

SOCIAL CONSTRUCTION THEORY AND THE SATIR MODEL: TOWARD A SYNTHESIS

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This article synthesizes social construction theory and the Satir approach to family therapy in terms of therapy as a process of cocreation of reality, the use of language and narrative, and the therapist's role as a participant-facilitator. Social constructionism has a tremendous impact on the present ideological shift in family therapy. The Satir model is a powerful approach to family therapy and has had a wide influence on generations of therapists. Although existing literature has well documented the influence of social construction theory on the postmodern school of thinking in family therapy, there is no literature exploring the compatibility of the Satir model with social construction theory. This research presents a theory-building process of the Satir approach to family therapy.

Social construction theory is one of the major ideological forces that inspires a new way of thinking in contemporary family therapy. The theory can be traced to its roots in interpretive social sciences (Berger & Luckman, 1966; Blumer, 1969; Goffman, 1959, 1963; Levin & Levin, 1987), which is principally concerned with explicating the processes by which people describe, explain, or account for the world in which they live. It adopts an endogenic perspective that places knowledge within a process of social interchange (Gergen, 1985). Basically, social construction theory

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holds that people's beliefs about the world are social inventions. Reality is socially constructed, based on people's definitions.

Social construction theory, which possesses a time-honored heritage, views discourse about the world as an artifact of *communal interchange*. A social constructed relationship is produced and reproduced through people's interaction. Social construction theory sees the development of knowledge as a social phenomenon and holds that perception can evolve only within a cradle of communication. It emphasizes social interpretation and the intersubjective influence in communication. Social construction theory posits an evolving set of meanings that emerges unendingly from the interactions between people. These meanings are part of a general flow of constantly changing narratives (Hoffman, 1990). Although social construction theory is only part of the larger ideological shift that is shaping the postmodernist movement in family therapy, it provides a lens about lenses (Hoffman, 1990).

THE DISTINGUISHING FEATURES OF THE POSTMODERNIST ORIENTATIONS IN FAMILY THERAPY

First-Order Cybernetics

In the first paradigm shift in family therapy in the early 1950s, therapists picked up a lens called cybernetics (or systems perspective). Cybernetics describes the activity of feedback cycles not only in machines but also in human affairs (Hoffman, 1990; Zimmerman & Dickerson, 1994). The major paradigm shift is from the psychoanalytic tradition to a systemic approach in family therapy. Under the systemic model, the therapist intervenes in the family as an interacting system with a here-and-now focus instead of focusing on an individual's intrapsychic processes in the past. The therapist looks at the what of the family process rather than the why of the process (Becvar & Becvar, 1993). Virginia Satir was one of its early proponents. The family system is understood as having meaning derived from observed patterns of social organization. This social organization is seen as a system organized "according to role and structure, and as characterized by stability, power, and control" (Goolishian & Anderson, 1988, p. 375). The therapists' task is to describe what is going on inside the system from a position outside the system. They assume an expert position because they are the ones who know. Their role is to prescribe treatment.

Second-Order Cybernetics

In the final decade of the 20th century, therapists introduced a lens called second-order cybernetics; some call it the postmodern or postsystemic approach. In first-order cybernetics, the therapist system and the problem-client system are two separate systems in which therapists are external to a problem situation and act as external observers to effect change on clients. In second-order cybernetics, therapists themselves are part of the system that needs change. Therapists' introspection of their beliefs and assumptions in constructing their own world and notion of

therapy is of paramount importance. The therapist system and the client–problem system are mutually connected. In the process of observing within the system, therapists interact with the problem–client system and therefore cocreate a new reality. According to this view, meaning and social systems are created in and through interaction and communication. Therapists' role is to open space for alternative stories or actions. They value clients' knowledge and treat the therapists and clients as coauthors of alternative stories.

A social constructionist epistemology is not a new doctrine in family therapy; rather, it reflects a shift in emphasis of the discipline from a traditional use of terminology to a postmodernist interpretation. Bateson (1972) has introduced the interpretive method of studying the processes by which people make sense out of the world as they cannot know the objective reality. He proposed that it is the meaning that members attribute to events that determines their behavior. Watzlawick (1976) has posed the question "How real is real?" and contended that reality is invented. The postmodernist interpretation of family therapy no longer sees problems as symptoms having their function in the system—something that exists "out there" in a real, knowable reality. The postsystemic model sees problems as a construction by different authors in life. The perception of problems is context bound. The goal of intervention focuses on the growth of family members by looking for positive elements and exceptions that are regarded as neglected resources. Therapists believe in the ability of clients and honor people's potentials. Therapy is a nonpathologizing process of evolving change. Change involves the interaction between the client, the therapist, and the people around the client. These actors in and around a family create new meanings to effect change.

Proponents like White and Epston (1990), Goolishian and Anderson (1988, 1992), and Karl Tomm (1987) have advocated that therapist thinking is based on the intersubjective notions of social construction. Therapists and clients are coauthors in therapies. They exert mutual influence on each other in the therapeutic process. The implications of this social constructionist position for therapy are now emerging and hold the promise of redefining and "dis-solving" the dilemma implicit in the current theoretical world of family therapy. They hold the promise of opening new directions in theory and practice (Goolishian & Anderson, 1992).

THE SATIR APPROACH

Satir is well known for her emphasis on communication and self-esteem in family therapy. Many writers group Satir's approach under the communication approach in family therapy (Becvar & Becvar, 1993; Turner, 1986) and the experiential approach (Bischof, 1993; Braverman, 1986). The Satir approach is an empowering model that has a strong belief in human values, equality, full human potential, and the capacity of humans to grow (Banmen, 1986; Grinder, Bandler, & Satir, 1975; Satir, Stachowiak, & Taschman, 1977; Satir, Banmen, Gerber, & Gomcri, 1991). It emphasizes the use of one's inner resources to rebuild a person's high self-esteem and restore

a family's growth function. Satir's growth model looks at human beings in the form of *wholeness*—the integration between body, mind, and spirit—the fundamental characteristic of the universe. An individual's wholeness is based on an acceptance of one's uniqueness (Satir, 1976; Satir & Baldwin, 1983). Satir's model has the existential view that one can make his or her own choices. Her model of intervention conveys the full array of hopes in life. It upholds that change is always possible. A major goal of change in therapy is to help people become their own choice makers (Satir et al., 1991).

Satir was the first woman pioneer in family therapy (Duhl, 1989) and is regarded as one of the best known family therapy teachers in the world (Braverman, 1986). Her approach has had a far-reaching impact on family therapists in achieving an experience-near way of working with clients. Satir believed that therapists need to enter and understand clients' experiential worlds in an empathic way, without the presuppositions that distort understanding (Braverman, 1986). Satir used different vehicles of change to help people achieve new ways of looking and making new meaning out of past wounds and dysfunctional behaviors. Her model of therapy (later on named the Satir model) helps people to refocus on their yearnings, deal with their expectations in a realistic way, reframe their perceptions, and work through their feelings in order to bring themselves to be more self-integrated and congruent. Despite the widespread influence of Satir's work in the field of family therapy, her model has had difficulty finding a niche in mainstream academia. The most common criticism of the Satir model is that it lacks theoretical abstraction and is more a manifestation of Satir's charisma and idiosyncracies than a systematic working model for other therapists to follow or operationalize. The present theoretical attempt to explore the Satir model in the light of social construction theory is a step toward a systematic theory-building process of the model.

TOWARD A SYNTHESIS OF THE SATIR MODEL AND SOCIAL CONSTRUCTION THEORY

Social construction theory and the Satir model share the basic belief that people have the potential to change and to make their own choices. In the following, I examine the compatibility between the Satir model and social construction theory with respect to (a) how the Satir model sees reality and reconstructs the client's reality as a major form of therapy, (b) a narrative approach of the therapeutic process, (c) a social interchange process, (d) the role of therapists as participant-facilitators, (e) the prime importance of language, and (f) a process of cocreation.

Reality Is Socially Constructed, so the Essential Process Is to Take Account of the Human Meaning System

The interpretive social sciences paradigm holds that objective human action in itself has little meaning. The specific inherent meaning depends

on how people make sense out of social interchange. Social realities are seen as fluid and embedded within a meaning system and are context specific. Recognizing the unique feature of specific contexts and meanings is essential in understanding social meaning (Hoffman, 1990). As a result, the therapy system is a matrix of meaning, an arena of shifting symbolic constructs (Goolishian & Anderson, 1992).

According to Satir (1991, p. 149), "the problem is not a problem. Coping is." Goolishian and Anderson (1992) contended that problems do not have an objective existence in and of themselves, but only through conversation with others. In her model, Satir explored how a person interprets his or her problem in its specific context. She related the coping problems to one's family, specifically the primary triad, which consists of father, mother, and child. People learn their coping stances in childhood in order to protect their self-worth. Satir developed the concept of survival communication in a person's context in relation to the self and others.

Satir asserted that humans have a very strong drive to make meaning out of everything they experience (1988). She said that the meaning that one makes is based on one's past experiences and decisions. Dysfunctional communication is often rooted in early childhood. In the context of the primary triad, people select from their internal and external environments what they have programmed themselves to see and hear. Whatever people expect or fear is what they believe they hear and see. According to the Satir model, an effective therapy is to help clients separate feelings from meanings. Separating what one perceives from what one interprets allows one to recognize that other possible meanings exist.

An essence of the Satir model is to help a person lead a more functional life. To achieve this, one needs to identify past patterns, separate feelings from the past, focus on the present, and bring one's dynamics into conscious awareness. To base one's interpretations on present reality, one needs to recognize and distinguish how one ascribes meanings from what is or how others ascribe meaning from one's behavior. Once they acknowledge a pattern, they can disengage their emotional triggers and expectations from their earlier perspectives. They can build a solid, self-responsible, present-focused view of themselves and each other (Satir et al., 1991). Because the reality of each individual member of a family may be different, it is important for the members to understand each other's perception of reality through their interaction narratives.

The Satir Model as a Narrative Approach

Narratives can be understood as ways that people organize and express meaning of experiences and interpret events (Borden, 1992; Zimmerman & Dickerson, 1994). According to Gergen and Gergen (1984), most life events are not sudden and mysterious revelations, but a sensible sequence of ongoing stories. In developing personal narratives, a person attempts to establish coherent connections among life events. These stories enable people to connect together their knowledge of the separate known events and to make reliable predictions of events as yet unknown (Gergen, 1982).

Therapy thus becomes the rewriting of history and autobiography through the mutual conversational cocreation of new stories. These stories are "not-yet-told" stories, a process of creating new, not-yet-told personal narratives. These conversationally coconstructed stories open new directions for meaning by applying narrative means to therapeutic ends (Goolishian & Anderson, 1992; White & Epston, 1990).

White and Epston (1990) held the view that the purpose of therapy is to identify or generate stories that enable clients to discover new meanings that reveal new desired possibilities—new meanings that people will experience as more helpful and satisfying. The Satir model's family reconstruction is in essence a narrative process. Satir (1988) believed that one's past experiences can contaminate one's present functioning. Family reconstruction is a valuable tool of intervention developed by Satir to help clients make meaning out of their past experiences and look at their yearnings in a present context in order to heal past wounds. In a family reconstruction, a person looks into the historical and psychological matrix of his or her own family of origin. It facilitates a person's reliving of formative experiences influenced by three or more generations of his or her family (Satir et al., 1991) and provides a new way for people to see themselves and their parents, and thus, through narration, to see the present and future in a new perspective.

In family reconstruction, the therapist, or in Satir's term, the guide, helps the client to restory his or her past experiences and reenact these stories (Satir et al., 1991). During the process of family reconstruction, whether the client's recall is objectively accurate is not crucial. How a client constructs reality is what is important (Satir et al., 1991). By retelling a family reconstruction, people have a chance to reexamine their beliefs, ignorance, unawareness, and misunderstandings. The narratives thus reconstruct meaning.

A Social Interchange Process

A major idea of social construction theory is that knowledge emerges from social interchange processes. It emphasizes the communal basis of knowledge through communication, negotiation, and processes of interpretation of the individuals. Knowledge is not merely something people possess in their heads, but something people do together (Gergen, 1985). Applying this concept to therapeutic process, self-understanding and self-knowledge of the individuals are gained through social interactions.

In her early years, Satir mainly worked with families. In her later years, she moved her therapy to the stage, with audiences of hundreds observing her work, and also spent much time conducting workshops (Duhl, 1989). Satir started the social process of generating self-understanding-self-knowledge for therapeutic purposes. To discuss the social interchange process of the Satir model, I highlight two of Satir's best-known vehicles for change: the processes of family reconstruction and parts party.

A classical family reconstruction is done in a large group of 15 to 100 (or more) people and takes 1 to 3 days. The star, who is the one doing his

or her family reconstruction, starts to tell his or her life story in a three-generational perspective. With the facilitation of the guide, the star makes use of family maps and family chronology charts to show how the family coped with and handled stress, anger, conflict, and pain. Such storytelling prepares the participants to foster a frame of mind that helps them join the star's journey of discovery (Satir et al., 1991).

Once the story is told, the guide asks the star to invite the selected participants to play the roles of family members and other significant people in the star's life. The role players familiarize themselves with the particular members they are to portray by concentrating on the star's descriptions of them. The guide either uses a family sculpting method or simply facilitates the star in reenacting a scenario of his or her unfinished business. During the process, the star interacts with the chosen family members as if it were happening in his or her family.

Another technique, parts party, is an experiential technique that aims at integrating a person's inner parts and resources. The Satir model helps people find their own inner treasure by accepting and transforming the unaccepted facets of their different parts and by adding helpful or healing parts to their existing resources. The classical way to do a parts party is to have a group of 15 to 40 participants who are willing to play the roles representing different parts of the star (or the host) of the party (Satir et al., 1991). A party atmosphere is created when the role players dress up for the parts they play. For example, one may dress up like Einstein to bring out the quality of intelligence the star chooses as a part of herself or himself (Schwab, 1990).

In both family reconstruction and parts party, the star and the role players act out the particular situations as prescribed by the star. The guide helps the participants to make meaning out of the role play. During the exploration of the roles that they play, both the star and the participants gain better understanding and knowledge of themselves. During the process, the star also deals with his or her perceptions and unmet expectations and finds ways to satisfy these unmet expectations and yearnings in a present context. After the role playing, each role player tells what insights he or she gained from participating in that role. The interaction in the role play and all the debriefing is a communal interchange process. Both the star and the participants (not only those role players) are involved in processing their own realities in a particular role they act or they identify with during the role-play process and the exchange in the debriefing session. Through the use of sculpture, movement, and other experiential techniques, the Satir model actively involves clients or participants in depicting situations in their lives and profoundly moving toward recognizing and reclaiming valuable aspects of themselves through the social exchange process (Satir et al., 1991).

Collaborative and Cooperative Therapist–Client Relationship

Because social construction theory views the world being understood as social artifacts and products of interchanges among people, the actors

in the social exchange process are equally active in pursuing meaning out of the process. Therapy is transformed under this social constructionist perspective into a coparticipant conversational action. The emphasis is "doing something with" and "talking with" as opposed to "doing something to." As a result, a more equal, open, and collaborative relationship between the therapist and the client is cherished (Fine & Turner, 1991). Understanding and respecting the client's meaning system is the basis for both the therapeutic relationship and the intervention process. Such an approach includes a constructive process respectfully incorporating the client's subjective reality, his or her view of the problem, and client feedback to the therapist (Duncan, Parks, & Rusk, 1990).

The Satir model places the client's definition of the problem in the first place and respects the client's realities. Some typical opening questions asked by therapists using the Satir model are "What hopes do you have for change?" and "What would you like to happen for yourself?" Besides helping clients to translate their problem statements to goal statements, the therapist, being a participant-facilitator, works with them to achieve those goals that clients define for themselves.

The Satir model emphasizes a collaborative relationship with clients. Satir stressed that the basic ingredient of therapy is the relationship between the therapist and the client (Baldwin & Satir, 1987). Therapy is a deeply intimate and vulnerable experience requiring sensitivity to one's own state of being. It is the meeting of the deepest self of the therapist with the deepest self of the client. The therapeutic context becomes a life-learning and life-giving context between the client and the therapist, who responds personally and humanly. The therapist is clearly identified as a self interacting with another self (Baldwin & Satir, 1987). With the two distinctive selves interacting, the therapist coconstructs meanings with the client in the therapeutic process, which signifies the intersubjective notions of social construction.

The Importance of Language

According to the social constructionist view, the process at which social exchange takes place is essentially a linguistic and communicative system. Languages are essentially shared activities (Gergen, 1985). Meaning and understanding are socially and intersubjectively constructed. Realities are brought forth through language about human relationship. People construct the worlds they do because they participate in language, in social practices, in institutions, and in other forms of symbolic actions (Goolishian & Anderson, 1992).

Being influenced by social construction theory, the evolving position of family therapy places central emphasis on the role of language and dialogue in the social construction of meaning. According to Goolishian and Anderson (1988), therapy is a linguistic event and the therapist is a master conversational artist whose expertise is in creating space for dialogue. Fine and Turner (1991) have talked about freedom in language that is a particular idea or set of ideas not ruling a person's thoughts and actions,

thus leaving space for the consideration of alternative points of view. As a result, therapists move from a view of themselves as privileged, objective management consultants in relation to family systems to the role of participant-facilitators who collaborate with clients in coconstructing new realities.

Satir is well known for her use of language in therapy. Bandler and Grinder (1982), the founders of neurolinguistic programming, systematically observed and studied Satir's use of language in effecting dramatic change in family therapy. Deriving insights from Satir and some other family therapists' works, Grinder and Bandler constructed the therapeutic model of neurolinguistic programming, which focuses on the neurological base of communication to generate a powerful set of behavioral organizing principles in providing people with more behavioral choices (Turner, 1986). It has been stated that one of the major goals of the Satir model is to help people become their own choice makers, so therapists facilitate clients in the use of words that can help them to see more choices.

Fine and Turner (1991) have pointed out that words such as *I can only* and *I must always* are self-directed tyranny that restricts the freedom of movement of the self through restrictive ideas. Satir (1988) changed the use of language from tyranny to freedom when she helped clients to change their family rules. Her model examines the impact of early learned family rules on a person and how to change these family rules (Satir, 1988; Satir et al., 1991; Schwab, Baldwin, Gerber, Gomoria, & Satir, 1989). The model suggests that one change *should*, *must*, *ought to*, *can*, *if*, *sometimes*, or *will*. Because language reflects a person's cognition and affect, changing one's language changes one's perception. With such a dialogue in therapy, the therapists open up the psychological space of clients and work toward a coevolution of ideas with them. This process also invites therapists to become increasingly self-observant within the context of the therapeutic system (Fine & Turner, 1991).

Therapy as a Process of Cocreation between the Therapist and the Client

Distinction between context and process. The social constructionists see social interchange and construction of meaning as a process. Process is the ongoing interactions and communication among members of a system, and content is the structure in which the process unfolds. The overriding goal of therapy is to alter the meaning or context of the problem process in the direction of improvement (Duncan et al., 1990). The emphasis is on the process itself rather than on the content.

Satir (Satir et al, 1991) held a similar view that content only gives one the context in which to explore the problem. The Satir model focuses on the process to uncover the nature of human interaction and to transform these interactions. Achieving the major goals of the model—rebuilding a high self-esteem and working toward congruence, which means consistency between a person's words, affect, and action—requires a person to move through the process of change and transformation.

The process of cocreation. The Satir model is designed to assist families in coping effectively at a process level. A process is a mutual search for understanding and exploration through dialogue between the therapists and the clients. In the Satir model's process of transformation, the therapists and the clients look for more awareness, knowledge, and experiences for new choices. When a person adds a new perception, a new feeling, and a new expectation, then a new coping pattern emerges.

Andreas (1991) has identified a solution-oriented focus on the present and future as one of the major patterns of Satir's work. Problems and their solutions are embedded in an interactive process. It is through a creative and dynamic cocreation process that meaning and understanding are constructed. The realities of the participants and therapist are equally true and valid. The clients' beliefs about the presenting concern and its meanings and affective expression will determine the content of the therapeutic conversation and intervention (Duncan et al., 1990). During the process of the Satir work, the therapist makes meaning with the clients in the exploration journey to reclaim their self-esteem and the clients themselves bring in solutions.

A FEW UNANSWERED QUESTIONS FOR FUTURE EXPLORATION

The present exploration of the commonalities between social construction theory and the Satir model is in its rudimentary stage. There are questions that still need to be further explored.

Compatibility of Assumptions

The two approaches, social constructionist and Satir, evolved from different concerns and contexts. Social construction theory explores the world as a social artifact and the interchanges among people, and the Satir model detaches from a psychoanalytic-dominant environment to evolve a growth model. They started off with a different epistemological roots, so they use different languages in their assumptions.

The compatibility of the assumptions of the two approaches can be examined in their implications. The Satir model is present-centered; has a strong belief in human equality, full human potential, and the capacity to grow; and has an emphasis on people's capacity to make their own choices. Although social construction theory does not talk in the same way, one can derive that in such a view, the human being is an active actor who pursues meaning for his or her life in a here-and-now phenomenon. However, a major distinction is that the assumptions of the Satir model rest on the uniqueness of human beings, whereas those of social construction theory rest on the social interchange between human beings. Would each supplement the other or compete with each other?

The Knowing Position versus the Not-Knowing Position of the Therapist

The Satir model evolves from a first-order cybernetics paradigm. The emphasis is that the therapists need to move into and intervene with

the family in order to modify its structure and members' dysfunctional interactions. In the second-order cybernetics paradigm, which is heavily influenced by the social constructionist view, the therapists adopt a "not-knowing" position. Goolishian and Anderson (1992) explained that therapists do not dominate clients with expert knowledge so much as they are led by, and learn from, the clients' expertise. A therapist is always on the way to counderstanding with the client, but never understands. The therapist also emphasizes to "let the phenomenon lead, not lead the phenomena." Therapy is now seen as conversation, not as intervention. What role then does the expertise and knowledge of the therapist play? This is definitely a challenge to professionalism, which upholds the expertise of knowledge.

Such a struggle is also evident in the different periods of Satir's work and among different practices of therapists who use the Satir model. In the early years of Satir's work, she was very directive in modifying the communication patterns among family members. However, in Satir's communal workshops in later years, the social exchange process was evident. In the Satir model, there is a desirable state of a functioning person that a therapist will direct the client to move toward. Some therapists work toward it through an intersubjective influence, and some take a more expert position. A debate will go on to define the place of knowledge and leadership in a therapist's role.

The Place of Cultural Meaning in the Satir Model

Social construction theory emphasizes the understanding of cultural meaning. Gergen (1982) contended that the units of understanding human action do not appear to be furnished by observation, but rather through participation in the cultural system of understanding. Goolishian and Anderson (1992) claimed that understanding and meaning are cultural, public, and intersubjective. The Satir model is widely applied in different parts of the world besides North America and Western Europe (Asia, Eastern Europe, etc.). The model claims that it is cross-cultural, but what are the specific cultural meanings of the therapeutic process discussed above when applied in different parts of the world? There has been no discussion on the implication of cultural meaning of the Satir model. I believe it deserves a separate pursuit.

CONCLUSION

Social construction theory is an old theory, explicated with both old and new concepts with new interpretations and new applications, especially in the field of family therapy. It provides a different lens for looking at family therapy. The epistemological premises of social construction theory may be discrepant with the Satir model; however, there are a lot of commonalities between the two approaches in their applications to family therapy.

Social construction theory sheds light on the further development of the Satir model. The theory expands the potentiality of the Satir model as

an experiential approach by encouraging human expression through social interchange, emphasizing the experience of a full human person and cocreation of meaning through the use of language and narratives. In the postmodernist era, we need to keep any approach to therapy permeable enough to accommodate new change and developments (Neimeyer & Mahoney, 1995).

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