Instructor’s Manual
for
THE ESSENCE OF CHANGE
with
VIRGINIA SATIR

Manual by
Shirin Shoai, MA
The Instructor’s Manual accompanies the video The Essence of Change with Virginia Satir (Institutional/Instructor’s Version) which is part of the Virginia Satir Series. Video available at www.psychotherapy.net.

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Shirin Shoai, MA
Instructor’s Manual for The Essence of Change with Virginia Satir.

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Instructor’s Manual for

THE ESSENCE OF CHANGE WITH VIRGINIA SATIR

Table of Contents

Tips for Making the Best Use of the Video 4
Satir’s Approach to Transformational Therapy 5
Discussion Questions 7
Role-Plays 9
Reaction Paper Guide for Classrooms and Training 11
Related Websites, Videos and Further Readings 12
Transcript 14
Video Credits 38
Earn Continuing Education Credits for Watching Videos 39
About the Contributors 40
More Psychotherapy.net Videos 41
Tips for Making the Best Use of the Video

1. USE THE TRANSCRIPTS
Make notes in the video Transcript for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during and after the video.

2. FACILITATE DISCUSSION
Pause the video at different points to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions section provides ideas about key points that can stimulate rich discussions and learning.

3. ENCOURAGE SHARING OF OPINIONS
Encourage viewers to voice their opinions. What are viewers’ impressions of what is presented in the interview?

4. CONDUCT A ROLE-PLAY
The Role-Play section guides you through exercises you can assign to your students in the classroom or training session.

5. SUGGEST READINGS TO ENRICH VIDEO MATERIAL
Assign readings from Related Websites, Videos and Further Reading prior to or after viewing.

6. ASSIGN A REACTION PAPER
See suggestions in the Reaction Paper section.
Satir’s Approach to Transformational Therapy*

Virginia Satir was a 20th-century psychotherapist who is often referred to as the pioneer of family therapy. She believed that people are capable of continued growth, change and new understanding. Her initial purpose was to improve relationships and communication within the family unit. Ultimately her work, which was internationally recognized, grew to be accepted as applicable to all human communication and growth—within a person, a family, a company or community. She remained a leading force for human growth and family therapy until her death in 1988.

Satir posited that a client’s presenting issue was rarely the real problem and that superficial issues frequently served to mask deeper ones. She argued that mental health problems were often the product of negative family experiences and roles, and placed a strong emphasis on treating the entire family rather than pathologizing the individual. Satir’s Transformational Systemic Therapy, also known as the Satir Growth Model, emphasizes engaging the inner self and analyzing a person’s situation and choices.

From observing Satir’s work, five therapeutic process elements have been identified that are essential for creating transformational change. These therapeutic elements are necessarily present throughout the entire therapy session, from the initial contact and rapport building through assessment and exploration, goal setting, the transformational change process, anchoring the changes, reviewing the session and assigning therapeutic homework for practicing and integrating the changes. The five essential elements are:

1. **Experiential.** The therapy must be experiential, which means that the client is experiencing the impact of a past event in the present. Often, body memory is accessed as one of the ways to help clients experience their past. It is only when clients are experiencing both the negative energy of the past event and the positive energy of their life force in the now that an energetic shift can take place.

2. **Systemic.** Therapy must work within the intrapsychic and interactive systems in which the client experiences his/her life. The intrapsychic system includes the emotions, perceptions, expectations, yearnings and
spiritual energy of the individual, all of which interact with each other in a systemic manner. The interactive systems include the relationships, both past and present, that the person has experienced in his/her life. The two systems interact with each other, and a change in one impacts the other.

3. **Positively directional.** In the Satir Growth Model, the therapist actively engages with the client to help reframe perceptions, generate possibilities, hear the positive message of universal yearnings, and connect the client to his/her positive life energy. The focus is on health and possibilities, appreciating resources and anticipating growth rather than on pathologizing or problem solving.

4. **Change focused.** As the focus of Satir therapy is on transformational change, the process questions asked throughout the entire therapy session are change related. Questions such as “What would have to change for you to forgive yourself?” give the client an opportunity to explore uncharted waters inside of their own intrapsychic system.

5. **Self of the therapist.** The congruence of the therapist is essential for clients to access their own spiritual life energy. When therapists are congruent, clients experience them as caring, accepting, hopeful, interested, genuine, authentic and actively engaged. Therapists’ use of their own creative life energy in the form of metaphor, humor, self-disclosure, sculpting, and many other creative interventions also comes from the connection that therapists have to their own spiritual Self when in a congruent state.

In this video, Satir presents the four stages of therapy to a group of students, emphasizing the concepts related to engendering change, or “the essence of therapy.” Through lecture, Q&A, and interactive role-plays, Satir communicates the need for a safe, nurturing environment that supports a client’s motivation to change, as well as the nature of trust, choice, and the resistance that can arise during the therapeutic process.

*Adapted from
http://satirglobal.org/about-virginia-satir/
Banment, John & Maki-Banmen, Kathlyne,
Satir Transformational Systemic Therapy (in Brief)
http://www.goodtherapy.org/famous-psychologists/virginia-satir.html
Discussion Questions

Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

INTRODUCTION

1. **Going into the unknown:** Do you agree with Satir that change—what she calls the essence of therapy—requires going into the unknown? Do you think change is possible without this? How might you describe the essence of therapy in your own words? To a client?

2. **Coping:** To what extent do you think that a client’s ways of coping with their problems must be changed in order to heal? Can some ways be retained—or even be valuable? How might you discern this with a client?

3. **Creating a context:** Can you think of alternate or additional conditions to the loving, nurturing environment Satir describes that can support a client? If you’ve participated in your own therapy, what type of context has helped you? What context do you envision creating with your own clients?

4. **The problem is not the problem:** Satir says, “The trouble is never the problem. It’s the coping with the problem.” Are there times when this might not be so? How would you decide if a client’s way of coping with a problem were the issue, or if the problem itself were the issue? Would you make such a distinction?

5. **Trust and choice:** Do you see a relationship between clients’ attitudes, their ability to trust, and their ability to make new choices? Do you agree with Satir that change is a neutral phenomenon that turns on one’s ability to choose?

6. **Moving away vs. moving toward:** Do you think that moving away from pain is the same or different than moving toward change? How might you tell which type of outcome a client is motivated toward? Do you think it’s important to help a client integrate these concepts?
7. **Fear of change**: Have you encountered clients who appear motivated to change yet resist moving deeper into the therapy? How about clients who say they’re safer where they currently are? How have you addressed this? How would you help a client feel supported in taking necessary risks? How have you worked with this in your own life?

8. **The role of anxiety**: Regarding Nancy’s question to Satir, do you believe that anxiety is a necessary ingredient for change and that being too comfortable will decrease one’s motivation? Have you experienced this with clients? In your own life? How do you think Nancy is defining “comfort” here? What role do you think anxiety plays in the therapeutic process, if any?

9. **Taking in support**: Do you agree with Satir’s assertion that an inability to internalize support, even in a nurturing environment, indicates a sense of self-devaluation? Have you witnessed this in clients? In your own life? What emotional responses might arise in you with such a client?

10. **Status quo**: What do you think of Satir’s explanation of resistance as protecting a client’s sense of internal balance? How does this impact your approach with clients, particularly new or ambivalent ones? How do you respond to Satir’s invitation to allow your “strangeness to be translated into something understandable” by a client?

11. **Limbo**: Satir describes “Stage Three” of therapy as a delicate period of chaos, in which old habits are falling away yet new ones haven’t taken hold. Have you been in this place with your clients, or in your personal life? How would you or your client have described it at the time? How did you move through it?

12. **Style**: What reactions did you have to Satir’s teaching style? Her use of role-plays to answer students’ questions? How do you think her students felt with her? Are you left with further questions about her approach to therapy?

13. **Personal reaction**: How would you feel about having Satir as your therapist? Do you think she could build a solid therapeutic alliance with you? Would she be effective with you? Why or why not?
Role Plays

After watching the video and reviewing “Satir’s Approach to Transformational Therapy” in this manual, break participants into groups of two and have them role-play 10 minutes of a therapy session with a client who exhibits resistance to changing their current coping strategies, using Virginia Satir’s approach.

One person will start out as the therapist and the other person will be the client, and then invite participants to switch roles. Clients may play themselves, role-play Jana from the video or a client of their own, or they can completely make it up. The primary emphasis here is on giving the therapist an opportunity to practice educating the client about Satir’s approach to working with therapeutic resistance, affirming the client’s desire to change in a nurturing way, and on giving the client an opportunity to see what it feels like to participate in this type of therapy.

Assessing the presenting problem
The therapist should begin by inviting the client to briefly discuss their reasons for coming to therapy, keeping in mind Satir’s assertion that “the problem is not the problem, the coping is the problem.” Reflect their words back to them and inquire about how they’ve coped with the problem so far, and ask them how they would like to change. Consider asking what the client would like his or her life to look like, what their goals are, or what the problem is preventing them from doing in their life.

Working with resistance
As the client speaks, help them feel understood, valued, and supported; remember Satir’s notion that the client is doing the best they can given how they learned to cope as children. As the client offers up resistance—perhaps they’re feeling unsure about the benefits of therapy or saying that their current ways of coping are sufficient—practice validating those concerns based on Satir’s role-plays with her students in the video. Consider how the client’s concerns may be connected to the coping strategies that haven’t served them. Follow
up with reinforcement of the goals or changes the client mentioned earlier. Finally, check in with the client to see how they feel by the end of the session.

After the role-plays, have the groups come together to discuss their experiences. What did participants learn about Satir’s approach, in particular her theories of coping and working with resistance to change? Invite the clients to talk about what it was like to role-play someone with resistance and how they felt about the approach. How did they feel in relation to the therapist? Did they understand the essence of Satir’s approach? What worked and didn’t work for them? Did they feel the therapists’ support and encouragement to hang in there with the distress? Then, invite the therapists to talk about their experiences: How did it feel to facilitate the session? Did they have difficulty working with the approach? How confident are they that the client felt heard and supported in their uncertainty? What would they do differently if they did it again? Finally, open up a general discussion of what participants learned about addressing resistance to change with Satir’s approach.

An alternative is to do this role-play in front of the whole group with one therapist and one client; the rest of the group can observe, acting as the advising team to the therapist. At any point during the session the therapist can timeout to get feedback from the observation team, and bring it back into the session with the client. Other observers might jump in if the therapist gets stuck. Follow up with a discussion on what participants learned about using Satir’s approach.
Reaction Paper for Classes and Training

Video: The Essence of Change with Virginia Satir

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.

- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards. Respond to each question below.

- **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

**What to Write:** Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about Satir’s approach to therapy? What stands out to you about how Satir works?

2. **What I found most helpful:** As a therapist, what was most beneficial to you about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?

3. **What does not make sense:** What principles/techniques/interventions did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working?

4. **How I would do it differently:** What might you do differently from Satir when working with clients? Be specific about what different approaches, interventions and techniques you would apply.

5. **Other questions/reactions:** What questions or reactions did you have as you viewed the lecture with Satir? Other comments, thoughts or feelings?
Related Websites, Videos and Further Reading

WEB RESOURCES
The Virginia Satir Global Network
   http://satirglobal.org
Satir Institute of the Pacific
   http://www.satirpacific.org
Satir Learning Centre of Ottawa
   http://satirottawa.ca/
International Family Therapy Association
   http://www.ifta-familytherapy.org/

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET
A Family at the Point of Growth with Virginia Satir
A Blended Family with Troubled Boy with Virginia Satir
A Step Along the Way: A Family with a Drug Problem with Virginia Satir
Of Rocks and Flowers: Dealing with the Abuse of Small Children with Virginia Satir
Satir Family Therapy with Jean McLendon, LCSW
Structural Family Therapy by Harry Aponte
The Legacy of Unresolved Loss: A Family Systems Approach by Monica McGoldrick
Bowenian Family Therapy by Philip Guerin
Adolescent Family Therapy by Janet Sasson Edgette
Experiential Therapy by Augustus Y. Napier
“I’d Hear Laughter”: Finding Solutions for the Family by Insoo Kim Berg
Salvador Minuchin on Family Therapy
Adlerian Family Therapy by James Bitter
Empowerment Family Therapy by Frank Pittman
Solution-Oriented Family Therapy by Bill O’Hanlon
Object-Relations Family Therapy by David Scharff & Jill Savege Scharff
Narrative Family Therapy by Stephen Madigan
Integrative Family Therapy by Kenneth V. Hardy

RECOMMENDED READINGS
Complete Transcript

CORRALES: Our hopes were that you would tell us a few things about the essence of change—the change process. And I know that it appears in so many forms. We have many marvelous artists in the change world, and I know for many, many years I have regarded you as one of the best. And so I’m curious, and I know everyone here is curious about how you think about the essence of change—helping people to grow. Would you care to make a few comments and start us off?

SATIR: Well what I especially like about this is we have these individual tapes out. And when people have seen them, one of the feedbacks that they gave was that they would like to see more about just what you’re talking about. Well, how do I think, how do I see things, and so on.

And so I’m delighted to do this. And my hope is that we could make something that’s succinct enough and focused enough so that people could understand what this process—this very important process—of change is about. And to have these beautiful people here—Nancy and Deacon and Sid and Jan, who are learning and who have beautiful eyes to see with, and who can ask questions about what’s going on.

Because one of the things that I realize is that I can well leave out some things. And what’s more important for me to be is clear, and look for clarity so that understanding comes. And that’s what I’m hoping. So anytime that something comes up and you have a question—it doesn’t seem to be clear—then I wish you’d ask it. See, I’m not as interested in what’s right or wrong. But if it’s clear, then we can go ahead and make better judgments about things. So will you do that?

And will you do that, too?

CORRALES: Yes, uh-huh.

SATIR: Good. So all right. Now let me start out by a very important word, which for me is the umbrella of everything that we do. And that is creating conscious change. So I’m going to write the word “change.” And what I am interested in is creating intentional change—creating intentional change...
Now that, for me, is the essence of therapy. And let me just say a couple of other things about it. Change for me is both a verb and a noun. Verb for change means the process of something going on. What is happening. And the noun is the result. And we could say that the verb is the process—how you go about things. And the result is the outcome. All right, now let me just generalize this a little bit. Any time we create change, we are at a point—here is the point—let’s say right here. And to go from this point to this point, which is a new one where we’ve never been, is the whole expectation of change.

How do we go from—and now I’m going to call this point a status quo—what something’s going on right now, to another point? One of the things I think people don’t understand clearly enough is that all change means we go into the unknown because we’ve never been there before. And going into the unknown, for many people, is scary. So that, in the process of therapy, I accept right from the beginning that I am going into the unknown. People haven’t been where they want to go, or they say they want to go, or where they need to go in order to live life the way that’s going to be helpful to them.

Now if you stop for a minute and you think that this process, from the status quo to the new place here, is the whole process that you can use anywhere in life of going into the unknown. All right. So since you’ve never been here before, then this is all new. And that means that, for the most part, the old ways of coping are not going to do it. You have to learn new ways of coping. And you’re always in this space until you have come to really make something really your own where you have to be in limbo. Now, for me, knowing that anybody that comes in for any kind of treatment for whatever reason, in order for me to help them, I have to be able to lead them into the new place.

Now, what that means then is that I have to create the most trusting, loving context in which to have that happen. People need to feel OK. They need to feel that they are going to be valued regardless of what they say or do.

And it’s that process of the trusting and the process of feeling valued that allows the vulnerability to show. Because I don’t believe we go anywhere unless we allow ourselves to be vulnerable. Now, when we come to human affairs, and think of all the things that human beings
do to each other—violence to each other, lying, taking advantage, exploiting—these are just on the outside. Then think of all the things people do to themselves. They lie to themselves, and they exploit themselves, and they do all of these other things.

So we create physical conditions that are deleterious to us—destructive. And we create conditions between us that are deleterious and destructive. And all of that comes about because of a way in which a person copes. So when I want to lead a change, I have to think of creating a context. So I’m going to put that word down—creating a context—which is loving, and which is nurturing so that I can now make the vulnerabilities available so people can begin to learn anew.

A lot of times people have asked me, why am I not tougher to people? Because I said, you know what, if I say to a plant, you grow this way, or I’m not going to love you, that doesn’t help the plant. And yet we do that with people all the time. So I want to come back in this, that for me, change is going into the scariest of all places—the unknown. And it has to start, for people to be willing to, in a context of trust, and love, and nurture.

Now, that becomes very hard when the people that come in have done such horrible things to themselves or to others. So we’re in a funny paradox. How can I create context of loving and nurturing to you when, maybe you have just done some terrible thing to yourself or others?

Now, you see this piece right now that I’m mentioning is something that I take—whatever any person is doing in a moment in time is something that they’ve learned to do—that they have learned when they were little. And so what I’m seeing is the outcome of what people have learned. Now, in the Chicago Museum of Natural History is a figure of a person. It happens to be a woman. And it’s covered with glass or something on the outside. So you can see all the workings inside—how the blood flows and all the rest of that.

And in a way, that’s how I am with people when I see people. Whatever their behavior is, I look behind that, and I see what did they learn as children so that they behave in the way that they’re doing—so they cope in the way that they’re doing. Give you one little illustration.
If you do something—I’ll pick on you for a minute, Deacon—that I don’t like, for whatever reason. I have got many ways to respond to that.

I can start demeaning you. I can say, “What are you doing that for?” Or I can say, “Please, in my presence, don’t do it that way.” I can beg you to do something. Or I can bring out somebody’s PhD thesis and have you read it. Or I can say to you very straight—or one of the other things I could do is say to your friend over there, Sid, “Isn’t he funny? Something wrong with him, huh?” Or I can say, “You know what, Deacon?” Getting you at eye level, say, “I want to share something with you. This is what I saw you do. This is how we feel about it. And this is what I would like to have done.” That’s a different way of coping. All right.

For me to know that kind of way of coping, I have to feel good about myself. I have to know that I can stand on my own feet. I have to know that I’m a separate person from you. I have to know that I also have many things in common with you. And I have to know that I’m my own choice-maker. All right. Those are things I have to know.

So I can say to you, after all my years of working with people in the field—working with the people that come to me in the field, I have never yet seen anyone who has troubles with themselves, or troubles with others, who was able to stand on their own feet. The trouble is never the problem. It’s the coping with the problem.

So given that, then, I am going to look at new ways for people to cope. And very often the change is in the new ways of coping, not necessarily what you cope with. What I just did with Deacon—everybody, from time to time, does things that irritate, or anger, or discombobulate people. That’s a given. If I can’t make trouble for people, I’m probably not human.

But the way it gets coped with, the form of how I put it—the essence is that we’re all capable of that. But the form of how I deal with it is going to be in terms of what I’ve learned. I’ll give you another one. People long to be thought of as of value. Now, there are many ways you can do that. A man brings flowers to his wife when he’s had a big fight with her in the morning. OK, and doesn’t say anything about what
he’s done, but he gives flowers. Or the woman makes a special meal, or some such thing as that. Or somebody tries by giving any other form of gift, or tries to be extra good for the next day or two, wanting to show that they’re sorry and never talking about whether they’re sorry or not.

Now, these are all forms of how we can handle the same thing. There are some forms that when you do them, produce positive things, and some forms when you do them, that produce negative things. So I’d like to make a statement. The problem is not the problem. The problem is the coping with the problem. So coping is the most important thing we have to learn and change.

So what, then, do I have to do? I have to make it possible for people to be willing to look in a new place without feeling defensive. That’s why all the nurturing is there. See, if I move on the premise that people are doing the best they can, they’re doing exactly what they have learned, and they have just translated to any situation the basic coping.

See, I used to say that if I knew how people coped with one thing, I knew how they would cope with anything else. If I know how people cope with the discipline of their children, I know how they deal with money, how they handle things at the breakfast table, and so on. Because the coping is the same. It’s not going to be different. It looks different because the form is different.

And I’ll just say something else which is very close to my heart. I look at international relations. International relations is the another form of an essence of two little kids in the backyard. One’s saying to the other one, if you don’t do what I want you do, go home, see? Or I’ll kill you. Or I won’t love you anymore. So in our foreign relationship, we do the same thing. Only now we’re doing it with big guns. Now what’s the essence underneath that? The essence underneath that is that sometimes people have difficulties with one another. And when we’re children, we have difficulties with our siblings. Then somebody usually comes along and decides which one is right, and punish the other one.

OK, so that same thing is being used in our international relations. Makes me sad and sick. OK, it’s going on in the family all the time.
It goes on in business. Goes on everywhere. So what I want to get across to people is that what I’m interested in—the creating of the change—is to help people get new possibilities. Now, I’ve already said the context needs to be nourishing. Nourishing, for me, means that somebody listens to you and somebody says, in effect, “I see you’re there”—validates your presence. Doesn’t say anything about saying all your behavior is marvelous.

It’s like giving the soft hand to have the person feel good and, at the same time, knowing that soft hand is going to make it possible for them to see themselves and their negatives in a different way. Like a young man that I had—stolen one car. By the time we got through in the family interview, he told me he’s stolen 13. And we were able to do a whole lot with that, but not because I told him how bad he was, OK.

Now, I’ll add another word here, “trust.” Now, there’s another word that goes with change—a very important word. That when I create intentional change, and create a nourishing, trusting context for it to happen, I am also helping people to learn choices and to realize that they can choose—that they have choices. So change and choices go together.

Now, I like to carry this one step further at this moment. Change can be negative or positive, depending upon how it is viewed and used. So change, in and of itself, is a neutral phenomenon. What we have to do is to see that we have choices about how to use that change. Let me give you a little illustration about this.

We all know the change that goes between prior to puberty and after puberty. We call this entering adolescence. The people who usually have negative experiences with adolescence are the people who fear it, who are in the presence of somebody who is also afraid, who sees this as a beginning of all kinds of troubles. Those people are going to have trouble.

Now, there’s another set of people that you could use, which is—we’re going to go into adolescence regardless of who likes it, or who doesn’t like it. There are going to be those people who think, oh, it’s all marvelous. And they only have an attitude of marvelousness. Well, they’re going to do a little bit better. But what would happen if we said
this is a new time? We need to know about these new parts that are opening up to us in our body that we had nothing to do with, but it’s part of life. And that we can understand these, and we can see how they work in our bodies, and work in our relationships. And we can then use the best guidance that we can find as to how to make this work.

See, I do not believe that adolescence has to be a terrible time. It gets to be a terrible time for many people, mostly because of ignorance and because people are not really in touch with what change means. Change, in that level of things, means we’re going to another place.

But it’s interesting because—and I’ll take this one—because of all the sexual things that are around it. Here the change is going, and then people try to apply a way of coping with that, which is very linear, which is very structured, which is very rigid. And so, we have terrible troubles. See, and one of things that I’m trying to do is, first of all, to say to people, “Change is biological, physiological, emotional, and social. And we have to look at it in all these terms.” And that what governs what we do in terms of the change is to see how it fits in the context. To be able to see the difference between the universal in something and its form—its form.

Now, I’m going to stop a minute, and I want to ask all of you here what kind of meaning you have at this moment as to the difference between form and essence, or form and its universal manifestation. Would some of you want to comment on that to me? I’ll sit down at the moment.

**DEACON:** I had a thought about different types of change, or different motivators of change. And I see two major ones. That’s to move away from the status quo or to get to a new place as being different.

And that people will sometimes come in and say, “I want to be different than what I am.” As opposed to, “I want to get to this point, and I want to know how to get there.” Moving away from doesn’t seem to have an ending point where they want to end up.

**SATIR:** What you’re saying, Deacon, is a very important thing.
Actually, what I found out is that people are motivated by the pain of the present. And it doesn’t matter. Just so they can get out of it. But when I really go deep into that one, they do see a new place. And I must not be confined by their first comments of it. Deep in the hearts of everyone is wanting to be in a place of value, and of being, and of safety. But you’re absolutely right. And what people do in a therapeutic situation is they say, “Take me out of this. Take me out of this.”

Now, when a person says, “I see that I could go there,” whatever that there is, they already have some ideas. What used to, however, be a problem for me is, I used to believe that if people knew a place that they were going, they were already motivated to get there. And then I want to tell you what I found out. I found out that the ingredients of change are identical, and it doesn’t matter—it does not matter—whether people are already saying, “I want to go there,” or, “I got a place to go.”

**JANA:** OK, I had a question I wanted to ask about what you were talking about about change. You were saying that, even when people appear not to want change, they do want to be in a place that is safe and where they feel OK.

And what I’ve found is that a lot of people think that where they’re at right now is safe. Because whatever else is out there is so unknown, and it’s scary. So they say that’s their reasoning for not wanting to change. Even though they may want things to be different, they’re afraid to make any movement because where they’re at, as uncomfortable as it is, at least it’s known and safe. How do you help people move past that?

**SATIR:** OK, let me reshape—maybe reshape—what you said because I’ve met this a lot of times.

I find that people are so afraid of moving beyond the status quo that they will stay on needles, they will get beaten. They will do all kinds of stuff because of the fear of going to the unknown.

**JANA:** Right.

**SATIR:** And so one of the best ways, if you are so scared, is to try to convince people that it’s all right.
Now, one of the things that I found, it doesn’t do any good to say, “Well, look. You’re getting beaten. You’re getting cheated.” Not that at all. And what I do with things like that is I ask them what they hope for in life, OK—what their hope is for themselves. And then I usually will do something—would you come up here and let me model with you for a minute? You know, there is so much, Jana, that cannot be said by words. OK, so you tell me—you’re scared, and I know you’re scared to take that step. And I’m going to give you a new name. You’re Irene now, OK?

**JANA:** OK.

**SATIR:** I hope you like that. All right. And so we’re at eye level, but we’re seated. In this instance, we’re standing.

And so you tell me, well, everything’s all right. That’s the way it goes. Everything is all right. So tell everything is all right.

**JANA:** Everything’s fine. Everything’s fine just as it is.

**SATIR:** You know, what I’m delighted with is for you, at this moment, to say what at least fits well for you at this moment. But I’d like to ask you something. Is there anything inside of you at this moment that disagrees with what you’re saying?

**JANA:** There’s a part of me that disagrees.

**SATIR:** Yeah. And does that part of you that’s disagreeing at this time, in any way, think, gee I could never get it even if I wanted it?

**JANA:** Exactly. Yeah, yeah.

**SATIR:** So if you could find a way to get something that you wanted and felt that it was safe to do so, would you go after it?

**JANA:** If it was safe, but that’s the problem. I think it might be safer where I’m at.

**SATIR:** How do you feel right this minute with me?

**JANA:** Good.

**SATIR:** OK. There’s nothing wrong with feeling afraid about going forward, especially when so much of your life has been—watch out, be careful, or not getting what you need.
How is your body feeling right now?

**JANA:** A little bit tense.

**SATIR:** A little bit tense. Where is that tension, Jana?

**JANA:** It’s right here. In my back.

**SATIR:** OK. Could you just breathe a little and let yourself see what it feels like? Because I know this is a moment where there’s a piece of you inside that would like to change but needs to have a lot of help in going ahead.

What’s happening to your back as you do that?

**JANA:** It feels a little better.

**SATIR:** OK. I want you to know something about me. Change goes on all the time. I don’t want to force anything, but one of the things I see is that because of what you learned as a little child, there’s so much of you yet that hasn’t been opened up to you. I don’t want to push it, but I would like you to know that it’s there and that, if you’re willing, we can join together to see what can happen. How is that for you?

**JANA:** That’s good. Yeah, yeah.

**SATIR:** All right. Now, here’s a little role play. In your own words, Jana, how would you describe what happened?

**JANA:** Well, I was feeling as if you were telling me that—well, you weren’t pushing, and you weren’t saying where you’re at’s lousy, and you’re stupid for staying there.

And that felt good because of the fact that you trusted me to know what I needed and, at the same time, could gently point out that there were other choices open to me. Then I felt more open to going to them instead of defending my current position.

**SATIR:** See, what you just said is so beautiful—Is really so beautiful. Because what I was operating on was a premise—you were doing the best you could. And I can—

**JANA:** Yeah, and that comes across. Yeah, that’s good.

**SATIR:** And I can honor the fears and, at the same time, hold out the
possibility that we can go beyond them.

So you’ve just enunciated, again, I think, the answer to your question.

JANA: Well, thank you. That was a very nice way to give me an answer.

SATIR: Thank you.

And, by the way, that’s kind of how I like to always give answers. Because when we’re together in this kind of way, things become rich and full. And you feel them from the heart, and you feel them from the right and left brain. And it kind of makes a whole—a W-H-O-L-E. That’s also one of the big parts of what I do is I try to keep—I do keep in contact with people.

JANA: Very nicely. Thank you.

SATIR: Thank you. You’re welcome.

Well, is there anyone else who has any question at this moment? Because beautiful questions have just come up.

NANCY: Yeah. I think I had a little follow-up question to that.

Part of the theory that I’ve learned beforehand says that when people become comfortable where they are, it makes them less likely to change.

SATIR: Less what?

NANCY: Less likely to change, or less ready to move in a positive direction.

My concern is whether or not what you just did with Jana, making her more comfortable, kind of, where she is might make her less willing to change because she’s less anxious about where she is now.

SATIR: Oh, you’re doing something very beautiful. You were going on a principle that anxiety is a good thing for change. I don’t think so.

NANCY: I suspected that.

SATIR: I do not think so. What is going to happen for her is—what opens up is the natural nurturing parts which we all have, where we want to go toward a balance.
Now we’re coming to another belief, which I consider universal. And that is all live beings are working toward a harmonious balance in themselves. And it’s only because of all the shoulds and oughts—O-U-G-H-T-S’s—that we put on ourselves that we can’t find how that’s going. I never, ever have found anyone who was stopping their growth because they felt comfortable. Never. What I find is that people think, if they don’t deserve very much, and they get a little bit, maybe they shouldn’t ask for more, or something of that sort. And that principle, that you’ll only go ahead if you were anxious, that denies all of the natural things about nurturing. But I know that there are people that do that. And they create all these kinds of problems and tensions. But I will show you—why don’t you come up here for a minute, Nancy? And I need you for this one, too.

CORRALES: OK.

SATIR: OK. Would you take one hold of Nancy’s hands—one hand over there and I’ll take another one.

CORRALES: Like this?

SATIR: And why don’t we just take it here because we don’t have that much room. Take it here.

You pull toward you, and I’ll pull toward me, OK? All right. Now then, what Nancy is into is, she should do one thing. She would want to do something else, OK? Now pull that—all right. Now we’ll hold it here. And if we can pull equally on this, you can look as though you are stable. You’re not very stable. You’re right between what I want and what I ought, OK?

NANCY: Um-hum.

SATIR: All right. Now, you can call this a state of comfort. And many people do. And they’re taking pills by the gallon and all the rest of this. All right. Now, the minute that you allow yourself to let yourself know what you’re doing, this begins to relax. It doesn’t go away, but it begins to relax. Now, when you begin to relax at this moment in time, don’t you feel more able—

NANCY: Yes.

SATIR: —to do things for yourself in that position?
NANCY: Um-hum.

SATIR: See, I don’t know where this came from. I think it came from the same thing that we had around religion a long time ago, that we were all born in sin, and what we have to do is spend the rest of our lives getting out of evil.

But the only growth will come about when the growth conditions are there. You are more able to do that.

NANCY: Right. That really illustrated that very clearly.

SATIR: Thank you, love.

NANCY: Thank you.

SATIR: Thank you very much for that.

OK, does that bubble up anything for anybody else at this moment? I use bubbles because I like to use language that helps people to see—can’t you see, in a bubble, that something just got created, and it’s just moving out? I use that with people. The language I use of change, I like to have carry pictures. So, does anybody else have anything at this moment?

SID: What happens when you begin to, let’s say, intellectualize or left-brain analyze what needs to happen in the process of change? And maybe there is a nurturing environment for that change, but you can’t seem to internalize the thoughts that will enable you to make the change?

SATIR: I think you’ll do better if you come up here, Sid. Let me see now. Because I’m trying to understand that question. And let me tell you what I think you said, and then see if that’s what you said, OK?

SID: OK.

SATIR: Because one of the first things is to understand what we’re talking about with each other. That you have sometimes, even with yourself or with someone else, everything around you looks all warm and fine. And inside you think, that’s not my place. That will fit for me. Is it something like that?

SID: Yes.
SATIR: All right. Now, OK, now what is that? What is that? That is, for me anyway, it happens often. And that is, for me, a time at which someone has denied themselves permission to grow on the basis of, that they have accepted for themselves, that maybe they’re not very good.

SID: So, it’s a value question.

SATIR: Yeah, it’s a value question. So what I do with something like that is, I get into, what would happen for you if you allowed yourself to do the things you wanted to do for you. Get into the dreams. And help a person to begin to feel heard, understood, and seen. And one of the things that I do—these are a lot of words I’m giving today, but also that, when applied, they’re in full contact. And the fact that many people are running around in this world feeling they don’t deserve anything is one of the reasons why they can’t take advantage of a lot of things. And so when I can demonstrate, and it comes off—I’m seeing you, I’m hearing you, I’m touching you, and I’m understanding you, and asking you to do that for yourself and also of me, you begin to feel a new sense of yourself, don’t you?

SID: Sure. So it’s the valuation of the self that enables change.

SATIR: Oh, absolutely. And matter of fact, I could even make a universal that, to the degree that we accept value in ourselves, we can allow ourselves to grow. And we can allow ourselves to take the risk to make the changes that fit with our growth. And right away what pops in my head—a woman who is 45, or so, and going through the menopause and already beginning to think to herself, if she has low self-worth, I’m over the hill. You know? If she has high self-worth, she says, “Hey, I got a new possibility in front of me. Now I need to learn how to use it. And I need to find out what things are no longer going to operate in me and what new things are going to operate in me.”

And that’s the kind of stuff that we do so that the feeling of value of self is a very important factor in how someone can take those risks that they need to go where they’ve never been before. Thank you for that.
SID: Thank you.

SATIR: Well, you have given some important, important questions—every single one.

SATIR: Everything starts at a moment in time. And at any moment in time, we’re at status quo. And I talked about that before. And what status quo means is that everything is in balance around whatever that picture is. And I’d like to say a word or two about balance. Balance, for me, means that all the parts that are involved are worked out in such a way so that, if you had a mobile, that it would hang in balance. Now, you could work that out in such a way so that there were big pieces and little pieces, and some would have long strings and some would have short strings. And the way in which you work that out, you could create a balance. All right. Now, the question in balance is—what part does each individual part play so that a balance can be created? Very important to know this.

And I often use the teeter-totter. You know what the teeter-totter is. Two people—one who is very heavy and one who is very light—can go on a teeter-totter. However, the one who is very heavy has to go very close to the middle. The one that is very light has to go way far on the end. So the teeter-totter will go. Except the one in the middle hardly gets a ride. The one on the end does. That’s in balance. So, contrary to what a lot of people think when we think about families, all families are in balance. But when there are troubles—or an individual is in balance—but when there are troubles, one part is paying more than it’s getting and is in danger of being destroyed.

And that’s what manifests itself in a symptom of a moment in time. Now, whether people know that’s going on in just those words is problematical. But you, the therapist, know that.

So if somebody comes in and they have a problem—we’re going to use a therapeutic context at this moment—or somebody says they have a problem—they’re too violent, or they don’t learn, or whatever it is. The important thing is that at that moment in time, whether it’s an individual or whether it’s a family, there is a state of balance in which one part or two parts are dying so the others can live in a form that I talked about. Now, what is important to know—that this is forged.
This picture at status quo is forged as though it were in concrete. Never mind how painful it is. Never mind. It’s forged there. So what I want to indicate is it’s no little feat—F-E-A-T—to create change. There is no little feat to it—F-E-A-T. All right. But something is happening here, which says to people something has to give—whatever it is. If the drugs have become too much, or the violence has become too much, or whatever’s come too much on that level of things, that’s the problem approach.

Or here, this is in balance, and somebody says I want it better. A good example of that was when the women’s movement came, and women who were in a one-down position to men wanted to stand up. They shook the balance. And they saw something different for themselves. All right, that’s another picture of what you were talking about.

All right. Now, people live lots of their lives with the hope and never do anything about it. They live with the problem and never do anything about it. That’s what Nathan Epstein has called the “Silent Majority”—living with the pain, and the dead dreams, and all the rest of this, that they don’t do anything about.

But the people who come and somehow—brought by law, or by their neighbors, or whatever, or by themselves out of an awareness—then, are ready, on one level. Their very presence indicates a readiness on a level that may be beyond them. They may do like one family did with me. I came into the waiting room, and here they were all sitting sour. And I asked, what did they want? And they said, “Don’t you know?” And I said, “No, I don’t know.” Well, they said, “The judge sentenced us to you.”

And so I said, “Oh, that’s interesting, which judge?” And so on. Well anyway, so I said to them, “Well, you didn’t have to come.” “Oh, yes, we had to come.” I said, “No you didn’t. You could have chosen something else. What’s the other possibility?” “Well, he could have gone to jail.” I said, “You could have chosen that.” People have to remember that there is a choice and a readiness underneath this, which may not be articulated—choice and readiness, OK? Because the very fact that they’re there indicates that that’s there on some level.

And you know, in yourself, that change is possible for all human
beings. But they might not know it. And if you don’t know it, then you’re in trouble—you as a therapist.

All right. So now, enter—this is stage one. Stage one, where something takes place that allows for the admission for stage two of the admission of a foreign force—a foreign element—something that does not fit in here.

So this is the addition of a foreign element. This is a therapist. If you’re in business, this is the new wing in the business that’s being developed, or the new part of the business. This is anything that is new to this status quo balance. And it’s a foreign element.

Now, I want to stop for a minute on that one, because this is the—a therapist is always a foreign element to any system. Always. Now, the status quo and the balance is balanced in a system. And the first thing that wants to happen when a foreign element is—even if it’s wanted—coming into a ongoing system is, that system tries to repel it.

And that’s what resistance is all about. It’s the natural kind of effort that comes from the balance to maintain itself. And anything new requires that. So the first thing is that the effort of the system is to repel the foreign element. And in therapy, that’s called resistance. Has nothing to do with anybody’s hope. It has nothing to do with anybody’s wishes. It has to do with the status quo getting ready to reshape.

And here is where many therapists fall on their face. Because they think that the repelling means that people don’t want it. It has nothing to do with that. Many people think resistance means that people don’t want it. No.

What’s happening is that the system is going into something new. And this is a form of protection—protection for the old. And this is the place where therapists have to have the greatest amount of patience and the greatest amount of ability to make contact with everybody that’s around. Because it’s your ability to make contact at that point in time that’s going to make it possible for you to go further. Because we’re getting ready for stage three.

Stage three can’t happen until stage two has really been developed,
meaning that you now are at least included. Now, think a minute. If a therapist has to feel—oh, I want to be—if people have smiles on their faces and do everything I want to do, then I’m in. And if they’re not, then there’s something wrong.

I have spent a lot of time with therapists, knowing that they have to stand on their own feet without any kind of feeling of reward or that they’re doing anything. Because at this point, they are totally on their own. They would be in the same position as if they went to a place where they didn’t know the language. That I took you in a helicopter, blindfolded you first, took you someplace, you didn’t know the language, you didn’t know any of the names of the cities, you didn’t know anything, and plopped you down. All right, what would happen? You would try to translate everything that you saw into something that you knew before.

And that’s exactly what happens with trying to keep a balance. That’s what is called the sucking in of the therapist. The system is trying to keep its own identity. And so it tries to bring the therapist in—have them take sides if that’s what goes on in the family. Have them to deny certain things, if that’s what goes on in the family.

And so, the therapist here—it takes a great deal of awareness on the part of the therapist, and standing on their own feet, and a knowledge that this is not personal at all.

It’s not any different from when you want to change a habit. Any of you try to change a habit? Do you know how hard you have to work on changing a habit? Because it’s ingrained, so to speak, and you have to give yourself all kinds of reminders. And the therapist has to do the same thing. But a lot of people have made a lot of negatives out of this. Oh, I thought you wanted treatment? I thought you wanted to get better? This doesn’t sound much like it.

And so easily, the therapist at this point can make a war out of this instead of seeing that we’re just doing the human things. All right.

Now, once the therapist has made a place, even if it’s a little place—like when you work in protective services, when you work with families where their kids are abused and some state agency or city agency sends somebody out because somebody’s abusing their kids.
They have to work through all of this. Here’s an additional point in that. But it’s still the same principle. You still have to get yourself there so that you can do something.

And one of the things that I found—and I’m going spend another minute on this one—another thing that I found is that people try to make themselves into something that will be acceptable here instead of—so they pussyfoot. And instead of maintaining themselves and allowing—now I’m going to use another concept—allowing strangeness to be translated into something understandable. All right. Now, let’s say we’ve made that. Now, we go to stage three.

And stage three is now the status quo having been disrupted. And what happens is that now chaos is reigning. Nothing is like it was. You can’t predict—because it’s all changed. And neither is there a new order.

And this is a limbo period, right here—limbo. That limbo period is a time which people used to refer to when they did crisis counseling, as a very important time because everything was open. And why, when we have these crisis lines people call up, and somebody can do something at that moment in time, because it’s in limbo period.

Momentarily, the system has opened itself up for something new. Sad part of what we have often done has been to say, “Wait two weeks.” By that time it closes up again. But anyway, this is a limbo period.

Now, people think when the chaos comes that this means that you’re failing. Because everything that has happened in the family before is going to happen worse at this point. People are going to threaten leaving if they—I remember a family where there was a schizophrenic person—person who showed schizophrenic behavior—father threatened a heart attack. The mother threatened leaving when this was open and there was a new chance.

And if I had thought about that as those people—given that a personal meaning, that these were these people that didn’t want this to happen—I would have done much differently. I knew we were in chaos. There was no way for people to gauge things.

Now, here’s another place where the therapist has to be there and has
to be patient. And one of the things in this period, for it to move into a way, is that, what I do is, I allow no changes to take place that cannot be—or no—yeah, no changes that take place that cannot be executed in 2 seconds, or 10 seconds.

Like if somebody at this time says, “Well, I’m going to divorce.” Or, “You’re not going to go out for another year.” And what I do at that point, and I read the feelings back and say what I’m hearing them say is that they’re at a point of whatever it is. And that what we need to do is understand more about it and give no validation to what they’re saying they’re doing.

Because that’s their effort to try to handle the chaos. But there isn’t enough information. Because most of what they have is in this part, at this point—that is, all of their experiences in this part. When you hear people say, “Well, yeah, it’s different now, but wait.” How many of you have heard that? All right. What that is is there hasn’t yet been a collection of enough new material. So this becomes a period in which many people run for cover backwards. This is the period that says whether we’re going to go ahead or not. This is a period where the therapist models tremendous things.

And when you look at my work, you will see that over and over again. You look at the family with a drug addict. You look at the kid with a delinquent situation. And when I get to the chaos period, how I’m right there touching people and giving them ways at which they can feel nurtured and cared for so they can move ahead. And I watch this period very closely. Because this is an essential period here. And again, the big thing the therapist is doing here is modeling—modeling new behavior. I remember, as an illustration, I had a family got into this period, and the man started to talk about how he wanted to kill his wife.

All right. Now, instead of me—which I might have done several years earlier—say, oh, no, no. You can’t do that. I said. “Well, how are you planning to do that?” And he told me some ways. I said, “Could you think of some other ways?”

Then I said, “What I’m hearing you say is somehow you’d like to get rid of what you call her chatter. Because what I hear is your ears”—
”Yes, that’s what it is.” “So maybe we can think of some ways about how that can change for you.”

And I didn’t tell him he shouldn’t murder. He didn’t. He didn’t have to. But I could’ve worked it out so he might have been very close to it. Do you see what I’m saying about that?

All right, so we go to stage four now, which is the practice stage. A lot of people try to accomplish this by homework, see, and by my connecting with you, and all of the you in the family. And giving some kind of a context about experimentation and observation so that you can go and find out about it. Never mind if you do it right or not. But to give the idea to try out some new things. And by this time, goodwill has happened. So all kinds of creative things happen under the practice aegis.

Now, once practice—let’s look what happened. Let’s say we started here, and let’s say this is a 15-year-old family. Fifteen years this family has been, and they’ve been developing this. So here’s the status quo. Now, all those 15 years, many, many transactions have gone in. Now, in a space of 2 hours or 3 hours here, they have learned something else, which means that they now have to develop enough experience with that so that at least it matches this or that it goes beyond it.

Now, the interesting thing and the nice thing is you don’t have to spend 15 years learning something new. That’s what’s so great. You might have to make 15 minutes, 15 hours, 15 days, but not 15 years if you know how to do that.

So the underlying universal of this is something that we all know. What we’re used to doing becomes automatic, and it’s like it’s our world. So in order to change that, we have to bring it back to a new awareness and then put in the things that are going to help us to do what we want to do consciously and then set about adding a new pieces. And that’s true with any kind of learning. And so now we’re into, on the change process, a very important piece which I believe. And that is all therapy is new learning. All therapy is new learning and follows the same principles as learning.

All right, so we’re here now in stage four—in a practice. We’re
developing things.

Now, in the fairy tales, you learn how to do it, and everything is fine ever after. I guess you know that. In life, that’s not so. In life, there are some things that we do and they’re ever after, fine. But actually, life does something like this: We go through this kind of thing many times with different forms. See, if we looked at life as a matter of developing all kinds of ways without always having awareness of it, which I think happens, then when we find something that doesn’t fit, and we develop awareness for it, then what we have to do is see whether or not it fits. I cannot know whether something I’m doing, that I don’t know that I’m doing fits until I know that I’m doing it. Now, that could pass for double-talk, but it isn’t double-talk.

It’s the same kind of thing that happens as when you say to someone whose voice is loud, “Your voice is very loud.” They don’t know that it’s loud. And when you put it on the tape recorder, they listen back and say, “My goodness, it is loud.” Why don’t they know? Because that has become something that has been so integrated in them, they aren’t aware of it. They don’t even hear themselves. And one of the other things is we don’t hear ourselves and we don’t see ourselves. And that’s one of the things, then, in bringing to awareness what we are doing. Allowing ourselves in, through videotape or through good feedback or whatever it is—through exercises—to help people to come to that awareness of what’s going on. On the principle that you’re developing awareness, you are not discovering badness. That is so important.

This is a little illustration. I had a woman one time with her son, and she was telling me in a loud, loud voice how her son was always yelling. And he was coming back in a very soft voice. So I had my tape recorder on. At a certain point, I said, “I’d like to play something back to you.” And I played this back. And I said, “I’m just aware that you were doing the yelling. Do you hear it?” She said, “I never, ever realized it.” Well anyway, those things are important.

Now, let me go back to this. I have essentially looked at four stages here. Four stages that have to do with developing change. So let’s imagine here that we have now the rudiments of change. That this is what has to happen. We have to go through these processes in order to
get change. It’s the same thing as if you were trying to develop a skill in pole vaulting. There are certain things you have to learn.

And if we begin to look at this, then, in terms of learning rather than in good or bad behavior. And then the next thing we looked at is that people are only doing what they’ve learned. And then we think about human beings in the world having children at the level in which they’re only teaching them what they know. Then we can begin to have this empathic, real connection with people, which to me is essential.

So now I’d like to add one more concept to this one. I’ve spoken here about the fact that the therapist is absolutely the leader—the initiator—of the change process. There’s no way to be out of that. How do you do that?

When we were first starting therapy a long time ago, here was a therapist and here was an individual. And the therapist was supposed to do something to that person. However that initiation of process was experienced, that’s what would happen. All right, there was the individual, OK? All right. Then we had a payer and the therapist. I’ll mark this here. The therapist was to do something here, however that happened, so that what happened between these two would be different. OK, that’s called couple work. And that could be marital pair, or it could be a husband/wife—a marital couple—a marital pair or a parental filial couple—a parent/child.

Or we have a family. And this is a therapist here. And these are people in the family. Now, the therapist being able to relate to each one, and then being able to relate to how they relate to each other. And what you begin to see is that’s the picture of the process in a family—in any group. And the same things will apply in change. Identical things will apply. The process will apply. The same ingredients will apply. What are they? That we have a healthy respect for the present status quo, that it is in balance. And the prices that people are paying are known to them and accepted by them. Not liked by them, but they don’t know what else to do. Because you’re such low self-worth.

Therapist comes in—and this has also the backing of a tremendous—of having lived through it. So that there had been many transactions. All right. The addition of the foreign element, which is tough going—
tough going because it is asking—and all of the responsibility rests on the therapist for allowing and making it possible to come into their system and not be thrown out.

All right. Therapist very much in charge of themselves. And in a funny kind of way to, be in charge—what I say to myself—I’m absolutely in charge of the change process, but I am not in charge of the individuals that are in it. OK?

And then to look at the model aspect of the therapist. What does the model aspect do? It reaches the inside of people to say that there is a way. And most everybody that I have ever met anywhere, inside, understands congruency of a therapist but never believes that it could really happen. And it is not new to them. It’s just they put it unavailable to them.

There’s not one thing in all of this that people don’t know. But they behave as though it couldn’t happen. I could do nothing, and neither could you, as a therapist if you thought you were bringing something different. You’re not. You’re waking up what people have—suggesting new uses and new possibilities.

All right. So now, as you come to the chaos period, you are like the balance wheel at that point in time. And helping to hold people’s hands—and my vision of it is that I’m sitting—there’s a whole lot of people here, and we’ve got this balance wheel. And I’m sitting here like that. I have my hands with everybody. And they have their hands with each other. And we are moving through into a new place like this. And then we get to the new place. Now we have experienced something. But now we have to build up experience to tell ourselves that that new thing can exist.
Video Credits

Special thanks to Virginia Satir for sharing her expertise.

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Virginia Satir (1916–1988) was an American author and psychotherapist, known especially for her approach to family therapy and her work with family reconstruction. She is widely regarded as the “Mother of Family Therapy.” She is also known for creating the Virginia Satir Change Process Model, a psychological model developed through clinical studies. Her most well-known books are *Conjoint Family Therapy*, 1964, *Peoplemaking*, 1972, and *The New Peoplemaking*, 1988.

Ramon G. Corrales, PhD, Interviewer, is a renowned author, self/leadership development expert, corporate consultant, and life/executive coach. Dr. Corrales received his doctorate degree in sociology from the University of Minnesota, with specialization in family sociology and organizational dynamics. He devoted the first part of his career to family therapy and family business. More recently, he has developed his own method for coaching and leadership team building. Dr. Corrales has devoted his career to the pursuit of several main passions: self-mastery, leadership mastery, relationship mastery, and spiritual mastery.

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**Therapeutic Issues**

ADD/ADHD  
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Happiness  
Anger Management  
Healthcare/Medical  
Alcoholism  
Infertility  
Anxiety  
Intellectualizing  
Beginning Therapists  
Law & Ethics  
Bipolar Disorder  
Parenting  
Child Abuse  
Personality Disorders  
Culture & Diversity  
Practice Management  
Death & Dying  
PTSD  
Depression  
Relationships  
Dissociation  
Sexuality  
Divorce  
Suicidality  
Domestic Violence  
Trauma  
Eating Disorders  
Weight Management
### Population

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents</td>
<td>Latino/Hispanic</td>
</tr>
<tr>
<td>African-American</td>
<td>Men</td>
</tr>
<tr>
<td>Asian American</td>
<td>Military/Veterans</td>
</tr>
<tr>
<td>Athletes</td>
<td>Older Adults</td>
</tr>
<tr>
<td>Children</td>
<td>Parents</td>
</tr>
<tr>
<td>Couples</td>
<td>Prisoners</td>
</tr>
<tr>
<td>Families</td>
<td>Step Families</td>
</tr>
<tr>
<td>LGBT</td>
<td>Therapeutic Communities</td>
</tr>
<tr>
<td>Inpatient Clients</td>
<td>Women</td>
</tr>
</tbody>
</table>