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A Recursive Frame Analysis of Virginia Satir's "Of Rocks and Flowers" Session

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Abstract

Utilizing both the transcript and video, this article tracks the analysis of the 1970s Virginia Satir therapy session "Of Rocks and Flowers" in which Satir is working with a family whose children have been physically abused. Readers can access the full transcript, video, and partial video of the session at (AVANTA, 1998; Golden Triad Films, 1986; PsychotherapyNet, 2014) respectively. The session depicts a family consisting of a husband, a wife who is expecting a child, and two young boys, who are the biological children of the husband. The wife fears that her husband's biological children will harm her unborn child if she remains in the home. She would rather leave the family than risk this danger (AVANTA, 1998). Given Satir's success with this common presenting family complaint, the authors utilized Recursive Frame Analysis (RFA) (Keeney, 1990) to analyze her systemic participation in assisting the family from moving from an impoverished problem-saturated context to a resourceful context. RFA was selected due to its lineal and circular focuses of analysis. It is lineal in the sense that it can assist in tracking lineal movement during a session by dissecting the session into frames, galleries, and/or acts (or therapeutic contexts). It is circular in that all elements of the interaction can be analyzed and dissected as a whole (Keeney, 1990; Keeney & Keeney, 2012). The readers will then be introduced to Satir's therapeutic approach, RFA, and to utilizing both to enhance awareness of their own therapeutic behaviors and impact on clinical outcomes.

Keywords

Virginia Satir, Recursive Frame Analysis (RFA), family therapy

Note: Quotes included for analysis have been taken directly from the following resource as indicated within the text: AVANTA The Virginia Satir Network. (1998). *Of rocks and flowers dealing with the abuse of children: A written companion of the video "Of Rocks and Flowers."* Burien, WA: AVANTA The Virginia Satir Network. Film transcripts reprinted with permission Pyschotherapy.net.

Introduction

Virginia Satir, “one of the pioneers of family therapy” (Banmen, 2002, p. 7), has strongly influenced the field of therapy since the publication of her first book, *Conjoint Family Therapy* in 1964 (Satir et al., 1991). Her passion for seeing multiple family members together in the era of the individual approach, “helped her to intervene at the systems level” (Satir et al., p. 2). Believing deeply in human equality, early on in her career Satir “often saw people with whom nobody else wanted to work” and “treated clients who had not moved beyond their predicaments despite how many hours of other therapy” (Satir et al., p. 3). Although no single article could capture the extensive influence of Satir’s efforts in the field of family therapy, the authors invite the reader to take this journey into the therapeutic realm of Virginia Satir through the vehicle of Recursive Frame Analysis (RFA) (Keeney, 1990), a form of qualitative research, in the hope of gaining a new depth of insight into the essence of her work, still highly relevant today.

Virginia Satir’s impact on the world of family therapy is well documented in various works of literature, including books devoted to her therapeutic approach, articles describing her practice of maintaining one’s uniquely human qualities, and videos that capture the core of her therapeutic nature (Satir, 1967; Satir, 1983; Satir, 1988; Satir, Banmen, Gerber, & Gomori, 1991). However, utilizing RFA (Keeney, 1990) to track Satir’s healing methods will offer a fresh look at a therapy session depicting a topic which plagues the consultation rooms of far too many practicing clinicians today: the physical abuse of children. According to U.S. Department of Health and Human Services Childhood Maltreatment Report (2013), reporting on the year 2012, “there were nationally estimated 686, 000 victims of abuse and neglect resulting in a rate of 9.2 victims per 1,000 children in the population” (p. 19).

Purpose of the Recursive Frame Analysis

RFA was selected due to its lineal and circular focuses of analysis. It is lineal in the sense that it can assist in tracking lineal movement during a session by dissecting the session into frames, galleries, and/or acts (or therapeutic contexts). The acts allow the analyst to see how the therapist intervenes in moving the client(s) from an impoverished frame to a resourceful frame, by way of a fulcrum act that holds both the problem and resource frame. It is circular in that all elements of the interaction can be analyzed and dissected as a whole. Descriptions such as frames, galleries, and more recently, acts, are utilized given Keeney’s belief that therapy is more of an art form akin to a performance than to a science (Keeney, 1990; Keeney & Keeney, 2012). In the same way Keeney likens therapy to a performance, utilizing the therapist themselves, RFA is an analytic tool which allows for the subjective punctuation of the analyst. Other analysts may therefore dissect sessions differently and pay attention to frames and wording that others would not.

The use of RFA specifically allows for the breaking down of Satir’s work with the family into frames, and three therapeutic contexts known as galleries or acts, offering the reader insight into the stages of therapeutic movement of the session (Keeney, 1990). According to Keeney (1990), “a frame indicates the contexts a client and therapist offer each other” (p. 42). In other words, a frame encapsulates a particular therapeutic context, which may lead to another frame, or particular therapeutic context.

A gallery, however, is made up of many frames that are relevant to the same theme, or "a framing of frames" (Keeney, 1990, p. 56). Whether galleries or acts, RFA encourages analysts to see sessions as having three distinct yet interconnected parts; an impoverished context in which the family presents the problem (Presenting Gallery or Act 1), a fulcrum context in which the therapist introduces resourceful ideas within the family's problem frame (Resource/Bridging Gallery or Act 2), which allows for a context in which the family can see a resourceful future free of their problem (Therapeutic Gallery or Act 3) (Keeney, 1990; Keeney & Keeney, 2012).

Recursive Frame Analysis allows for the capturing not only of frames and galleries, but of openings, which is a therapeutic move described as "an open door facilitating a smooth transition from one gallery to another" (p. 43). Therapeutic moves refer to "the rhetorical maneuvers or clinical techniques used to move a session toward becoming therapeutically resourceful" (Keeney, 1990, p. 54), helping constitute the progression of a session toward a therapeutic gallery.

Keeney (1990) describes Recursive Frame Analysis as, "a way of outlining, notating, or scoring therapeutic conversation" (p. 41). Therefore, in this case, this progressive description identifies specific points in the therapeutic dance that move Satir and the family forward in their journey, and allows conclusions to the following questions to be offered: With what theoretical framework, and/or relationship strategy does Satir approach this case? How does Satir guide the family from the emotional weight of their presenting problem to the hope they have for the future?

Significance of the Study

Few presenting problems are as devastating or are as sensitive to approach therapeutically as child abuse. Therefore, this study's significance lies in its pursuit of the seemingly elusive "depth and significance" of Satir's work as she addresses this serious presenting problem (Banmen, 2002, p. 8). Satir (1998) stated in the opening pages of her book *The New Peoplemaking*, "It is now clear to me that the family is a microcosm of the world. To understand the world, we can study the family: issues such as power, intimacy, autonomy, trust, communication skills are vital parts underlying how we live in the world" (p. 2). By utilizing RFA, the reader will not only gain insight into Satir's methods with this family that may be useful in working with families of abused children, but also into the workings of the world, helping us all to see the commonality of our humanity more clearly.

Virginia Satir

According to Banmen (2002), "Few family therapy authors have captured the depth and significance of her contributions" (p. 8). The works of Virginia Satir as well as those dedicated to moving forth her approach and influence in family therapy are vast and influential. In fact, according to Haber (2002), "She is the classic example of a pebble in a pond that created many ripples. Her circle of influence has made significant contributions to fields such as addictions, couples enrichment, family medicine, depth psychology, organizational development, and humanitarian politics" (pp. 31-32). It is also beyond the scope of this article to capture the magnitude of Satir's work and her contribution to the field of family therapy. Instead, the authors focus on specific areas that the literature attributes to Satir's realm of influence which seem to guide this session, including her emphasis of relationship over models,

her high regard for the common ground we all share as humans, her belief in humanity's ability to both find community and make changes, her perspectives on communication, and her use of self in therapy including, modeling, teaching, and touch.

Virginia Satir's Therapeutic Process: Relationship over model

When summing up her book, *Conjoint Family Therapy*, Satir (1983) states "I have tried to cut through the barriers between disciplines, forms, and models, and take a look at the basic process that occurs in all relationships involving human beings, with particular emphasis on the therapeutic and family relationships" (p. 229). She goes on to say, "There is nothing sacred in a formula or model. The important thing is always the understanding and use of the formula in the here and now" (Satir, 1983, p. 229). In line with her call to emphasize the present situation with the client and remaining focused on the relationship with the client, Margarita Suarez (personal communication, April 23, 2012), who served for many years as the Executive Director of AVANTA: The Virginia Satir Network, explains her belief that Satir would want her therapeutic legacy to be that she "valued relationship over models and that a therapist must be genuine at all times."

Humanity, Hope, Common Ground

Haber (2002) explains that, "Satir's work consistently juxtaposed the interactions of self, other, and context" (p. 25). In other words, Satir seemed to value the unique qualities shared by all humans for both client and therapist. In her own words, "People living humanly are willing to take risks, to be creative, to manifest competence, and to change when the situation calls for it" (Satir, 1998, p. 3). She goes on to say, "When you add all this up, you have physically healthy, mentally alert, feeling, loving, playful, authentic, creative, productive, responsible human beings" (Satir, 1988, p. 3). According to Satir, these qualities are a vital pursuit for both therapist and client. Satir also believed in the value of self-esteem (Satir, 1967, Satir et al., 1991), and that "we all have the internal resources we need to cope successfully and grow" (Satir et al., 1991, p. 16). Therefore, it seems that Satir hoped to help clients achieve for themselves the same resourceful and positive perspective she had of them. Along with this valuing of the human condition and perspective of inner resourcefulness, Satir underscores the value of hope as essential for change, stating, "Hope is a significant component or ingredient for change" (Satir et al., 1991, p. 16) and "Therapists can convey the hope that we all have the capacity to learn anew at any stage of life" (p. 95).

In keeping with an avoidance of a one-size-fits-all mentality and maintaining a call for genuineness, as well as valuing the relationship, according to Haber (2002), "Virginia Satir's model of family therapy begins with the utmost value and respect for the uniqueness and miracle of each individual. She often commented that although we have many similar parts, there are no two people exactly alike" (p. 23). Furthermore, Satir et al. (1991) suggested that, "People connect on the basis of being similar and grow on the basis of being different" (p. 17). Therefore, the most basic connection at the level of one's common humanity can bring about both unity and growth in various seasons of life and stages of therapy.

Communication, Interaction, and the Use of Self

In her book *The New Peoplemaking*, Satir (1988) made the following statement in regard to communication:

“...By the time we reach the age of five, we probably have had a billion experiences in sharing communication. By that age we have developed ideas about how we see ourselves, what we can expect from others, and what seems to be possible or impossible for us in the world. Unless something powerful changes those conclusions, that early learning becomes the foundation for the rest of our lives” (Satir, 1988, p. 52).

With these things in mind, Satir valued modeling desired behaviors for clients, with the hope that through their interaction, new ways of communication, both verbal and nonverbal, could be introduced. She also believed in encouraging clients to put these new skills into practice, helping the clients to validate intended meanings while still in the room with her. In doing so, she helps to facilitate clear communication (Satir, 1967).

It appears that touch has been an important part of Satir's healing process since the beginning of her work, as Haber (2002) reports, “Her first social work position was at an orphanage....She found that holding was much more effective than endless hours of talk therapy” (p. 26). Even though Satir was skilled in the art of talk therapy, it is evident that her use of touch and her use of self in therapy were an important factor in her method of healing. In today's therapeutic styles given changes in cultural attitudinal shifts regarding physical touch since the 1970s, when “Of Rocks and Flowers” was conducted, therapists of today could benefit from being reminded of Satir's humble and hands on approach to healing and her valuing of every person's basic humanity.

Virginia Satir with “Of Rocks and Flowers”

According to the case backgrounds provided by Haber (2002) and (AVANTA, 1998), in this first session “Of Rocks and Flowers” (Golden Triad Films, 1986), Satir works with a family of four, including Bob and his pregnant wife Betty, ages 36 and 27 respectively, Bob's two biological sons with his ex-wife Marsha. Aaron is four and Robbie is three years old. Bob currently has custody of the two boys related to allegations of abuse by their mother. Bob, Betty, Aaron, and Robbie have been a family unit for only about a year. While Bob is determined that the blended family include his two boys, Betty would prefer to leave the family rather than risk Robbie and/or Aaron harming her unborn baby. Haber (2002) suggested, “Although the children were presented as perpetrators of uncontrollable violence, Satir saw them as inherently benign, albeit victims of violence. ...Her goal was to provide an antidote for violence with nurturance and boundaries” (p. 31). Haber (2002) briefly offers his own insights into the techniques and use-of-self shown by Satir in “Of Rocks and Flowers.” These analyses are included in the comment sections of the appropriate galleries of the present study.

Data Analysis Procedures

According to Keeney (1990), “Creating a clinical case score requires identifying the progression of galleries, noting the openings, and keeping track of any interesting or relevant conversational moves”

(p. 46). Through multiple viewings of the session as well as familiarization with the transcript, the authors broke down the session into frames and galleries according to the therapeutic context existing between Satir and the clients as well as the therapeutic movement through the session. The authors carefully analyzed the dialogue to identify shifts in topic of conversation as well as shifts in the speakers in order to identify the different therapeutic frames, openings, and galleries/acts. Although there are certainly more frames within each of the galleries than those presented, and potentially multiple openings from one gallery to another, the authors selected certain frames and openings which seemed particularly significant to the progression of the session based on Satir's beliefs about therapy as demonstrated in the comment section after each frame. Thus, the authors, offer glimpses not only into the methods of RFA but simultaneously into the therapeutic worldview and skill of Satir by utilizing the exact wording of the session to highlight the subtle manner Satir guides the family away from the problem context to a therapeutic and hopeful context by simultaneously holding both until the family is ready to move with her to the therapeutic gallery.

Case Analysis

Presenting Gallery

Frame: Betty's goal dialogue¹

VIRGINIA: What I would like to know is what you would like to have happen for you as you look over your family, yourselves and what is going on right now and maybe we could start there.

BETTY: What I would like to have is, see the children calming down, to see the physical violence moving down, there is a lot of physical violence that goes down with them. We have a baby on the way, and they've been known to hurt babies, and I have a lot of fear over that. So the things we're trying to work on is to get the physical violence down and to get them to where they want to mind; they just don't seem to want to mind.

BETTY: We have a baby on the way and they've been known to hurt babies, and I have a lot of fear over that.

VIRGINIA: Could you just help me out a little bit Betty with what you mean when you talk about physical violence and who is doing it and what seems to be the picture?

BETTY: It's both of them doing it.

VIRGINIA: You are talking about Aaron now and Robbie.

BETTY: Robbie picked up a big stick and hit the dog over the head, knocked the dog down on the ground literally. She is pretty fair sized too. He held a two-year-old baby down, Robbie was choking him by the throat, and Aaron was beating him in the face. (AVANTA, 1998, p. 6)

Comments from presenting gallery: Betty's goal

¹ The titles used for the frames have been derived from the thematic content of conversations occurring during respective portions of the session.

Here Satir begins the interview with a line of questioning reflective of her belief in the importance of hope (Satir et al., 1991), conveyed through the implicit message that something can change, evident in both the opening question and in the non-assumptive and non-judgmental stance of her follow-up questions and responses. This opening question allows Betty to explain her expectations for the therapy process (Satir, 1967). This section of dialogue is included in the presenting gallery as it gives a concise description of what Betty would like to have happen as a result of therapy.

Frame: Dialogue for Bob's goal

VIRGINIA: I can feel and I can also feel a scare. I did feel the scare as I was watching what you were doing, and Bob where are you in relation to what Betty hopes for?

BOB: Well I would like to see them back to the norm. I have been working trying to get them back to the norm and its getting [*sic*] even putting them backing in a normal situation. And you can put them in a normal house, but it's not taking care of the subconscious things. And I don't know how to attack those things. You know I can get them to eat right, I can get them to go up and down the steps right, well Betty does most of it. But, you can get them to do all the surface things right, but it's not changing their little heads, and I don't know how to attack that. That's one of the reasons we started going to Crosspatch in the first place.

VIRGINIA: You know right now I just want to say "congratulations" to you for so early recognizing that there's more than just the normal situation. There are special things that have to happen for some old learning's [*sic*] that have taken place. Uh outside of this Bob, was there something else that you would like to have happen for you?

BOB: Oh, I would like us to all get along real well, cause Betty is scared to death.

VIRGINIA: Yeah.

BOB: I don't know what is going to happen if the baby comes and these guys are the same way.

VIRGINIA: Could you for a moment entertain the possibility that you can be effective, you and Betty, can be effective in making things change, that you can be a very special force in that; even if you don't at this Moment [*sic*] know how. Can you accept the fact that you can be?

BOB: We are the primary leaders of change. You gotta have someone else give you the ideas and then you do it

VIRGINIA: I feel that too about you... (AVANTA, 1998, p. 8)

Comments from presenting gallery: Bob's goal

As in Satir's line of questioning with Betty in the previous section, Satir maintains a focus on what the clients are hoping for (Satir et al., 1991), by asking where Bob stands related to the hopes and possibilities that Betty expressed. As suggested by Satir et al. (1991), Satir is maintaining a "focus on health and possibilities instead of pathology" (p. 16). At this point Bob finishes explaining what constitutes a problem for him, including his inability to get his children "back to the norm," his

recognition of Betty's fear, and his uncertainty regarding the safety of his unborn child. Virginia, then, immediately begins presenting hopefulness and the possibility of a more pleasing and safe future, thereby setting up her re-education framework with which she will eventually conclude the session. Perhaps this speaks to Satir's (1988) belief that people learn from the lives they have lived and that intervention can change the sum of their collective experiences (Satir, 1988).

Demonstrating her therapeutic premise regarding the internal resourcefulness of people (Satir et al., 1991, p. 16), Satir empowers the parents by congratulating them on recognition of the nature of their children's behavior and validating their concerns and fears, perhaps in hopes of increasing their self-esteem (Satir, 1967; Satir et al., 1991). She responds to their feelings of defeat by asking them to consider the possibility that they can be effective in bringing about a change in their family, picking up on their previous messages which indicated that they presently do not (Satir et al., 1991). In doing this she invites the family to take on her own belief that, "change is possible for all of us" (Satir et al., p. 92). It is by setting up this re-education framework or "opening" (Keeney, 1990) that the session moves from the presenting gallery to the bridging gallery. It could even be concluded that Satir was already looking toward the therapeutic gallery, or Act 3, in this first Act, as her utterances simultaneously hold elements of the problem and the resourcefulness needed for the therapeutic gallery, a therapeutic move usually indicative of the bridging gallery, Act 2. This could be indicative of the subjectivity of RFA (recall that other analysts could dissect the session much differently) and/or the genius of Satir in that she saw glimpses of how to intervene with this family from the very beginning of the session and therefore set up the therapeutic frame from the very start.

Bridging Gallery

Frame: Bottom line stand off dialogue

BOB: You know I don't want to send them back to Marsha and you also know that I want to do everything to keep us together, it's just that I don't know what options we got. I don't, know what options we got, maybe we can come down to therapy treatment center comfortable, [*sic*] but we're going to think of something because we are not going to break up the unit for it. We're not going to break up this family.

VIRGINIA: What are you feeling right now after talking directly to Betty.

BOB: I don't know I don't get on things that quick, it takes me a while.

VIRGINIA: I just wondered what the experience is like for you to tell her that.

BOB: I've done it before, we've been through this several times already, so the first time it hurts, it hurts.

VIRGINIA: I heard you say three things to her, and I heard you say, "Betty, I will turn heaven and earth so that we don't separate," and then I heard you say, and "I don't want to lose anybody," and the third thing that I heard you say, "I don't know what the plan is, but I will try to make one."

BETTY: I understand everything that has been said because we have talked about it. I also understand that I've waited a long time for this baby, longer than before we came. I won't let these guys or anybody else hurt my baby, I don't care how much I love them, I don't care how much I love them.

VIRGINIA: This is important for you to know that you have the bottom line, you need to know that you have the bottom line; and the bottom line is you may not hurt, you may not hurt our baby. For him, and to her, and to him you may not, now how do you feel about standing firm on that?

BETTY: I feel very strong towards that, I will stand for it. We've talked and I've said if something doesn't change, if this behavior doesn't change, I just feel like I can't endanger the safety of this baby. I've waited almost nine years for it. (AVANTA, 1998, p.14)

Comments from bridging gallery: Bottom line stand off

Having set up the re-education framework, Satir narrows in on each of the adult clients' bottom lines, or the things on which they are unwilling to compromise. She utilizes these to glean important insight into the differences they represent as well as the similarities that may be present. As Satir elicits both Bob and Betty's bottom lines, she brings alive in the room her belief that "to help change any system of interacting people and events, one needs to search for connections without judgment or blame" (Satir et al., 1991, p. 10). As Satir utilizes this to move forward in the session toward the therapeutic gallery, this frame or "opening" (Keeney, 1990) represents one portion of the bridging gallery, offering a bridge between the presenting gallery and therapeutic gallery, or Acts 1 and 3, by simultaneously holding elements of both.

Frame: Three versus one child dialogue

VIRGINIA: Could you share with Betty now what you just heard her say what that meant to you?

BOB: That means that I don't lose two boys, I lose you, and another baby. My children are very important to me. I want all of them. It hurts just as much to take that one. I gave one baby up for adoption, and it about killed me. I'm not giving up no more babies not unless I can and can't get around it. It hurts just as much for you to take that child as for me to have these children leave. I'm not giving up any more babies, unless I just have to.

VIRGINIA: What do you hear in that bottom line with him?

BETTY: I'm hearing that unless it comes down to it that he is not giving up any more children. I feel very strongly that it will come down to it, and that the decision will be yours. That's not a matter of testing love or what love is stronger or who loves to minimize, it's a matter of I won't jeopardize the baby.

VIRGINIA: Now, I hear your bottom line coming up again. Can you appreciate the bottom line on this?

BOB: I can't appreciate this, but I don't always appreciate your presuming that that's the way it's going to be. You already made up your mind that it's what's going to be, and now what you're doing is filling in the information to make it correct.

VIRGINIA: Am I hearing you correctly Bob, that Betty, at this moment sees no way that Robbie and Aaron can change, and so therefore, she will have to put up with this horrible, horrible decision that if she has to take her baby, and herself away from you. Is that what you think she is talking about.

BOB: Yes

VIRGINIA: Ask her if that is what it is?

BOB: Is that the conclusions you already drawn?

BETTY: That is the conclusion I've drawn. That in the time we've been together with the boys almost a year, and to these therapists that nothing has changed, I mean they have reached a point where they were getting better, and they stopped, and they are stagnant in their growth, and they are not any better now they're regressing to where there [*sic*] aren't minding again.

BOB: They appear to be stagnant you only choose to see the negative.

BETTY: I can see only what I can.

BOB: You see what you want to see.

BETTY: I see what there is.

VIRGINIA: Now, I'd like to separate this out a little bit because then I can be on those sides with you. You are talking about three children, and Betty is talking about one. You are talking about a situation which was pretty miserable for you before and daddy is talking about a miserable situation in which life was not respected, wasn't respected. Betty and her marriage didn't feel respected and you in your marriage, and I imagine that you were the kind when you got drunk you beat up people? You weren't like that. Okay. So that this whole thing is rising out of some pretty horrible feelings of low dignity of people, and I hear the rising saying that it is not going to be that way anymore. I hear you say that, and I hear you say that. Do you believe that? You don't want to have any more of this kind of stuff. (AVANTA, 1998, p.17-18)

Comments from bridging gallery: Three versus one child

Here Satir brings full circle the connecting factor (Satir et al., 1991) of both Betty and Bob's desire to protect each of their children as well as their mutual disregard for abusive behaviors by suggesting that while Betty is talking about the safety and what is in the best interest of one child (her unborn baby), Bob is talking about the safety and best interest of three children (Robbie, Aaron, and his unborn baby). As suggested by Satir et al. (1991):

“Each person is unique in his or her combination of human sameness and differentness. No two people have the same fingerprints, yet we are all so alike that a surgeon can operate on any human being and find the same relationships among the person's internal organs” (p. 10).

Satir draws on the couple's common humanity and their collective value for their family to build the bridge from the presenting gallery to the therapeutic gallery, embodying this idea presented by Satir et al. (1991): “When people perceive their equality of value and are conscious of their uniqueness and sameness, they accept and welcome change” (p. 13). Therefore, this point of unity and common value provides an opening into the therapeutic gallery.

Therapeutic Gallery

Frame: Modeling/sculpting appropriate touch dialogue

VIRGINIA: [to Robbie] Now I am going to ask your Mommy to come up here, Betty. [to Robbie] Now would you take your beautiful little hands and put them on Betty's face, would you do that? Just like that. Now, do it some more like that, just hold her like beautiful, just hold her little face. Now could you at this moment let her feel you too?

ROBBIE: Now let me feel you.

VIRGINIA: Just wait one minute now do you think that you could many times a day come up to this lovely lady and give her your hands like that? Could you do that? Okay, now would you come over here Robbie and Aaron will you sit over here? Right here.

ROBBIE: Could I sit right here?

VIRGINIA: [to Aaron] Now, you just stand where you are. Now, could you lean over and put your lovely soft hands on Mother's face and just feel it, just feel it.

AARON: Is that hurting?

BETTY: No.

AARON: Because your [*sic*] Mom.

AARON AND ROBBIE: (unintelligible talking together)

VIRGINIA: Okay, now you like that, and I felt that Betty liked that too. Aaron now lets share hands. Now, all right (Robbie and Aaron have been talking in the background). Now, what I would like to find out from you is could you remember that you could put your hands so beautifully on your Mother's face.

AARON AND ROBBIE: Um -hum.

VIRGINIA: Both hands like this so you hold her, hold her face.

ROBBIE: I hold you, (laughter).

AARON: I...Mom

VIRGINIA: Now, I would like to have your daddy come in. Now, your Daddy has a lot of hair on his face if you'll notice. What you'd like is to make those pretty hands to just go around his face like that so you can feel the touch.

AARON AND ROBBIE: Is that pretty Daddy?

BOB: Um-hum.

VIRGINIA: Now could you ask your Daddy to do that with you?

AARON: Could you do that with me? (laughter). (AVANTA, 1998, p. 21-22)

Comments from the therapeutic gallery: Modeling/sculpting appropriate touch

This section of dialogue is included in the therapeutic gallery, as it constitutes a significant portion of Satir's therapeutic intervention. Satir (1967) believed the therapist to be a "model of communication" (p. 97), both verbal and nonverbal. Parallel to this section of dialogue, Aaron reaches out to establish physical contact with Satir, and as suggested by Haber (2002), "It is important to note that Aaron instigated the caressing touch while Satir gave it a therapeutic shape. She capitalized on his unsolicited touch of her face by making it a family intervention" (p.31). Therefore, Satir utilized the opening that Aaron provided. As she models this appropriate touch, Satir also has the opportunity to implement physical touch as a way of building a deeper connection with the family (Satir et al., 1991). According to Haber (2002), "By consistently referring to the good feeling of the hands when they lovingly enveloped the face, she anchored a new way to make contact" (p.31). By incorporating repetition and allowing each child to establish a loving touch with each parent, Satir "further anchored a new interpersonal possibility for each of them. Yet, Satir realized that their future required more skills than solely relying on nurturing contact" (p.31). Therefore, Satir not only put forth a model of behavior in regards to touch and helped to educate the family in the doing the same, she set the precedent for practicing this kind of touch at home, which she will further emphasize in the next frame.

Frame: Re-education dialogue

VIRGINIA: Alright now, this may sound very strange, yes it's time for you too Robbie, so put your hands on Daddy's face, both of them like you were holding something very special. Because that's there too, those little hands know a lot of things; they need to be re-educated, okay.

Now, there's a lot of energy in both of these youngsters like there is in both of you, and I'm going to talk to your therapist about making some rules for you to have some respite. But, use every opportunity you can to get this kind of physical contact. And what I would also recommend that you do is that the two of you got clear about what you expect, and if you could learn from Betty how you can. How can you get a little attention once in a while.

VIRGINIA: I would like you to be able to get over your message without a don't in it. Without a don't and that your strength in your arms when you picked him up, I don't know if I can illustrate it to you, but let me have your arm for a minute, I want to show you the difference. (Virginia shows with Bob).

Pick up my arm like you were going to grab me. All right, now when you do that my muscles all start to tighten and I want to hit back.

Now, pick up my arm like you wanted to protect me, I feel your strength now, but I don't feel I want to go back like this and what I'd like you to do is lots and lots of touching of both of these children, and when they start then you go over to them and just take them.

But, you have to know in your inside that you are not pulling them like this, but your taking them in a strong way; like you saw the difference (with Bob).

I will demonstrate this to you too. First of all, I am going to grab you like that, you see you want to go back.

All right now, at this time what I am going to do is I'm going to give you some strength, but I am not going to ask you to retaliate.

Now this is the most important thing for you to start with.

Now, I (with Betty), would like to do the same with you, so take my arm really tight, that's right, like you really wanted to give me a what for, okay.

Now, now give it to me so you want to really give me support, but you also want to give me a boundary.

A little bit tight, a little bit tight, now try doing it from the bottom, and putting your other hand on top.

All right, now you're squeezing me a little bit too much, but I won't react; I don't feel I want to do that okay.

These are how bodies react.

So, the next time that you see anything coming what you do, you go and make that contact and then let it go soft. Now, I'd like to, would you get up here so I can (to Aaron) demonstrate something for your Mother for minute.

ROBBIE AND AARON: Okay.

VIRGINIA TO ONE OF THE KIDS: Now, just move over here to the side you won't have to go too long.

VIRGINIA TO BETTY: Now, lets suppose for the moment I'm not thinking and I just take you like that. You see what you want to do. All right. Now, I'm going to do it another way, I'm giving you the same message, but I'm doing it like this and I'm looking at you, and giving you, and I'm giving you a straight message.

Okay, now your body at that point is not going to respond negatively to me it's going to feel stopped, but not negative, and then I will take you like this, lift it up like this, I've got you like this, and now I will hold you like that for a little bit. (AVANTA, 1998, p. 22-24)

Comments from the therapeutic gallery: Re-education

Regarding the way people learn to communicate, we are all shaped by our life experiences and unless there is a "powerful change," these experiences shape the perspective from which we see the world (Satir, 1988, p. 52). This section of dialogue is the embodiment of this premise and constitutes the majority of the family's re-education, through Satir's modeling of nonverbal communication and a prescription to continue this behavior at home through the teaching of the methods she uses (Satir, 1967). According to Haber (2002), "She carefully had the parents demonstrate on her arm how to firmly establish physical limits for their children. She gave clear feedback as to how to be firm without gripping too aggressively" (Haber, 2002, p.31). This gives the parents a practical option and tools for beginning the re-education process with their children. Here Satir solidifies the family continuing the therapeutic frame post-session establishing not only a successful therapy session but an offering of continued and long lasting change.

Frame: Ceremonial commitment dialogue

VIRGINIA: Quite a bit different. All right, now you have to find ways to make the eye contact in a comfortable position. So, as you look now you can see something here now that you can't see when you're down here looking up, and it isn't even seen if you're sitting because your not feeling when... On your feet. Now, when you first came in when I heard you say I will use all my energy to be sure that nothing happens to my unborn child. Now, I am going to ask you to do another thing. I want you to use all the energy and everything your can learn to make a new set of contacts here, and use yourself differently in relation to those children because it can pay off. Now, here you are looking at him, and I'm asking you to do the same.

You are two adults who have lots of stuff from behind. Your bodies too, are educated in negative ways, so now.

BOB: You got that right.

VIRGINIA: Now, think about where you're going to stand when talking to each other. Are you handy with your hands? To Bob - Do you have anything, are you ...?

BOB: Yes.

VIRGINIA: Alright, I'd like you to make a nice stool, a nice big stool, that's big enough for Betty to be on it so she can eye level you on your feet. Now, what I heard you say is I'm going to use all my energy to keep this thing together, okay. And, what I know you've used a lot of intellectual things. [Side conversation to manage children.]

VIRGINIA: Let's pick out only the things that need to happen so you don't have to be nagging parents. You made your commitment. I'm going to use all my energy to see that this holds together, and that is a very grave and important thing. And Betty is doing the same in relation to this one. But, I know from what I've heard that she would, if she has the slightest hope, begin to feel that things would change. She won't get it from looking down at you. Obviously, she has to look across at you. Now, I'd like you to look at him right now. What do you feel when you look at him from up here?

BETTY: I feel love.

VIRGINIA: Yes.

BOB: That that's nice.

VIRGINIA: At least it's important and what do you see when you look at her right now?

BOB: Love.

VIRGINIA: Yes.

Comments from the therapeutic gallery: Ceremonial commitment

This section of dialogue concludes the therapeutic gallery as it not only ends the session, but also signifies a new beginning for the family. In this exchange, Satir has Bob and Betty face each other, eye-to-eye, in a position that resembles a marriage ceremony. Here Satir, further lays out the new method of communication by allowing each of the members to "check out meaning given" to insure a "completed clear exchange" (Satir, 1967, p. 101). As Satir (1967) suggests, "Growth occurs when the system permits it. The therapist, being an integral part of the therapeutic system is intimately involved in the transactions" (p. 182). In this meaningful scene that not only signifies the close of the therapeutic session, but also the hope of a new life together as a family unit we see the beginning of the family's growth through their interaction with Satir (1967). The initially presented negative frame of the family regarding physical touch and danger was transformed into actually utilizing intimate physical touch.

Conclusion

Throughout the course of this session, Satir utilizes her belief in the importance of relationship over model by her perspectives on their common humanity, including the importance of hope, sameness and differentness, inherent resourcefulness and self-esteem. Her beliefs about communication and interaction embodied in her modeling and teaching helped to move the family from the presenting gallery to the therapeutic gallery. In the presenting gallery, Satir helps to establish hope from the very first questions she asks. This is complemented by her efforts to build the self-esteem of the family members as well as awareness of the resources they already possess, by affirming their actions and asking them to consider what their future success might look like.

In the bridging gallery, Satir advocates for the humanity of her clients by validating their emotions and immediately attending to their safety, specifically the three children. In addition, she remained true to her assertion to elevate relationship over model by acting first as an understanding and compassionate human being, then as a therapist, and treating clients first as human beings and then as clients (Satir et al. 1991). Furthermore, she uses this common humanity of each person to establish connections between the family members, specifically Bob and Betty, which preface the new interactional patterns.

Finally, in the therapeutic gallery, Satir not only utilized what was brought forth in the session, but she also used herself, specifically the modeling of touch as communication in interaction. Satir "drew upon her interaction with Aaron to reframe his hands from being a perpetrator of violence to a provider of warmth and good feelings" (Haber, 2002, p. 31). After modeling this with Aaron, "she used herself as a bridge to the family rather than remain as the primary...provider of nurturance" (Haber, 2002, p. 31). In doing so, Satir bridged the gap from the presenting gallery to the therapeutic gallery.

Future Implications

"The notions of frame and gallery implicitly encourage a therapist to develop a systemic understanding" (Keeney, 1990, p. 52) by noticing (and learning how to ensure) the interconnectedness of all utterances and therapeutic moves to incorporate all elements of the family's worldview into the creation of a resource filled future that they can adhere to. Therefore, practically, clinicians can utilize RFA as a learning tool to study elements of sessions, particular frames, openings, and the larger galleries, to understand how others accomplish this introduction of lasting resourcefulness from a family's initially daunting set of presenting issues. It can also assist clinicians to focus on process rather than content, process being "the avenue of change" and content being "the context in which change can take place" (Satir, 1991, p. 17). In maintaining a focus on process, Satir demonstrates various characteristics of what has become the essence of her work. Certainly this session could be framed differently by each reviewer. However, despite the successful nature of these particular interventions or the subjective nature of the frames chosen, the healing that is elicited in the session represents a language common to all helpers. As Satir (1967) suggests, "I feel strongly that each therapist must find his unique and individual way of practicing his craft. When he deals with patients, he should never sacrifice his particular flavor to some kind of professional, impersonal deal" (Satir, 1967, p. 106). RFA, therefore, can be used by the beginning therapist to more clearly define and enhance their clinical style. Utilized in this manner, it could also be a

useful supervision tool, not only to assist beginning therapists in sharpening their skills, but also to assist moving any session from problem frame to resourceful frame.

In the same way that Satir values the basic humanity of her clients and helps them to view their humanity in resourceful ways, she (1967) suggests that perhaps the therapist should consider seeing him or herself as a “resource person” [emphasis in original] (Satir, 1967, p. 91). As Keeney (1990) says, “There are many ways to guide people through an art exhibition or through a therapeutic gallery, as Confucius once said and as all good curators and therapists know, ‘The way out is through the door’ (p. 53). Whether navigating the progression of a therapy session or venturing into the land of clinical work, perhaps utilizing RFA to analyze any session will provide clinicians with at least one way of making these journeys.

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