

THE SATIR MODEL: APPLICATION FOR MENTAL HEALTH AND WELL-BEING

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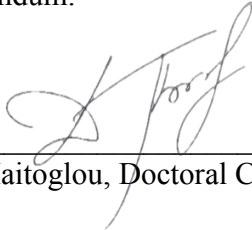
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THE SATIR MODEL APPLICATION

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ABSTRACT

The global mental health crisis exacerbated by the COVID-19 pandemic has intensified the need for integrative therapeutic models to address stress, anxiety, and depression. This doctorate project explored the application of the Satir model (SM) to mental health and well-being, emphasizing its efficacy in alleviating these conditions. The SM, developed by Virginia Satir, integrates experiential, systemic, and humanistic approaches, focusing on communication, self-esteem, and family dynamics. This synthesis of evidence study, conducted according to PRISMA guidelines, reviewed 21 relevant articles to evaluate the SM's effectiveness. Key findings indicate the SM's holistic and flexible framework is particularly effective in reducing symptoms of anxiety and depression by promoting secure attachment, emotional regulation, and neurophysiological balance. The model's incorporation of polyvagal theory and attachment theory provides a comprehensive approach to treating mental health disorders. Additionally, the SM's emphasis on self-esteem, congruence, and experiential learning offers valuable tools for therapists. The study underscores the need for further empirical research to validate the SM as an evidence-based practice and highlights its potential applications in various contexts, including family therapy, individual counseling, and organizational settings. This research contributes to the growing body of knowledge supporting integrative therapeutic models and advocates for the inclusion of the SM in contemporary mental health practices to address the complex challenges posed by the current global mental health landscape.

Keywords: Satir model, mental health, anxiety, depression, integrative therapy, polyvagal theory, attachment theory, synthesis of evidence

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CHAPTER ONE

OVERVIEW OF THE STUDY

More than 285 million people are suffering from symptoms of anxiety and depression (WHO, 2021). Pressing issues such as financial pressures, relationship issues, refugee crises, and environmental catastrophes affect health and well-being (Dewan et al., 2018). The recent COVID pandemic gave rise to anxiety, which further exacerbated overall stress levels (Erbicer et al., 2021). There is a need for evidence-based tools that are effective for stress, anxiety, and depression to equip clinicians with an integrative framework that bridges theory and practice (Westra et al., 2016). Research has demonstrated the effectiveness of different modalities on stress, anxiety, and depression symptoms, including internet-based biofeedback and neuro-technology for mental health (Weerdmeester et al., 2020), mindfulness-based stress-reduction (MBSR) and mindfulness-based cognitive therapy (MBCT) (Hofmann & Gomez, 2017), acceptance and commitment therapy (ACT) (Twohig & Levin, 2017), cognitive-behavioral therapy (Crowe & McKay, 2017), brief behavioral therapy (Weersing et al., 2017), psychodynamic interventions (Leichsenring & Steinert, 2018), solution-oriented psychotherapy (Ayar & Sabanchiogullari, 2022), dialectical behavior therapy (DBT) (Linehan, 2015), exposure therapy (Abramowitz et al., 2019), AI-based treatments (Fulmer et al., 2018), and experiential nature-based treatments such as forest therapy (Chun et al., 2017), yoga (Shohani et al., 2018), music therapy (Vajpeyee et al., 2022), dance therapy (Tortora, 2019), exercise and sports therapy (Ley et al., 2018), and creative arts therapy (Dieterich-Hartwell, 2017). An integrative model should include effective tools (e.g., protocols, activities, treatment components, and exercises). It may be grounded in different psychological schools of thought for treating comorbid anxiety and depression across psychosocial and pharmacological approaches (Dewan et al., 2018). Examples of such tools could come from researched and effective models (theoretical and practical therapy

components) such as emotion dysregulation, interpersonal, meta-cognitive, avoidance, behavioral activation, and cognitive models (Coplan et al., 2015).

The late Virginia Satir developed the Satir model (SM). It has profoundly influenced the domain of family therapy and beyond. The application of mental health and well-being across different domains and populations was explored in this study. Through a synthesis of evidence approach, the research delved into current quantitative and qualitative research on the SM application (Banmen, 1986; Yldrm, 2017). The multifaceted applicability of the SM across diverse populations was explored. This highlighted its interventions among adolescents during global challenges such as the COVID-19 pandemic (Shao, 2021) and its efficacy in addressing interpersonal dynamics among college demographics (Wang, 2016). The synergy of the SM with other therapeutic modalities, particularly somatic and dance therapy, and its impact on mental well-being were investigated (Strassel et al., 2011). The current landscape of the SM's application, emerging research trends, and potential future trajectories were investigated (Lee, 2002a; Wretman, 2016). The objective remained to comprehensively explore the SM, emphasizing its enduring relevance and adaptability in contemporary mental health landscapes.

Background of the Problem

The COVID-19 pandemic health crisis has affected billions of people around the globe, including vulnerable populations under stress, resulting in a 30% rise in cases of anxiety and depression (MacDonald et al., 2022; Wilson et al., 2020). With national lockdowns, mandatory mask-wearing, disrupted work and home routines, and forced physical separation, the COVID-19 pandemic has led to COVID anxiety, which is anxiety about COVID-19 implications (Erbicer et al., 2021). The COVID pandemic impacted families who tried to navigate the complex world of uncertainty, fear, and stress. Millions of people around the world suffer from exacerbating cases of acute and chronic mental health conditions

(Odrizola-González et al., 2022; Yildirim & Solmaz, 2020). In Northern America, the cases of anxiety and depression increased by 30% during the pandemic (Turna et al., 2021). Children and adolescents suffered from drastic changes in school routines and parents working from home, resulting in elevated levels of anxiety and depression, together with physical and psychosomatic concerns (Hamaideh et al., 2022; Oliviera et al., 2022).

Health care practitioners and laypeople need innovative and effective solutions to help alleviate the symptoms of anxiety, depression, and stress. The world has drastically changed since the onset of the COVID-19 pandemic. Residents of many countries found themselves with elevated symptoms of anxiety, depression, stress, and other mental health issues (Ashby et al., 2021). Studies across different countries, such as China (Qiu et al., 2020), India (Varshney et al., 2020), Russia and Belarus (Gritsenko et al., 2021), Spain (Gozalez-Sanguino et al., 2020), Italy, (Forte et al., 2020), Germany (Ravens-Sieberer et al., 2021), United Kingdom (Shevlin et al., 2020), and the United States (Liu et al., 2020), provided evidence of elevated cases of anxiety, depression, and stress as a result of the COVID pandemic. Some researchers have suggested that COVID anxiety is a new trauma type (Kira et al., 2021), which refers to symptoms of anxiety associated with COVID-19 fear, a forced social distancing from family members, resulting in reduced well-being, even without the presence of COVID-19.

The current pharmacological treatment approach for depression and anxiety presents many issues: (a) up to 33% of patients are considered treatment resistant (i.e., do not respond to two or more drugs), (b) undesired side effects such as disruption of physical processes (e.g., sexual and sleep dysfunction, weight gain, memory deficits, oscillations/twitching), (c) low treatment adherence, and (d) drug-dependency (Fogaca & Duman, 2019). A plethora of therapeutic modalities offers many tools and techniques for depression and anxiety, of which some are research-based and some are based on anecdotal evidence (Dewan et al., 2018).

Therefore, an integrative approach is needed to combine different modalities' elements into an elegant, integrative form that can be applied to cases of anxiety, depression, and other stress-related health issues (Gilbert, 2019). A group of 41 controlled intervention studies has offered an alternative approach to health-related psychological outcomes by using dance movement therapy, suggesting dance movement therapy decreased anxiety and depression and increased quality of life, cognitive skills, and interpersonal skills. The effect remained stable after a 22-week follow-up (Koch et al., 2019). Although many therapists are using integrative solutions intuitively with clients (Dewan et al., 2018), more research is required to investigate integrative solutions to pressing mental health issues such as stress, anxiety, and depression.

Statement of the Problem

The problem is existing therapies for stress, anxiety, and depression have not been effectively integrated to address the mental health challenges intensified by the COVID-19 pandemic (MacDonald et al., 2022; Wilson et al., 2020). Despite substantial scientific evidence for the increase of stress, anxiety, and depression and their detrimental effect on well-being, little research is available on which therapeutic modalities provide integrative solutions that can help alleviate symptoms of stress, anxiety, and depression (Caro, 2018; Dewan et al., 2018; Halbur & Vess Halbur, 2019; Wachtel et al., 2020). There is evidence for cognitive-behavioral interventions (Babl et al., 2016), eye movement desensitization reprocessing (Peri et al., 2021), biofeedback (Shibata et al., 2021), solution-focused therapy (Chen, 2020), psychodynamic therapy (Conversano, 2021), family therapy (Levy et al., 2021), sensorimotor therapy (Fisher, 2019), body-mind therapy (Rentala & Ng, 2021), and emotion-focused therapy (Abbass & Elliott, 2021). However, more research is required on combining these effective therapies into a comprehensive therapeutic model. The SM could

fill the gap by providing an effective framework within an integrative approach to psychotherapy.

Without integrating experiential, biological, somatic, systemic, transformational, body-mind, and psychodynamic aspects, there is a missed opportunity to help millions who suffer from anxiety and depression exacerbated by the COVID-19 pandemic. Effective and holistic frameworks are needed based on the integrative approach to psychotherapy (Tirinnanzi & Bianchi, 2021). The SM, grounded in the polyvagal theory, attachment theory, and interpersonal neurobiology, emerges as a potential comprehensive framework encompassing these diverse therapeutic strategies. Yet, its expansive potential, particularly concerning addressing the intensified mental health challenges in the aftermath of the COVID-19 pandemic, remains insufficiently probed (Bailey, 2022; Chen et al., 2022; Shao, 2021). The significance of integrating experiential, biological, somatic, systemic, transformational, and body-mind aspects is undeniable, especially in these trying times. Without such an inclusive approach, many individuals grappling with complex traumas, exacerbated further by global events, risk being overlooked. As mental health care progressively leans towards integrative psychotherapy, delving deep into the SM's capability—especially given its grounding in key psychological theories—becomes increasingly essential (Tirinnanzi & Bianchi, 2021).

Purpose of the Study

The purpose of this qualitative synthesis of evidence was to comprehensively examine the role and effectiveness of the SM application in mental health and well-being exacerbated by the COVID-19 pandemic. This synthesis encompassed a range of studies and empirical data that have explored the SM's efficacy in addressing mental health concerns. By drawing from diverse sources, the intention was to provide a cohesive understanding of how the SM stands as an integrative therapeutic approach in today's complex psychotherapeutic landscape

and beyond. This study employed rigorous literature review methods, including search strategies across multiple databases, critical appraisal of included studies, and thematic analysis of findings. The aim of this synthesis was to provide both breadth (encompassing a wide range of studies and sources) and depth (offering a deep understanding of the model's nuances and potential therapeutic implications). There are no hypotheses in a synthesis of evidence as it did not test a new intervention but rather collated and analyzed existing evidence (et al., 2016). The output was a comprehensive understanding of the SM's effectiveness, its strengths, potential areas of improvement, and recommendations for its application in therapeutic contexts.

Research Questions

RQ1. How did the application of the SM impact mental health treatment outcomes?

RQ2. Which specific SM interventions were most commonly applied to symptoms of stress and anxiety?

RQ3. What are the implications of the SM interventions on depressive symptoms?

Theoretical Framework

This study was grounded in the SM with elements of experiential, emotion-focused, interpersonal, systemic, transformational, psychodynamic, humanistic, body-mind, and family-oriented theories while investigating which specific interventions and techniques help alleviate symptoms of stress, anxiety, and depression. The late Virginia Satir, a pioneer in family therapy in the 1950s and 1960s, created the SM. The SM is based on the following principles: (a) become more fully human by raising self-esteem and validating the core of each individual (self-esteem toolkit), (b) peace within, peace between, peace among (five freedoms, communication stances, parts' party), (c) family triad where the family dynamics are healed, as well as individuals within that family system (family reconstruction process),

and (d) change is always possible (iceberg & change process) (Satir et al., 1991). Originally, Satir created four communication stances (blaming, placating, super-reasonable, and irrelevant) (Satir et al., 1991). Her student, Sharon Loeschen, added another stance – withdrawing (Loeschen, 2005).

Satir's work influenced the development of therapies and therapeutic interventions, such as neuro-linguistic programming (NLP) created by Richard Bandler and John Grinder (Bandler et al., 2005), internal family systems (IFS) created by Dick Schwartz (Schwarz, 1997), emotion-focused therapy (EFT) created by Sue Johnson (Johnson, 2004), family constellations created by Bert Hellinger (Hellinger et al., 1998), and family systems therapy (Nichols, 2010). The SM focuses on the primary triad, where the coping communication stances are at the core of family dynamics. Satir was ahead of her time in proposing an effective model. However, little research was done to support the SM's effectiveness in alleviating stress, anxiety, and depression (Allen et al., 2022). The latest advancement in technology (Wang et al., 2022) and understanding of the neurobiology of stress, touch, and communication opened the possibility of exploring the neurobiological and interpersonal aspects of the SM. This study uses the SM as an integrated theoretical lens in which the current literature on alleviating symptoms of stress, anxiety, and depression is examined. The SM assists in understanding the complexities of emotional states such as stress, anxiety, and depression. An integrative perspective to understanding stress, anxiety, and depression offers insights across the field that need synthesis among different therapies.

Significance of the Study

Grounded in the SM, the proposed study contributes to psychology's clinical and therapeutic fields, especially for those who work with clients suffering from stress, anxiety, and depression. In addition, this study also adds to the body of knowledge among experiential, emotion-focused, interpersonal, systemic, transformational, psychodynamic,

humanistic, body-mind, and family-oriented theories and their application to cases of stress, anxiety, and depression. Finally, it also adds to the movement toward integrated therapies. The COVID pandemic, financial implications of the political conflicts, global environmental crisis, and family pressures increase overall stress levels and require an integrative set of healing practices to counterweigh the negative impact on the nervous system and emotional states (stress, anxiety, and depression). While other studies have attempted to research integrative therapies applied to post-traumatic stress disorder (Carlson et al., 2019; Metcalf et al., 2016; Pandzic et al., 2015; Park & Slattery, 2021; Sornborger et al., 2017; Wynn, 2015), limited research is available about people suffering from stress, anxiety, and depression through the application of integrative therapy to the treatment of such cases. The SM can apply to a corporate and business context where workers are overwhelmed and stressed by ever-changing business realities. It can also be applied and suitable for families with busy parents, where children are bound to spend time in front of screens with little body movement. The study aims to contribute to understanding how the SM influences emotional states such as stress, anxiety, and depression and helps improve emotional well-being.

Limitations and Delimitations of the Study

The limitations of this study include the lack of homogenous research on integrative therapeutic modalities. Another limitation is that the findings depend on the reviewed literature, not the primary research. Another limitation is the breadth of the model. Although Virginia Satir pioneered family therapy, the SM has been applied to many fields and populations across mental health and well-being (Brothers, 2019). Finally, the popularity of the SM across the globe presents another limitation: most research is written in languages other than English.

The delimitations include stringent inclusion criteria focused on the SM, a limitation to specific databases, a timeframe that prioritizes recent studies, the exclusion of research not

directly related to the SM, and logistical constraints related to translation and time. These factors collectively shape the scope and focus of this qualitative synthesis on the SM's application to mental health and well-being. Studies with empirical data and robust methodology are included. Primarily, the research prioritizes studies that specifically delve into the SM's application to mental health and well-being. Multiple databases are used, including Google Scholar, Scopus, PubMed, and PsycINFO. With a large number of therapeutic modalities available, the research particularly concentrates on the SM and its direct applications to stress, anxiety, and depression. Although most studies are from the last five years, some significant studies are reviewed from the previous ten years. The nature of the synthesis of evidence in this type of study delimits the inclusion of qualitative and quantitative research done on the SM. By utilizing such software as Delvetool, the study provides rigorous insights for clinical application. To enhance the global applicability of the findings, efforts are made to include translations of relevant studies from various countries.

Definitions of Key Terms

The following terms have been used in this study, and their definitions are provided for a general understanding of the research.

Anxiety

Anxiety is an emotional state characterized by tension, worried thoughts, and physical changes such as increased blood pressure, sweating, and shallow breathing. It is often accompanied by intrusive thoughts in which people report having trouble sleeping and focusing and may avoid certain situations out of worry (Tuma & Maser, 2019).

Depression

Depression is an emotional state characterized by apathy, tiredness, and lack of motivation. Feelings of hopelessness and helplessness often accompany it, and, in some cases, suicidal thoughts (Ejdemyr et al., 2021). Depression is characterized by a

predisposition to negative biases and maladaptive emotion regulation strategies (Lemoult & Gotlib, 2019).

Family Triad

A family triad is a working therapeutic modality for systemic family therapy. An 'original triad' would consist of a mother, a father, and a child (or a variation of an LGBTQ+ family) (Robinson, 2018).

Family Reconstruction

A family reconstruction is a therapeutic technique that helps explore and change the communication patterns and behavior stemming from a person's family of origin. By reconstructing how people related in the past and shifting their position, feelings, perceptions, beliefs, and thought processes also change (Brothers, 2019).

Integrative Movement Therapy

Integrative movement therapy combines different movement modalities and techniques, such as dance and yoga, to benefit therapeutic interventions (Lauffenburger, 2020).

Satir Model

The SM, Satir transformational model, Satir transformational systemic therapy, Satir human validation model, or Satir growth model is the applied theory and practice of Virginia Satir in the therapeutic field of counseling, therapy, and beyond (Brothers, 2019).

Stress

Stress is an emotional state, such as the body's reaction to external or internal stimuli that turn on the sympathetic nervous system and create a sense of mobilization and readiness to fight or flee. Often, as a reaction to danger, stress affects the biology and physiology of the body. Chronic stress leads to adverse health outcomes (O'Connor et al., 2021).

Organization

In summary, this study uses a qualitative synthesis of evidence design to investigate what evidence exists in the literature regarding the efficacy of the SM in mitigating symptoms of stress, anxiety, and depression. The following chapters are presented. Chapter one describes the background and statement of the problem, the significance of the study, the purpose, the theoretical framework, limitations, delimitations, and the key terms used throughout the study. Chapter two describes the existing research supporting the theory that this study is built on. It also specifies and describes different schools of thought that are the basis for the SM. Their significance and supportive evidence through research are presented. In Chapter two, a comprehensive overview of the theory and practice of the SM are presented from the standpoint of previous research done in different modalities. Chapter three includes the research methodology, including the data collection method, participants, data analysis, and important synthesis of evidence research considerations. Chapter four includes the results in response to each research question. Chapter Five includes a discussion of the results and findings. The discussion is aligned with the theoretical framework. Limitations, ethical and cultural concerns, recommendations, and further research are discussed.

CHAPTER TWO

LITERATURE REVIEW

As identified in chapter one, this qualitative synthesis of evidence study aims to understand the SM application to mental health and wellbeing. Chapter two offers a comprehensive overview of the literature that covers effective therapies for alleviating stress, anxiety, and depression symptoms and integrative solutions to these issues. Finally, the SM is presented, analysed, evolving, and applied in different domains and populations.

Effective Therapies for Stress, Anxiety, and Depression

This section provides a review of effective therapies for stress, anxiety, and depression, including ACT, cognitive-behavior therapy (CBT), prolonged exposure (PE) therapy, eye movement desensitization and reprocessing (EMDR), somatic experiencing (SE), sensorimotor psychotherapy (SP), brief behavioral therapy (BBT), psychodynamic psychotherapy (PDP), solution-focused psychotherapy (SFP), DBT, accelerated experimental dynamic psychotherapy (AEDP), IFS therapy, intensive short-term dynamic psychotherapy (ISTDP), narrative exposure therapy (NET), MBSR, brain spotting therapy, and experiential treatments.

Acceptance and Commitment Therapy

Steven Hayes created ACT in the 1980s, which stems from behavioral and cognitive behavior therapy. Instead of changing or focusing on issues, ACT aims to help people accept feelings and emotions. ACT has been effective with emotional disorders such as anxiety and depression (Coto-Lesmes et al., 2020). Applied in a group, internet-based, and individual setting, research has shown that ACT helps with psychological flexibility and better-sustained well-being even with patients suffering from depression (Sun et al., 2022). It has also been researched and applied across cultures with effective outcomes for mental health (Zhao et al., 2022).

The versatility of ACT is evident in its successful application in diverse formats and settings (Zhao et al., 2022). Group-based ACT fosters a sense of community and mutual support, while internet-based ACT expands access to therapy for individuals who may face barriers to in-person treatment (Sun et al., 2022). This adaptability makes ACT a practical option for varied populations, enhancing its overall efficacy and reach (Coto-Lesmes et al., 2020). One of the key strengths of ACT is its focus on values-based living. By encouraging individuals to identify and commit to their core values, ACT helps them find direction and purpose even amidst psychological distress (Sun et al., 2022). This approach not only alleviates symptoms but also enhances life satisfaction and personal fulfillment.

Additionally, the emphasis on mindfulness practices within ACT helps individuals cultivate a non-judgmental awareness of their thoughts and emotions, fostering greater emotional resilience and mental clarity. Mindfulness involves being present in the moment and observing one's experiences without attachment or aversion. This practice allows individuals to detach from their distressing thoughts and view them as transient experiences rather than defining aspects of their identity (Hayes, Strosahl, & Wilson, 2016). By integrating mindfulness, ACT helps clients respond to their thoughts and feelings more adaptively rather than reactively, which is crucial for managing symptoms of anxiety and depression. Research has shown that these mindfulness components contribute significantly to the overall effectiveness of ACT, enhancing both psychological flexibility and emotional well-being (Hayes, Strosahl, & Wilson, 2016).

Cognitive-Behavioral Therapy

CBT, developed by Aaron Beck in the 1960s, has been the golden standard in therapy to help alleviate stress, anxiety, and depression (Rith-Najarian et al., 2019) by helping change dysfunctional beliefs and thought processes (von Brachel et al., 2019). By recognizing, becoming aware, changing distorted thinking, and changing thought patterns, CBT has been a

'go-to' therapy for many practitioners. CBT is well-researched to reduce stress, anxiety, and depression, including during the latest COVID outbreak (Li et al., 2020). Carpenter et al. (2018) conducted a meta-analysis of randomized placebo-controlled trials. They demonstrated CBT is a moderately efficacious treatment for anxiety disorders compared to a placebo, indicating the need for more effective treatments, especially for PTSD (Carpenter et al., 2018).

CBT is beneficial in times of crisis by improving the functioning of emotional regulation, and it can be effective for building healthy habits, proactive behavior, and prevention (Watkins et al., 2018). However, CBT has not been effective in complex anxiety and stress disorders due to high remission rates (Springer et al., 2018) and depression, with co-occurring biological, psychological, and social factors (Barton et al., 2017). A significant advantage of CBT is its structured, goal-oriented approach, which empowers individuals to take an active role in their treatment (Watkins et al., 2018). This approach involves setting specific, measurable goals and working systematically towards achieving them.

The emphasis on skills training, such as problem-solving, relaxation techniques, and exposure therapy, equips clients with practical tools to manage their symptoms effectively (Watkins et al., 2018). Additionally, CBT's adaptability allows it to be integrated with other therapeutic approaches, enhancing its efficacy. For instance, combining CBT with pharmacotherapy has been shown to produce better outcomes for individuals with severe depression (Rith-Najarian et al., 2019). The therapy's focus on evidence-based practices ensures interventions are grounded in scientific research, making it a reliable option for mental health professionals. Despite its limitations in treating complex cases, the broad applicability and robust research support of CBT make it a cornerstone in the field of psychotherapy, continually evolving to address emerging mental health challenges.

Prolonged Exposure Therapy

PE was created to deal with symptoms of stressful events and traumatic responses. It works by gradually exposing traumatic content to desensitize the body's response to stressful stimuli, reducing the effect of trauma (Foa et al., 2018). This work is possible by changing cognitive and emotional responses to stimuli with assistance from the therapist who mediates the process. Apart from reducing the effects of PTSD, PE has also demonstrated clinically efficacious results with comorbid conditions such as anxiety, depression, and suicidal ideation (Brown et al., 2019) as it promotes stress reduction towards traumatic events or memory (Bluett et al., 2014). A crucial aspect of PE is its structured approach, which includes techniques such as in-vivo exposure and imaginal exposure.

In-vivo exposure involves confronting real-world situations the patient has been avoiding due to trauma-related fears, while imaginal exposure requires patients to recount their traumatic experiences in a safe therapeutic environment (Foa et al., 2018). These methods help to diminish the distress associated with traumatic memories and reduce avoidance behaviors (Bluett et al., 2014). Additionally, research has shown PE can lead to long-term improvements in emotional regulation and overall functioning, making it a valuable treatment option for those struggling with the aftermath of trauma.

Furthermore, PE has been found effective across diverse populations and settings, demonstrating its versatility and adaptability (Foa et al., 2018). The therapy's structured nature allows it to be tailored to individual needs, ensuring that each patient receives personalized care aimed at their specific trauma-related issues. This personalized approach enhances the overall effectiveness of PE, providing lasting benefits and improving the quality of life for trauma survivors (Brown et al., 2019). The adaptability of PE also makes it suitable for various clinical environments, from outpatient clinics to inpatient settings, and can be administered by a range of healthcare professionals with proper training. This broad

applicability and the robust evidence base supporting PE underscore its importance as a critical intervention in the treatment of trauma-related disorders, helping individuals regain control over their lives and promoting long-term psychological well-being (Foa et al., 2018).

Eye Movement Desensitization and Reprocessing

EMDR has taken a prominent position in stress reduction, anxiety, and depression for over three decades by offering effective protocols and research (Manzoni et al., 2021). It works by helping resolve unprocessed memories and ‘stuck’ feelings through exposure to cognitive content (thoughts, beliefs, and memories) and bilateral eye movement. EMDR methodology, developed by Frances Shapiro in the late 1980s, involves a set of eight phases of ‘rhythmic saccadic eye movements’ like REM while asleep or hand gestures such as rhythmic alternate tapping on legs (Davidson & Parker, 2001). The eight phases of EMDR include history-taking, preparation, assessment, desensitization, installation, body scan, closure, and reevaluation. This structured approach helps clients process traumatic memories in a controlled and supportive environment (Manzoni et al., 2021).

During the desensitization phase, clients focus on distressing images or thoughts while engaging in bilateral stimulation, which may include eye movements, tapping, or auditory tones. This process is believed to facilitate the integration and resolution of traumatic memories. EMDR has been extensively researched and validated as an effective treatment for PTSD, with growing evidence supporting its use for other conditions such as phobias, panic disorders, and chronic pain (Davidson & Parker, 2001). The method’s ability to quickly reduce symptoms and improve overall psychological well-being has made it a valuable tool in therapeutic settings.

Furthermore, EMDR's structured yet flexible approach allows it to be integrated into various therapeutic modalities, enhancing its applicability and effectiveness across different patient populations and clinical settings (Shapiro, 2018). This versatility makes EMDR a

critical component of trauma-informed care, supporting its continued use and adaptation in mental health treatment. Its ability to address a wide range of psychological issues beyond PTSD, such as complex trauma, grief, and dissociative disorders, underscores its comprehensive utility. Additionally, the growing body of research and clinical evidence continues to support the efficacy of EMDR, reinforcing its status as a valuable and adaptable therapeutic approach in the evolving landscape of mental health care (Manzoni et al., 2021).

Somatic Experiencing

SE, created by Peter Levine in the late 1970s, focuses on bodily sensations as maladaptive fixated physiological states to assist in coping with stress. The main interest at the time of creation was in PTSD cases incorporating awareness, mindfulness, and body movements to change body reactions to trauma and stress (Levine et al., 2018). The unique component of SE that differs from PE therapy is that no words are required, just body movements to make positive changes (Levine, 1996). SE is structured within a 15-session protocol centered around mindfulness practice to balance the sympathetic and parasympathetic nervous systems. SE helps regulate the body's bottom-up processing system (Levine et al., 2018).

A key element of SE is the concept of "pendulation," which involves moving between states of distress and comfort, allowing the body to process traumatic energy gradually (Levine et al., 2018). This technique helps clients develop greater resilience and capacity to handle stress. Additionally, SE practitioners often use "titration," breaking down traumatic experiences into manageable pieces to prevent overwhelm and facilitate healing. Through these techniques, SE is used to restore the body's natural ability to self-regulate and resolve trauma. Research has shown that SE can be effective not only for PTSD but also for a range of stress-related conditions, including chronic pain and anxiety disorders (Levine, 1996).

The focus on bodily sensations and movements offers an alternative approach for individuals who may struggle with traditional talk therapies, providing a holistic path to recovery and well-being. By emphasizing the physical experiences of trauma and employing gentle, mindful techniques, SE allows for a deeply integrative healing process that addresses both psychological and physiological aspects of trauma (Levine et al., 2018). This comprehensive approach ensures that clients can achieve lasting relief and improved overall health.

Sensorimotor Psychotherapy

Although limited in clinical research, SP is one of the therapies developed by Pat Ogden in the 1970s, focusing on the body sensations as a prime regulation modality and an attachment component (Ogden & Fisher, 2015). SP has mainly been used to treat trauma survivors with symptoms of PTSD and attachment dysregulation, such as childhood neglect and abuse (Ogden et al., 2006). SP utilizes the bottom-up approach to emotion regulation with a theoretical foundation in neuroscience and attachment theory. The main component is the body, which becomes an instrument for changing sensations, feelings, thoughts, and behavior (Fisher, 2019). SP's approach involves integrating somatic techniques with traditional psychotherapy methods to address the impacts of trauma holistically. This integration allows clients to access and process traumatic memories stored in the body, often bypassing the limitations of verbal processing alone.

Techniques such as grounding, movement, and body awareness exercises help clients reconnect with their physical selves and develop a sense of safety and stability (Ogden et al., 2006). Moreover, SP emphasizes the importance of understanding and working with the client's attachment style, as attachment disruptions often underlie trauma responses. By fostering a secure therapeutic relationship, SP aims to promote healing and resilience,

offering a comprehensive approach to trauma recovery that encompasses both the mind and body (Fisher, 2019).

This dual focus on somatic and attachment interventions provides an effective framework for treating complex trauma, enabling clients to achieve deeper levels of healing and emotional regulation. Additionally, SP's emphasis on embodied experience helps clients to develop greater self-awareness and agency, which are crucial for long-term recovery and overall well-being (Ogden & Fisher, 2015). By facilitating a more profound connection between mind and body, SP empowers clients to process and integrate traumatic memories in a manner that promotes lasting change. The therapy's holistic nature not only addresses immediate symptoms but also fosters resilience and adaptability, equipping individuals with the tools to navigate future stressors more effectively. This comprehensive approach underscores SP's potential as a transformative therapeutic modality in the landscape of trauma treatment, continually contributing to the enhancement of mental health care practices (Fisher, 2019).

Brief Behavioral Therapy

BBT is an empirically supported therapy that stemmed from CBT using Socratic dialogue, motivational strategies, collaborative planning and active listening techniques, and positive regard toward impacting psychopathology (Schwartz et al., 2022). BBT is effective for cost-effective therapy solutions for alleviating stress, anxiety, and depression, especially for minority populations (Brent et al., 2020). Due to its short and brief nature, it is applied in various settings and fields, including medicine, pediatrics, and dentistry (Gonzalez & Quezada, 2016). The main difference between CBT and BBT is the time required for sessions. BBT is the compression of 12-20 CBT sessions into four to eight sessions, focusing only on a few session-bound areas. The client becomes aware of the limited number of

sessions available and aims to progress to achieve the goal established during the first session within the time allocated (Weersing et al., 2021).

BBT's streamlined approach makes it particularly advantageous for individuals with limited access to long-term therapy or those who require immediate psychological support (Schwartz et al., 2022). Research has indicated BBT is not only effective in reducing symptoms of anxiety and depression but also enhances overall patient satisfaction due to its practicality and time efficiency. Additionally, BBT's emphasis on active collaboration and motivational interviewing techniques fosters a strong therapeutic alliance, which is crucial for achieving positive outcomes in a condensed timeframe (Weersing et al., 2021). This makes BBT a valuable tool in the repertoire of mental health interventions, offering a pragmatic solution to the increasing demand for accessible and effective mental health care.

The therapy's brevity and targeted focus allow it to be easily integrated into various healthcare settings, providing a versatile option for clinicians working with diverse populations (Brent et al., 2020). By addressing key issues efficiently, BBT helps bridge the gap between traditional, longer-term therapies and the need for immediate mental health support (Brent et al., 2020). This adaptability ensures that more individuals can receive the mental health care they need in a timely manner, improving overall community health outcomes. Moreover, the structured nature of BBT allows for consistent application and ease of training for new therapists, enhancing its scalability and potential for widespread implementation. Its cost-effectiveness further supports its use in settings with limited resources, making quality mental health care more accessible to underserved populations (Schwartz et al., 2022). The positive feedback from patients and the demonstrated improvement in mental health metrics underscore BBT's role in addressing the growing demand for mental health services, particularly in today's fast-paced and resource-constrained healthcare environments (Schwartz et al., 2022). As a result, BBT represents a

significant advancement in the field of psychotherapy, providing a pragmatic and impactful approach to mental health treatment that meets the diverse needs of contemporary society.

Psychodynamic Psychotherapy

PDP is derived from earlier models of psychoanalytic perspective created by Freud, Klein, and Jung, focusing on subconscious processes that influence behavior and feelings (Ribeiro et al., 2018). In addition, PDP has elements of ego psychology, attachment theory, object-relation theory, and self-psychology. Operating on an interpretive-supportive continuum, PDP aims to elicit insights and to make unconscious desires and patterns more conscious (Ribeiro et al., 2018). PDP is clinically supported as an effective therapy for alleviating stress, anxiety, and depression, especially in children and adolescents (Midgley et al., 2021; Seiffge-Krenke, 2020). PDP also has a brief therapy option, which has been effective in alleviating symptoms of depression (Di Salvo et al., 2022).

A key aspect of PDP is the therapeutic relationship, which serves as a mirror for understanding and resolving internal conflicts. This relationship allows clients to project their unconscious feelings and patterns onto the therapist, facilitating a process called transference (Ribeiro et al., 2018). By working through these projections, clients gain insights into their emotional lives and develop healthier ways of relating to themselves and others. The interpretive nature of PDP helps clients understand the root causes of their psychological issues, leading to lasting change (Ribeiro et al., 2018). Additionally, PDP's adaptability makes it suitable for both long-term and brief interventions, offering flexibility in addressing a range of mental health concerns. Its effectiveness in treating complex cases of trauma, personality disorders, and chronic emotional difficulties underscores its enduring value in the field of psychotherapy (Di Salvo et al., 2022).

Another significant strength of PDP is its focus on the client's past experiences and their influence on present behavior (Ribeiro et al., 2018). By exploring early life events and

relationships, clients can uncover patterns that have shaped their current psychological state.

This deep exploration provides a comprehensive understanding of the individual's inner world, allowing for more targeted and effective interventions (Ribeiro et al., 2018).

Furthermore, PDP's emphasis on the therapeutic alliance fosters a safe and supportive environment where clients feel understood and validated. This strong foundation is crucial for facilitating deep emotional work and promoting psychological healing. As a result, PDP not only addresses immediate symptoms but also fosters long-term growth and resilience, making it a powerful tool for sustained mental health improvement (Ribeiro et al., 2018).

Solution-Focused Psychotherapy

SFP, created by Steve de Shazer and Insoo Kim Berg in the late 1970s, considers that all solutions are already available inside an individual, and to help alleviate anxiety, stress, and depression, it focuses on the positive solutions and resources of individuals (Rabi'atul et al., 2020). Emphasizing solutions rather than problems, SFS is one of the outcomes of positive psychology and strength-based psychology utilizing 'miracle questions' (e.g., 'what if you had all the resources on this planet, what would you do to fix this issue?' or 'what if you woke up and you had a perfect day, what would you do and how would you feel?') and reframing (e.g., 'in other words, you have had a learning experience you can draw from,' or 'when you say you couldn't, what was it that you chose to prioritize more?'). SFP has a wide range of applications across fields of work and well-being, including the education sector (Javadian & Eqlidi, 2022), medicine, including COVID pandemic-driven anxiety (Mohiti et al., 2022), and social anxiety reduction (Barzegar et al., 2019). A notable aspect of SFP is its brief and goal-oriented nature, which makes it particularly appealing for clients seeking quick and practical solutions to their problems. This therapy involves identifying specific goals and working collaboratively with the therapist to develop strategies to achieve them (Rabi'atul et al., 2020).

By focusing on what is already working in the client's life and building on these strengths, SFP helps individuals create a more positive and proactive mindset (Rabi'atul et al., 2020). The use of scaling questions (e.g., "On a scale of 1 to 10, how confident are you in solving this issue?") further aids in tracking progress and maintaining motivation. Research has demonstrated that SFP can be effective in various settings, including schools, workplaces, and healthcare environments, by enhancing resilience, promoting self-efficacy, and fostering a sense of empowerment (Javadian & Eqlidi, 2022). Its flexibility and adaptability make SFP a valuable approach for addressing a wide range of psychological and situational challenges.

Furthermore, the client-centered nature of SFP empowers individuals by validating their experiences and encouraging them to take an active role in their healing process (Javadian & Eqlidi, 2022). This empowerment fosters a sense of agency and control, which is particularly beneficial for individuals who feel overwhelmed by their circumstances. The brief and solution-focused format of SFP also makes it accessible for clients who may have time constraints or limited access to long-term therapy. By concentrating on achievable goals and immediate solutions, SFP provides a pragmatic and efficient framework for therapeutic intervention, promoting quick and sustainable improvements in mental health and overall well-being (Mohiti et al., 2022). This approach not only helps clients overcome their current challenges but also equips them with problem-solving skills and confidence to tackle future issues independently.

Dialectical Behavior Therapy

Created by Marsha Linehan in the late 1980s to prevent suicide and treat borderline personality disorder (Chapman, 2006), DBT combines elements of mindfulness, distress tolerance, interpersonal effectiveness, and emotion regulation, which are important skills for many mental health issues, including stress, anxiety, depression and even bipolar disorder (Eisner et al., 2017). Delivered as a 12-week program, it has been shown to improve

psychological well-being and decrease emotional reactivity to stress, allowing for improvement in anxiety and depression, similar to other therapies; yet, there is a lack of research to support it (Reddy & Vijay, 2017). DBT is unique in its combination of cognitive-behavioral techniques with mindfulness practices derived from Buddhist traditions, which help clients cultivate a balanced approach to life's challenges. The therapy is structured around four core modules: mindfulness, which promotes living in the present moment; distress tolerance, which enhances the ability to withstand and cope with crisis situations; emotion regulation, which aids in understanding and managing intense emotions; and interpersonal effectiveness, which focuses on developing healthy communication and relationship skills (Eisner et al., 2017). Each module provides clients with practical tools and exercises that can be applied in their daily lives, fostering long-term resilience and adaptive coping strategies.

The skills learned in DBT not only aid in managing specific mental health issues but also contribute to overall life satisfaction and interpersonal harmony, making it a versatile and valuable therapeutic approach. Clients often report significant improvements in their ability to handle everyday stressors, maintain healthier relationships, and experience greater emotional stability (Eisner et al., 2017). This is particularly important for individuals with borderline personality disorder, who may struggle with intense emotional swings and interpersonal conflicts. The mindfulness component of DBT helps clients become more aware of their thoughts and feelings without judgment, allowing them to respond to situations more thoughtfully rather than reactively. The distress tolerance skills equip clients with strategies to endure and survive crises without resorting to self-destructive behaviors, while emotion regulation skills provide techniques to manage and change intense emotions that are causing problems in their lives (Linehan, 2015). Interpersonal effectiveness skills focus on

improving the client's ability to communicate and assert their needs in relationships healthily and productively.

Moreover, DBT has been adapted for various formats, including individual therapy, group skills training, phone coaching, and therapist consultation teams, making it highly adaptable to different treatment settings and client needs (Linehan, 2015). This multi-faceted approach ensures that clients receive comprehensive support, addressing their issues from multiple angles. Research has also indicated that DBT can be effective for treating other conditions beyond borderline personality disorder, such as eating disorders, substance use disorders, and post-traumatic stress disorder (Linehan, 2015). The growing body of evidence supporting DBT's efficacy highlights its importance as a robust and flexible treatment option in the field of psychotherapy. Its focus on building a life worth living, through a structured yet compassionate framework, empowers clients to make meaningful and lasting changes, improving their overall quality of life and psychological well-being.

Mindfulness-Based Stress Reduction

Jon Kabat-Zinn was first created in the late 1970s. The main goal of MBSR is to support individuals in approaching life events with resilience and emotional stability by being aware of the emotions arising and mindfully accepting them as they are. Rooted in eastern philosophy and traditions, with aspects of western psychology, the MBSR courses generally last eight weeks and promote self-awareness, personal development, and general well-being (Omidi et al., 2018). Kraines et al. (2022) reported the inconsistency of MBSR in improving cognitive function in cases of depression, mainly based on the inconsistency of terminology and methodology. However, despite some controversy in terminology, MBSR has been effectively applied across many fields of health care and age groups (Hazlett-Stevens et al., 2017).

The structure of MBSR typically involves weekly group sessions, daily mindfulness practices, and a one-day retreat, which together help participants develop a sustained mindfulness practice (Omidi et al., 2018). The techniques taught include body scanning, meditation, and gentle yoga, all of which are designed to enhance bodily awareness and emotional regulation (Omidi et al., 2018). Research has shown that MBSR can lead to significant reductions in stress, anxiety, and chronic pain, while also improving sleep quality and overall mental health. Furthermore, MBSR's emphasis on present-moment awareness and non-judgmental acceptance makes it a versatile intervention that can be tailored to individual needs, fostering a deeper connection between mind and body (Hazlett-Stevens et al., 2017). This holistic approach not only aids in managing specific health issues but also enhances participants' quality of life and resilience in the face of everyday challenges.

Moreover, MBSR has been integrated into various clinical and non-clinical settings, including hospitals, schools, and corporate environments, demonstrating its broad applicability and effectiveness in reducing workplace stress and enhancing employee well-being (Hazlett-Stevens et al., 2017). The inclusive nature of MBSR, which encourages participation from individuals with diverse backgrounds and health conditions, further supports its wide-reaching benefits (Omidi et al., 2018). Studies have indicated that regular practice of MBSR can lead to significant improvements in emotional regulation and self-awareness, fostering long-term psychological resilience (Hazlett-Stevens et al., 2017). This evidence underscores the importance of MBSR in promoting mental health and well-being across different populations and settings. By emphasizing the cultivation of mindfulness, MBSR equips individuals with practical tools to navigate life's challenges with greater ease and stability (Omidi et al., 2018).

Intensive Short-Term Dynamic Psychotherapy

Habib Davanloo created ISTDP in the 1960s out of frustration with the length of psychoanalysis and the relatively limited efficacy of psychoanalytic psychotherapy. Incorporating insights from interpersonal neurobiology and affective neuroscience, Davanloo collaborated with Michael Balint from the Tavistock clinic to formulate a better therapy to treat symptoms of stress, anxiety, and depression (Thomas & Abbass, 2022). As a result, ISTDP has been a 'go-to' therapy in cultures with minorities and complex trauma, where talking therapy failed to be effective for symptoms of depression (Singh, 2018) and anxiety (Fateh et al., 2020). ISTDP's approach focuses on the rapid resolution of emotional conflicts through techniques that break down psychological defenses and facilitate the direct experience of suppressed emotions. This therapy is highly interactive and intensive, often involving active engagement from the therapist to challenge the patient's defenses and uncover repressed feelings (Thomas & Abbass, 2022).

The goal is to achieve deep emotional breakthroughs in a relatively short period, leading to lasting psychological change. Studies have shown that ISTDP can be particularly effective for individuals with treatment-resistant conditions, offering hope where other therapeutic approaches have fallen short (Thomas & Abbass, 2022). Additionally, ISTDP's emphasis on emotional processing and its ability to address the root causes of psychological distress make it a valuable tool in the treatment of complex and deeply ingrained issues. This therapy's focus on real-time emotional experience allows clients to process traumatic events and unresolved conflicts efficiently, leading to significant reductions in symptoms and improvements in overall mental health (Thomas & Abbass, 2022). By targeting the unconscious emotional blocks that underlie many psychological problems, ISTDP helps individuals achieve profound and enduring changes.

Moreover, ISTDP's structured yet flexible framework can be adapted to suit the specific needs of each client, enhancing its effectiveness across diverse populations and settings (Thomas & Abbass, 2022). The intensive nature of the therapy allows for rapid progress, making it a practical option for those seeking quick and substantial relief from their symptoms (Singh, 2018). Research has demonstrated that ISTDP not only alleviates symptoms of depression and anxiety but also improves emotional regulation, interpersonal functioning, and overall quality of life (Fateh et al., 2020). This comprehensive approach ensures that clients are not only relieved of their immediate distress but also equipped with the tools necessary for long-term psychological resilience.

Accelerated Experiential Dynamic Psychotherapy

Created by Diana Fosha in the early 2000s, AEDP draws on attachment theory, body-focused approaches, and talking therapy to help people with trauma, anxiety, and depression (Iwakabe et al., 2020). With limited data to support the approach's validity, AEDP is a relatively new modality and has been clinically applied to cases of anxiety and depression (Johansson et al., 2013). AEDP postulates that humans are wired for resilience. With the help of an AEDP therapist, it aims to uncover the innate coping mechanisms to manage stress, trauma, anxiety, and depression. A distinctive feature of AEDP is its focus on the healing potential within each individual, emphasizing the transformative power of positive emotions and secure attachment.

The AEDP therapy involves creating a safe and nurturing environment where clients can experience and process intense emotions without fear of judgment (Johansson et al., 2013). Techniques such as dyadic regulation of affect, where the therapist and client work together to manage emotional states, help facilitate this process (Iwakabe et al., 2020). AEDP also incorporates elements of experiential therapies, encouraging clients to explore and express their emotions fully. This holistic and integrative approach not only addresses

symptoms but also aims to foster a profound sense of emotional well-being and personal growth, making it a promising option for those seeking deep and lasting therapeutic change.

Moreover, AEDP's emphasis on positive neuroplasticity highlights its potential to effect long-term changes in brain function and emotional regulation (Iwakabe et al., 2020). By focusing on moment-to-moment experiences in therapy, clients can develop new, healthier neural pathways, thereby transforming their emotional responses and coping mechanisms (Iwakabe et al., 2020). This method helps individuals not only heal from past traumas but also build resilience against future stressors (Johansson et al., 2013). Additionally, the collaborative and empathetic nature of AEDP fosters a strong therapeutic alliance, which is crucial for effective treatment outcomes. As more research emerges, the promising initial findings suggest that AEDP could become a key modality in trauma therapy, offering a compassionate and effective route to recovery for many individuals suffering from complex emotional issues (Johansson et al., 2013).

Internal Family Systems Therapy

Richard Schwartz created IFS therapy in the 1980s (Lucero et al., 2018). IFS was originally a product of a systemic stance on person-centered therapy working with anorexia bulimia patients but later became a stand-alone therapy popular with PTSD and war veterans (Hodgdon et al., 2022; Lucero et al., 2018). IFS looks at the person as a system of different 'inner parts' that can be protectors, managers, or exiles. The main goal of IFS is to create a healthier relationship between the parts and the 'Self,' integrating different aspects of the personal history into a more functional relationship and behavior (Green, 2008). IFS has shown clinical evidence of effectiveness in cases of depression (Haddock et al., 2016) and extreme stress in the form of PTSD (Hodgdon et al., 2022).

A unique aspect of IFS is its non-pathologizing approach, viewing all parts of the psyche as having positive intentions, even if their methods may be maladaptive. This

perspective fosters a compassionate and curious stance toward oneself, encouraging clients to explore their internal world without judgment (Lucero et al., 2018). Through the guidance of an IFS therapist, individuals learn to identify and communicate with their inner parts, leading to greater self-awareness and emotional healing. Techniques such as "unblending," where a person separates their core Self from their parts to understand their distinct roles and motivations, are central to the therapy. IFS has been particularly effective in helping clients heal from complex trauma, as it allows for the safe processing and integration of fragmented parts of the self (Hodgdon et al., 2022).

This holistic and integrative approach not only addresses specific symptoms but also promotes overall psychological harmony and resilience. Additionally, IFS empowers clients by emphasizing the self-leadership aspect, where the Self takes on a guiding role in the healing process. This approach helps individuals develop a strong internal leadership that can manage and harmonize their inner parts, leading to lasting emotional stability and well-being (Green, 2008). The therapy's flexibility makes it suitable for a wide range of mental health issues, including depression, anxiety, and eating disorders (Haddock et al., 2016). Research has shown that clients undergoing IFS experience significant improvements in self-compassion, emotional regulation, and interpersonal relationships, further validating its efficacy (Lucero et al., 2018). By creating a safe and supportive therapeutic environment, IFS facilitates profound personal growth and transformation, helping clients build a more integrated and fulfilling life.

Brainspotting Therapy

David Grant created Brainspotting in 2003 as an updated technique of EMDR using a pointer to shift a client's visual focus based on where it is mainly connected to a distressing event (D'Antoni et al., 2022). Although limited research is available to support the technique, brainspotting therapy is a recent popular modality for therapists working with clients who

have been diagnosed with PTSD, anxiety, and depression (Masson et al., 2017). Often connected with EMDR, brainspotting is a body-mind therapy that can be applied to cases of PTSD because of the ability to spot the connection between the traumatic event and changing the visual focus while processing, moving to a better place emotionally (Corrigan & Grant, 2003; Hildebrand et al., 2017). Brainspotting leverages the brain's natural ability for self-scanning and self-healing. By identifying "brainspots," or specific eye positions that correlate with unresolved trauma, the therapy helps access and process deep-seated emotional pain (Corrigan & Grant, 2003). The therapist guides the client to maintain their eye position while discussing the traumatic event, facilitating the processing and release of emotional distress. This technique is believed to bypass the conscious, cognitive brain, accessing the deeper, subcortical brain where trauma is often stored (D'Antoni et al., 2022).

As a result, clients can experience significant emotional relief and a reduction in symptoms of PTSD, anxiety, and depression. Despite its relatively recent development, Brainspotting has garnered positive feedback from both clients and therapists for its efficacy in quickly addressing and alleviating trauma-related symptoms, making it a promising addition to the field of trauma therapy.

Narrative Exposure Therapy

Maggie Schauer, Thomas Elbert, and Frank Neuner, at the University of Konstanz in Germany in the late 1990s, developed NET as a pragmatic treatment approach for victims of organized violence such as war and torture in response to the Balkan war (Siehl et al., 2021). Several clinical trials have shown improvements in symptoms of PTSD, anxiety, and depression after only three sessions of NET (Hijazi et al., 2014), suggesting that brief NET could be both efficacious and applicable in traumatized populations. NET has also been applied to children from traumatized families, such as refugees and victims of war suffering from anxiety and depression (Ruf et al., 2010; Schauer et al., 2017). The structured process of

NET involves creating a detailed narrative of the individual's life, focusing on traumatic events in chronological order (Hijazi et al., 2014). This narrative helps integrate traumatic memories into a coherent life story, which can reduce the power of traumatic memories and decrease symptoms of PTSD. By contextualizing these events within the broader framework of the individual's life, NET aids in reprocessing traumatic memories, making them less intrusive and more manageable.

Therapists guide clients through this storytelling process, helping them to confront and process their trauma in a safe and supportive environment. The technique's effectiveness in various cultural contexts and its adaptability to different age groups underline its versatility and broad applicability in trauma therapy (Schauer et al., 2017). NET not only alleviates immediate symptoms but also fosters long-term resilience and psychological healing by reinforcing the individual's sense of identity and continuity. By providing a structured and empathetic framework, NET helps individuals make sense of their traumatic experiences, facilitating emotional release and cognitive restructuring. This process enables clients to transform fragmented and distressing memories into coherent narratives that contribute to a more integrated and resilient self-concept (Hijazi et al., 2014).

Furthermore, the collaborative nature of NET enhances the therapeutic alliance, as clients feel supported and understood throughout their healing journey (Ruf et al., 2010). The approach's emphasis on detailed life narratives ensures that clients do not merely revisit traumatic events but also recognize and integrate moments of strength and resilience. This holistic perspective aids in reducing the sense of isolation and helplessness often associated with trauma, promoting a sense of empowerment and agency (Schauer et al., 2017).

Additionally, ongoing research into NET's efficacy continues to provide valuable insights into its mechanisms of action and potential applications, paving the way for its broader adoption in global mental health initiatives (Ruf et al., 2010). The adaptability of NET to

diverse populations and its ability to produce meaningful therapeutic outcomes underscore its significance as a powerful tool in trauma therapy.

Experiential Treatments

Experiential nature-based treatments such as forest therapy (Chun et al., 2017), yoga (Shohani et al., 2018), music therapy (Vajpeyee et al., 2022), art therapy (Ugurlu et al., 2016), dance therapy (Tortora, 2019), exercise and sports therapy (Ley et al., 2018), and creative arts therapy (Dieterich-Hartwell, 2017) have all been claimed to help alleviate symptoms of stress, anxiety, and depression. However, more research is needed to validate the studies with peer-reviewed research on each method while minimizing confounding variables. Each of these experiential treatments offers unique benefits by engaging individuals in activities that promote both physical and emotional healing. For example, forest therapy, also known as shinrin-yoku, involves guided walks in nature to reduce stress and enhance well-being through immersion in natural surroundings (Chun et al., 2017). Yoga combines physical postures, breath control, and meditation to improve mental and physical health, showing promise in reducing anxiety and depression.

Music therapy uses the power of music to evoke emotions and facilitate expression, which can be particularly beneficial for those who find it difficult to articulate their feelings verbally (Vajpeyee et al., 2022). Art therapy encourages creative expression through various art forms, helping individuals process complex emotions and trauma (Ugurlu et al., 2016). Dance therapy uses movement to improve emotional and physical integration, promoting overall mental health (Tortora, 2019). Exercise and sports therapy leverage physical activity to boost mood and reduce stress, while creative arts therapy encompasses multiple artistic disciplines to foster personal growth and healing. Despite the need for more rigorous research, these therapies collectively highlight the potential of experiential approaches in complementing traditional mental health treatments and enhancing overall well-being.

Furthermore, these experiential therapies offer holistic benefits that extend beyond mere symptom alleviation. For instance, forest therapy can improve cardiovascular health and enhance cognitive function by promoting relaxation and reducing cortisol levels (Chun et al., 2017). Yoga has been associated with increased mindfulness, improved flexibility, and reduced symptoms of chronic pain, making it a comprehensive tool for mental and physical wellness (Shohani et al., 2018). Music therapy's impact on neural pathways related to emotion regulation highlights its potential for treating mood disorders and fostering emotional resilience (Vajpeyee et al., 2022). Art therapy provides a safe space for individuals to explore their inner worlds and express emotions that may be difficult to verbalize, aiding in the healing process for those who have experienced trauma (Ugurlu et al., 2016).

Discussion for Section

This discussion section provides a comprehensive review of various effective therapies for stress, anxiety, and depression. Each therapy has its unique approach and theoretical underpinnings, aiming to alleviate symptoms and improve overall well-being. The therapies discussed include ACT, CBT, PE, EMDR, SE, SP, BBT, PDP, SFP, DBT, AEDP, IFS, ISTDP, NET, MBSR, brainspotting therapy, and various experiential treatments. ACT focuses on accepting feelings and emotions, promoting psychological flexibility, and improving well-being. It has been found effective in addressing emotional disorders such as anxiety and depression. CBT is a widely recognized therapy that aims to change dysfunctional beliefs and thought processes. It has been the golden standard in therapy for stress, anxiety, and depression, with extensive research supporting its efficacy. PE Therapy and EMDR are effective for addressing symptoms related to trauma and PTSD. PE gradually exposes individuals to traumatic content to reduce the impact of trauma, while EMDR combines exposure to cognitive content with bilateral eye movement or other rhythmic

stimuli. Both therapies have demonstrated efficacy in reducing symptoms of anxiety, depression, and PTSD.

SE and SP focus on the body and bodily sensations to cope with stress and trauma. SE works on regulating the body's response to trauma and stress, while SP utilizes the body as an instrument for change, addressing sensations, feelings, thoughts, and behavior. BBT is an empirically supported therapy that compresses CBT into a shorter duration, making it a cost-effective option for alleviating stress, anxiety, and depression. PDP explores subconscious processes and aims to make unconscious desires and patterns more conscious, often through interpretive and supportive approaches. SFP emphasizes positive solutions and resources, focusing on strengths rather than problems.

DBT combines mindfulness, distress tolerance, interpersonal effectiveness, and emotion regulation to improve psychological well-being and decrease emotional reactivity to stress. ISTDP and AEDP offer approaches to address stress, anxiety, and depression, drawing on interpersonal neurobiology and affective neuroscience. IFS therapy views the person as a system of different "inner parts" and aims to create a healthier relationship between the parts and the "Self." NET is a pragmatic treatment approach for victims of organized violence, offering brief sessions to address symptoms of PTSD, anxiety, and depression. MBSR promotes self-awareness, personal development, and general well-being through mindfulness practices. Brainspotting therapy is a newer modality that focuses on shifting visual focus to process and alleviate the emotional impact of traumatic events.

Additionally, various experiential treatments such as forest therapy, yoga, music therapy, art therapy, dance therapy, exercise and sports therapy, and creative arts therapy have shown promise in alleviating symptoms of stress, anxiety, and depression. These experiential treatments incorporate nature, movement, artistic expression, and creative activities to promote relaxation, self-expression, and well-being. While these treatments have

shown potential benefits, more research is needed to validate their efficacy and understand their mechanisms of action.

It is important to note each therapy discussed in this review has strengths and limitations. Some therapies have more extensive research supporting their efficacy, while others are newer and require further investigation. Additionally, the effectiveness of these therapies may vary depending on individual differences, the nature and severity of symptoms, and the therapeutic relationship between the client and therapist. Furthermore, the choice of therapy should be based on a thorough assessment of the client's needs, preferences, and treatment goals. A personalized and integrative approach that combines elements from different therapies may be beneficial in addressing the complex and multifaceted nature of stress, anxiety, and depression. Overall, this review highlights a range of effective therapies for stress, anxiety, and depression, providing therapists and clients with a diverse set of options to choose from. Continued research and advancements in the field of psychotherapy will contribute to further understanding the effectiveness of these therapies and guide the development of innovative and tailored interventions for individuals experiencing stress, anxiety, and depression.

Integrative Solutions to Stress, Anxiety, and Depression

An integrative model for stress, anxiety, and depression should include effective tools (e.g., protocols, activities, treatment components, and exercises). There are many examples of integrative models of therapy. There is an acute interest (for a good reason) in an integrative approach to therapy (Dewan et al., 2018). An integrative solution may be grounded in different psychological schools of thought for treating comorbid anxiety and depression across psychosocial and pharmacological approaches (Dewan et al., 2018). Examples of such tools could come from researched and effective models (theoretical and practical therapy

components), such as the emotion dysregulation model (EMD), interpersonal, meta-cognitive (MCM), avoidance, behavioral activation (BAM), and cognitive models (Coplan et al., 2015).

Based on emotion regulation and the early attachment model, EMD is applied to specific emotions, such as sadness and anger, to regulate anxiety and depression (Brenning & Braet, 2013). EDM shows anxiety and depression result from dysregulated states (Hofmann et al., 2012). Depending on the person's affective style, mood, and anxiety disorders can be coupled with deficiencies in positive affect and dysregulation of negative affect (Hofmann et al., 2012). Attachment-based therapies such as EFT and AEDT can be combined with IFS and ISTDP to provide an integrative approach to cases with anxiety, depression, and complex trauma-based stress.

The interpersonal model stems from the interpersonal theory of psychiatry (Dawood et al., 2018). The interpersonal theory of psychiatry defines *personality* as the combination of interpersonal situations characterizing a person's life. Healthy and effective interpersonal relationships contribute to a more fulfilling and functional lifestyle. In contrast, dysfunctional interpersonal dynamics reduce well-being and require interpersonal-focused therapy, such as IPT (interpersonal therapy), DIT (dynamic interpersonal therapy), and MCIPT (metacognitive interpersonal therapy) (Gordon-King et al., 2018). EFT, BBT, and PDP can all be integrated into the interpersonal model based on the relational component of each therapy.

The MCM is an integrative model that surpassed CBT in efficacy in clinical trials (Normann et al., 2014). The MCM is effective for generalized anxiety disorder (GAD) and has demonstrated to be effective in primary stress reduction measures in a nine-year follow-up study (Solem et al., 2021). The MCM suggests that shifting the focus to thinking about thinking rather than changing thinking patterns about specific events is a more effective way of addressing anxiety and depression. Looking at thinking styles and working with how a

person thinks rather than dealing with specific events is claimed to generate more positive results in clinical trials (Solem et al., 2021).

The avoidance model has attempted to explain the function of anxiety and depression as avoidance strategies to mitigate bad things happening in the future. Worry and low mood serve as mechanisms to shift attention from fearful states of consciousness towards more predicted states of high and low moods, suggesting that worry and depression preclude emotional processing (Stapinski et al., 2010). Worrisome thinking and depressive states divert attention from perceived fearful events of the future, thus avoiding the emotional processing of those events. Indeed, people who suffer from anxiety and depression report a higher perception of the negative consequences of future events than those who do not experience high levels of anxiety and depression (Newman & Llera, 2011).

The BA model was developed originally for depression and later applied to anxiety and stress reduction symptoms as an antidote to pharmacological intervention (Dimidjian et al., 2017). The BA model is as effective model, if not more effective, for reducing symptoms of anxiety and depression (Soleimani et al., 2015). The BA model combined with CT could solve potent therapeutic change (Boswell et al., 2017). BA focuses on helping individuals engage in meaningful activities that align with their values and interests, counteracting the withdrawal and inactivity often associated with depression and anxiety. The approach involves identifying and scheduling positive activities, monitoring progress, and addressing barriers to participation (Dimidjian et al., 2017). By increasing engagement in rewarding activities, BA is used to improve mood and overall functioning. Studies have shown that BA is particularly effective in diverse populations and settings due to its simplicity and directness (Dimidjian et al., 2017). Additionally, it empowers clients by fostering a sense of accomplishment and reinforcing positive behaviors (Soleimani et al., 2015). This model's emphasis on action-oriented strategies makes it a practical and accessible option for

individuals seeking to alleviate symptoms of depression and anxiety without relying solely on medication (Boswell et al., 2017).

The cognitive model was based on an information-processing perspective resulting from the cognitive bias in different pathological states (Clark & Beck, 2010). For example, automatic negative thought processes dominate the brains of people who suffer from anxiety and depression. Hence, the main goal of the cognitive model is to correct faulty thinking into a more effective and positive way of processing information via changing perception, reframing, probing for evidence, and shifting belief patterns to more effective and realistic ones (Oei & Kwon, 2007). CT has combined mindfulness-based practices to create MBCT, a more effective integrative solution for stress, anxiety, and depression. By helping observe, become aware, and cognitively change faulty thinking, CT builds on mindfulness-based exercises to shift pathological states (Clark & Beck, 2010). CT has been widely used across different cultures and geographies with effective changes in behavior and moods (Clark & Beck, 2010).

MBCT was developed to incorporate the mindfulness aspect into CBT and taught in 2000. The main goal of MBCT (like MBSR) is to support individuals in approaching life events with resilience and emotional stability by being aware of the emotions arising and mindfully accepting them. Rooted in Eastern philosophy and traditions, with aspects of western psychology, the MBCT courses generally last eight weeks and promote self-awareness, personal development, and general well-being (Omidi et al., 2018). Kraines et al. (2022) reported the inconsistency of MBCT in improving cognitive function in cases of depression, mainly based on the inconsistency of terminology and methodology. Despite some controversy in terminology, MBCT is effectively applied across many healthcare fields and ages (Hazlett-Stevens et al., 2017).

Hakomi therapy was created by Ron Kurtz in the late 1970s, Hakomi therapy combines the eastern philosophical principles of Buddhism, Taoism, and body-oriented therapies (Bageant, 2012). More research must be done to validate Hakomi therapy clinically. However, anecdotal evidence suggests an interest in applying this method within humanistic and person-centered psychology (Papps & Kelly, 2021). Hakomi therapy emphasizes mindfulness and the mind-body connection, using the body's sensations as a gateway to uncover unconscious beliefs and emotional patterns. This approach allows clients to explore their inner experiences in a non-judgmental and compassionate way, facilitating deeper self-awareness and healing (Bageant, 2012). The therapist plays a crucial role in creating a safe and supportive environment, often using gentle touch and mindfulness techniques to help clients access and process their emotions. While empirical research on Hakomi therapy is limited, its integrative nature and focus on holistic healing have made it a valuable tool for those seeking alternative and complementary approaches to mental health. Practitioners and clients alike have reported significant improvements in emotional regulation, self-esteem, and overall well-being, suggesting that Hakomi therapy holds promise for a wide range of psychological issues.

Discussion for Section

The field of psychology has witnessed a growing interest in integrative approaches to address the complex and multifaceted nature of stress, anxiety, and depression. An integrative model for these conditions should incorporate effective tools, protocols, treatment components, and exercises from different psychological schools of thought. Several examples of integrative models have been developed and applied in therapeutic practice. The EDM focuses on regulating specific emotions, such as sadness and anger, to address anxiety and depression. It emphasizes the role of dysregulated states in these conditions and draws from early attachment theory. Combining EDM with attachment-based therapies such as EFT and

AEDT can provide an integrative approach to cases involving anxiety, depression, and complex trauma-based stress. The interpersonal model, rooted in the interpersonal theory of psychiatry, emphasizes the importance of functional interpersonal relationships for overall well-being. Therapies such as IPT, DIT, and MCIPT can be integrated into this model to address dysfunctional interpersonal dynamics. Additionally, therapies like EFT, BBT, and PDP can be incorporated based on their relational components.

The MCM offers an alternative to traditional CBT and focuses on thinking about thinking as a way to address anxiety and depression. Shifting the focus to thinking styles rather than specific events has shown positive results in clinical trials. The MCM surpasses CBT in efficacy for GAD and can contribute to primary stress reduction measures. The avoidance model suggests anxiety and depression function as avoidance strategies to prevent negative future events. Worry and low mood serve as mechanisms to shift attention from fearful states of consciousness to predicted high and low moods, thereby avoiding emotional processing. This model highlights the importance of addressing avoidance patterns in therapy and understanding their role in maintaining anxiety and depression. The behavioral activation (BA) model, initially developed for depression, has been effective in reducing symptoms of anxiety and depression. It is an antidote to pharmacological intervention and can be combined with CT to achieve potent therapeutic change. BA helps individuals overcome avoidance and increase positive reinforcement by promoting proactive behavior and engagement in meaningful activities. The cognitive model focuses on cognitive biases and automatic negative thought processes that dominate the thinking of individuals with anxiety and depression. The goal is to correct faulty thinking patterns and promote more effective and realistic cognitive processing. Cognitive therapy has been widely used and has demonstrated effectiveness in various cultural contexts. MBCT combines mindfulness practices with cognitive therapy to create a more powerful and effective integrative solution for stress,

anxiety, and depression. By cultivating mindfulness and awareness of emotions, MBCT supports individuals in approaching life events with resilience and emotional stability.

Although there may be some inconsistency in the research findings related to MBCT's impact on cognitive function, it has been successfully applied in various healthcare settings. Hakomi therapy, developed by Ron Kurtz, incorporates principles from Buddhism, Taoism, and body-oriented therapies. To clinically validate Hakomi therapy, more research is required. Anecdotal evidence suggests Hakomi therapy's potential for integration within humanistic and person-centered psychology. It is important to consider that each integrative model discussed in this section has strengths, limitations, and evidence base. Integrative solutions to stress, anxiety, and depression should be tailored to individual needs and treatment goals. The therapeutic relationship, client preferences, and the nature and severity of symptoms and challenges should also be considered when selecting and implementing integrative approaches. Integrative models offer a comprehensive and holistic approach to addressing stress, anxiety, and depression by combining different theoretical frameworks, therapeutic techniques, and treatment components. By drawing from multiple perspectives, these models aim to provide a more personalized and tailored approach to meet the unique needs of each individual. While the effectiveness of these integrative approaches has been supported by empirical research, it is important to acknowledge that more studies are needed to validate their efficacy and compare them to traditional single-model therapies.

Additionally, integrating different therapeutic modalities requires careful consideration and training to ensure ethical practice and adherence to professional guidelines. The choice of an integrative model should be based on the individual's specific needs, preferences, and the therapist's expertise. Collaboration between therapists from different orientations and ongoing professional development can enhance the integration process and promote the delivery of effective and evidence-based integrative interventions.

In conclusion, an integrative model for stress, anxiety, and depression offers a comprehensive and flexible approach to addressing the complex and interconnected nature of these conditions. By incorporating effective tools, protocols, and treatment components from various psychological schools of thought, therapists can provide more tailored and personalized interventions to promote well-being and alleviate symptoms. Further research and collaboration are needed to advance the field of integrative therapy and enhance the outcomes for individuals experiencing stress, anxiety, and depression.

The Satir Model

Virginia Satir created the SM in the 1950s. The SM is an experiential integrative model based on the following principles and values: change is always possible, especially with support; by healing the family, the world gets healed too; a problem is not the problem, but coping is a problem; by raising self-esteem and validating the core of each individual, a change can be generated, creating peace within, peace between and peace among (Satir et al., 1991). Satir believed changing communication within the family changes the whole system, and issues get resolved (Brothers, 2019). The “essential revolutionary nature of her psychotherapy: interpretation is always based on limited views” (Brothers, 2019, p.45). Changing the meaning of what is being seen, heard, or experienced can be healing and freeing. One of the ways to reach this goal was to start every session (group or individual) with a centering exercise. She used to embed therapeutic messages into the centering/meditative exercises to help raise self-esteem, educate the brain to think more positively and effectively, embrace resources or find opportunities, and understand new meanings.

Satir believed in the whole of humans with many facets and layers to look at. That is where she parted with a purely cognitive, behavioral, or analytical approach to therapy. Satir was more interested in helping the whole human thrive rather than eliminating symptoms of

the problem and assisting people to survive (Brothers, 2019). The SM has many tools and exercises that therapists worldwide use to help alleviate stress, anxiety, and depression. Establishing trust is important, which plays a central role in Satir's work. Open-ended questions are encouraged to get to the desired outcome for everyone (even during family sessions where all family members are present). Satir meticulously connected with each member to understand them and ensure they felt understood, not criticized, and supported. She would not go far if there were no trust. She would spend the whole session working to understand each family member's needs and creating trust in the process, in her as a therapist, and in the future possibility of healing. She would focus on what each family member wants rather than the problem. Satir was not that interested in problems. She spent a disproportional amount of time clarifying the desired solution. It was a very different approach to the mainstream psychoanalytical and pathological approaches to therapy.

Satir believed all problems started with low self-esteem. Her main objective was to raise the self-esteem of the individuals and their families, and she created different tools to achieve that. For example, family reconstruction is a process of role-playing members of the family of origin and changing the negative elements of relationships into more positive ones (Gomori & Adaskin, 2008; Nerin, 1986; Wedscheider-Cruse et al., 1994;). Another powerful tool that helps integrate the inner parts of the person to raise self-esteem is the *Parts Party Process* (PPP). During PPP, inner parts are integrated into a fun and playful form (Winter & Lcane, 1991). PPP is performed in a group setting or via figurines or representative objects in an individual setting. Satir used humor, touch, and engaging exercises to make deep and challenging processes feel light and easy. Integrative tools such as mindfulness, movement, play, awareness, interaction, and theatrical posing are effectively incorporated to address the heart of family issues. This approach aims to transform dysfunctional processes within a family, fostering congruence, validation, and enhanced self-esteem (Gomori, 2015).

One of the crucial components of the SM is the change process depicted in stages that every person goes through, especially under stress. A change element initiates an inner resistance that can be demonstrated by anxiety or depression. With time, when resistance subsides, a person goes into chaos. Then, with support, there is a transforming idea followed by integration and the shift to a new status quo. During the chaos stage, mental performance is at its lowest, and sometimes, people with depression get stuck in this stage, although they need help to get to the new status quo (Gomori, 2015).

The *iceberg metaphor*, sometimes known as a *Satir iceberg model* (SIM), offers a deeper perspective on the behavior or an event. Satir believed behind each behavior lies a feeling, and there is always a feeling about the emotion (e.g., a person feels angry and guilty about feeling angry). Working with an underlying feeling about the feeling is one of the signature tools of the model. The feelings stem from the perceptions driven by the beliefs and expectations of a person or their family of origin. The latter is rooted in the values and yearnings stemming from the Self or the source/reservoir of all energy. The SIM is sometimes used in organizational and corporate settings. However, it is often a tool for counselors, social workers, and therapists who want to understand and help heal the underlying mechanisms and coping strategies of behavior. Individuals can often understand yearnings and values and shift their behavior and underlying feelings (Satir et al., 1991).

The *self-esteem toolkit* is another effective tool in systemic therapy training (Satir, 1975, 1997). Believing that all inner resources are available for healing and feeling better and more balanced, Satir proposed a self-esteem toolkit containing different metaphors for resources to use, such as a wishing wand, a courage stick, a yes/no medallion, a wisdom box, and an investigating hat. All these elements can be represented by people or objects in group therapy or a workshop to show possibilities and highlight the resources available for a client. *Satir's transformational systemic therapy*, created by John Banmen, teaches the SM and tools

to therapists worldwide (Banmen, 2002; Banmen & Satir, 2009). Satir's model is about congruence, the art of alignment of what is said, how it is felt, and what is shown as behavior. Satir believed being congruent leads to being more fully human. Rooted in Carl Roger's humanistic psychology, Satir's one-month-long workshops aimed at reaching that potential by offering tools, techniques, exercises, and, most importantly, human contact on a deeper and more validating level to reach the state of congruence and raise self-esteem. Satir started by exploring which one (or more) out of five freedoms were not accepted in the family of origin. Was it the freedom to see and hear what is going on (instead of what 'should') or the freedom to say what one thinks and feels instead of what one should feel and think? Was it the freedom to feel what one feels instead of what one ought to feel, or the freedom to ask what one wants to ask instead of waiting for permission? Maybe it was the freedom to take risks instead of staying in the old status quo.

As in many therapy sessions, Satir's exploration would start with a *family map* visually depicting often three generations of relationships and significant events to get the context of the person's life and, with that, systemically looking at the family and their dynamics. Like Adler, Satir was a pioneer of family reconstruction dynamics and relationships. Like Jung, Satir was an inventor of simple and practical explanations of why things happen in relationships the way they do, exploring the *chronology* of the person's life or a couple's history, including cultural and historical events that might have influenced the family of origin. Satir was intuitive, and her foresight led her to hypothesize the epigenetics and transgenerational trauma work that there is evidence for thanks to such leaders in the field as Rachel Yehuda (Yehuda & Lehrner, 2018) and Bessel Van Der Kolk (2000).

The holistic and systemic lens was also present in the *mandala* exercise. Like a wheel of life, the mandala offered to look at different contexts comprising physical, emotional, spiritual, nutritional, mental, relational, and contextual parts and elements of life. Looking at

these provided insights and new perspectives to clients. Mandala also served as a metaphor and context for the *family sculpting* work. Family sculpting was a signature tool within the SM. Often starting with the stress communication stances, Satir would explain the coping mechanisms across different nations and families she had worked with. Pointing to the generalized coping mechanism, a family triad (mama, papa, child) would be a tool to re-enact and reconstruct the relationship model that a person unconsciously learned in childhood. It was similar to prolonged exposure therapy and somatic body-mind exercise to integrate and heal unresolved trauma and stress adaptation mechanisms (Satir et al., 1991; Satir & Baldwin, 1983; Schwab et al., 1989).

Satir believed the best learning happens in the family; hence, she worked with the whole family, sometimes visiting families in their homes. If families were not available, triads represented two parents and a child. This would imitate an original family triad (if a withdrawing stance would represent a single family, then the missing parent) (Satir et al., 1991). Being an experiential and curious being, Satir brought experiential learning and curiosity into her model of helping people feel better. Although most therapeutic modalities of that time reflected a *hierarchical model* (Satir et al., 1976) of interaction, Satir proposed a *seed model* as a metaphor for a seed that needs water and sunshine rather than being jerked or criticized by someone to grow (Satir, 1988). The seed model is also the growth model focusing on the growth and supporting it. It was an antidote to the hierarchical model, which was the mainstream of that time, and offered a fresh new idea of dealing with people as equals rather than as someone more important than another. Instead of looking at things from a right or wrong perspective, it was about learning the multifaceted reality around us. There could be multiple roles in the family as a system: a family hero, a parentified child, a family caretaker, a family clown, a messenger, a problem child, an emotional surrogate, and many

more. Exploring these roles and allowing the truth to emerge is one of Satir's ways to raise self-esteem and consciousness overall (Brothers, 2019).

Satir received multiple awards, including a *distinguished service award* from the American Association for Marriage and Family Therapy (Suarez, 1999). She was a true innovator who cared about raising the consciousness of the planet one family at a time. Satir was a true pioneer in family systems and family therapy (Brothers, 2019). In a way, Satir was ahead of her time. She embraced spirituality as the core of any human (essence, the Self-energy), emotion- and attachment-based connection with everyone in the room. She could connect and reach out to the most sarcastic or defensive patients within minutes. She was making a bond and helping them process the deep layers of their trauma and move out of their anxious or depressive states (Brothers, 2019). Satir was not after being a maverick. She wanted everyone to learn what she was doing and help heal dysfunctional family communication. She believed that by reaching 6% of the world to heal, the whole world would change and, with that, the people's consciousness (Brothers, 2019).

Despite being a pioneer in the systemic family therapy field, Satir never reached full recognition due to the lack of clinical research. Satir travelled worldwide, attending to families and their issues over many years. Conducting workshops and month-long retreats, Satir was in demand for decades and had little time to be at her desk or to gather evidence, hence leaving it to her students, the Avanta training organization that she left behind, and academicians to conduct research based on her teachings and working case studies. Satir was a great practitioner, and now it is time to support her work with due research that puts the SM into the rank of evidence-based therapies, honoring her legacy. This study aims to fill the gap and reignite interest in the SM.

Satir has influenced many aspects of global mental health care without being credited. She worked with the body before body-oriented therapies became popular. She was all about

the process and emotionally connecting to her clients, supporting their resources, and modelling her behavior to help others (Brothers, 2019). Her model of relating has ‘travelled’ across fields and continents. Most people would recognize tools that evolved from the SM. The most prolific one is NLP, created by Richard Bandler and John Grinder. Studying ‘masters’ in their fields, Bandler and Grinder interviewed Milton Erickson (hypnosis), Fritz Pearls (gestalt therapy), and Virginia Satir (family therapy), who later became three ‘prototypes’ for NLP (Grinder & Bandler, 1989). Many modern-day therapies and therapeutic tools echo the SM. IFS, created by Dick Schwartz (Schwarz, 1997), are very similar to the PPP. EFT, created by Sue Johnson (Johnson 2004), is based on the touch and emotional bonds on which the SM is based. Family constellations created by Bert Hellinger (Hellinger et al., 1998) resemble the family reconstruction process. Family systems therapy attributes its origins to Satir (Nichols, 2010).

Discussion for Section

The SM developed by Virginia Satir in the 1950s has significantly influenced the field of psychotherapy and mental health care. The model is based on several core principles and values, including the belief that change is always possible with support, healing the family leads to healing the world, and a problem is not the problem itself but rather coping with the problem. Satir emphasized the importance of raising self-esteem and validating the core of each individual to generate change and create peace within, between, and among individuals. One of the distinguishing features of the SM is its experiential and integrative nature. Satir focused on changing communication patterns within the family system to resolve issues. This approach differed from purely cognitive, behavioral, or analytical therapies, as Satir aimed to help the whole person thrive rather than simply eliminate symptoms or help people survive. By incorporating mindfulness, movement, play, awareness, interaction, and theatrical posing, Satir's model aimed to reach the core of what matters and change dysfunctional family

processes to be more congruent and validating. Trust played a central role in Satir's work, and she emphasized establishing trust in therapy sessions. Satir would spend time understanding the needs of each family member and creating a dialogue to ensure they felt understood, supported, and not criticized. By focusing on what each individual wanted rather than solely on the problems, Satir's approach differed from mainstream psychoanalytical and pathological approaches to therapy. Satir believed that low self-esteem was at the root of all problems, making raising self-esteem a primary objective in her model. She developed tools like family reconstruction and the PPP to integrate inner parts and raise self-esteem. Family reconstruction involves role-playing members of the family of origin and transforming negative elements of relationships into more positive ones. The PPP, performed in a group or individual setting, aimed to integrate inner parts in a playful and fun manner. Satir used humor, touch, and engaging exercises to make deep and challenging processes feel lighter and more manageable.

The SM also includes a change process depicted in stages that individuals go through, especially under stress. A change element initiates inner resistance, followed by chaos and eventually a transforming idea leading to integration and a new status quo. Satir recognized the importance of support in navigating through these stages, as some individuals with depression may get stuck in the chaos stage and require assistance to reach a new equilibrium. The Satir iceberg model offers a deeper perspective on behavior or events by recognizing that behind each behavior lies a feeling, and there is always a feeling about the feeling. Satir's emphasis on working with underlying feelings and their origins in perceptions, beliefs, and expectations was an important tool in her model. The SIM has been utilized in therapeutic settings and organizational and corporate contexts to understand and address underlying mechanisms and coping strategies.

Satir's model has influenced many other therapies and theories in the field of mental health care. NLP, developed by Richard Bandler and John Grinder, drew inspiration from Satir's work, along with the contributions of other influential figures in the field. IFS therapy, EFT, and family constellations are among the therapeutic approaches similar to SM elements. Despite Satir's pioneering contributions to family systems and therapy, she did not receive full recognition during her lifetime due to the lack of clinical research. Satir's focus was primarily on practice and working directly with people rather than conducting extensive research. However, her legacy continues to inspire and influence practitioners, and there is a need for further research to support the SM as an evidence-based therapy. This study is aimed to fill the gap in research and reignite interest in the SM by exploring its effectiveness and outcomes. The enduring influence of the SM can be attributed to its holistic and systemic perspective, its emphasis on raising self-esteem and validating the core of each individual, and its experiential and integrative approach to therapy. Satir's innovative ideas and techniques have resonated with therapists and clients worldwide, developing various therapeutic modalities that draw inspiration from her work. Integrating Satir's principles and tools into other therapies and theories has expanded the reach and applicability of her model. Incorporating touch and emotional bonds and working with internal parts in therapies like EFT and IFS reflects the influence of the SM. The exploration of family dynamics and reconstruction techniques in family constellations and family systems therapy can also be traced back to Satir's pioneering work.

Furthermore, Satir's focus on the therapeutic relationship and the importance of trust and empathy in the therapeutic process has had a lasting impact. Her emphasis on congruence and modelling authentic behavior as a therapist continues to influence practitioners across different therapeutic approaches. Satir's belief in the therapist's role as a model for clients underscores the significance of the therapeutic alliance in promoting positive change. Despite

the significant impact of the SM, it is important to note that Virginia Satir herself did not receive widespread recognition during her lifetime. This may be attributed to her focus on practice and working directly with clients rather than dedicating extensive time to writing books and conducting research. However, the time is ripe for further research to explore the efficacy of the SM, substantiating its place as an evidence-based therapeutic approach. The SM can be placed on a solid scientific foundation by conducting rigorous research studies and gathering empirical evidence. Research can explore the outcomes and effectiveness of the model in addressing various mental health concerns, such as stress, anxiety, and depression.

Examining the underlying mechanisms and processes of change within the SM can provide valuable insights into its therapeutic effects. Moreover, research on the SM can contribute to the ongoing development and refinement of the model itself. By identifying its specific therapeutic techniques, exploring the factors contributing to positive outcomes, and assessing its effectiveness across different populations and cultural contexts, the model can continue to evolve and adapt to contemporary mental health care needs. In conclusion, the SM developed by Virginia Satir has profoundly influenced the field of psychotherapy and mental health care. Its holistic and systemic perspective, emphasis on raising self-esteem and validating individuals, and experiential and integrative approach have resonated with practitioners and clients worldwide. The model's impact is evident in incorporating Satir's principles and tools into other therapies and theories. However, further research is needed to substantiate the SM as an evidence-based therapeutic approach and honor the legacy of Virginia Satir.

Theoretical Framework

Polyvagal theory, created by Steven Porges, provides a neurological background for the SM based on the polygeny of neural circuits. Neural circuits are considered from the biological perspective within the SM when it comes to balancing a 'hormonal cocktail' of

hormones such as dopamine ('explore' phase of SM), serotonin ('nourish' phase), cortisol ('respond' phase), endorphins ('imagine' phase), estrogens ('communicate' phase), and oxytocin ('hugs'). Polygeny of neural circuits offers an opportunity to heal through adapting different communication stances and re-learning unhelpful relating strategies. Systemic work with representation and figurines can assist clients in neuroception. Neuroception is a neurophysiological response that bypasses cognitive processing (Slonim, 2014). Somatic and experiential modalities are part of the SM and help bypass cognitive processing and offer neuroception and integration opportunities. Social distancing and COVID health pandemic quarantines exacerbated the overall sense of threat and anxiety, reducing the activity of nucleus ambiguus (NA) in the brainstem, which impacted the overall well-being and health, increasing the mobilization state of anxiety and the dissociative dorsal vagal state of depression (Poli et al., 2020). According to the polyvagal theory, to move to the ventral vagal state of social engagement, individuals must create a contradictory state of movement activating the sympathetic and parasympathetic autonomic nervous system to rebalance the inner neurophysiological state of calm and relaxation (Porges, 2009). Satir provided a model for processing trauma, what Porges calls neuroception of safety (Porges, 2009), with elements of validation, support, and emotional connection with the client. The movement and active part of the model provides a movement component towards the balancing state, increasing NA and helping individuals return to the ventral vagus state. The SM helps interact with source nuclei in the brainstem and regulate the striated muscles (Porges, 2009).

The application of polyvagal theory in the context of stress, anxiety, and depression offers a neurobiological perspective that highlights the importance of understanding the autonomic nervous system's role in regulating emotional states. By recognizing the impact of social engagement, mobilization, and dissociation on mental well-being, therapists can incorporate polyvagal-informed interventions to promote healing and balance. The SM,

grounded in polyvagal theory, emphasizes the importance of balancing different neurophysiological states to achieve a sense of calm and relaxation. By addressing the hormonal and neural circuits involved in various phases of the SM, therapists can help clients regulate their neurophysiological responses and establish a healthier internal equilibrium. During times of increased stress and anxiety, such as the COVID-19 pandemic and social distancing measures, the activation of the sympathetic and dorsal vagal states can contribute to heightened feelings of threat and depression. However, by consciously engaging the ventral vagal state through movement and active interventions, individuals can cultivate a sense of safety and connection, promoting a more positive emotional state. The SM, with its emphasis on movement, neuroception of safety, and interpersonal connection, aligns well with the principles of the polyvagal theory. By incorporating somatic and experiential modalities into therapy sessions, therapists can facilitate neuroception, bypass cognitive processing, and promote the integration of past traumatic experiences.

Incorporating elements from the SM, such as validation, support, and emotional connection, can further enhance the therapeutic process. The emphasis on movement in the SM aligns with the polyvagal theory's notion of activating the nucleus ambiguus and regulating striated muscles, ultimately facilitating a return to the ventral vagus state and promoting overall well-being. It is important to note that applying polyvagal theory and the SM requires a deep understanding of the theory and proper training to ensure safe and effective implementation. Therapists must know about the neurophysiological processes involved and adapt their interventions to meet each client's specific needs. Further research is needed to explore the efficacy and long-term outcomes of interventions grounded in polyvagal theory for stress, anxiety, and depression.

Additionally, the integration of polyvagal-informed approaches with other therapeutic modalities and interventions can provide a comprehensive and holistic treatment approach for

individuals experiencing these mental health challenges. In conclusion, polyvagal theory offers valuable insights into the neurobiological underpinnings of stress, anxiety, and depression. By integrating the SM and drawing from concepts like neuroception of safety and movement, therapists can facilitate healing and regulation of the autonomic nervous system, ultimately promoting well-being and emotional balance. Continued research and application of polyvagal-informed interventions will contribute to the advancement of effective treatment approaches for stress, anxiety, and depression.

Attachment Theory for Stress, Anxiety, and Depression

Attachment theory was created by John Bowlby and paved the way for many therapies to help clients learn about their behavior in adulthood based on how their attachment style was with their caregivers when they were little: anxious, avoidant, disorganized, or secure (Papini & Roggman, 1992). In the SM, this can be related to different stances individuals adapted, such as blaming, placating, being super-reasonable, irrelevant, or withdrawing. The secure stance is referred to as leveling. It is achieved by counter-balancing the coping stances with more functional and open poses, such as “peaceful warrior,” “power tree,” “humble monk,” “core harmonizer,” and “world hugger.” *Attachment insecurity* correlates with mental health disorders, making the attachment theory a prominent cornerstone in the healing process (Mikulincer & Shaver, 2012). The SM works with the original family triad to help reattach securely and repattern dysfunctional relational communication patterns under stress. From an anxious attachment style that causes anxiety when triggered to an avoidant attachment style that causes depression when triggered, the idea is to use triads as an original primal model of relating to moving into a more secure attachment.

Attachment theory provides a valuable framework for understanding the impact of early attachment experiences on adult behavior and mental health. The different attachment

styles identified in attachment theory, including anxious, avoidant, disorganized, and secure, offer insight into how individuals adapt their relational strategies based on their experiences with caregivers during childhood. In the context of the SM, attachment styles can be related to the different stances individuals adopt when faced with stress, anxiety, and depression. The coping stances, blaming, placating, being super-reasonable, irrelevant, or withdrawing, are influenced by underlying attachment patterns and can contribute to maladaptive behaviors and emotional states (Gomori, 2015). The secure attachment style, characterized by leveling in the SM, represents a more functional and open approach to relationships. By counterbalancing the coping stances with poses like the 'peaceful warrior,' 'power tree,' 'humble monk,' 'core harmonizer,' and 'world hugger,' individuals can strive for a more secure attachment stance (Gomori, 2015). This process involves reattaching securely and re-patterning dysfunctional relational communication patterns under stress.

Research has consistently shown that attachment insecurity is associated with mental health disorders (Mikulincer & Shaver, 2012). Therefore, understanding and addressing attachment patterns are crucial in the healing process. The SM is aimed to facilitate secure attachment and promote healthier relational patterns by working with the original family triad and exploring attachment dynamics. For individuals with an anxious attachment style, triggers can lead to heightened anxiety and emotional distress. By using the original family triad as a primal model of relating, the SM provides an opportunity to move towards a more secure attachment style and alleviate anxiety-related symptoms.

Similarly, for individuals with an avoidant attachment style, triggers can lead to a state of depression and emotional withdrawal. By addressing the underlying attachment dynamics and utilizing the triad model, the SM offers a pathway toward secure attachment and reduced depressive symptoms. The integration of attachment theory into the SM highlights the importance of relational dynamics in addressing stress, anxiety, and depression.

By exploring early attachment experiences and their influence on present-day behaviors and emotions, therapists can guide individuals toward a more secure attachment stance and promote overall well-being.

It is important to note addressing attachment patterns and facilitating secure attachment requires a safe and supportive therapeutic environment. Therapists trained in attachment theory and the SM can provide guidance and interventions to help individuals navigate attachment-related challenges and promote healing. Further research is needed to explore the effectiveness of incorporating attachment theory into therapeutic interventions for stress, anxiety, and depression. Additionally, understanding the interplay between attachment patterns and other factors, such as trauma and environmental influences, can contribute to a more comprehensive understanding of the complexity of mental health disorders. In conclusion, attachment theory offers a valuable lens through which to understand the influence of early attachment experiences on adult behavior and mental health. By integrating attachment theory into the SM, therapists can help individuals recognize and transform maladaptive coping stances and move towards a more secure attachment style. Continued research and application of attachment-informed interventions will enhance the understanding and treatment of stress, anxiety, and depression in clinical practice.

Interpersonal Neurobiology Theory

Coined by Dan Siegel (2020), IPNB is a framework that provides the neurological and relational foundations for anxiety and depression. The central concept of IPNB is brain growth and changes throughout the lifespan can be influenced by clinician attachment, mindfulness, and neural integration (Siegel, 2006; Siegel, 2019). Based on the brain-mind-body model and relationship attachment, IPNB builds on the concept of the neuroplasticity of the brain to support the possibilities of change and improvements in mood and emotional states (Gantt & Agazarian, 2011). Extensive neurological research to understand the inner workings

of the brain provides insights into how relationships and communication, both verbal and non-verbal, shape the brain's growth and changes in behavior and well-being (Siegel, 2001; Siegel, 2002; Siegel, 2010). Creating relational attunement and a safe environment, clinicians demonstrate the possibility of transforming anxiety and depression into a more balanced state, promoting pro-social neural growth (Siegel, 2019). Satir was ahead of her time and intuitively incorporated IPBN into the SM. Starting with personal attunement or “centering,” as she called it, Satir used both verbal and non-verbal exercises to help clients shift their unhelpful behavior and bring understanding and empathy through being empathetic herself (Satir et al., 1991). The soothing touch was a significant component of Satir’s work and supported the clients through change. As an integrative approach, IPBN is often incorporated in studies on the effectiveness of anxiety-alleviating body-mind practices such as yoga (Nguyen-Feng et al., 2020), tai chi (Lu & Kuo, 2004), and meditations/centering exercises (Larrivee & Echarte, 2018; Loizzo, 2014; Loizzo, 2016b; Lucas et al., 2018).

IPNB theory, coined by Dan Siegel and Alan Schore, offers a framework that combines neuroscience and relationships to understand anxiety and depression. The core concept of IPNB is the brain's growth and changes throughout life can be influenced by clinician attachment, mindsight, and neural integration. This perspective is based on the brain-mind-body model and the importance of relationship attachment in shaping brain development and emotional well-being. Extensive neuroscience research has provided insights into how relationships and communication, both verbal and non-verbal, shape the brain's growth and influence behavior and mental well-being. Understanding the brain’s neuroplasticity, IPNB emphasizes the potential for change and improvement in mood and emotional states through creating relational attunement and a safe therapeutic environment. Clinicians demonstrate the possibility of transforming anxiety and depression into a more balanced state by promoting pro-social neural growth (Siegel, 2019). Virginia Satir, an

influential family therapist, intuitively incorporated IPNB principles into her work. Through personal attunement or "centering," Satir utilized verbal and non-verbal exercises to help clients shift unhelpful behaviors and promote understanding and empathy. The soothing touch was also significant to her work, supporting clients.

The integration of IPNB into the SM contributes to its effectiveness in addressing symptoms of stress, anxiety, and depression (Satir et al., 1991). As an integrative approach, IPNB is often studied in the context of anxiety-alleviating body-mind practices such as yoga, tai chi, and meditations/centering exercises. These practices incorporate IPNB principles and have shown promise in reducing anxiety and promoting well-being (Nguyen-Feng et al., 2020; Lu & Kuo, 2004; Larrivee & Echarte, 2018; Loizzo, 2014; Loizzo, 2016b; Lucas et al., 2018). By integrating IPNB into these practices, individuals can experience the benefits of both mind-body interventions and the power of relational attunement to support their mental health. The incorporation of IPNB in therapeutic interventions for stress, anxiety, and depression holds great promise. By understanding the impact of relationships and communication on brain development and emotional well-being, clinicians can tailor their approaches to create supportive environments that promote neural integration and balance.

Further research is needed to explore the effectiveness of IPNB-based interventions and their specific applications in addressing anxiety and depression. In conclusion, IPNB theory provides a valuable framework that integrates neuroscience and relationships to understand anxiety and depression. By recognizing the impact of relationships on brain development and employing practices that promote neural integration and attunement, clinicians can facilitate positive changes in mood and emotional well-being. The integration of IPNB into therapeutic interventions, as well as body-mind practices, offers a promising approach to alleviating symptoms of stress, anxiety, and depression. Continued research in

this area will contribute to a deeper understanding of the complex interplay between the brain, relationships, and mental health.

Somatic Components of the Satir Model

Within the SM, by changing body postures and movements, physiology changes, too, and by changing physiology, neurology changes (Wilson & Peper, 2004). Moving from an established coping stance to a different one and experiencing the full spectrum of coping is also a possibility of gaining the perspective of others. Moving towards responding and finding a better strategy to cope with stress can help alleviate stress, anxiety, and depression. One of the principles of the SM is that communication occurs whether or not individuals are conscious of it. People communicate unconsciously through tone of voice, facial expressions, and even micro-muscle movements that are not visible to the conscious untrained eye (Ekman, 1997). Mirror neurons help people understand feelings and empathize with each other. That is how people can 'read' others and predict behavior and feelings (Rizzolatti, 2004). All information and all experiences during a lifetime, and to some extent, the life of ancestors, are stored as morphogenetic memories in physical & emotional bodies (Collins & Jegalian, 1999). The SM offers a systemic somatic practice that helps restore and heal beyond the cognitive and, hence, provides an alternative and possibly a more powerful framework for alleviating stress, anxiety, and depression. Moving through stances and opening somatically to new possibilities provides a pathway of new neuropathways to establish and a healthier chemistry to be created, balancing hormones and restructuring the beliefs and perceptions about the past (Wilson & Peper, 2004).

The somatic components of the SM emphasize the connection between body postures and neurophysiology. By shifting body postures and movements, individuals can induce changes in their physiology and neurological functioning. The SM approach recognizes the unconscious communication that occurs through non-verbal cues and emphasizes the

importance of mirror neurons in understanding and empathizing with others. This understanding enables individuals to explore and integrate experiences stored in their physical and emotional bodies.

The SM offers an integrative and systemic approach to healing and transforming stress, anxiety, and depression. By incorporating principles of attachment theory, interpersonal neurobiology, and polyvagal theory, the SM provides a comprehensive framework for addressing emotional challenges. The somatic, cognitive, and experiential interventions offered by the SM empower individuals to change their neurophysiological responses, restructure beliefs and perceptions, and cultivate healthier relationships and communication patterns. The effectiveness of the SM is supported by its integration of various therapeutic modalities and theories, which provide a holistic understanding of the complex nature of stress, anxiety, and depression. By addressing the interplay between the mind, body, and relationships, the SM offers a comprehensive approach to healing and promoting well-being.

Furthermore, the SM acknowledges the importance of individual differences and tailors interventions to meet each client's unique needs. By exploring coping stances and the embodiment of alternative postures and movements, individuals are provided with an experiential and somatic pathway to shift their neurophysiological state and create positive change. It is worth noting the SM is not solely focused on symptom reduction but aims to foster deeper healing and transformation. By recognizing each individual's inherent wholeness and potentiality, the SM invites clients to embrace their full selves and develop more adaptive coping strategies. In conclusion, the somatic component of the SM highlights the significance of body postures and movements in shaping our emotional experiences and neurophysiology. By engaging in the therapeutic process of the SM, individuals can explore and repattern their coping strategies, leading to improved stress management, reduced

anxiety, and alleviation of depression symptoms. With its integration of various therapeutic approaches and its emphasis on somatic, systemic, and psychodynamic principles, the SM offers a promising and integrative solution for addressing stress, anxiety, and depression.

Summary

This synthesis of evidence study is aimed at understanding what evidence is available that the SM could help alleviate stress, anxiety, and depression symptoms. Chapter Two has offered a comprehensive overview of the literature that covers effective therapies for decreasing symptoms of stress, anxiety, and depression and integrative solutions to these issues. The SM is presented and analysed. The SM has been an influencing modality to many therapies and theories. In Chapter Three, the methodology for studying how Satir's model can fill the gap in the literature and provide a solution for those who suffer from symptoms of stress, anxiety, and depression is presented.

CHAPTER THREE

METHODOLOGY

This chapter details the methodology employed to collect evidence on the SM's application in mental health and well-being. Multiple sources were consulted, and robust qualitative synthesis techniques were applied to identify patterns, themes, and insights (Tong et al., 2022). Integrating findings from the extant literature provided an in-depth examination of the SM's intricacies and potential advantages. The selected methodology has been designed to bolster both the reliability and validity of the synthesis, ensuring that results are rooted in empirical evidence. A thorough understanding of the SM's efficacy in addressing psychological challenges was established by amalgamating diverse informational fragments. The application and efficacy of the SM across a variety of mental health outcomes was guided by the following research questions:

RQ1. How did the application of the SM impact mental health treatment outcomes?

RQ2. Which specific SM interventions were most commonly applied to symptoms of stress and anxiety?

RQ3. What are the implications of the SM interventions on depressive symptoms?

Research Method

A qualitative synthesis of evidence approach was utilized to understand the application of the SM. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) remains a pivotal tool in systematic reviews and meta-analyses, ensuring comprehensive and transparent reporting (Page et al., 2021). With the aim of recognizing the evolving research landscape and the need for refined guidance, the PRISMA 2020 update was introduced. This updated statement provides an enriched 27-item checklist, a revised flow diagram, and elaborated guidance on optimal reporting practices. The

PRISMA 2020 emphasizes the importance of justifying methodological choices, detailing the study selection process, and providing clear rationales for risk-of-bias assessments. Adhering to the PRISMA 2020 guidelines ensures more rigorous, consistent, and transparent reporting, fostering trust in the findings and facilitating their application in broader contexts (Page et al., 2021).

Synthesis of evidence approach was helpful in amalgamating findings from diverse studies to provide a comprehensive perspective. Given the rich history and multifaceted applications of the SM, synthesizing evidence from various sources ensures the analysis captures its nuances and breadth. According to Gough et al. (2012), this methodology is a rigorous and structured means of collating findings from diverse studies, thereby providing a holistic view. It borrows from systematic reviews and meta-analysis principles but adds depth by discerning patterns and themes within the amassed data.

The SM, recognized for its deep historical roots (Satir et al., 1991), has been the focus of numerous research initiatives. Its applications in different socio-cultural and clinical milieus have added layers of understanding to its foundational principles. Furthermore, the SM has undergone several refinements and adaptations with the shifts in psychotherapeutic paradigms. Fishbane (2013) postulated developments in neurobiology, attachment theories, and systemic therapy have influenced the model considerably. Similarly, societal changes and novel psychological challenges have necessitated the evolution of this therapeutic approach (Nichols & Davis, 2020). The synthesis of evidence approach, as detailed by Booth et al. (2016), permits a robust exploration of both the historical foundations of the SM and its contemporary adaptations, thus signifying its enduring relevance in mental health and well-being.

The research strategy employed is to gather and analyze evidence regarding applying the SM to mental health and well-being. The research approach was carefully chosen based

on the nuanced nature of the SM and its intricate connections to psychological well-being. A qualitative synthesis technique is paramount for such an endeavour, as it facilitates the extraction of deep-seated themes, patterns, and insights from the literature (Tong et al., 2022). These rigorous and holistic methods enable the integration of findings from various sources. This, in turn, offers a comprehensive understanding of the SM's effectiveness and potential benefits. Alternative research methods, such as quantitative analyses, might not capture the depth and richness of experiences associated with the SM. Opting for a synthesis of evidence over purely qualitative research offers a multifaceted understanding of a topic. Synthesizing evidence incorporates findings from various studies, combining qualitative insights with quantitative data, thus presenting a more holistic perspective (Tong et al., 2022). Synthesis of evidence approach is particularly valuable in capturing the complexity and diversity of experiences and outcomes associated with a phenomenon. Additionally, synthesis reduces potential biases inherent in single-study interpretations and promotes a more robust, comprehensive conclusion drawn from a wider range of sources.

Participants

A strategic and comprehensive sampling approach is paramount to capture the essence and expansive nature of the SM within mental health and well-being. Given the extensive literature on the topic, a systematic method was utilized to select the most relevant pieces, ensuring the synthesized evidence is comprehensive and robust (Tong et al., 2022). For the inclusion criteria, peer-reviewed research articles, case studies, and other scholarly works were prioritized to provide an in-depth discussion of the SM. This encompassed theoretical foundations, diverse applications in therapeutic contexts, and the tangible outcomes from its implementation. Qualitative and quantitative studies were analysed to offer a complete view of the SM's influence. While there is no strict boundary regarding the publication date, the focus was on studies that trace the historical development of the SM to

the most recent innovations and practices. Additionally, for practicality, only studies published in English or those with a comprehensive English translation were included. The exclusion criteria weeded out studies that rely solely on theoretical conjectures without empirical backing or are purely anecdotal. Articles with ambiguous or undisclosed methodologies were left out. Furthermore, literature that mentions the SM only in passing, without making it the central theme, was dismissed.

An initial broad search was launched using pertinent keywords -"Satir," "mental health," and/or "stress," and/or "anxiety," and/or "depression," and/or "well-being" across various databases, producing a wide-ranging list of potential articles. From this pool, a preliminary screening ensued based on titles and abstracts to filter out off-topic or irrelevant pieces. Those who pass this screening were subjected to a rigorous full-text review against the inclusion and exclusion criteria. After this meticulous review, the definitive set of articles and literature to be incorporated into the synthesis was finalized. Through this diligent sampling approach, this study aspired to not only choose germane literature but also encapsulate the diverse conversations and applications of the SM within the mental health and well-being domain.

Instrumentation

Google Scholar, Scopus, PubMed, and PsycINFO digital platforms, enhanced by advanced search capabilities, were instrumental for a targeted exploration within the vast academic corpus. Utilizing a strategic combination of specific keywords — "Satir," "mental health," and/or "stress," and/or "anxiety," and/or "depression," and/or "well-being" — facilitated the extraction of the most salient articles from the expansive body of literature. This methodological approach aligned with the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines, an established standard in research synthesis (Tricco et al., 2018). PRISMA underscores systematic, transparent, and replicable

procedures in academic research. These guidelines were designed to meet the rigorous standards of thoroughness and transparency, ensuring the literature review's comprehensiveness and objectivity. For this project, the research methodology closely adhered to the PRISMA protocol, which is renowned for its structured approach to systematic reviews. Emphasizing rigorous standards, PRISMA's 3-phase flow diagram (Appendix A) ensured a comprehensive assessment of research quality, enhancing the credibility of review outcomes. Utilizing the PRISMA protocol the study's background, objectives, methodologies, eligibility criteria, search strategy, and description of methods from component studies was meticulously outlined. Utilizing the PRISMA Flowchart encapsulated this investigation's preliminary findings while highlighting its inherent limitations. Many experts in social science systematic reviews concur on the superiority of the Campbell Collaboration's procedure, often deeming it the gold standard (Cooper & Hedges, 2019). In alignment with PRISMA's guidelines, a critical aspect of this research was to assess the potential biases within each study considered for inclusion. However, while digital tools and guidelines like PRISMA offer robust starting points, it's pivotal to recognize their intrinsic limitations. Sole reliance on popular databases might have inadvertently overlooked seminal works. Such pivotal contributions might have remained obscured in niche journals or got subsumed within broader mental health debates. Recognizing this gap, manual search strategies, often perceived as archaic in the digital age, reclaimed their importance. Techniques such as the 'snowballing' method or citation tracking become indispensable instruments, acting as bridges that connect digital with traditional, ensuring research comprehensiveness. Haddaway et al. (2020) emphasized that combining manual methods with digital techniques provided a comprehensive approach, ensuring no pertinent work was overlooked. In addition to searching academic databases like PubMed, PsycINFO, and Scopus, targeted outreach was conducted to leading experts on the SM to consult on any

seminal or obscure works the search strategies may have missed. Dr. Banmen (co-author of the SM) and Sharon Loeschon (author of the Satir Coaching Program) were consulted via phone to help bridge gaps. Satir Global Network (www.satirglobal.info) was searched for relevant Conference articles and archive files.

Data Collection

Upon securing the relevant literature, the meticulous task of data collection commenced. A standardized template (Appendix B) was employed to consistently capture research objectives, methodologies, participant demographics, and pivotal outcomes to aid in this endeavour. This method was chosen to maintain the integrity of each study's findings, capturing the original authors' nuances and interpretations (Snyder, 2019). The cohesive nature of the template promoted consistency throughout the extraction process, potentially reducing discrepancies.

In addition to data extraction, the quality assessment of each study formed a critical component of the data collection process. A predefined set of criteria, based on established guidelines such as the Critical Appraisal Skills Programme (CASP) checklists or the Joanna Briggs Institute (JBI) tools, was employed to evaluate the methodological rigor and credibility of each study (Appendix C). This evaluation examined the study's research design, methodology, data collection and analysis techniques, and the clarity and appropriateness of the reported results. The outcome of this quality assessment influenced decisions on the study's inclusion in the final analysis, ensuring only robust and reliable studies informed the research findings. This assessment provided insight into the study's relevance and robustness, influencing decisions regarding its inclusion or exclusion. Such an in-depth evaluation underscored the rigor of the data collection phase, highlighting the commitment to academic fidelity. Given the multifaceted nature of the SM and its varied applications, a thematic categorization of the studies was adopted. This strategy, which segmented the studies into

specific themes or domains, was utilized for a more organized and insightful analysis. Such categorization was beneficial in pinpointing prevailing patterns or gaps within the literature, allowing for a more nuanced understanding of the SM's implications in mental health and well-being. This systematic approach to organizing studies was appropriate to facilitate data interpretation and set for the subsequent analytical stages.

Data Analysis

In conducting the data analysis for this thesis on the SM's application to mental health and well-being, a multi-faceted approach was employed, combining thematic analysis, cross-study comparisons, and a comprehensive synthesis of insights. This tripartite analytical framework was designed to yield a nuanced understanding of the SM's efficacy and versatility across diverse therapeutic contexts.

Thematic Analysis Approach

The initial phase of the analysis revolved around a rigorous thematic analysis, adhering to the methodological framework proposed by Braun and Clarke (2006). This phase began with an in-depth engagement with the data, where each research article was read multiple times to gain a thorough understanding of its contents. Following this, a detailed coding process was undertaken. Here, data segments were meticulously coded, with each code representing a fundamental idea or concept relevant to the SM's application. This meticulous coding was guided by the principles of reflexivity and iterativity, ensuring the coding process remained flexible and responsive to the data (Braun & Clarke, 2006). Upon establishing a comprehensive set of initial codes, the focus shifted to identifying broader themes that encapsulated these codes. This involved an iterative process of collating codes into potential themes and reviewing these themes in the context of the coded extracts and the entire data set. This stage was critical as it required a constant movement back and forth between the data set, the coded extracts, and the emerging themes, ensuring these themes

accurately reflected the meanings evident in the data (Braun & Clarke, 2006). The final steps of thematic analysis involved defining and refining the themes and writing up the findings. Each theme was carefully defined and named during this stage, capturing its essence in relation to the SM's application. The write-up articulated the story the data tells, supported by compelling data extracts, and situated this narrative within the broader research context.

Cross-Study Comparison

Building upon thematic analysis, the research incorporated cross-study comparisons, drawing on Cooper's (2015) synthesis methodologies. This involved systematically juxtaposing findings from various studies, examining how different research designs and methods yielded divergent interpretations and outcomes related to the SM. This comparative analysis was intricate, examining how varying sample populations, therapeutic settings, and cultural contexts influenced the perceived efficacy and application of the SM (Cooper, 2015). Particularly, this segment aimed to dissect the heterogeneity in applying the SM, scrutinizing how different contextual factors - such as the cultural backgrounds of clients, types of mental health issues addressed, and specific therapeutic goals - shaped the model's implementation and outcomes. This comparison was not merely about contrasting different studies but synthesizing their findings to distill broader insights about the model's adaptability and effectiveness.

Synthesis of Comprehensive Insights

The culminating phase of the analysis was the synthesis of comprehensive insights guided by the structured methodologies of Borenstein et al. (2009). This meta-analytical approach systematically aggregated and interpreted research findings to construct a holistic understanding of the SM's impact and relevance in mental health therapy (Borenstein et al., 2009). This synthesis went beyond mere data aggregation; it involved critically evaluating the quality of each study, assessing the weight of their findings, and considering how variations

in study designs might impact the overall interpretations. The result was a meta-synthesis that provided a panoramic view of the SM's applications and illuminated areas for future research and potential adaptations of the model in evolving therapeutic landscapes. The study adhered to transparency and ethical integrity principles throughout the analytical process. All stages of analysis were conducted with a commitment to replicability, ensuring that the methodologies were delineated for subsequent researchers. Ethical considerations were upheld throughout, especially regarding the confidentiality and respect of the data sources. In sum, this comprehensive analysis, grounded in robust methodological frameworks, aimed to unravel the complexities and magnify the nuances of the SM's application in mental health, thereby contributing meaningfully to the field's understanding of therapeutic models and their practical implications.

Ethical Assurances

While no direct human participation was involved, ethical tenets like crediting original authors, ensuring fair use of copyrighted content, and maintaining academic integrity were strictly followed. In the context of this study on the SM's application in mental health and well-being, certain foundational beliefs underpinned the methodology. These assumptions ensured that they contain relevant and meaningful data. The SM has evolved, with varied applications recorded in the academic literature. There's also an inherent assumption that synthesizing a broad array of studies can realize a more comprehensive understanding of the model's role than by examining them individually. Simultaneously, the scope of this research was bounded by its primary focus on scholarly and empirical articles that discuss the SM. While this ensured academic rigor, other potentially valuable insights, like anecdotal evidence or popular literature, were not within its purview.

Trustworthiness and Validity: Peer Review

Ensuring that a study is trustworthy and valid is paramount in academic research. Several strategies were employed to elevate the rigor and credibility of this synthesis (Tong et al., 2022). The dynamic nature of research necessitated consistent re-evaluation. Periodic peer reviews were conducted to ensure the synthesis remained aligned with scholarly standards and avoided any unintentional biases. Experts in psychotherapy and those intimately familiar with the SM were consulted at multiple synthesis stages. Their feedback provided invaluable insights, often illuminating overlooked aspects or suggesting deeper explorations into certain areas. The study aimed to keep biases at bay and maintain alignment with the academic community's expectations by embedding this iterative feedback mechanism.

Transparency

To maintain the integrity of the research process and facilitate its potential replication by other scholars, a commitment to transparency was paramount (Tong et al., 2022). Each research phase was diligently documented, from the initial literature searches to data extraction and subsequent analysis. Such detailed records underscored the study's systematic approach and served as a roadmap for those wishing to delve deeper into the topic or replicate the methodology in other contexts. By foregrounding assumptions, defining the scope, and upholding trustworthiness and validity through peer review, triangulation, and transparency, this research aimed to present a synthesis that stood up to academic scrutiny and contributed meaningfully to the discourse on the SM's role in mental health and well-being.

CHAPTER FOUR

RESULTS

This chapter presents the findings from the investigation into the effectiveness of the SM, an integrative systemic therapeutic approach aimed at enhancing mental health and well-being. The rise in anxiety, depression, and stress-related disorders, especially highlighted by global challenges such as the COVID-19 pandemic, underscored the urgent need for innovative therapeutic models. The study focuses on the application and efficacy of the SM across a variety of mental health outcomes, guided by the following research questions:

RQ1. How did the application of the SM impact mental health treatment outcomes?

RQ2. Which specific SM interventions were most commonly applied to symptoms of stress and anxiety?

RQ3. What are the implications of the SM interventions on depressive symptoms?

Structured around the SM's principles and integrating insights from polyvagal theory, attachment theory, and interpersonal neurobiology, a multidimensional framework for data analysis was adopted. The analysis of qualitative data collected from a wide spectrum of full-text peer-reviewed studies from scholarly journals is reported in this chapter. The 21 identified articles were analyzed using the PRISMA approach. The findings are situated within the larger discourse of psychology, providing evidence of the SM's potential in contemporary mental health practice. By examining 21 articles, the complexities involved in implementing the SM were considered, as well as its therapeutic effectiveness and contribution to enhancing psychological resilience and well-being.

The findings revealed here provide a critical perspective on the SM's contributions to mental health interventions (Lau et al., 2018). In answering the research questions, this chapter not only highlights the practical applications of the SM (Shao, 2021) in clinical

settings but also outlines its theoretical underpinnings and the mechanisms through which it promotes an environment conducive to healing and growth (Leung et al., 2018). The subsequent sections offer a detailed presentation of the data, articulating the nuanced ways in which SM interventions align with and advance the goals of mental health treatment, contributing significantly to the field of psychology.

Participants

Given the scope of this literature review on the SM's application in mental health and well-being, direct engagement with human subjects was not conducted. Instead, evidence synthesis was used to explore the characteristics and demographics of participants as reported in the selected studies. The reviewed literature encompasses a broad spectrum of individuals who have participated in interventions based on the SM, reflecting its application across diverse cultural, age, and clinical groups. The studies included in this review have primarily focused on adults and adolescents experiencing a range of mental health challenges, including but not limited to stress, anxiety, and depression. These participants were drawn from various settings, including clinical populations receiving therapy in private practice, outpatient clinics, and hospital settings, as well as community samples participating in workshops or group sessions designed to enhance well-being through the SM. The demographic diversity within these studies is notable, with participants spanning a wide range of ages, genders, and ethnic backgrounds. This diversity underscores the SM's universal applicability and its potential to address mental health needs in a globally inclusive manner. Some studies have specifically explored the model's effectiveness with particular populations, such as adolescents, school children, or individuals facing significant life transitions, thereby highlighting the model's adaptability to different life stages and challenges. Deductive and inductive thematic analysis was used to categorize the themes as they pertained to the individual research question.

The settings in which the SM has been applied are as varied as the participants themselves. The reviewed literature includes studies conducted in various countries and cultural contexts, reflecting the model's global reach and its flexibility in addressing the universal aspects of human experience while also accommodating cultural specificity (Shen et al., 2022). Interventions based on the SM have been delivered in a range of environments, from traditional therapy rooms to community centers, schools, and online platforms (Kim et al., 2020). This adaptability not only demonstrates the model's versatility in different therapeutic contexts but also its capacity to meet participants where they are, both physically and metaphorically. Moreover, the diversity of locations where the SM has been implemented points to its relevance and applicability in addressing the global challenge of improving mental health and well-being. From urban clinics in highly industrialized nations to rural community centers in developing countries, the SM's principles of communication, self-esteem, and systemic change have found resonance (Lu et al., 2023). This widespread applicability further emphasizes the model's potential as a tool for cross-cultural dialogue and healing in a world increasingly aware of the need for mental health interventions that transcend geographic and cultural boundaries.

Results Research Question One

Research Question One explored how the application of the SM impacts mental health treatment outcomes. The studies reviewed provide substantial evidence the SM positively impacts client outcomes in mental health treatments. For instance, Lau et al. (2018), in their randomized controlled trial, demonstrated that SM improved participants' mental health by enhancing communication skills and promoting congruence. This was further supported by Kim et al. (2020), who found a virtual reality-based interactive feedback program inspired by SM principles showed feasibility in modifying dysfunctional communication. Additionally, Lu et al. (2023) highlighted that the SM influenced emotional and behavioral outcomes in

adolescents with major depressive disorder, emphasizing the model's systemic impact. For this question, 21 studies were found, of which three themes emerged. They enhance emotional resilience and self-esteem, communication, congruence, and systemic and integrative change.

Theme One: Enhancement of Emotional Resilience and Self-Esteem

The SM's interventions prioritize emotional resilience and self-esteem as central elements for mental health treatment (Satir et al., 1991). In a randomized controlled trial, Lau et al. (2018) found significant improvements in participants' self-esteem following SM therapy, contributing to overall mental well-being. Participants reported increased feelings of happiness and reduced symptoms of depression post-intervention, demonstrating the SM's profound impact on emotional health. Correspondingly, a qualitative analysis of a counseling program based on the SM by Momani and Al-Freihat (2022) revealed reduced levels of psychological stress among participants, suggesting SM's emphasis on self-esteem also fosters resilience to stress (Momani & Al-Freihat, 2022). In Chapter Two, the SM was explored for its systemic and holistic approach to mental health, emphasizing the importance of emotional well-being as a central tenet for therapeutic change. This foundational aspect of the model is substantiated by the findings from Lau et al. (2018) randomized controlled trial, which demonstrated the model's effectiveness in significantly enhancing emotional well-being. This evidence illustrates the transformative potential of the SM when applied in clinical settings, aligning with the principles of change, support, and self-esteem elevation that are crucial to Satir's therapeutic philosophy.

Further amplifying this theme, Shao's (2021) intervention study on dance therapy based on the SM principles elucidated how the model's use of physical expression can serve as a conduit for emotional growth. Adolescents engaging in this therapy during the stress-exacerbated period of the COVID-19 pandemic reported reduced symptoms of mental

distress. The therapeutic integration of movement facilitated by the SM interventions allowed for an embodied experience of emotional processing, leading to an improved state of mental health. Additionally, the adoption of the SM in various settings suggests its robustness in fostering emotional resilience. Kim et al.'s (2020) study on the feasibility of a virtual reality-based interactive feedback program inspired by the SM revealed promising outcomes in altering dysfunctional communication patterns. By modifying how individuals relate to themselves and others, the program facilitated a significant improvement in emotional well-being, suggesting the SM's principles are adaptable to innovative therapeutic mediums. These studies collectively affirm the SM's capacity to enhance emotional well-being through its systemic, experiential, and integrative approach. Clinicians employing the SM can harness its techniques to help clients navigate their emotional landscapes more effectively. The evidence suggests the SM can be particularly beneficial for clients struggling with affective disorders by offering them a structured pathway towards emotional health. The model's applicability across different demographics and adaptability to modern technologies, like virtual reality, further attests to its relevance in contemporary therapeutic settings.

The significance of self-esteem in mental health cannot be overstated, with the SM offers a nuanced approach to its enhancement, thereby fostering greater emotional resilience among individuals. Moreover, the developmental implications of the SM's interventions, as illustrated in the study by Xie et al. (2022), suggest early familial interactions play a pivotal role in shaping an individual's self-esteem and social competence. This reinforces the model's emphasis on the family system as a critical context for emotional and psychological development, providing a strong foundation for resilience in the face of life's challenges.

Theme Two: Communication and Congruence

The SM's focus on nurturing congruence through communication finds strong support in the literature. Shao (2021) reported that dance therapy, informed by the SM principles, led

to significant improvements in adolescents' mental health by enhancing authentic communication and expression. This is further corroborated by findings from a study on ICT intervention for mental health disorders, which applied Satir family therapy to improve communication pathways among Chinese adolescents (Chen et al., 2023). The SM is well-regarded for its focus on communication improvement. Shao (2021) observed that dance therapy, grounded in the principles of the SM, ameliorated communication barriers among adolescents during the COVID-19 pandemic. This improvement was linked to a decrease in stress and anxiety levels, highlighting the model's effectiveness in fostering healthier interpersonal interactions. In alignment with these findings, Lee's (2022b) research on congruence, as presented in her development of a *congruence scale* based on the SM, substantiates the notion that congruence is a state of awareness, openness, and connection across various human dimensions, and is essential for therapeutic change.

Moreover, the integration of communication-focused interventions within the SM framework emphasizes the importance of clear and honest expression in achieving therapeutic outcomes (Lee, 2022b). The development of interpersonal skills through the SM's techniques not only aids in resolving immediate conflicts but also enhances long-term relational satisfaction. This approach is crucial for individuals struggling with emotional regulation and interpersonal difficulties, as it provides a structured method to navigate complex social interactions (Chen et al., 2023). The emphasis on congruence and authentic communication helps clients develop a stronger sense of self and more meaningful connections with others, reinforcing the therapeutic goals of the SM (Lee, 2022b).

Additionally, studies have shown that improved communication skills fostered by the SM can lead to better conflict resolution and increased empathy within relationships (Chen et al., 2023). This is particularly evident in family therapy contexts, where enhancing communication pathways can significantly improve family dynamics and individual mental

health (Shao, 2021). The model's holistic approach ensures that all aspects of communication are addressed, from verbal interactions to non-verbal cues, creating a comprehensive framework for relational healing. This multifaceted focus on communication and congruence underscores the SM's effectiveness in promoting mental well-being and fostering resilient, supportive relationships.

Theme Three: Systemic and Integrative Change

The SM's third theme emphasizes the systemic nature of change, highlighting the model's capacity to influence not only individuals but also the family and community systems they are part of. This systemic approach is foundational to understanding the holistic impact of the SM on mental health outcomes. Johnson's (2023) exploration of the 'family consciousness program' illustrates the SM's impact on improving family dynamics and parent-child interactions. By focusing on increasing awareness and understanding within family systems, the program facilitated more supportive and healthier relational patterns, underscoring the model's systemic efficacy (Johnson, 2023). In addition, the study by Xie et al. (2022) on college students' social competence revealed how the SM's principles, when applied to family and parental relationships, positively influence individuals' social abilities and emotional intelligence.

Furthermore, the systemic approach of the SM ensures that changes made at the individual level are supported and reinforced by the broader social context (Xie et al., 2022). This holistic view considers the interconnectedness of personal and relational dynamics, promoting comprehensive mental health interventions that address multiple levels of influence. For instance, interventions that engage family members alongside the individual can lead to more enduring changes and prevent relapse (Johnson, 2023). This integrative method fosters a supportive environment where all members are actively involved in the therapeutic process, enhancing overall treatment efficacy (Xie et al., 2022).

The SM's integration with modern technologies, as demonstrated in the application of information and communication technologies (ICTs) for mental health interventions, extends its systemic impact. Chen et al. (2022) work on using ICTs in conjunction with Satir family therapy for adolescents with mental health disorders showcases an innovative approach to therapy that respects the systemic and relational aspects of mental health while embracing technological advancements. This approach not only broadens the accessibility of the SM but also ensures that its principles are adaptable to contemporary therapeutic settings. The ability to integrate traditional therapeutic methods with modern technology highlights the SM's versatility and relevance in addressing today's mental health challenges. This adaptability underscores the model's potential for broad application across various demographics and settings, reaffirming its efficacy as a dynamic and integrative approach to mental health care.

Discussion Research Question One

The SM has been shown to significantly improve individuals' self-esteem, a foundational element in developing emotional resilience. Studies like Lau et al. (2018) validate the model's effectiveness in boosting self-worth, thereby enhancing individuals' capacity to navigate life's challenges. Research evidences the SM's ability to foster improved communication and congruence within individuals and their relationships. Shao (2021) demonstrated how dance therapy, informed by the SM, facilitated better mental health outcomes through enhanced expressive capabilities. This highlights the model's practical application in diverse therapeutic contexts.

Additionally, the use of ICTs in Satir family therapy has shown promise in improving communication among adolescents with mental health disorders, suggesting the model's adaptability and relevance in the digital age. This technological integration enhances accessibility and effectiveness, particularly for younger populations (Chen et al., 2022). The SM's systemic approach to mental health treatment emphasizes the interconnectedness of

individual well-being with family and community dynamics. Studies such as Johnson's (2023) work on the 'family consciousness program' underscore the model's capacity to effect systemic changes, enhancing family cohesion and emotional support systems. This holistic view is crucial for fostering a supportive environment conducive to long-term mental health improvements.

Furthermore, the integration of the SM with technological interventions showcases its versatility in addressing mental health issues within a modern context. This adaptability is particularly important in an era where digital solutions are increasingly being utilized for therapeutic purposes (Chen et al., 2022). The successful application of the SM in various formats, including virtual and in-person settings, attests to its robustness. Research findings consistently support the model's efficacy across different demographic groups and therapeutic environments (Chen et al., 2022). Thus, the SM remains a relevant and powerful tool in contemporary mental health treatment.

Results Research Question Two

Research question two asked which specific SM interventions were most commonly applied to symptoms of stress and anxiety. Shao (2021) provided insight into the use of dance therapy based on the SM during the COVID-19 pandemic, which had a significant effect on reducing the mental health symptoms of adolescents, suggesting the utility of SM's experiential components in managing stress and anxiety. For this question, nine studies were found, of which three themes emerged. They are congruent communication, integration of experiential activities, and cultural and contextual adaptability of the SM.

Theme One: Congruent Communication

The use of SM interventions tailored to enhance communication congruence has been substantiated as a critical factor in alleviating symptoms of stress and anxiety (Kim et al., 2020). Kim and their colleagues explored how congruent communication can be facilitated

by innovative methods such as virtual reality-based interactive feedback. These interventions demonstrate the capacity for modern technology to augment traditional SM techniques, enhancing individuals' ability to achieve congruence, which in turn contributes to stress and anxiety reduction. Congruent communication, a cornerstone of SM, supports authentic expression and emotional relief (Satir et al., 1991).

Lee's (2002b) development of the *congruence scale* offers a valuable tool for measuring the state of congruence in individuals, which is central to the therapeutic change process in the SM. Lee conceptualizes congruence as a state encompassing awareness, openness, and connection across the intrapsychic, interpersonal, and universal-spiritual dimensions. This multidimensional construct of congruence is instrumental in understanding and facilitating therapeutic interventions for stress and anxiety. The emphasis on congruence within the SM highlights the importance of aligning thoughts, feelings, and behaviors to promote psychological well-being (Lee's 2002b). By achieving congruence, individuals can experience reduced internal conflicts and improved emotional stability.

Moreover, the multidimensional construct of congruence is instrumental in understanding and facilitating therapeutic interventions for stress and anxiety. Lee's research, which shows congruence correlates with life satisfaction and therapeutic outcomes, provides a strong foundation for employing congruence-focused interventions within the SM. These findings underscore the model's potential to create meaningful and lasting changes in clients' lives. Enhancing congruence through targeted SM interventions can lead to better mental health outcomes and overall life satisfaction. This approach highlights the SM's effectiveness in addressing core issues that contribute to stress and anxiety.

Theme Two: Integration of Experiential Activities

The incorporation of dance and other experiential activities has been pivotal in utilizing the SM to manage stress and anxiety. Shao's (2021) study, which found dance

therapy to be effective for adolescents during the COVID-19 pandemic, underscores the therapeutic power of experiential learning and emotional regulation embedded in the SM. Furthermore, Lee's (2002b) development of the congruence scale provides a quantifiable measure of the outcomes of such experiential activities. This integration supports the model's emphasis on the here-and-now experiences to facilitate emotional processing. Engaging in creative and expressive activities allows clients to explore their emotions in a safe and supportive environment (Shao, 2021).

In addition to dance, other creative and expressive activities have been used as part of the SM to reduce anxiety and stress. Bailey (2022) explored how experiential family therapy and neuroscience intersect, providing a scientific foundation for why activities that engage the "here and now" experience can be so impactful. This approach ties back to Satir's belief in the growth potential within every individual, which is harnessed through creative and expressive therapeutic work. By engaging clients in these activities, therapists can help them access deeper emotional states and promote healing. The integration of experiential activities within the SM demonstrates its versatility and effectiveness.

Further emphasizing the model's experiential nature, Momani and Al-Freihat's (2022) study on Syrian refugee women illustrates the effect of Satir-based counseling in reducing psychological stress. The therapy included activities that engaged participants in active self-exploration and validation processes, which are central to Satir's method and effective in alleviating stress (Momani & Al-Freihat, 2022). These studies highlight the SM's versatility and its potential in clinical practice for reducing anxiety and stress through experiential activities. Practitioners can incorporate a variety of creative modalities such as dance, art, and play, all of which are grounded in the SM's principles, to facilitate emotional growth and learning. This comprehensive approach supports the holistic well-being of clients.

Theme Three: Cultural and Contextual Adaptability of the Satir Model

The SM's flexibility in adapting to diverse cultural and demographic settings illustrates its broad applicability for managing stress and anxiety. Studies like Cheung and Chan (2002) highlight the SM's adaptation in the Hong Kong Chinese cultural context, emphasizing the integration of collectivist values while maintaining the core principles of the model. This adaptation enables the model to address specific cultural dynamics effectively, demonstrating its global applicability in therapeutic settings. Moreover, the model's efficacy extends to specialized populations, such as individuals in drug rehabilitation. For example, Ye-ping Li (2011) explored the SM's application in compulsory drug rehabilitation centers for female users, noting significant improvements in mental health post-treatment.

This study underscores the model's capacity to be tailored to specific intervention needs, providing substantial support for individuals facing unique challenges. In the educational sector, the model's principles have been effectively adapted to enhance social competence among college students, reflecting its versatility across different age groups and settings. The analysis by Xie et al. (2022) demonstrates how the Satir iceberg theory can influence social skills development, further validating the model's utility in educational and developmental contexts. These examples validate the SM's adaptability across various cultural backgrounds and specialized settings, demonstrating its effectiveness in a global context. Such adaptability ensures the model remains relevant and beneficial in promoting psychological well-being across different populations and cultural settings.

The SM's ability to integrate cultural sensitivities into its framework enhances its therapeutic impact and accessibility (Xie et al., 2022). By respecting and incorporating cultural values, the SM can create more effective and resonant interventions for diverse client groups. This cultural adaptability is crucial for global mental health practices, ensuring that interventions are both effective and respectful of clients' backgrounds. The model's success

in various settings highlights its robustness and capacity to facilitate meaningful therapeutic change (Ye-ping Li, 2011). This adaptability is a testament to the SM's foundational principles and its relevance in contemporary therapeutic environments.

Discussion Research Question Two

The research explored under Research Question Two demonstrates the multifaceted efficacy of the SM in managing stress and anxiety across diverse contexts, showcasing its adaptability and depth in therapeutic applications. The findings from studies by Shao (2021), Kim et al. (2020), and investigations into culturally diverse implementations (Cheung & Chan, 2002; Li, 2011; Xie et al., (2022) collectively underscore the robust adaptability of the SM and its capacity to integrate modern technological advances and cultural sensitivities into its framework. This integration is pivotal for the model's effectiveness in diverse settings, highlighting its relevance in contemporary mental health practices. The SM not only embraces traditional therapeutic mechanisms but also adapts to include innovative modalities like virtual reality and dance therapy, highlighting a key strength of the model: its capacity to evolve with advancing scientific understanding and societal changes.

For instance, the integration of virtual reality (Kim et al., 2020) offers a new dimension to therapeutic interventions by providing a safe, controlled environment where individuals can explore and resolve internal conflicts. This innovative approach enhances the traditional techniques of the SM, making it more effective in reducing anxiety and stress. Furthermore, the use of dance therapy during the COVID-19 pandemic (Shao, 2021) highlights how the SM can be adapted to address emerging mental health challenges. This adaptability ensures the SM remains relevant and beneficial in promoting psychological well-being across different populations and cultural settings. By incorporating these modern advancements, the SM enhances its therapeutic potential and broadens its application scope.

Moreover, the model's application in diverse cultural settings (Cheung & Chan, 2002; Li, 2011) and its successful adaptation to address specific needs, such as in drug rehabilitation (Li, 2011) and educational environments (Xie et al., 2022), indicate its global relevance and applicability. These adaptations highlight the model's flexibility and effectiveness in various therapeutic contexts. The ability to tailor the SM to specific cultural and contextual needs underscores its robustness and universal applicability. These findings collectively affirm the SM's capacity to facilitate meaningful therapeutic change and support mental health across different demographic groups. The model's versatility and comprehensive approach make it a powerful tool in contemporary therapeutic settings.

Results Research Question Three

Research question three asked which specific SM interventions were most commonly applied to symptoms of depression. The studies indicated family reconstruction and the PPP were critical interventions used within the SM for depression. Leung et al. (2018) outlined the development of a perceived self-transformation scale for the SM, signifying the transformational effect of the model on personal growth, a key factor in alleviating depressive symptoms (Springer, 2018). These interventions focus on rebuilding the family system and integrating the individual's inner parts, which is essential in addressing the symptoms of depression. For this question, seven studies were found, of which three themes emerged. They are family systems interventions, experiential learning techniques, and integration of spirituality in the SM.

Theme One: Family Systems Interventions

The SM, with its strong emphasis on family dynamics and communication, provides critical insights into treating depression through family systems interventions. Depression is conceptualized not merely as an individual ailment but as a symptom emerging from and sustained by dysfunctional family interactions. Research consistently supports the efficacy of

these interventions in transforming these dynamics to foster healthier relationships and alleviate depressive symptoms. For instance, Li (2011) demonstrated the effectiveness of the SM in a drug rehabilitation setting, where significant improvements in mental health were noted, suggesting therapeutic gains are achievable through modifications in familial interactions and communication strategies. This finding is particularly relevant because it underlines the importance of addressing the systemic contributions to individual psychological disorders such as depression.

Additionally, Allen et al. (2022) illustrated the adaptability of the SM during the COVID-19 pandemic, noting how its application helped manage stress and depression in adolescents by enhancing family communication and coherence during a period of extraordinary stress. Further extending the evidence, Maabreh and Al-Kousheh (2020) found that a counseling program based on the SM improved the quality of life and interpersonal relationships of participants, thereby reducing depressive symptoms through improved familial communication. These studies collectively affirm enhancing communication within family systems can profoundly impact depression, confirming the SM's capacity to effect change through its unique focus on familial and relational contexts. This synthesis integrates a range of empirical studies to provide a comprehensive view of how the SM's focus on family systems can be effectively utilized to treat depression, emphasizing the necessity of therapeutic interventions that extend beyond the individual to include familial and systemic dimensions.

Moreover, the SM's systemic approach is supported by studies indicating that family-oriented interventions can lead to long-lasting improvements in mental health outcomes (Allen et al., 2022). By addressing the root causes of familial dysfunction, these interventions help create a more supportive environment, which is essential for the sustained well-being of individuals with depression. For example, Allen et al. (2022) found that involving family

members in the therapeutic process not only benefits the individual but also improves the overall family dynamic, creating a healthier atmosphere for all members. This comprehensive approach ensures that the benefits of therapy extend beyond the immediate treatment period, providing enduring support for mental health. The consistent findings across various studies highlight the effectiveness of the SM in promoting systemic and lasting changes in family environments, thereby significantly alleviating depressive symptoms.

Theme Two: Experiential Learning Techniques

Experiential learning techniques form a core component of the SM's approach to mental health therapy, particularly in the treatment of depression. These techniques, which include role-playing, guided imagery, and other interactive processes, are designed to help individuals express and explore buried emotions. By facilitating the expression of these deep-seated feelings, experiential learning encourages a greater understanding of one's emotional landscape, which is often distorted or suppressed in depressive disorders. Johnson (2023) explored the efficacy of these techniques within family settings, highlighting how experiential programs can enhance emotional connectivity and closeness among family members. His research indicates such engagement not only strengthens relational bonds but also significantly alleviates depressive symptoms by providing family members with a supportive and understanding environment (Johnson, 2023).

Further expanding on this, Bailey (2022) provided insight into how experiential family therapy, coupled with neuroscience, offers a powerful synthesis for understanding and transforming the emotional dynamics within families. This integration emphasizes the neurobiological underpinnings of emotional expressions and interpersonal interactions, which are crucial for effectively addressing depression through therapeutic interventions (Bailey, 2022). Additionally, a study by Romero and colleagues (2021) demonstrated the transformative potential of experiential learning in a clinical setting. They reported patients

undergoing therapy that included guided imagery and role-playing exhibited marked improvements in their depressive symptoms, attributed to enhanced emotional awareness and expression (Romero et al., 2021). These studies collectively affirm the effectiveness of experiential learning techniques in the SM, particularly in their capacity to facilitate emotional processing and expression. This is vital for individuals suffering from depression, as it helps them reconnect with their emotions and fosters a deeper, more empathetic understanding of their experiences and relationships.

Additionally, experiential learning techniques are beneficial in creating a more engaging and dynamic therapeutic process, which can be particularly helpful for clients who may find traditional talk therapy challenging (Romero et al., 2021). Engaging in activities that require active participation helps clients to break through emotional barriers and gain new perspectives on their issues. For example, guided imagery allows clients to visualize and confront their fears and anxieties in a controlled environment, leading to greater emotional release and healing (Romero et al., 2021). Similarly, role-playing can help clients practice new behaviors and coping strategies, improving their ability to handle real-life situations (Bailey, 2022). These interactive methods not only enhance the therapeutic experience but also lead to more meaningful and sustained improvements in mental health.

Theme Three: Integration of Spirituality in the Satir Model

The SM's integration of spirituality into therapeutic practices provides a substantial context for individuals to explore their sense of purpose and identity, offering profound benefits for those experiencing depression. Spirituality in this model emphasizes a connection to broader existential meanings and personal values, which can significantly enhance emotional and psychological resilience. A foundational study by Okur (2020) highlights the therapeutic impact of integrating spiritual elements within the SM, showing how this approach can help individuals cope with depression by fostering a deeper sense of identity

and connection to universal values. Okur notes spirituality can catalyze significant improvements in well-being by helping individuals relate their personal experiences to larger existential frameworks.

Additionally, research by Cheung and Chan (2002) explored the application of the SM within the cultural context of Hong Kong, discussing how adaptations of the model to incorporate local spiritual and cultural values can enhance its effectiveness in treating depression. They illustrate that aligning therapeutic practices with an individual's cultural and spiritual background can improve engagement and outcomes in therapy (Cheung & Chan, 2002). Another pertinent study by Brubacher (2006) investigated combining emotion-focused therapy with the SM, emphasizing the role of spiritual discussions in enhancing emotional processing. This integration demonstrates as particularly effective in addressing the deeper emotional undercurrents of depression, highlighting the utility of spiritual conversations in therapeutic settings (Brubacher, 2006).

Moreover, Wretman (2016) offers a contemporary review of the SM, including its application in spiritual counseling. Wretman argues the model's focus on growth and development is inherently linked to exploring spiritual dimensions, which can be crucial for clients dealing with existential aspects of depression (Wretman, 2016). Finally, a study by Lee (2002a) on the SM's application in family therapy discusses how integrating spiritual elements into family dynamics can aid in the holistic treatment of depression, strengthening familial bonds and providing all family members with a shared understanding of spiritual and emotional goals (Lee, 2002a).

Discussion Research Question Three

The studies reviewed illustrate a compelling trend: spirituality, when woven into therapeutic models like the SM, serves as a profound mechanism for enhancing therapy outcomes in depression. The integration of spirituality aids not only in alleviating symptoms

but also in achieving a more comprehensive, sustainable recovery by addressing the existential and spiritual needs often overlooked in traditional depression treatments. The evidence supports a more nuanced approach to mental health treatment—one that incorporates spiritual dimensions to cater to a broader spectrum of human experience.

Additionally, longitudinal studies could help in understanding the long-term effects of spiritual integration in therapy, providing insights into how these interventions affect the course of depression over time. In conclusion, the integration of spirituality within the SM offers significant benefits for treating depression. This thematic exploration across various studies highlights how spiritual elements can enrich therapeutic practices, contributing to a holistic approach that fosters deeper emotional healing and resilience. The evidence from studies such as those by Okur (2020), Cheung and Chan (2002), Brubacher (2006), and Wretman (2016) not only reinforces the validity of this approach but also encourages a broader application of spiritually integrated therapies within mental health fields. By embracing the complexities of human experience, therapists can more effectively support individuals in navigating the challenges of depression, ultimately leading to more meaningful and sustained outcomes.

Moreover, the application of spirituality in therapy aligns with the increasing recognition of its role in enhancing psychological well-being (Brubacher, 2006). Incorporating spiritual practices can provide clients with a sense of purpose and meaning, which are critical components in the recovery process from depression (Okur, 2020). These practices can include meditation, mindfulness, and reflective exercises that help individuals connect with their inner selves and broader existential questions. The holistic approach of integrating spirituality not only addresses the symptoms of depression but also promotes overall life satisfaction and personal growth (Wretman, 2016). This comprehensive method

ensures that therapy is not just a temporary relief but a pathway to long-term emotional and psychological health.

Summary

This chapter presented a synthesis of research findings on the efficacy of the SM. This comprehensive therapeutic approach has been increasingly recognized for its potential to enhance mental health and well-being. Addressing the prevalence of anxiety, depression, and stress-related disorders exacerbated by global challenges such as the COVID-19 pandemic, the SM's application across varied mental health outcomes was investigated. The research was guided by three pivotal questions examining the impact of the SM on mental health treatment, the specific interventions employed for stress and anxiety, and those used for symptoms of depression. Data analysis utilized a multidimensional framework, drawing from principles within polyvagal theory, attachment theory, and interpersonal neurobiology, offering a rich understanding of the interplay between the SM's techniques and mental health improvements. A systematic review of 21 peer-reviewed articles was conducted using the PRISMA method, unveiling the SM's multifaceted role in contemporary mental health practice. The analysis revealed the complexity of implementing the SM, highlighting its effectiveness in enhancing psychological resilience and overall well-being.

Findings confirm the SM's significant contributions to mental health interventions, demonstrating the model's practical applications and its capacity to foster an environment conducive to healing and growth. By articulating the nuanced ways in which SM interventions align with mental health treatment goals, this chapter contributes a critical perspective to the field of psychology. The participants in the reviewed studies reflect the SM's diverse applications, including its use among different cultural, age, and clinical groups. Inductive and deductive thematic analyses were used to categorize themes relevant to each research question, emphasizing the model's universal applicability and its potential for global

inclusivity. The evidence synthesis process was used to explore participant demographics as reported across the selected studies, highlighting the SM's adaptability to various life stages and challenges. The settings for SM applications varied widely, affirming the model's global reach and flexibility to address human experiences across cultural specifics. Whether through traditional therapy rooms or innovative online platforms, the SM has demonstrated its versatility and effectiveness in diverse environments.

In answering the research questions, substantial evidence pointed to the SM's positive impact on mental health treatment outcomes, as seen in the studies conducted by Lau et al. (2018), Kim et al. (2020), and Lu et al. (2023). These investigations supported the model's systemic influence and its ability to enhance communication skills and promote congruence, underscoring the transformational effect of the SM on personal growth and emotional resilience. The exploration of experiential learning techniques and spirituality within the SM framework revealed how these interventions can profoundly affect individuals dealing with depression, offering pathways to connect with deeper senses of self and purpose. The incorporation of spirituality, in particular, was shown to catalyze significant well-being improvements, guiding individuals to relate their experiences to broader existential frameworks. In sum, the chapter underscores the SM's comprehensive impact on mental health outcomes. By integrating systemic change, experiential learning, and communication modifications, the SM provides diverse and effective therapeutic tools, standing in alignment with contemporary best practices in psychotherapy. The research endorses the SM's effectiveness in treating symptoms of stress, anxiety, and depression, emphasizing its potential when combined with creative therapies and modern technological advancements.

CHAPTER FIVE

DISCUSSION

This chapter is a presentation of the discussion of findings related to the application of the SM within the field of mental health, examining its effects on stress, anxiety, and depression. The emergence of the SM as a valuable therapeutic approach aligned with the growing global concern for mental well-being, as reported by the WHO (2021). Amidst the myriad of interventions explored through the theoretical foundations in Chapter Two, ranging from ACT to CBT and encompassing polyvagal theory (Porges, 2009), the SM stood out for its experiential and systemic methodology (Satir et al., 1991). In contrast to the more individual-focused ACT (Coto-Lesmes et al., 2020; Sun et al., 2022) and the structured nature of CBT (Rith-Najarian et al., 2019; von Brachel et al., 2019), the SM offered a holistic approach that interweaves emotional processing with familial and social systemic change. The present discussion is rooted in a qualitative synthesis of evidence, drawing from a comprehensive literature review following PRISMA guidelines across databases such as Google Scholar, Scopus, PubMed, and PsycINFO. The aim was to integrate the empirical findings with attachment theory, a significant aspect of the conceptual framework addressed in Chapter Two, shedding light on the pivotal research questions central to this study:

RQ1. How does the SM impact treatment outcomes for stress, anxiety, and depression?

RQ2. Which specific interventions within the SM prove most efficacious for stress and anxiety?

RQ3. What are the implications of the SM interventions on depressive symptoms?

Acknowledging the profound effect of the COVID-19 pandemic on global mental health, as reflected in the steep rise of anxiety and depression cases (MacDonald et al., 2022; Wilson et al., 2020), this chapter covered the relevance of the SM in addressing the aftermath

of such crises. The increased need for effective therapeutic modalities that encapsulate both evidence-based strategies and the capacity for empathetic, humanistic intervention is underscored, with the SM posited as a viable option for integration into professional practice. The significance of this study lies in its potential contribution to the disciplines of clinical psychology and therapy, expanding the toolkit for professionals working with individuals affected by stress, anxiety, and depression. Furthermore, this investigation provided an avenue for understanding how the experiential and systemic nature of the SM can offer a comprehensive framework, positioning it as an adaptable modality within the diverse landscape of contemporary mental health challenges.

Findings

The inquiry into the SM against the backdrop of diverse therapeutic modalities presented a compelling narrative of integration and uniqueness in mental health treatment. The expansive review of therapeutic techniques in Chapter Two positioned the SM not only in concert with but also in a unique space amongst practices such as CBT, ACT, DBT, MBSR, psychodynamic interventions, EFT, and SFT. This study's synthesis of qualitative evidence has highlighted how the SM's experiential processes foster personal growth and relational healing, resonating with the principles of mindfulness and presence as advocated by MBSR (Kabat-Zinn, 1990). Yet, unlike MBSR's focus on individual mindfulness practice, the SM extends its reach into the relational dynamics, fostering connection and communal healing, underscoring the individual within their social context (Satir et al., 1991). In conversation with psychodynamic interventions, the SM's emphasis on family systems and communication patterns echoes the deep explorative work of psychodynamic theories on unconscious processes and historical patterns (Shedler, 2010). However, the SM diverges by bringing these insights into a more interactive and immediate therapeutic milieu, where

change is enacted not only through insight but through active, experiential learning and systemic transformation (Satir et al., 1991).

Similarly, while SFT directs clients towards future-oriented solutions, the SM complements this by also delving into systemic relational patterns and emotional blocks that may hinder progress, thus offering a more holistic resolution strategy that encompasses both the future aspirations and the systemic roots of current challenges (de Shazer et al., 1986). The findings underscored the SM as a modality that harmonizes with the essence of various therapeutic approaches, such as the emotional attunement found in EFT (Johnson, 2004) and the behavioral changes advocated by behavioral activation models (Martell et al., 2001). Yet, it asserted its distinction through its systemic lens—viewing the individual as an integral part of a larger relational system, shaping and shaped by their interactions (Banmen, 1986).

The study's findings drew a clear line of congruence back to the underpinnings of the SM as posited by Satir et al. (1991) and the humanistic values championed by Brothers (2019). The emphasis on congruence and communication central to the SM found a reflective echo in the tenets of the polyvagal theory (Porges, 2009), underscoring the physiological basis for therapeutic change. This melding of somatic and systemic approaches presents a compelling convergence with the conceptual framework outlined in Chapter Two, underscoring the robustness of the SM's foundational theories. The study's findings could be elucidated through various lenses, including the robust, evidence-based methodologies, the depth of participant experiences, and the specificity of SM interventions. The integration of polyvagal principles within the SM's methodology, for instance, may explain the heightened sense of safety and connectivity reported by participants, aligning with Porges' (2009) conceptualization of neurophysiological engagement in therapy. Beyond mere numbers and thematic categorizations, the findings pointed to a profound relevance for the SM in mental health discourse. Speculatively, the results suggested the SM's impact may extend to

community and societal levels, offering a blueprint for cultivating well-being within and beyond clinical settings. Such implications are especially pertinent in the face of global crises, where traditional approaches may falter.

Discussion of Research Question One: The SM's Impact on Mental Health Outcomes

The studies from Chapter Four demonstrated the SM's effectiveness in improving mental health outcomes by enhancing emotional resilience, interpersonal skills, and systemic family dynamics. These findings are supported by the theories and results from the integrative models discussed, which highlight the benefits of combining psychological, social, and behavioral approaches in therapy. The implications of these findings suggest the SM can serve as a robust integrative framework in mental health practice, capable of addressing complex and comorbid conditions like anxiety and depression through its holistic and systemic approach. The SM's holistic and experiential approach has been analyzed through the lenses of polyvagal theory and attachment theory, providing a comprehensive understanding of its impact on stress, anxiety, and depression. By emphasizing emotional processing, communication, and systemic change, SM aligns well with the physiological and psychological principles outlined in these theories.

The SM's focus on safe, congruent communication enhances the social engagement system, a key component of polyvagal theory. This engagement helps reduce stress and anxiety by promoting feelings of safety and connection, which are essential for emotional regulation and well-being. By integrating the polyvagal theory, SM interventions are posited to influence the autonomic nervous system, enhancing the body's ability to respond to stress and recover from psychological disturbances. This aligns with findings that SM practices help individuals transition from a state of hyperarousal or shutdown to one of social engagement and calm. SM interventions often focus on improving interpersonal relationships, which directly correlates with secure attachment strategies. By fostering healthier family

dynamics and communication, SM addressed the root causes of anxiety and depression, which are frequently linked to attachment disruptions. The therapeutic setting in SM is designed to mirror a secure attachment environment, offering clients a reliable and empathetic space to explore and resolve their issues. This approach not only alleviates symptoms but also fundamentally enhances clients' capacity for secure relationships. Studies such as those by Lau et al. (2018) have demonstrated the SM significantly improves self-esteem and emotional resilience, key factors in mitigating symptoms of depression and anxiety. These improvements are consistent with the therapeutic goals of enhancing self-worth and coping skills, as posited by the SM's theoretical underpinnings. Further research by Shao (2021) supports the efficacy of SM's experiential activities, such as role-plays and family sculptures, in reducing psychological distress. These activities enable clients to re-experience and reframe their interpersonal dynamics, leading to measurable improvements in mental health.

The findings from Research Question One reinforced the conceptual underpinnings of the SM as discussed in Chapter Two, highlighting its comprehensive approach to therapy that encompasses emotional, communicative, and systemic dimensions. The evidence supporting the SM's efficacy in enhancing mental health outcomes pointed to its significant implications for clinical practice. Therapists and clinicians are encouraged to incorporate the SM's principles into their therapeutic interventions, considering its benefits in improving self-esteem, communication, and systemic health. Additionally, the findings suggested avenues for further research, particularly in exploring the model's application across diverse populations and in conjunction with emerging technologies.

Discussion of Research Question Two: SM Interventions for Stress and Anxiety

Expanding on the role of congruent communication in managing stress and anxiety, studies by Guerrero and Andersen (1998) have demonstrated communication styles that

promote openness and honesty are critical in reducing psychological distress in therapeutic settings. Their work complements the findings related to SM by emphasizing the importance of enhancing communication dynamics to foster emotional well-being. Effective communication is a cornerstone of the SM, helping clients articulate their feelings and needs clearly, thus reducing misunderstandings and conflicts that contribute to stress and anxiety (Guerrero & Andersen, 1998). By fostering an environment of trust and openness, therapists can help clients navigate their emotional experiences more effectively, leading to better mental health outcomes.

Concerning experiential activities, a study by Caldwell (2005) exploring the effects of movement therapy highlighted the significant impact of physical expression on therapeutic outcomes. This research supports the SM's use of dance and other movement-based therapies to manage anxiety and stress, providing evidence such activities help reduce symptoms by enhancing bodily awareness and emotional expression. The integration of physical movement into therapy allows clients to release pent-up emotions and stress in a constructive manner, promoting overall well-being (Caldwell, 2005). This approach aligns with the SM's holistic view of treating the mind and body as interconnected entities, ensuring that emotional healing is supported by physical expression.

In terms of cultural adaptability, Sue and Sue (2016) discuss how culturally competent therapy, which integrates the client's cultural background into the therapeutic process, leads to improved therapy outcomes. This perspective reinforces how the SM's adaptability to different cultural settings can be a potent tool in managing stress and anxiety, aligning with its core principles of valuing and validating the individual within their cultural context. By respecting and incorporating cultural values and beliefs into the therapeutic process, the SM can enhance its effectiveness and relevance for diverse populations (Sue & Sue, 2016). This adaptability not only improves engagement and trust between clients and

therapists but also ensures that interventions are culturally sensitive and appropriate, further enhancing the therapeutic impact.

Discussion of Research Question Three: SM Interventions for Depression

Family systems interventions are central to the SM's effectiveness in treating depression. The model's emphasis on changing communication within family systems to foster healthier interactions aligned with research on family dynamics and depression. For instance, Allen et al. (2022) discussed the SM's use during the COVID-19 pandemic, noting its significant role in managing stress and depression in adolescents by improving family communication and coherence. This supports the idea that enhancing family interactions can substantially affect depressive symptoms, validating the SM's approach to systemic change (Allen et al., 2022). Cheung and Chan (2002) highlight the application of the SM in the Hong Kong Chinese context, emphasizing how the model's core principles were adapted to fit collectivist cultural values. This adaptation is crucial for managing stress, anxiety, and depression, as it ensures therapeutic interventions resonate culturally with the individuals and families involved. This cultural sensitivity can lead to more effective communication and congruence within familial relationships, directly addressing mental health symptoms. Allen et al. (2022) discussed the effectiveness of the SM in managing familial stress during the COVID-19 pandemic. The study underscores the model's flexibility and its utility in crises, where traditional therapeutic settings are disrupted. The ability of the SM to adapt to online and home-based environments proves essential in continuing mental health support during such unprecedented times. Li (2011) examined the SM within drug rehabilitation settings, where stress, anxiety, and depression are prevalent symptoms among participants. The researcher found significant improvements in mental health outcomes following the model's interventions, highlighting its applicability and effectiveness in high-stress environments. Leung et al. (2018) focused on the development of a perceived self-transformation scale for

the SM, which is critical for quantitatively measuring the effectiveness of interventions on stress, anxiety, and depression. This tool allows practitioners to assess the impact of specific interventions, such as those targeting communication congruence and experiential activities, providing a robust framework for evaluating therapeutic outcomes. Bermudez (2008) explored the adaptation of Satir's techniques for Hispanic families, which further illustrates the model's broad applicability. This research provides insights into tailoring interventions to meet the unique cultural and familial needs of diverse populations, thereby enhancing the effectiveness of treatments for stress, anxiety, and depression.

The qualitative synthesis of evidence from the studies reviewed indicated that SM, unlike therapies that prioritize individual symptom management, advocates for holistic wellness through the lens of interpersonal relationships and communication. This approach aligns with the foundations of polyvagal theory (Porges, 2009) and attachment theory (Bowlby, 1969), accentuating the SM's compatibility with psychobiological and relational frameworks. Further analysis reveals the SM's congruence with the transformative potential of DBT in addressing emotion dysregulation (Linehan, 2015) and the cognitive restructuring central to CBT (Bond & Dryden, 2002). Yet, the SM extends beyond these modalities by engaging clients in a process of personal and familial transformation, encapsulated in the work of Satir et al. (1991) and echoed in the findings of contemporary SM practitioners (Shao, 2021).

The findings highlight the SM's therapeutic efficacy, as demonstrated by Lau et al. (2018), who provided empirical evidence of enhanced self-esteem and emotional resilience post-SM therapy. This outcome supports the claim the SM's focus on elevating self-worth and fostering robust communication is crucial for improved mental health outcomes. In sync with the observations of Momani and Al-Freihat (2022), the studies collectively advocate for the SM's strengths in promoting well-being through experiential engagement and systemic

therapy. However, the unique contribution of the SM shines when compared with the targeted approaches of interventions such as exposure therapy (Abramowitz et al., 2019) and psychodynamic interventions (Leichsenring & Steinert, 2018). Where these methods delve into specific aspects of the psyche or behavior, the SM emerges as a holistic practice that nurtures systemic well-being and has been applied to various populations and contexts, offering therapeutic versatility.

In essence, the SM enriches the spectrum of mental health interventions by providing a transformative, systemic framework that integrates cognitive, emotional, and relational aspects of well-being. These findings not only affirm the importance of the SM methods within professional practice but also underscore the value of integrative approaches in addressing the multifaceted nature of mental health challenges. Recent studies such as those by Allen et al. (2022), which explored the application of the SM during the COVID-19 pandemic, Leung et al. (2018), focusing on the development of a specific scale to measure self-transformation related to SM, and Shao (2021), documenting the effectiveness of dance therapy based on SM principles, call for broader applications and deeper insights into the SM's impact on mental health. This beckons a continuation of research in this vital area of psychotherapy, particularly in understanding how SM interventions enhance emotional resilience, improve communication and congruence, and foster systemic and integrative change—the central themes that follow in this discussion.

The studies reviewed indicated SM interventions substantially bolster emotional resilience and self-esteem, aligning with the theoretical assertions posited by Satir et al. (1991). This theme, a keystone in the treatment of mental health disorders, was recurrent across the studies analyzed. Lau et al. (2018) provided empirical support demonstrating marked improvements in self-esteem following SM therapy. This research, along with that of Momani and Al-Freihat (2022), supports that enhancement of self-esteem is pivotal to the

SM's effectiveness and is directly associated with better mental health outcomes. The synthesis of these findings not only validates the theoretical premises discussed in Chapter Two but also highlights the transformative potential of the SM in clinical practice. By focusing on self-esteem as a key target for intervention, the model offers a comprehensive approach to mental health treatment that is both systemic and individual-centered. It acknowledges the intrinsic worth of the individual while recognizing the profound impact of relational dynamics on mental health. The empirical support for the SM's effectiveness in enhancing self-esteem offers valuable insights for clinicians. It suggests a therapeutic pathway that prioritizes the cultivation of positive self-perception and emotional resilience as central goals of treatment. This approach can be particularly beneficial in contexts where individuals struggle with low self-esteem, providing a framework for interventions that are holistic, integrative, and deeply humanistic.

Communication, an integral component of the SM, was frequently cited as a transformative element in the treatment of stress and anxiety. This is corroborated by findings from Shao (2021), where dance therapy, an experiential modality of the SM, led to significant improvements in adolescents' mental health by fostering authentic communication and expression. This theme is particularly relevant when considering the work of Kim et al. (2020), which highlighted the potential of technology-enhanced SM interventions to promote congruent communication. Congruence in therapy extends beyond the individual to influence systemic change. In therapeutic settings that draw on the SM, fostering congruence can lead to more adaptive coping strategies within family systems, promoting resilience and collective well-being. Recent research on congruence in psychotherapy suggests congruence, or genuineness, is a critical aspect of the therapeutic relationship and has a positive relationship with psychotherapy outcomes (Kolden et al., 2018). The meta-analysis included in this

research highlights the importance of congruence as defined in the person-centered tradition, which parallels the emphasis on congruence in the SM.

Furthermore, the concept of congruence has been explored in the context of organizational behavior, where congruence between personal and organizational values is associated with job satisfaction and effectiveness in communication. This reinforces the significance of congruence not only in therapeutic contexts but also in broader social systems. Additionally, contemporary studies have expanded upon Lee's work and the SM's applications. Sayles (2002) has highlighted the transformative nature of the model, emphasizing that true transformation occurs from within, guiding individuals to a more congruent sense of self (Sayles, 2002). These collective insights from the literature enrich the therapeutic strategies aimed at increasing congruence, providing a more robust framework for practitioners. Throughout the literature, the SM is lauded for its systemic approach, emphasizing the interconnectedness of individuals within their familial and social contexts. Johnson (2023) articulated how the 'family consciousness program' could influence not just the individual but the family unit as a whole. In this discussion, the research findings are considered within the broader conceptual framework of systemic change, integrating insights from neurobiology and attachment theories. This highlights the comprehensive nature of the SM and its capacity to adapt and be applied in various cultural and clinical settings, as demonstrated by the diversity of research covered.

Furthermore, research by Bailey (2022) on experiential family therapy confirms the neurobiological underpinnings of the SM align with modern neuroscience, validating its systemic approach to transforming mental health. In integrating these sources, it becomes evident the SM's impact on mental health treatment is multifaceted, addressing individual self-concept, interpersonal communication, and the broader family system. These findings corroborate the themes outlined in Chapter Two, emphasizing the SM's comprehensive

approach to mental health treatment. The systemic and integrative change theme directly ties into discussions in Chapter Two, where the SM was highlighted for its systemic perspective on mental health treatment. The current synthesis of empirical evidence reaffirms the importance of considering individuals within their relational and community contexts, aligning with the SM's comprehensive approach to therapy. For practitioners, the systemic and integrative change theme emphasizes the need to adopt a holistic view in mental health treatment, considering the individual's broader relational network and societal context. The evidence supports the SM's effectiveness in fostering systemic changes that promote mental health, suggesting interventions should extend beyond the individual to include family and community systems.

Experiential learning techniques form a critical component of the SM, particularly for their role in facilitating emotional expression and engagement during therapy sessions. These techniques, which range from movement-based therapies to creative arts, have been identified in Chapter Two as instrumental in alleviating symptoms of stress, anxiety, and depression through active and engaging therapeutic interventions. Research by Momani and Al-Freihat (2020) specifically highlights the effectiveness of SM in reducing psychological stress among married Syrian refugee women, utilizing techniques that promote self-expression and emotional processing. These findings underscore the therapeutic value of experiential learning in diverse cultural and situational contexts. As noted in Chapter Two, various experiential therapies such as forest therapy, yoga, music therapy, and dance therapy have been effective in similar contexts (Chun et al., 2017; Shohani et al., 2018; Vajpeyee et al., 2022; Tortora, 2019). The efficacy of these modalities supports the utilization of experiential learning techniques within the SM to mitigate depressive symptoms effectively. The alignment of SM with these empirically supported modalities highlights its integrative potential and adaptability to different therapeutic needs and cultural contexts. Furthermore,

the principles of the SM integrate well with the findings from the literature reviewed in Chapter Two, where the application of experiential learning has shown significant positive impacts on mental health outcomes. This integration is evident in how both the SM and other experiential therapies emphasize the importance of client engagement and active participation in the therapeutic process, which are crucial for fostering an environment conducive to healing and growth (Momani & Al-Freihat, 2020).

The integration of spirituality within therapeutic practices offers a unique dimension to treating depression, aligning well with the holistic and humanistic underpinnings of the SM. Okur's (2020) examination of the SM suggests incorporating spiritual discussions and practices can significantly aid individuals in navigating their emotional landscapes, particularly those suffering from depression. This perspective is supported by the broader implications of spirituality in enhancing life satisfaction and overall mental health, providing a profound layer of healing and support within the therapeutic context (Okur, 2020). Linking these themes to polyvagal theory, the work by Porges (2009) illustrates how social engagement—a state encouraged by SM's emphasis on improving communication and interpersonal interactions—can activate the body's natural relaxation response, the ventral vagal complex, thereby alleviating symptoms of stress and anxiety. Further supporting the themes with attachment theory, research by Mikulincer and Shaver (2007) elaborates on how secure attachment relationships formed during therapy can significantly influence emotional regulation strategies, echoing the SM's strategies for enhancing interpersonal relations and communication. A notable point of discussion is how the findings intersect with the polyvagal theory (Porges, 2009). While the SM's emphasis on safe communication and bodily awareness resonates with the polyvagal framework, the discussion also navigated areas where the findings might diverge from or expand upon this theory. This includes considering the role of the social engagement system in therapy and how SM interventions

may promote a sense of safety and connection essential for psychological well-being.

Integrative models of therapy, such as those discussed in the literature review, provide a multifaceted approach to treating mental health issues by combining different psychological theories and techniques.

The SM, with its emphasis on communication, growth, and system change, aligns well with other effective models, such as the emotion dysregulation model, interpersonal model, meta-cognitive model, avoidance model, and behavioral activation model. These models collectively offer a broad spectrum of tools and approaches, which include protocols, activities, treatment components, and exercises tailored to address specific mental health issues, including stress, anxiety, and depression. SM's focus on emotional awareness and expression correlates strongly with the emotion regulation strategies used in this model. Both aim to manage anxiety and depression by addressing underlying emotional imbalances, demonstrating the SM's compatibility with integrative approaches that focus on emotion regulation (Hofmann et al., 2012). The SM enhances interpersonal relationships and communication, akin to the interpersonal model, which focuses on improving interpersonal dynamics as a pathway to better mental health. This synergy emphasizes the SM's strength in enhancing interpersonal interactions and its potential for integration into broader interpersonal-focused therapies (Gordon-King et al., 2018). Similar to the meta-cognitive approach, the SM encourages individuals to reflect on their thinking patterns. Both models promote a shift in focus from the content of thoughts to the process of thinking itself, which is shown to be effective in treating anxiety and depression (Normann et al., 2014; Solem et al., 2021). The SM addresses avoidance behaviors by encouraging direct communication and expression of feelings, which can prevent the avoidance of emotional processing and reduce anxiety and depression (Stapinski et al., 2010). Like the BA model, the SM promotes active engagement and experiential learning as methods to combat depression and anxiety. Both

models emphasize the importance of action and engagement in therapy to bring about significant changes in mental health (Dimidjian et al., 2017; Soleimani et al., 2015).

Limitations and Delimitations

This systematic review focused on the application of the SM in mental health and was constrained by the availability and scope of peer-reviewed literature. Despite exhaustive search efforts, it is conceivable some relevant studies may have been inadvertently omitted, a common challenge in literature reviews (Boell & Cecez-Kecmanovic, 2014). The potential for oversight may stem from restrictive search parameters or the selective nature of published studies, which may favor certain methodologies or outcomes. Additionally, the variability in the quality of research on psychotherapeutic approaches based on the SM presents another limitation. While substantial research supports the efficacy of established therapies like CBT, studies focusing on the SM often lack robust empirical methodologies, such as randomized controlled trials, which provide stronger validity (Sarris et al., 2011). This limitation is significant as it may influence the perceived efficacy and applicability of the SM in clinical settings.

The scope of this research was intentionally narrowed to examine the effects of the SM on stress, anxiety, and depression. This focus allowed for a more in-depth analysis specific to these conditions, avoiding the dilution of findings that might occur with a broader approach. Moreover, the study was delimited to include only peer-reviewed articles and scholarly publications, ensuring the academic integrity of the sources used. However, this exclusion may overlook grey literature and emerging studies that could offer valuable insights (Boell & Cecez-Kecmanovic, 2014). For this analysis, the exploration was strictly limited to integrative therapeutic practices derived from the SM, deliberately excluding other conventional medical treatments or psychological therapies not directly related to or based on the SM.

Recognizing these limitations and delimitations is crucial for contextualizing the findings within the broader psychotherapy research landscape. They underscore the importance of ongoing research to explore the SM's efficacy comprehensively, particularly in studies employing rigorous experimental designs and across diverse psychological conditions and cultural settings. This approach ensures the contributions of the SM are accurately understood and appropriately integrated into mental health therapy practices.

Implications for Professional Practice

In light of recent research examining the SM's impact on mental health outcomes, professionals in clinical psychology and therapy are presented with compelling evidence to refine their practices. The SM's humanistic and systemic foundations have been reaffirmed, suggesting a shift towards more holistic approaches in therapeutic interventions. This shift is especially pertinent given the multifaceted stressors brought on by the COVID-19 pandemic, which has amplified issues of anxiety, depression, and stress within the general population (MacDonald et al., 2022; Wilson et al., 2020). The integration of systemic perspectives is a notable implication for professional practice. By considering clients' relationships and family dynamics, professionals can expand their therapeutic strategies beyond individual-focused interventions. This aligns with the SM's recognition of the interconnectedness of individuals within their relational networks (Banmen, 1986; Yldrm, 2017). Additionally, the COVID-19 pandemic's push towards teletherapy has necessitated the adaptation of the SM's interventions for online platforms. This includes transforming its experiential techniques to fit virtual formats, ensuring the essence of embodied practice and family engagement is maintained (Shao, 2021).

With anxiety and depression on the rise during the pandemic, mental health professionals must have a repertoire of evidence-based tools that are adaptable to both in-person and remote settings. The SM, with its focus on fostering communication and

increasing self-esteem, offers valuable strategies that can be tailored to clients' unique circumstances, including the widespread impact of COVID-19-related stressors (Shao, 2021). Moreover, the study's findings emphasize the need for ongoing professional education and training in integrative therapy approaches, with the SM serving as a foundational model. This would not only broaden the scope of practitioners' expertise but also ensure they are equipped with a versatile set of skills to address the complex nature of modern mental health issues.

For policy and practice development within mental health facilities, the incorporation of the SM's principles can inform the creation of new guidelines that support holistic and integrative care approaches. These guidelines would facilitate the delivery of personalized care that is responsive to the evolving landscape of mental health challenges. Furthermore, the SM's applications in crisis intervention strategies could be crucial in providing immediate support for individuals and families undergoing acute stress, guiding them toward resilience and adaptive coping in the face of adversity. Lastly, the findings highlight a call for continued research into the SM's efficacy across different cultural contexts and its adaptability in light of advancements in neurobiology and psychotherapy. Such research is essential to keep pace with the growing complexities of mental health care and to substantiate the model within evidence-based practice frameworks. The study underscores the significance of integrating the SM's techniques into clinical practice, recognizing its potential to improve therapeutic outcomes for individuals grappling with stress, anxiety, and depression in a rapidly changing world. This integration points toward a promising direction for mental health professionals seeking to enhance the well-being of their clients through compassionate, systemic, and integrative care approaches.

Recommendations for Research

Future inquiries might delve into longitudinal studies, broadening the demographic spectrum to include more diverse populations and cultural settings. Interdisciplinary approaches could offer richer, more nuanced insights into the SM's applicability and efficacy. Future research should aim to include larger and more culturally diverse samples, enhancing the representativeness and generalizability of the findings. Employing randomized controlled trials and developing standardized measurement tools could improve the reliability and comparability of results. Longitudinal studies would provide deeper insights into the long-term impacts of the SM. Expanding the scope to include a wider range of mental health conditions and incorporating grey literature and unpublished studies could further enrich the understanding of the model's applicability and effectiveness.

The burgeoning interest in the SM application to mental health underscores a critical avenue for further research. Empirical studies, such as those by Banmen (1986) and Yildirim (2017), have begun to illuminate the model's efficacy in various therapeutic contexts; however, a more expansive body of research is necessary to harness its potential. This section delineates specific recommendations for future research endeavors. Firstly, longitudinal studies are paramount to understanding the enduring impact of SM interventions on stress, anxiety, and depression. Researchers should aim to trace the long-term trajectory of treatment outcomes, offering insight into the sustainability of therapeutic gains (Lee, 2002a).

Moreover, these studies could identify pivotal factors contributing to the resilience and relapse of symptoms, aiding in the refinement of the SM. Secondly, comparative research that evaluates the SM against other therapeutic models could elucidate its unique contributions and relative efficacy. Randomized controlled trials that pit the SM against established modalities such as CBT or ACT could yield invaluable data on the SM's strengths and areas for enhancement (Strassel et al., 2011). Thirdly, the integration of the SM within

diverse cultural and demographic contexts remains a relatively uncharted territory. Cross-cultural studies would serve to validate the SM's universal applicability and adaptability (Shao, 2021). Such research might explore the nuances of communication patterns, family dynamics, and expressions of self-esteem across different cultural milieus. Fourthly, the potential synergies between the SM and burgeoning digital health technologies, including AI-based treatments and biofeedback, warrant systematic investigation (Weerdmeester et al., 2020). The integration of SM principles within digital therapeutic platforms could revolutionize the accessibility and personalization of mental health interventions. Fifthly, qualitative research that delves into the personal narratives of clients and therapists could provide depth to the quantitative data, offering a holistic understanding of the SM's impact. Narrative inquiries could uncover the lived experiences and subjective perceptions that numbers alone cannot convey, providing a fuller picture of the transformative potential of the SM (Xie & Wang, 2017).

Lastly, studies examining the implementation and dissemination of the SM within professional practice would provide actionable insights into the model's incorporation within healthcare systems. This research could identify barriers and facilitators to the adoption of the SM, guide training programs, and inform policy decisions (Wretman, 2016). In conclusion, rigorous and methodically diverse research is required to substantiate the SM's role in contemporary psychotherapy. By systematically addressing these recommendations, the research community can contribute to a comprehensive understanding of the SM and fortify its standing as an evidence-based practice within mental health care.

Conclusions

The discussion confirms the SM's potential as a comprehensive therapeutic model that aligns with and supports integrative solutions in mental health. By integrating the principles

of the SM with those of other effective models, practitioners can offer more tailored and effective treatments that address the multifaceted nature of mental health disorders. This study has meticulously traversed the complex landscape of prevalent mental health disorders—stress, anxiety, and depression—afflicting the global population, a concern echoed by the WHO (2021). At the heart of this exploration was the SM, a therapeutic approach crafted with the conviction holistic and experiential interventions can profoundly influence mental health and well-being (Satir et al., 1991). The qualitative synthesis of evidence within this discussion, rooted in the rigorous literature review initiated in Chapter Two, has brought to light the multifaceted efficacy of the SM. Through the methodical examination of current quantitative and qualitative research (Banmen, 1986; Yıldırım, 2017), the SM's significant role was observed in alleviating the burden of these conditions across diverse demographics, highlighted during global challenges like the COVID-19 pandemic (Shao, 2021). While alternative therapeutic interventions—such as ACT (Coto-Lesmes et al., 2020; Sun et al., 2022), CBT (Rith-Najarian et al., 2019; von Brachel et al., 2019), and the principles of polyvagal theory (Porges, 2009)—provide valuable strategies, the SM has emerged as a salient, integrative framework. This research journey has synthesized empirical findings with theoretical constructs to reaffirm the SM's place within contemporary psychological practice.

In conclusion, this analysis has substantiated the SM's transformative potential within the integrative therapeutic landscape. The evidence presented throughout this research underpins the SM's capacity to complement and enhance evidence-based treatments for mental health. As an integrative approach, the SM demonstrates its adaptability and depth, resonating with current needs for holistic and systemic mental health interventions. This study contributes to the ongoing discourse on effective mental health practices, asserting the value of the SM as a significant and viable option within the spectrum of psychotherapeutic

modalities. The findings endorse the SM's diverse applications, from mitigating the mental health impacts of global crises to fostering everyday well-being. It points to a future where the SM could be more widely implemented as a robust modality in comprehensive psychological practice, integrating with digital health technologies and crossing cultural borders to support mental health in various global contexts. In summarizing this chapter, it is evident the SM represents a valuable asset in the mental health field. The implications of this study are far-reaching, encouraging subsequent scholarly investigation and clinical application. The potential of the SM to integrate into and enrich current mental health practices is clear, and its inclusion could be instrumental in advancing therapeutic outcomes. The path forward should be marked by a dedication to empirical research, refinement of practice-based approaches, and informed policy-making that collectively aims to ameliorate the mental health burdens faced by individuals worldwide. This study represents a stepping stone toward a more comprehensive understanding and utilization of the SM in mental health care.

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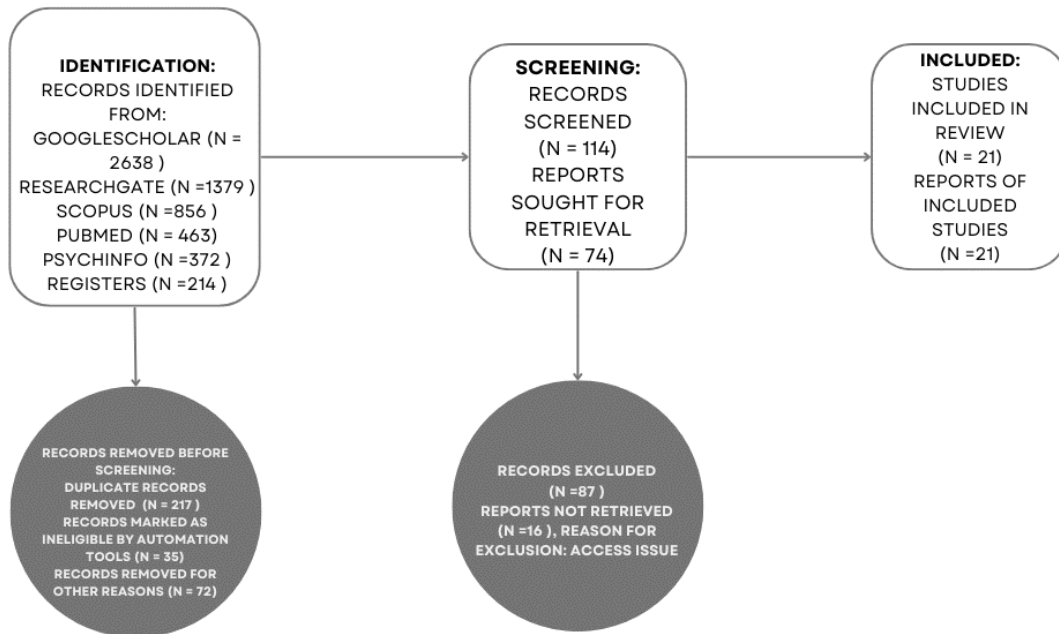
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APPENDIX A

PRISMA Flowchart

PRISMA
FLOWCHART



APPENDIX B

Data Extraction Template

This template is designed for the systematic extraction of data from studies on the SM's application in mental health and well-being. Below are the details to be filled in for each study:

Study Reference (APA format)	Citation of the study in APA format.
Year of Publication	The year in which the study was published.
Research Objectives	Primary objectives or aims of the study.
Study Design	Methodology used in the study (e.g., qualitative, quantitative, mixed methods).
Sample Size	Number of participants in the study.
Participant Demographics	Key demographic information such as age, gender, ethnicity, etc.
Intervention Details	Description of the intervention or treatment used, focusing on the SM.
Key Findings	Main results or findings of the study.
Limitations	Any limitations of the study as reported by the authors.
Relevance to SM	Specific insights or conclusions regarding the application of the SM.

APPENDIX C

Quality Assessment Template

This template is designed for the systematic quality assessment of studies based on established criteria from the Critical Appraisal Skills Programme (CASP) checklists or the Joanna Briggs Institute (JBI) tools. For each study, following details need to be filled in:

Study Reference (APA format)	Citation of the study in APA format.
Clarity of Research Question	Is the research question clearly stated and appropriately focused?
Suitability of Research Design	Does the research design adequately address the research question?
Rigor of Data Collection	Are the data collection methods detailed and appropriate to the research question?
Appropriateness of Analysis Methods	Are the analysis methods suitable for the type of data collected?
Credibility of Findings	Are the findings well-presented, clear, and supported by the data?
Overall Quality Score/Judgment	Overall judgment of the study's quality (e.g., high, medium, low).
Inclusion/Exclusion Decision	Decision on whether to include this study in the final analysis.

APPENDIX D

IRB Approval Letter



DATE: February 19, 2024

TO: Darya Haitoglou
FROM: American InterContinental University System Institutional Review Board (IRB)

PROJECT TITLE: [2155954-1] THE SATIR MODEL: APPLICATION FOR MENTAL HEALTH AND WELL-BEING

REFERENCE #:
SUBMISSION TYPE: New Project

ACTION: DETERMINATION RESEARCH, NOT HSR
DECISION DATE: February 19, 2024

Thank you for your submission of New Project materials for this project. The American InterContinental University System Institutional Review Board (IRB) has determined this project does not meet the definition of human subject research under the purview of the IRB according to federal regulations.

We will retain a copy of this correspondence within our records.

If you have any questions, please contact Adam Fullerton at adam.fullerton@trident.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been issued in accordance with all applicable regulations, and a copy is retained within American InterContinental University System Institutional Review Board (IRB)'s records.