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A Recursive Frame Analysis of Satir through the Biopsychosocial Lens

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Abstract

This study attempts to add to the understanding and metatheory of the therapeutic process through the analysis of a therapeutic session through the lens of the biopsychosocial model. The study examines which interventions were utilized, in what system, and during which stage of therapy. In order to accomplish this goal, a recursive frame analysis was utilized to track the different frames and interventions of Virginia Satir's "Of Rocks and Flowers" training session. Results indicated that Satir operated at all three levels of the biopsychosocial system and utilized exploratory questions to assess the vicious cycle in Act I, in Act II she has the family work on communication patterns and reframing their perceptions, and helps them change their interactional patterns and connect with each other differently through sensory based exercises. This study shows the importance of utilizing qualitative methodologies like RFA to help develop a comprehensive theory as quantitative methodologies offer advantages in viewing the broad strokes of the picture, qualitative methodologies and specifically RFA, are essential in developing the fine detail of the picture.

Keywords

Satir, Biopsychosocial Model, General System Theory, Metatheory, Common Factors, Recursive Frame Analysis, Interventions

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A Recursive Frame Analysis of Virginia Satir through the Biopsychosocial Lens

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This study attempts to add to the understanding and metatheory of the therapeutic process through the analysis of a therapeutic session through the lens of the biopsychosocial model. The study examines which interventions were utilized, in what system, and during which stage of therapy. In order to accomplish this goal, a recursive frame analysis was utilized to track the different frames and interventions of Virginia Satir's "Of Rocks and Flowers" training session. Results indicated that Satir operated at all three levels of the biopsychosocial system and utilized exploratory questions to assess the vicious cycle in Act I, in Act II she has the family work on communication patterns and reframing their perceptions, and helps them change their interactional patterns and connect with each other differently through sensory based exercises. This study shows the importance of utilizing qualitative methodologies like RFA to help develop a comprehensive theory as quantitative methodologies offer advantages in viewing the broad strokes of the picture, qualitative methodologies and specifically RFA, are essential in developing the fine detail of the picture. Keywords: Satir, Biopsychosocial Model, General System Theory, Metatheory, Common Factors, Recursive Frame Analysis, Interventions

There is a movement in the field to a more expansive understanding of the therapeutic process (Lebow, 1997; Pinosof, 1983; Smith & Southern, 2005). In order to accomplish this goal, several theorists have begun to develop metatheories. Lebow (1997) indicated that a metatheory attempts to make the connection between the theory and practice to delineate the relationships between the variables. Lebow also noted that the goal of a metatheory is to be more expansive and holistic by integrating several established therapeutic orientations into one expansive framework. The development of a comprehensive frame or metatheory is seen as one of the most needed and most elusive aspects in the field today (Goldfried & Castonguay, 1992).

Goldfried and Castonguay (1992) address the psychotherapy community to discuss how integration can be helpful within the field. Goldfried and Castonguay found three main questions regarding integration. The first essential question is where is psychotherapy heading. They indicated that a majority of therapists and empirical research have acknowledged and identified that there are common factors among the different schools of therapy. Goldfried and Castonguay noted that theories help us make sense of the complex nature of humanity and change, therefore, a comprehensive frame will delineate a broader view of humanity and guide and inform integrative research.

The second question that Goldfried and Castonguay raise is about the future of integrative approaches. According to Goldfried and Castonguay, the integrative movement needs to focus on combining the best of different orientations to make treatments more effective. Also, they believe that as the field grows, a clear conceptual model of change needs to be developed, and epistemological differences need to be addressed.

The third question that they raise is how might the integrative movement contribute to psychotherapy? Castonguay and Goldfried believed that it was doubtful that one grand theory

would be able to encapsulate all of the current differences within the field or synthesize the various epistemological differences, although the integrative movement may allude to various interventions and processes that are more effective and efficient.

The use of a metatheory has also been discussed in the training and research literature. McCollum (1990) notes the importance of developing a cohesive integrative approach for training therapists that focused on both knowing what to do and how to act. His major contention is that learning occurs at the content and process level; therefore, the learning context demands an integrative approach. Braveman (1995) identified the need for an integrative training approach that combines individual and systems perspectives. Braveman believed that competent therapists should be able to view the problem from intrapsychic and systemic frames and that a move toward integration is needed to encapsulate the complexity of the individual and system by admonishing the intrapsychic, relational, contextual, and biological components.

One key line of research that has arisen from attempting to find a larger frame is the research in common factors. Common factors attempt to assess the similarities between effective therapies by analyzing key traits or patterns that are associated with successive therapy. Common factors approach is similar to a meta-analysis where effective ingredients or factors are extrapolated and used as guiding principles (Smith & Southern, 2005). Sprinkle, Davis, and Lebow (2009) cited Davis and Piercy's 2007 definition of common factors and divided common factors into two categories: narrow common factors and broad common factors. Sprinkle et al. indicated that broad common factors referred to the variables associated with therapy itself including the therapeutic alliance and narrow common factors are associated with the use of a model including the mechanisms and inventions for change.

Metaframeworks is one of the leading theories that utilize a common factors approach. The model identifies seven key components from other therapeutic models including organization, development, mind, culture, gender, biology, and spirituality (Breunlin et al., 2011). Common factors research focuses on the principles and factors that guide treatment but lacks a strong theoretical basis for how these factors interact with one another or relate to problems and solutions.

A number of theorist (Braveman, 1995; Breunlin, Schwartz, & Kune-Karrer, 1992; Pinosof, 1983) and researchers (Goldfried & Castonguay, 1992; Lebow, 1997; Sprenkle, Davis, & Lebow, 2009) have expanded on the knowledge base regarding a metatheory although there does not appear to be any studies that analyze the context and content of the therapeutic session to help formulate and support the theories. The contextual analysis of the session then becomes pivotal as it provides the detail, whereas, quantitative methodologies focus on the broad strokes. The contextual analysis of a session then can provide insight into the data regarding a theory of the therapeutic encounter, what successful therapists do to intervene, what are the common stages across different methodologies, what interventions are utilized at what stages, and what systems are intervened in? This study will then examine a therapeutic session to assess what interventions are used at what stage of therapy and what systems are intervened in. The study can then be useful for therapist to obtain a more comprehensive view of the therapeutic encounter and for educators training young therapist to be able to provide a theory and data to teach and supervisor young therapists.

Theoretical Underpinnings

In order to develop this metatheory, there are a number of epistemological underpinnings that must be acknowledged. This researcher is influenced by General Systems Theory (GST) and the biopsychosocial model. Additionally, this theory is attempting to

examine and describe what the therapist is doing and thus focus more on description rather than abstraction.

General systems theory. For von Bertalanffy (1969, 1981), life was seen as a series of hierarchical and interconnected systems within systems; these systems then mutually influenced one another in dynamic and complex ways. Von Bertalanffy considered both parts and their relation to one another as well as how lower level and higher level systems communicated and interacted with one another. Von Bertalanffy (1969) stated:

You cannot sum up the behavior of the whole from the isolated parts, and you have to take into account the relations between the various subordinated systems and the systems which are super-ordinated to them in order to understand the behavior of the parts. (p. 68)

In General System Theory (GST) examining the parts and their relationships was defined as the summative and constitutive characteristics. According to GST, the parts and the principles that can be derived from studying them in isolation are known as the summative characteristics, whereas the principles and relationships that depend on the interactional components are known as the constitutive characteristics. From a GST frame, only by viewing the system as a whole can the conditions of summativity and constitutively be understood in relation to the parts and the total process. The focus of GST is the understanding of the whole through the summative and constitutive characteristics by understanding the parts and the dynamic and complex interaction within and between the parts. The principle of wholism indicates that in order to understand the system, all of the factors, influences, and systems need to be assessed, examined, and accounted for both internally and externally.

Another important concept that von Bertalanffy (1969, 1975) noted from GST is the idea of open systems. According to GST all biological, psychological, and social systems are open systems. Open systems obtain matter, energy, and information from outside the system and are distinguished from closed systems in three ways. The first distinction relates to the second law of thermodynamics, which states that closed systems must come to a place of equilibrium before coming to an end state, whereas open systems achieve homeostasis or steady state through constant processes. Therefore, individuals, families, and societies are in a constant state of adaptation and are influenced by outside systems and subsystems. The second distinction coincides with the principle of equifinality; in closed systems the end state is determined by initial conditions, but in open systems the principle of equifinality expresses the variability that can occur and be maintained through various different paths. This principle is the principle of dynamic complexity; the biological, psychological, and the sociological can all impinge on the individual and system. The third principle is the law of maximum entropy, or disorder within the system; according to the second law of thermodynamics, closed systems develop towards higher levels of disorder, whereas open systems can develop towards higher levels of order, organization, and differentiation. Thus according to GST, individuals, families, and societies are capable of evolving, changing, and being maintained through a variety of pathways and influences.

Biopsychosocial model. The biopsychosocial model (BPS) was developed by George Engel (1977, 1997) to address the biological reductionism in the medical field. The BPS model was then utilized von Bertalanffy's GST as the foundational theory and included three GST principles: holons, multiple systems, and mutual influence. (Engel 1977; von Bertalanffy, 1969). First was a system within systems perspective, where smaller systems or holons were part of larger systems (Breunlin, 1992; Engel, 1977, 1981; von Bertalanffy, 1969). The second principle was von Bertalanffy's assertion that living systems operate with three different types of systems: psychological systems, social systems, and biological systems. The third principle

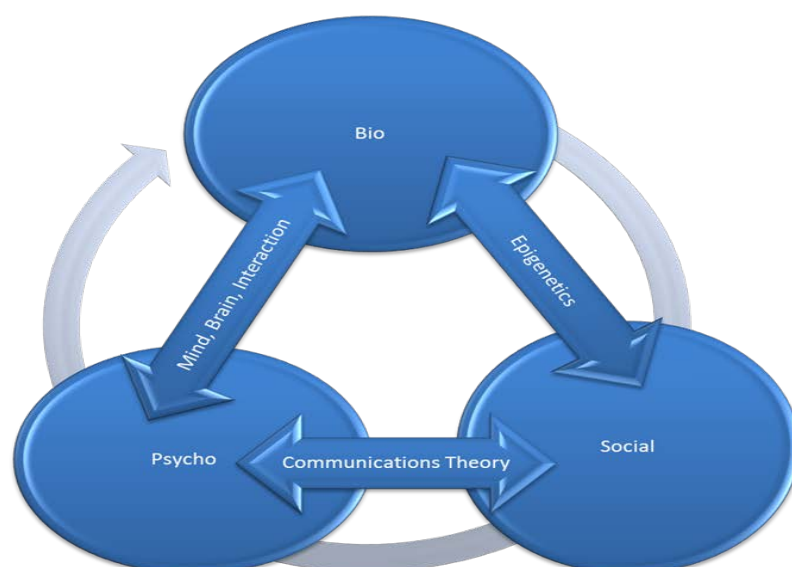
was that those systems mutually influence one another through the GST principle of open systems (Engel, 1977, 1981; von Bertalanffy, 1969).

Pilgram, Kinderman, and Tai (2008) noted that utility of applying the BPS model to mental health, as it indicates three separate spheres to consider in treatment. They asserted that the model is then able to admonish the biological constraints that may lead to vulnerabilities with psychosis, anxiety, or depression, while acknowledging the effects of one's internal self-talk and external environment, including the impact of one's family and culture all have on mental health. The BPS model broadens the view of treatment, as it acknowledges multiple levels where treatment can occur.

In regard to mental health, Coates (2010) noted the effects of trauma and how they impacted and affected the biological system. Coates noted that child abuse can alter the development of the neuro-endocrine system, which then can impact a number of long-term health concerns, including neuropsychiatric symptoms. Trauma can also affect the development of the amygdala (Teicher et al., 2003), hippocampus (Gould & Tanapat, 1999), cerebral cortex (Arnsten, 1999; Ito, Teicher, Glod, & Ackerman, 1998), and corpus callosum (De Bellis, Keshavan, Clark, Casey, Giedd, & Boring, 1999; Ito et al., 1998).

Purpose

The purpose of this study is to add to the literature regarding a comprehensive theory regarding the therapeutic encounter through examining master therapist's work through a biopsychosocial lens. The biological system includes biological development, functioning, biological damage, and nutrition (Stern, 2002). The psychological system consists of the mind or what von Bertalanffy (1981) called the symbolic universe; it consists of an individual's thinking, meaning, values, emotion, and will. The social system reflects the various relational systems that an individual is involved in, including the family, subculture, culture, school, community, and etcetera. The purpose of this study is to expand on the literature regarding a comprehensive metatheory by examining therapeutic sessions and assessing the three stages of therapy, the various systems, and interventions that are utilized. Specifically, this study will examine a session of Virginia Satir's work.



Virginia Satir. This study will examine Virginia Satir's session "Of Rocks and Flowers" (Ray, 2015). Virginia Satir's theoretical approach may be categorized as experiential, integrative, developmental solution focused, and spiritual (Shoai, 2013). She was influenced by GST and Cybernetics (Banmen, 1986; Satir, 1983; Satir & Baldwin, 1983).

Satir believed in interconnected systems. She valued both the internal and relational systems (Satir, Banmen, Gerber, & Gomori, 1991) as well as how those systems influence the biological system (Satir et al., 1991). Satir noted how different survival stances often had different physical ailments. These interconnected systems can then be subsumed under the GST principle of open systems, where one system is open to the communication and influence from the other systems.

Satir believed in human beings and their potential for growth and change (Satir & Baldwin, 1983; Satir et al., 1991). From her perspective the humanistic movement was important in conceptualizing the individual (Satir et al., 1991). She noted that how one sees the world could be seen from four aspects, including one's views of the individual, the relationship, an event or experience, and change. Her belief also focused on our humanness and the capacity for human beings to strive for wholeness. These ideas are evident in her growth model, which focused on people's desire for health, potential for growth, and the value of all persons. Satir believed being human included taking risks, expressing feelings, and expressing differences. She also developed the mandala as an organizational schema that places the multiple different influences of human experience into eight different levels: the physical domain, the emotional domain, the sensual domain, the interactional domain, the nutritional domain, the contextual domain, and the spiritual domain (Satir & Baldwin, 1983). Satir examined three different areas for assessment and intervention, including communication, self-esteem, and rules.

Satir (1983) believed in clear, congruent, and direct communication. She noted that there was a direct correlation between the amount of indirect communication and dysfunction within the system. She then proposed helping families to learn to be clear, direct, and congruent. Satir noted that indirect methods of communication often perpetuate dysfunctional system dynamics through assumptions, misinterpretations, and generalizations. Satir then proposed that a healthy functional communicator is able to firmly state his case, clarify and qualify what he says, asks for feedback, and is receptive to feedback. Congruence is another key component of Satir's communication model (Englander-Golden & Satir, 1990; Satir, 1972; Satir & Baldwin, 1983; Satir et al., 1991). Incongruence manifests itself by a discrepancy between the verbal and the nonverbal messages. Her focus on congruence led to the development of her survival stances (Englander-Golden & Satir, 1990; Satir, 1972; Satir & Baldwin, 1983; Satir et al., 1991).

Another key distinction to Satir's work is that she focuses on rules that one learns (Englander-Golden & Satir, 1990; Satir, 1972; Satir & Baldwin, 1983; Satir et al., 1991). These rules are learned from relationships and influence how one sees themselves and interacts with others. Satir indicated that these rules can lead to blocked up energy in the eight levels of the self: physical, emotional, sensual, interactional, nutritional, contextual, and spiritual (Satir, 1983). The rules one learns affect the survival stances that they take and how they view themselves, including their self-esteem (Satir et al., 1991).

Self-esteem is directly connected to these rules, as their survival stance often is an attempt to gain greater self-worth, but leads to repetitive patterns that deny a part of themselves, which leads to lower levels of self-worth (Satir et al., 1991). Self-worth is then defined as a pattern where the individual communicates with himself about his feelings, including his thoughts and perceptions and how he attempts to conceal or block those feelings (Satir & Baldwin, 1983). Satir attempts to transform or moderate the rules that are governing the behavior (Satir et al., 1991). Another way Satir addresses those rules is by helping the individual to focus on the five freedoms. The five freedoms are:

1. The freedom to see and hear what is here instead of what should be, was, or will be.
2. The freedom to say what you feel and think, instead of what you should.
3. The freedom to feel what you feel, instead of what you ought.
4. The freedom to ask for what you want, instead of always waiting for permission.
5. The freedom to take risks on your own behalf, instead of choosing to be only “secure” and not rocking the boat (Satir et al., 1991, p. 62).

By focusing on the five freedoms, Satir helps to change the current constraints of the system which leads to a healthier level of functioning for the individual. According to Satir, a third way to challenge these rules and relational patterns is to look at the intent behind the behavior (Satir et al., 1991). This idea indicates that individuals and families need something that is not being provided at this time (Satir & Baldwin, 1983).

Context of the Researcher

The researcher is a systems thinker who is a licensed professional counselor, nationally certified counselor, and is working on his doctorate in marriage and family therapy. He has been practicing in the field since 2007 and has focused his career in the mental health setting. He has also been trained in individual and systems models. His epistemology is influenced by von Bertalanffy's GST (1969), cybernetics, Satir, Solution Focused Brief Therapy, Structural Family Therapy, and Ecosystemic Structural Family Therapy. He identifies with the biological, psychological, and social systems interacting with one another in recursive and dynamic ways and is looking to expand and develop on how the different systems and theories connect to the overall system. Although there is a significant amount of data regarding different ideas, metatheories, and common factors, it does not appear that the current research has considered the contextual data of a session to develop and support metatheory. The goal of this paper is to begin to compile data regarding the stages, interventions, and systems that are intervened in through the analysis of sessions done by master therapists.

Methodology

Recursive Frame Analysis

To examine the session, Recursive Frame Analysis (RFA; Keeney, Keeney, & Chenail, 2015) will be utilized. Bradford Keeney (1987, 2012) developed RFA in the eighties to assist young clinicians when they became stuck in therapy. While studying therapeutic sessions, Keeney found that sessions appeared to progress or remain stuck in the initial frame. His goal was to develop a method of analyzing a session to help determine if progress was being made by focusing on the behavioral interactions, rather than on theoretical discourse. In RFA a distinction is then made between the difference between semantics and politics; semantics refers to the meaning interpretation or meaning that one gives to the action, whereas politics focuses on the experience and who is doing what to whom. The focus of RFA is then directed on the level of description or politics, rather than on abstraction or semantics.

For Keeney (1987, 2012), therapy was more of an art form than a science. RFA is then akin to a musical score, which allows the researcher to notate the performance and progression of therapy (Keeney & Keeney, 2012). Keeney indicated that as a score it allows the therapist, supervisor, or researcher to access the structure, architecture, and anatomy of the therapy a

session. RFA also allows for atheoretical perspective, as it can be utilized with any therapeutic orientation and does not force the clinician to integrate conflicting ideas.

Based on his extensive studies of master therapists, Keeney utilized the metaphor of a three-act play to distinguish the progression of a session. The first act is focused on the problem, or what Keeney (2012) calls vicious circles focused on the problem. The third act is focused on developing virtuous circles or adaptive interactions or patterns. The second act focuses on the transition from vicious circles to virtuous circles. RFA then allows the researcher to determine if progress is being made in the session.

The Frame. In RFA the frame is the basic unit of analysis and meaning (Chenail & Duffy, 2009). The frame was derived from Bateson's (1972/2000) writings and is a metaphor for how the context frames the content of the experience (Keeney & Keeney, 2012). Frames are linguistic patterns that can be expressed through words, phrases, or sentences (Yanqun, 2014). They can be verbal or nonverbal communication that shape the contour of the conversation (Chenail, 1995; Yanqun, 2014).

A collection of frames that have a similar theme is what Keeney calls a gallery (Chenail, Sommers, & Benjamin, 2009; Cotton, 2011; Keeney, 1991). A collection of galleries would be a wing, and a collection of wings would be a museum (Keeney, 1987). Galleries, wings, and museums are then organized by themes at a macro-level (Cotton, 2011, p. 59). RFA is a method of analyzing conversations where a frame is considered a micro-level of conversation (Yanqun, 2014).

RFA and Therapy. Therapy is then seen as a recursive sequence of interactions between three stages (Keeney, 1987). These stages include frame elicitation, constructing a therapeutic gallery, and maintaining a therapeutic gallery (Keeney, 1987). A case is then seen in terms of frames, openings, and galleries (Keeney, 2013). Therapy is seen to be successful if the therapist is able to elicit frames that provide an opening out of the problem frame to a resourceful frame (Keeney, 1987, 1991). These ideas can then be applied to therapy, supervision, training, qualitative research, and consultation, where three questions guide the inquirer: have useful frames been elicited that enable construction of the therapeutic gallery, has a therapeutic gallery been built, and has the therapeutic gallery been successfully maintained (Cotton, 2010; Keeney, 1987; Keeney & Keeney, 2012; Rudes, Shilts, & Berg, 1997)? RFA makes two distinctions between the different categories, including therapeutic distinctions and therapeutic moves (Keeney, 1991). Therapeutic distinctions contextualize therapy, and therapeutic moves are the rhetorical techniques to help the client make progress (Keeney, 1991).

Recursion and Pattern. RFA also indicates a recursive and circular pattern to communication. RFA is built on a constructivism and second order cybernetics where meaning is created through interactions and where the therapist is aware that he is part of the system (Keeney & Keeney, 2012; Keeney, Keeney, & Chenail, 2015). These ideas of recursion and circularity are the basis of examining communication (Keeney, 1991), where the mission is to notate which frames are being held and contextualized (Keeney & Keeney, 2012). The frame then "indicates the contexts a client and therapist offer each other" (Keeney, 1991, p. 42). The frames then interact with one another and can oscillate back and forth dependent on the conversation in session. "As content and frame reverse themselves, shift, re-enter, and move in endless ways, we find that the circular, recursive, and lineal movement (among other dynamic forms) of the frames can take place" (Keeney & Keeney, 2012, p. 7). The recursive pattern also indicates a re-entry of a distinction that alters but does not change the meaning (Keeney & Keeney, 2012). RFA then helps the therapist or researcher to focus on language to see shifts in the therapeutic conversations by focusing on the content of the conversation and the process of the conversation (Yanqun, 2014).

Types of Analysis. Chenail (1995) noted that there are three different types of analysis when using RFA: sequential analysis, semantic analysis, and pragmatic analysis. Three different systems are then utilized to analyze the data, including Keeney's Frame-Works of Openings, Connections, and Disconnections (Keeney, 1987, 1991); Speech Acts (Chenail, 1991; Rambo, Heath, & Chenail, 1993), or Profession-Specific Acts (Chenail & Fortugno, 1995, Chenail, Somers, & Benjamin, 2009; Keeney, 1991; Rambo, Heath, & Chenail, 1993; Rudes, Shilts, & Berg, 1997).

In the Frame-Works System, the focus is on how the speakers "work the frames" to produce meaning and progress to the next act (Chenail & Duffy, 2015; Keeney, 1991). This system is distinguished by its focus on frame makers (Keeney, 1987). This system then focuses on the rhetorical moves of the conversation that lead to a progress from one act to another (Keeney, 1987).

The second system of analysis of the session is the Speech Acts system (Chenail, 1991; Chenail & Duffy, 2015; Schiffin, 1994). This system focuses on how utterances are used to accomplish actions in conversations (Chenail & Duffy, 2015). Speech acts include "Assertives," or asserting the veracity of what is said; "Directives," or directing someone to do something; "Commissives," or committing the speaker to some future action; "Expressives" or expressing the speakers' feelings or thoughts, and "Declaratives," or declaring some type of change (Cruse, 2006, pp. 168-169).

The third system of analysis is the professionally specific acts system (Chenail & Fortugno, 1995; Chenail, Somers, & Benjamin, 2009; Keeney, 1991; Rambo, Heath, & Chenail, 1993; Rudes, Shilts, & Berg, 1997). This system focuses on specialized speech acts by various professionals, including doctors, lawyers, and marriage and family therapists. This system of analysis allows the research to utilize a theory to analyze the data and discuss various techniques that were used from that perspective, including ideas such as joining, reframing, and positively connoting (Chenail & Duffy, 2015; Rambo, Heath, & Chenail, 1993). The professional specific acts system has been utilized to analyze Emotionally Focused Therapy (Yanqun, 2014) and Solution Focused Therapy (Chenail & Duffy, 2015). Using this system allows the researcher to note how configurations, frames, galleries, wings, and museums are produced from a specific model or orientation (Chenail & Duffy, 2015).

Procedures, Data Analysis, and Credibility

This study will utilize a pragmatic analysis to examine the therapeutic moves through speech acts and Professionally Specific Acts. Similar studies have been conducted when assessing Solution Focused Therapy (Cotton, 2011) and Emotionally Focused Therapy (Yanqun, 2014). The current study will differ from previous studies as it examines Satir's work through the BPS lens.

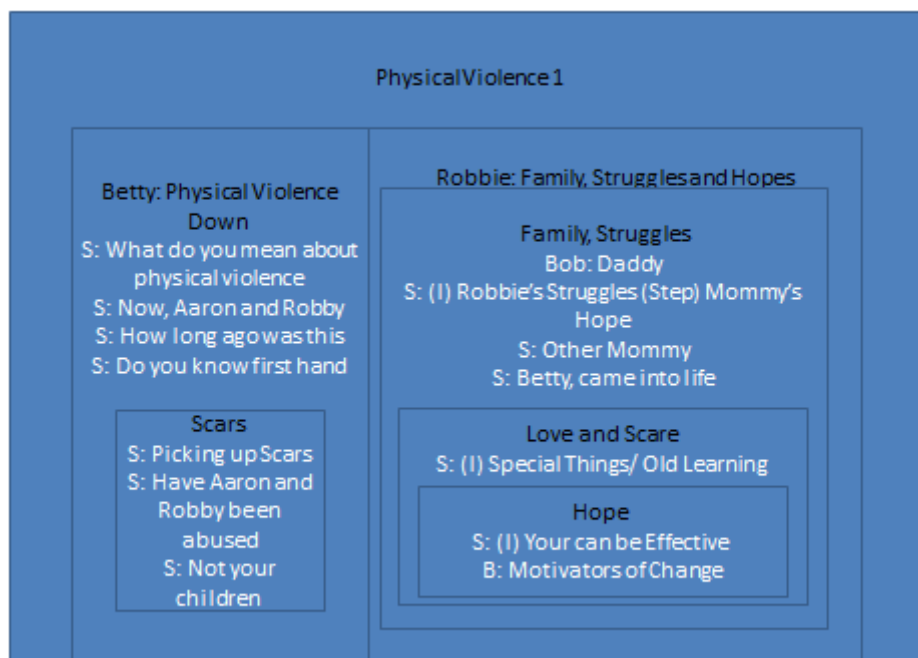
Satir's "Of Rocks and Flowers" DVD was utilized to assess her work (Ray, 2015). The DVD is part of a training series that is utilized to teach Satir's model. Cotton (2011) and Yanqun (2014) utilized a similar procedure to analyze Berg's Solution Focused Therapy and Johnson's Emotionally Focused Therapy, respectively. The DVD also represents a credible source of data, as it was chosen by Satir to be representative of her work. No Institutional Review Board approval was obtained as the study represented an exempt status at the University of Louisiana at Monroe as the information was historical published data and therefore was a part of public domain that was accessible through the internet. The data included one DVD "Of Rocks and Flowers" and the published transcript that was downloaded from the Internet, <http://www.psychotherapy.net/data/uploads/525722432f413.pdf>. The transcript was a part of the official instructor's manual for the DVD and was completed by Shirin Shoai M.A.

The researcher watched and listened to the full DVD five times and watched portions of the DVD several times to assess Satir's line of questioning and what systems she was addressing. A copy of the transcript was also utilized to highlight and make notes during the listening process. Each act was then reviewed on five separate occasions where frames, galleries, and wings were developed and reviewed for accuracy. The focus of the RFA was on the therapy session, although information was utilized from both the introduction to the case and the follow-up commentary. The published transcript was also utilized as the raw data. The data was mapped based on Keeney's system (2012). This methodology has three stages: observing the talk, mapping the talk, and interpreting the talk. The frames were then placed into three wings that coincide with Act I, Act II, and Act III. Those wings were then broken up into galleries and frames that punctuated what Virginia Satir said and did. The video that was utilized was a training video and was not a complete session. Satir divided the session into several sections for training purposes. These sections were then analyzed separately and labeled as Act I, Act II, and Act III.

Findings

In this session, Satir is meeting with a family that is struggling with abuse. The family is made up of Bob, a 36-year-old father; Betty, a 27-year-old step-mother; Aaron, Bob's 4-year-old son from a previous marriage, and Robbie, Bob's 3-year-old son from a previous marriage. Both Aaron and Robbie have experienced significant abuse from Marcia, the boys' mother. The family came to therapy because Betty is pregnant and she is concerned that the boys are going to hurt her unborn baby.

ACT I: Physical Violence



S indicates Satir (I) indicates an intervention

Satir's first stage of therapy is making contact. Satir accomplishes this goal by addressing each of the family members to obtain their point of view regarding what the problem is and what they would like to see change. The larger wing of Act I is physical violence. Nested

in that wing are the following galleries: Betty's I need the physical violence to go down, Robbie's family, struggle, and hope, Aaron's stop Robbie from peeing outside, the family's abuse history, and the boy's visitation.

In the first gallery, Betty's the physical violence down, Satir explores the problem frame through exploratory questions such as "What do you mean by physical violence?" and "How long ago was this?" Satir's questions then focus on the context of the problem, including who was involved in the social system and what the individual makes of the meaning in the psychological system. Satir explores the emotional impact that the events have on Betty by discussing how she is "picking up scars."

The second gallery focuses on Robbie and the family, struggles, and hope. In the second gallery Satir begins to explore Robbie's social system, including his parents and when each of them has been in his life. Satir believed that individual's growth and develop is influenced by their genetics and from their social environments and that there is a constant interaction between the mind and the body (Satir & Baldwin, 1983). Her therapy then focused on rules that one learns from social systems which in turn affects their psychological system. Satir reframes the problem as old learning and how there are special things that have to happen. Another key component to Satir's work is to instill hope, which can be seen through her encouraging Bob and Betty to acknowledge that they can be effective and that they are the motivators of change.



The third gallery focuses on what Aaron wants to have change in the family. Satir explores Aaron's psychological system through exploratory questions regarding the peeing, including the when, where, and what. She then links the social system and relational interaction with the biological system, as Aaron indicates that he gets a headache when his brother pees at grandma's house. Satir connects the biological system to the psychological system as she asks Aaron how he feels when he has a headache and how his headache relates to feeling mad, sad, and leads to conflict with his social system.

The fourth gallery in the physical violence wing is the history gallery. In this gallery Satir explores the boys' history of abuse and learning. Bob discusses how Aaron was locked under sinks, locked in rooms, thrown down steps, hit, and kicked. In this gallery is also nested Bob's history with alcoholism and how he had to take care of them at times by himself. Bob

indicated Marcia has been in four psychiatric hospitals and has specifically hurt the boys in order to get back at Bob.

The fifth gallery is the visitation gallery. This gallery oscillates between being nested in the history gallery and being seen as its own separate gallery. Virginia Satir asks if the visitation has been stopped and finds out they are currently in court. Here Satir explores the social system through the relationship between the boys and Marcia. She addresses Aaron and Robbie's experience with Marcia's anger. Satir punctuates the social learning in the nested frame Difficulty Telling. She punctuates the parallels in the relationship between Marcia and the boys and the relationship between Robbie and Aaron when she discusses how Bob and Betty are not going to let them hurt each other or let Marica hurt them. In this frame Aaron discusses how Robbie hurts him and gives him headaches. Satir also helps Aaron explore his psychological system through labeling an emotion that he could identify with; "Robbie makes you feel bad." Here Satir focuses on learning and how they have learned to treat each other from the relationship with Marcia.

Also in this gallery is the frame regarding difficulty telling the boys. Virginia Satir challenges Bob by asking him if he anticipates difficulty helping the boys understand why they can't see their mother. Satir takes the role of a teacher to discuss the difference between talking about Marcia as being no good compared to a lady that gets angry and hurts them. A distinction is made between how Marcia has treated the boys and how the boys have been treating each other. She then uses a directive to have Bob communicate with his sons and tell them why they cannot see their mom. Satir also instructs Bob to incorporate their senses by asking Bob to hold Aaron's hands and to scoot closer to Aaron. Satir helps to validate the positive experiences.

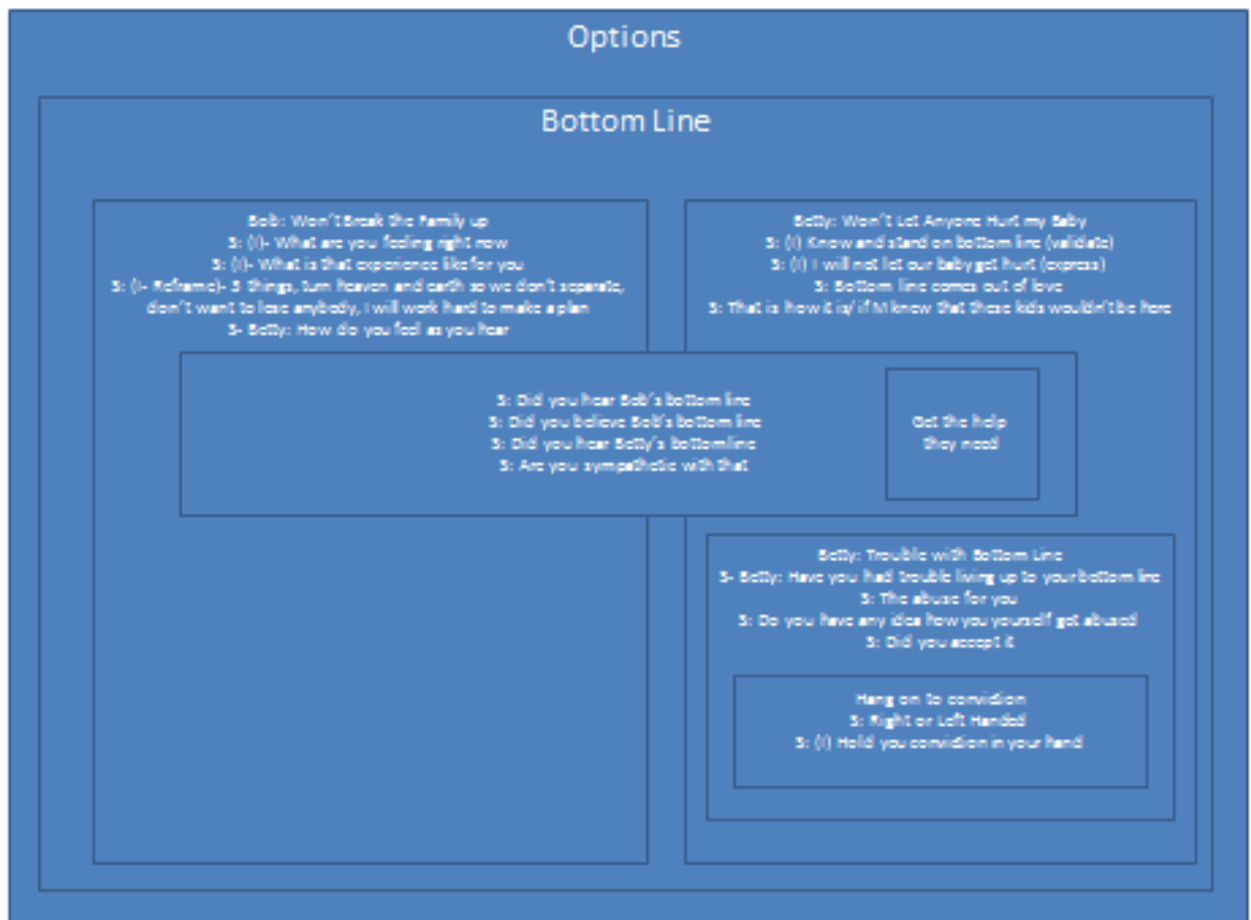
Act II: Options

The wing for Act II is labeled Options and has a nested gallery called the bottom line. The bottom line then has several nested frames including won't break the family up, won't let anyone hurt my baby, and hanging on to convictions.

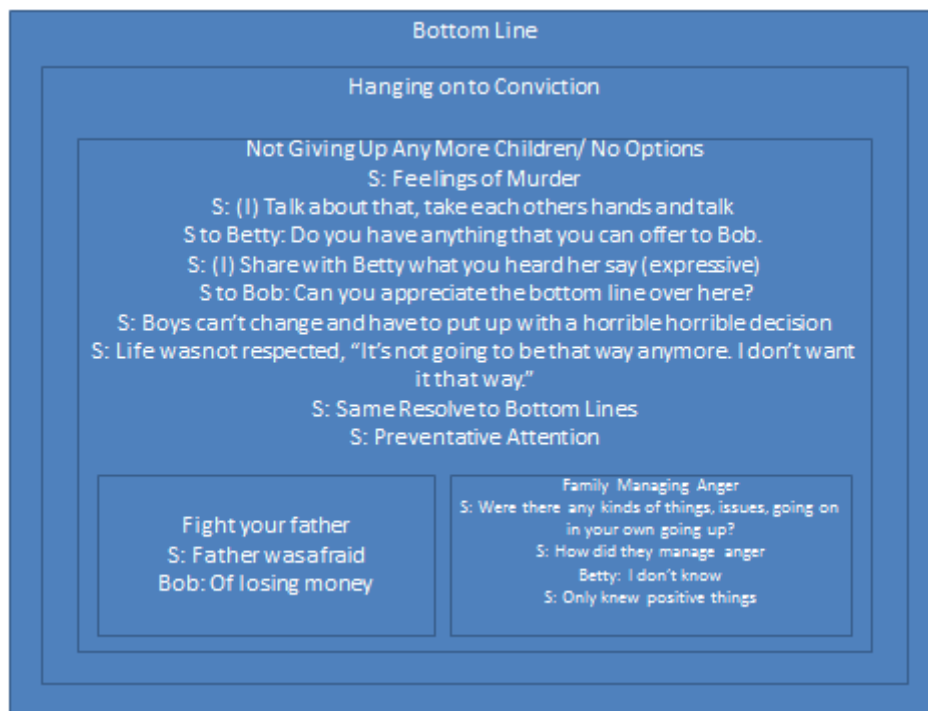
Act II begins with Bob and Betty talking and Bob stating that he did not like any of his options. The first gallery in the wing is Bob's bottom line that he won't break up the family. Virginia Satir validates his concerns and explores the psychological system by asking him what is feeling right now. She continues to help Bob explore his psychological system by asking him to describe his experience with Betty. From Satir's perspective, one of the major points of intervention is to help with communication patterns (Satir & Baldwin, 1983). Satir is then helping Bob explore his emotions and experience in order to be more direct with Betty. Satir continues to work on communication by punctuating three themes that she deemed important from Bob's speech, including "Betty, I will turn heaven and Earth so that we don't separate, and I don't want to lose anybody, and I don't know what the plan is, but I will work hard to make one." As Satir believes that a healthy functional communicator is able to firmly state his case, clarify and qualify what he says, asks for feedback, and is receptive to feedback, she then asks Betty if she heard what Bob said (Satir, 1983).

The second gallery is Betty's bottom line that she won't let anyone hurt my baby. Satir validates Betty's bottom line and helps her to say it to Bob directly. She then connects Betty's bottom line to her love by connecting her convictions to her emotions of love. Satir punctuates how Marcia did not know how to have those boundaries, but that Betty does. Next Satir looks to provide an opportunity for Bob and Betty to hear and provide feedback for each of their bottom lines. Satir helps them focus on their bottom lines and encourages them to take any of the steps necessary to get the boys help and to protect their unborn child. Satir then moves back to focusing on Betty's bottom line and introduces a frame of having trouble holding her bottom line and asks Betty if she has ever had trouble holding her bottom line. She then asks an

exploratory question about how she was abused. Satir begins to look for the rules that Betty learned that would allow her to be in an abusive relationship, including the context from her family of origin.



Betty indicated that her ex-husband blamed her for everything that happened. Satir began to explore her psychological system by asking her if she accepted that. Satir then began to work with both the biological system and psychological system as she utilized a metaphor of holding on to convictions and adding a sensory piece. Here Satir believed that incorporating your senses allows for the individual to access both the right and left hemispheres of the brain (Satir et al., 1991).

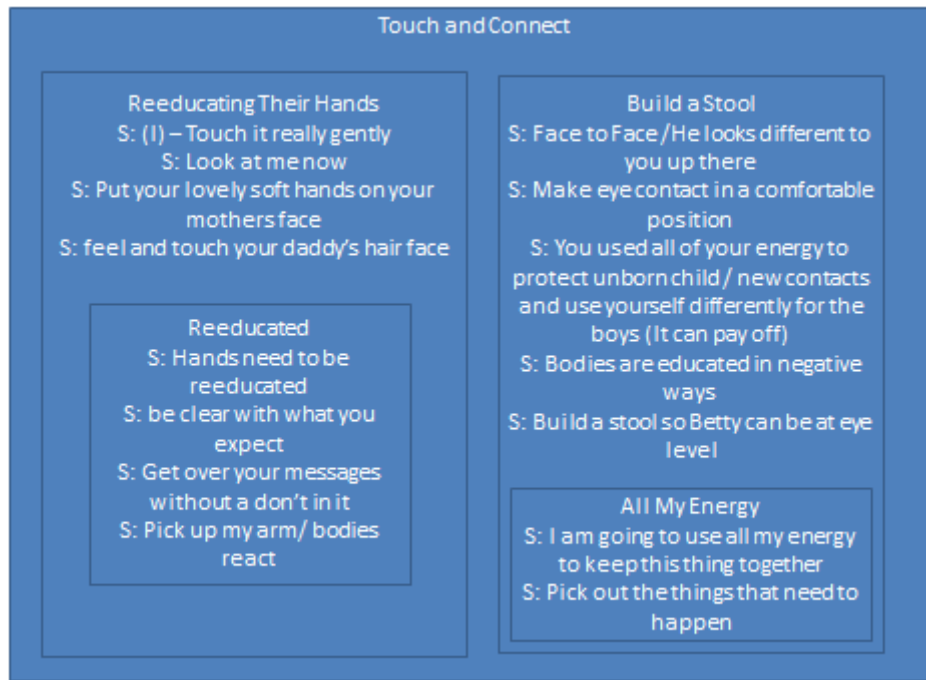


Nested in the hanging on to conviction frame is the feeling of murder frame. In this interaction, Satir helps Betty and Bob express their anger through holding each other's hands and talking. This intervention then allows for Bob and Betty to connect on the biological, psychological, and social systems. Satir then attempts to help Betty to explore any possibilities. She then works with Bob to help him with his communication and to express what he heard and to talk about what it meant to him. Satir punctuates Bob and Betty's bottom lines and helps them to continue to talk about the other's bottom line. Satir also helps them work on their communication by having them directly ask one another about what they believe that the other believes. She then punctuates that Betty was in a situation where life was not respected. Satir also focuses on clarifying with Betty to understand that both her and Bob have the same resolve with their bottom lines. This then leads to Betty being able to clarify that she would like Bob to take more preventative action with the boys.

Satir then shifts to examining Bob and Betty's family history as it relates to the problems that they are having. For Satir the family was the main source of learning, and therefore, by exploring family dynamics, she is looking for rules that may be influencing the system. With Betty, Satir explored how her family dealt with anger and with Bob she explored his relationship with his father and his role. She examined the social system of the family and focused on how both of their families dealt with their emotions, Bob's dad and fear, and Betty's family and anger.

Act III: Touch and Connect

The wing for Act III is touch and connect. In this wing there are two galleries: reeducate their hands and build a stool. In the reeducate their hands gallery, there is a nested frame called reeducate. Act III begins with Virginia Satir talking with Aaron and Robbie and asking about Betty.



The first gallery is reeducate their hands. In session Satir focuses on the power of touch and learning. In the post commentary regarding her use of touch, Satir noted that touch is a form of communicating and can be more powerful and say more than words could ever say. She also noted that using touch must come from within and it cannot be used as a gimmick. Touch occurs on several system levels, as it incorporates biology, emotion, and relationships. Throughout the session Satir has used touch several times, but at this point of the session, Satir focuses on teaching the good touch to the boys. She then completed an exercise where she had the boys touch her face and she touched theirs while she directed them to touch it gently. Satir utilized redirection statements as the boys had a hard time paying attention to the exercise. She then had the boys complete the exercise with their parents and instructed them to “put your lovely soft hands on your mother’s face” and “feel and touch your daddy’s hairy face.” She splits off to a frame of reeducation and explicitly focuses on how the boys’ hands need to be reeducated. She also talks about how they need to be clear with what they expect, and challenged Bob to be able to make his point without putting a don’t in it. A second exercise that she completed in regard to touch focused on grabbling someone’s arm. Satir completed some psychoeducation regarding how physiology reacts to one’s arm being grabbed, and then demonstrates how a person’s body reacts when it is being grabbed. She then demonstrated a way that they could grab the boys so that the boys did not act defensively.

The second gallery is building a stool. Satir worked with Bob and Betty to work on their connection. Again she focused on the senses as an important level of intervention and strengthening the relational system through utilizing their senses. Here she expressed the importance of being able to look each other in the eye. She expressed to them the importance of standing face to face and looking at each other in the eyes. She then moved to having them declare that they would “use all of the energy and everything you can learn to make a new set of contacts here, and use yourself differently in relation to those children.” She then focuses on how their bodies also have been negatively educated as well. Next she gives Bob an assignment to build a stool for Betty to stand on so that they can see eye to eye. She then oscillates to the frame of all my energy refocuses them to use all their energy to keep this together. Bob and Betty were instructed then to pick out only the things that need to happen so that they don’t become nagging parents and to focus on looking each other in the eyes.

Discussion

This study is the first in a series of studies examining master therapists through a biopsychosocial lens in order to develop a comprehensive metatheory regarding how interventions are utilized in the therapeutic context. The goal is to develop a metatheory that relies more closely on description than abstraction so that the therapeutic encounter can be more succinctly studied. Goldfried and Castonguay (1992) indicated that a broader view of change needs to be developed to establish a more comprehensive theory. RFA subsumes that successful therapy occurs in three stages. The discussion will then examine the session assessing the different stages of therapy and how Satir interacted with the different systems.

Stages of Therapy

The first act of the session is the problem stage, or what Keeney labels as the vicious cycle. Satir utilized the exploratory questions to explore each of the family members' psychological systems, social system, biological system, and context of the problem. She explores the history of the problem and any current contributing factors. Satir also believed that it was important to obtain all of the family members' perceptions of the problem and what they would like out of the family (Satir et al., 1991). She appeared to do this by asking them what they would like to get out of therapy and how they would like to see their family change. In this case, Satir explores the problem frame through exploratory questions such as "What do you mean by physical violence" and "How long ago was this?" A second major task that Satir considers to be important in this stage is to instill hope. Satir does this in this session through positive affirmations that Bob and Betty can be effective. She also explores the history of the problem and any contextual variables that might be influencing the problem at this time. As she is assessing the problem, Satir moves through the three different systems and connects links between them. Examples include when she connects how Robbie's headaches are related to his feeling bad, and how his relationship with his mother is connected with his behavior.

The working stage of therapy begins as Satir intervenes by identifying an emotion that the boys could identify with. She intervenes with the parents by teaching them effective communication skills on how to give the boys a boundary without attacking their mom. Satir also utilizes directive statements to help Bob express himself to his kids and then validated the experience.

From Satir's approach, Act I focuses on common patterns to consider when exploring the context of the problem. These include considering the biological system, psychological system, and social system. She accomplishes this task through exploratory questions where she addresses each of the family members. Satir also identifies the need to explore the history of the problem. Once the problem was adequately identified, Satir began to instill hope. The shift from Act I in this case occurs when Satir begins to intervene in the psychological and social systems.

The second act focuses on the relationship between Bob and Betty. According to Keeney (2013) this act is the transition act where the therapist attempts to move the couple from vicious cycles to virtuous cycles. This act tends to vacillate between the problem and possible solutions. Often this can be referred to as the working stage. Satir accomplished this task by exploring both Bob and Betty's psychological system to clarify their bottom lines, and then uses their bottom lines to help them directly communicate with one another.

One of the constraints that was blocking Bob and Betty's communication was a "feeling of murder." Satir increased the intensity of the moment and connected all of the systems by having them talk about their anger while they were holding each other's hands. This stage was focused on helping Bob and Betty to explore possibilities through challenges, directives, and

providing feedback to one another. Another pivotal point in the session may have been when Satir connected with Bob and Betty and clarified their resolve for their bottom lines. It is important to note that Satir continued to assess Bob and Betty's rules that they learned from their families of origin. During this stage, Satir focused on communication skills and exploring and removing constraints.

The third act is focused on developing and crystalizing the virtuous cycles. This continued to be a working stage for Satir as she taught good touch, safe grabbing, and reaffirmed healthy communication patterns. She also completed some psychoeducation regarding how the body responds when being grabbed in order to reeducate the family on how to handle the situation differently. Essentially Satir helped the family to develop a new interactional pattern with the boys and between the parents. The second gallery for the final act focused on Bob and Betty crystalizing what they have been working on in their relationship and reaffirming those new dynamics.

Systems Intervened

A second area that needs to be considered is what systems were being assessed with the different interventions. Satir often intervened in multiple systems at the same time. Satir addressed the biological system by talking about how their hands and bodies needed to be retrained. She utilized a number of sensory techniques including touch to retrain the boys' hands and change the interactional pattern with the family. Examples of interventions at the biological system include Satir connecting Aaron's headache to his feeling sad, and how Aaron's feeling sad connected with his fight with his brother. Another example is when Satir connected the biological and psychological systems and asked Betty what was her dominant hand. She then asked Betty to connect to her sensory experience and hold her conviction with her right hand.

Satir addressed and assessed the psychological system through reframing the problem and helping the family to view the problems differently and identifying, expressing, and communicating emotions, thoughts, and values. In Act I this can be seen when Satir reframed the problems as Robbie's struggles, mother's hope, and old learning. In Act II Satir also reframed Betty's bottom line as coming out of love. Satir also punctuated three things that she heard from Bob including that he will turn heaven and earth so that they do not separate, that he does not want to lose anybody, and that he will work hard to make a plan. Satir often asked exploratory questions regarding what emotions family members felt and had them utilize expressive statements about how they felt to one another. In one instance Satir also identified an emotion that Aaron could relate to. She also helps the family by helping them express their bottom lines and values.

Interventions that addressed the social system include Satir's declarative statement that the parents could be effective. In Act I Satir also worked on helping Bob communicate with his children and letting them know that they were not going to see their mother because she hurt them and that he was not going to let them hurt each other. Feedback was another component of the session that frequently occurred as Satir often asked them to provide feedback about what the other had said. Additional, many of Satir's interventions focused on helping the parents interact with each other and the children differently including having them communicate differently, think differently about one another, and interact differently in their relationships.

Limitations

Although the study demonstrates the benefit in utilizing RFA and analyzing sessions to develop a more comprehensive metatheory, still this study has several limitations. First, this study is a single case and therefore the generalizability from this study is limited. Second, this study is only the first of several studies focused on developing a metatheory of the therapeutic process; therefore, at this time, it is impossible to make generalizations about the larger therapeutic process until a larger number of cases are studied. Additionally, the session was a training session and as such it may not be an accurate representation of her work although those concerns appear to be mitigated in that Satir utilized the training session to demonstrate her work.

Conclusion

The study shows how Virginia Satir navigated a session and intervened to help the family progress from the beginning of a therapy session to the end of a therapy session. The study also provides concrete representative data on what therapists do in session that works and helps to establish forward momentum. This type of information is then essential in helping the profession advance the theories and concepts of what makes therapy effective. Far too often quantitative meta-analytic methods are solely utilized to assess for patterns and themes in the therapeutic encounter, in doing so pivotal information is left out regarding the context and progression of the therapy session. Where quantitative methodologies offer advantages in viewing the broad strokes of the picture, qualitative methodologies and specifically RFA (Keeney, Keeney, & Chenail, 2015), are essential in developing the fine detail of the picture.

Future directions in research could include RFAing additional master therapist sessions and then conducting a meta-RFA. The meta-RFA could then be utilized to assess patterns, similarities, and discontinuities between different therapists. This will then help the profession develop a better understanding and theories of what makes an effective therapist. In turn this information will allow the profession to assess the progression and development of therapist. For practitioners this session and future sessions can offer insight into the therapeutic process and successful progression of a session. It can also offer insight and ideas regarding different interventions that can be utilized within the biopsychosocial framework to help them conceptualize and intervene in a more holistic manner. For administrators this and following studies can be advantageous in training and hiring practices where administrators can focus on efficient and effective care through the assessment and progression of therapists that are working at their agency. For educators, this and future studies can help teach young therapist models, assisting in developing a framework to assess students therapeutic process, and provide a framework to teach the broad therapeutic process. Additionally, these studies will highlight biopsychosocial components that are often essential in the integrative health care as well as good quality care.

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