Palo Alto, CA: Science and Behavior Books.
Sayles, C. (2002). Transformational change—Based on the model of Virginia Satir. *Contemporary Family Therapy, 24*, 93–109. doi:10.1023/A:1014325722738
Smith, S. (2002). Transformations in therapeutic practice. *Contemporary Family Therapy, 24*, 111–128. doi:10.1023/A:1014377706808
Wong, S. S., & Ng, V. (2008). A qualitative and quantitative study of psychotherapists' congruence in Singapore. *Psychotherapy Research, 18*, 58–76. doi:10.1080/10503300701324654

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