

INTRODUCTION: VIRGINIA SATIR TODAY

Virginia Satir (1916–1988) is considered to be one of the original founders of the family therapy movement. She was born in Neillsville, Wisconsin, USA, to a farming family, the eldest of five children. Eighteen months after her birth, her twin brothers arrived, then a sister and, finally, another boy. She often talked about taking care of her siblings during their time growing up together on the farm. Her formal schooling began in a one-room rural school. She attended high school in Milwaukee, graduating just before she turned 16 years old. By the time she was 20, in 1936, she had completed her bachelor's degree in education from the University of Wisconsin. She started teaching the same year in a small rural community and quickly learned that her relationship with her students' families played a large role in her success as a teacher. In 1948, she earned a master's degree in social work from the University of Chicago.

The therapeutic community in Chicago at the time was very psychoanalytic and male dominated. Satir said that she tried to follow the practice of the day, seeing only individuals and avoiding seeing more than one member of the same family even separately, but this was not comfortable for her. By 1951, she had seen her first family (Satir, Banmen, Gerber, & Gomori, 1991). In 1959, she joined Don Jackson and Jules Riskin as co-founders of the Mental Research Institute (MRI) at Menlo Park, California. That same year she taught her first family therapy course at MRI. Her interest was more toward clinical work and teaching than research, and she soon became the Director of Training at MRI. In 1962, MRI received a National Institute for Mental Health grant to offer its first formal family therapy training program.

In 1964, Satir published her first book, *Conjoint Family Therapy*, in which she presented her views on the importance of working with families and the tremendous impact that family systems have on individuals. She started her annual month long training programs in 1969 that she continued until her death in 1988. After the publication of *Conjoint Family Therapy*, she devoted much of her time to traveling around the world offering workshops and training programs in family therapy to help people become “more fully human.”

I first met Virginia Satir in 1970 in Manitoba, Canada, at a five-

day residential training program. As so many other people have before and since that time, I experienced her work with people as magical and very powerful. Just the month before I met her I had received my doctorate in psychology, but my experience with Virginia Satir made it seem that my therapy training had begun all over again.

In 1972, Virginia Satir spent three months in Manitoba, Canada, working with various groups of people: the provincial government, including the premier and his cabinet members; helping professionals from various fields; and the public. It was a rich time in which I experienced the best learning I have had in my life. By 1981, I joined her month-long training programs as part of her faculty. Much of what she did and taught was the subject of *The Satir Model: Family Therapy and Beyond* (1991) which I co-authored with Satir, Gerber, and Gomori and which was published three years after her death.

During the 1980s, Virginia Satir focused most of her time and efforts on working with large groups of people. During that time, she developed and extensively used the two therapeutic vehicles with which she is most commonly associated: family reconstruction and parts party. Both are well described in *The Satir Model: Family Therapy and Beyond*. One article in this issue deals with the new developments of the family reconstruction process.

In her large group workshops, she put her focus on promoting and facilitating personal and professional growth. Many participants claimed to have experienced major improvements in their lives as a result of the changes they made during and after attending her workshops. What often seemed to be missing was that the participants had not learned the skills to translate what they experienced in the large group workshops to their own therapeutic practice once they returned to their place of work. It was necessary to find a way to help them become more competent in doing therapy with individuals and families using the Satir model. This has become my goal during the last 15 years since Satir's death.

The training programs which I, and those who work with me, are now leading are called Satir's Systemic Brief Therapy. This suggests that the Satir inheritance is a form of therapy which is systemic and which offers deep transformational change that can be done in a relatively short period of time. Over the last 10 years, the Satir model has been taught in a form that is useful for practicing therapists in office settings working with individuals and families with whatever symptoms the individual or family brings to therapy. All but one of the authors of the articles in this issue are practicing Satir's Systemic Brief

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Therapy with clients and most are training other therapists to do so, as well.

One of the key aspects of the Satir model, as now practiced, is that of working on major changes, or transformations. The focus integrates both intrapsychic and interactive approaches, as Virginia Satir demonstrated in her clinical work through her professional career. In our therapeutic practice, we have learned to assist our clients in setting positive directional goals that meet the requirements of the whole person, inside and out. We build on the resources of each individual client and of the family system. We bring our own hope and belief that change is possible into each therapy session. We stress that each therapist must become as congruent, as wholesome, as internally harmonious, as possible and live life that way, especially during therapy sessions. We work on bringing about transformation at the levels of feelings, perceptions, and expectations and help our clients find ways to meet their deepest yearnings. The therapeutic focus is on facilitating change so that people become different at a deep level, not just on doing things differently or on feeling differently.

The result of working therapeutically as described in these articles is that our clients need much less time in therapy and that they make much greater changes in their relationships with themselves, in their relationships with others, and in their lives.

I hope that these articles, written by clinical practitioners, will give readers a clear sense of how the Satir model has evolved and is applied in various situations. Also, I hope it will inform readers of different approaches that they will find useful and practical.

John Banmen