



Change Journey: Facing Terminal Illness

Applying the Satir Change Model

DVD Companion Study Guide

“I had to come to grips with this. I had to say, ‘Okay, this is what you’re being dealt. What are you gonna do with it?’”

--Debbie Ellington, age 39, diagnosed with Stage 4 cervical cancer

Change Journey: Facing Terminal Illness follows the story of one patient, Debbie Ellington, as she experiences enormous and painful life changes from the time she learns of her diagnosis of terminal cancer, through the progression of her illness, and right up until her death. Debbie’s journey demonstrates the stages of a universal change process first described by renowned family therapist, Virginia Satir. This film portrays her journey through these stages, underscoring the invaluable role of the Hospice staff and volunteers who support her and walk with her through the final stage of life.

While Debbie's story is one of terminal illness and death, the path she takes through the stages of the universal change process is the same path any of us might take when confronted by life-changing events, such as the death of a loved one, divorce, job loss, and even positive events such as marriage, the birth of a child, or transition to a new job and city.

This training film and companion guide will be particularly relevant to social workers, counselors, physicians, nurses, clergy and spiritual directors working with patients like Debbie who are facing terminal illness in Hospice or other clinical settings. But any member of the helping professions will benefit from a better understanding of the Satir Change process, the needs of individuals in major life transitions, and the interventions possible at every stage—for the patient, his/her family, or the caregivers themselves.

A Brief History and Overview of the Work of Virginia Satir

Although her work has been widely used for human resource development and organizational behavior within a vast array of fields, Virginia Satir is best known as a pioneer and innovator in the area of family therapy. Beginning in the late 1950’s, she challenged the norms of psychotherapy from almost every direction by:

- ⊙ focusing on her client’s strengths and opportunities for coping instead of pathologies and handicaps
- ⊙ looking for their common humanity between the therapist and the client
- ⊙ favoring learning that could be experienced instead of talking in “theoretical” language
- ⊙ recognizing each individual’s inner resources and regarding each person as fully capable of change and growth.

As she developed and refined her highly experiential approach to family treatment over the next two decades, many of her contemporaries in psychotherapy ultimately came to appreciate what she recognized very early on—that the family system is central to understanding the individual.

In addition, the concepts and methods Satir developed are marked by their simplicity, practicality, and universality. For example, she taught that one's self-esteem profoundly shapes their communication patterns and interpersonal relationships. This has become fundamental to our modern understanding of how the individual functions and thrives and self-esteem is a central concept in not only psychotherapy but also in such fields as counseling, education, parenting, social work, mediation, etc. Similarly, Satir's Change Model, which is based on human dynamics and recognizable stages of development, is as relevant to an organization in the midst of a corporate merger as it is to an individual experiencing profound personal life change such as divorce or death.

At the heart of Satir's work is the belief that wounds can be healed and connections made at a deeply human level between even the most unlikely partners and amidst the most difficult circumstances.

The Satir Change Model applied to Patients with Terminal Illness

Virginia Satir believed change and growth are possible for everyone. Even in circumstances such as terminal illness where a cure may not be possible, in her model, internal change is still possible. Yes, people with terminal illnesses, and their loved ones, can change and grow. They can learn to transform their fear, anger, and sadness into acceptance, and they can grow to face their own dying experience or that of their loved one with greater insight and deeper peace.

While this film describes the Satir Change model as it applies to the case of one patient coping with a terminal illness, the change process is universal and therefore can be helpful to individuals, families, work groups, or communities facing many kinds of major changes.

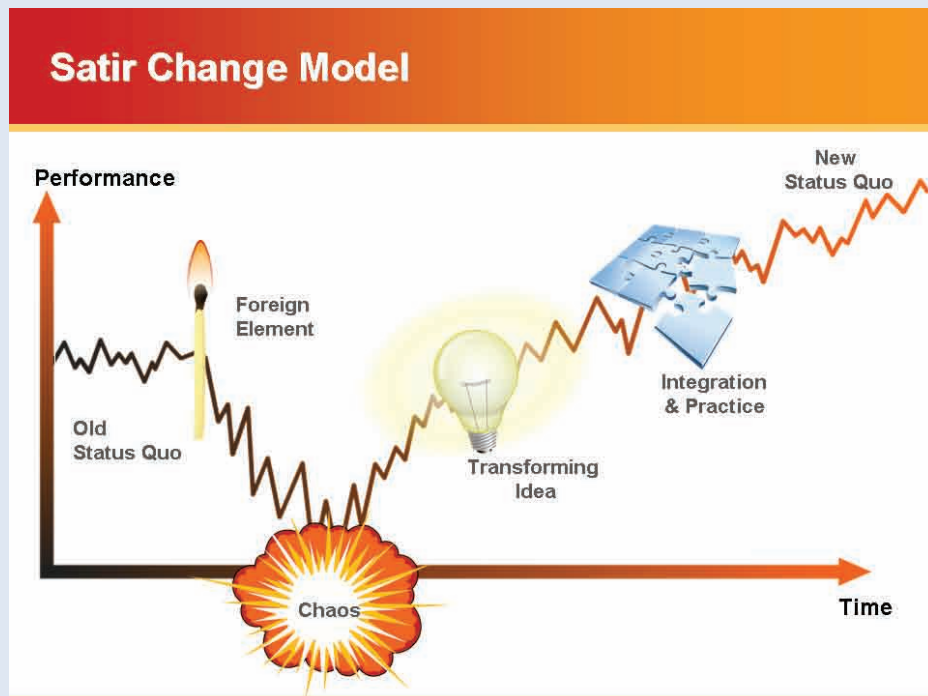
In this film, we were fortunate to have the cooperation of Debbie Ellington, a cancer patient, and the staff of Samaritan Hospice in Marlton, New Jersey in sharing their change journey. Hugh Gratz, a social worker on Samaritan's staff, is also an international expert in the Satir model, and his commentary helps track the stages in the Satir Change model that Debbie and her Hospice team both pass through.

You will learn more by discussing the film using the following questions. We have also provided an application exercise that will help you think through the case of someone you are working with or your own change journey.

The 6 Stages of the Satir Change Model


In the Satir Change Model, one stage builds upon the one before it.

While the model may look very linear, it is often the case that people move back and forth between the different stages as their illness progresses, depending on the level of awareness and support they have. Individuals may also have several major changes occurring in close proximity, complicating their progress towards acceptance and peace.




1. Old Status Quo: Here, we are operating within our old patterns of thinking, feeling, and behaving. Often these choices are unconscious. Even though this may be a painful place, a place where our current coping skills are not adequate, it is familiar and predictable to us. Even though we may feel very stuck here, we may cling to the old status quo because we don't know what else to do and don't realize anything else is possible.

Example: A person believes it is not right or safe to share anything painful that is going on in his or her life. He or she must be strong and stoic and not burden others with his or her troubles.

 How would you describe Debbie's "old status quo"?


2. "Foreign" Element: This can be an event, new information, or even a person enters and serves as a catalyst for change. It is not unusual for us to view the new, foreign element as threatening and therefore to resist it.

Example: The person learns he or she has cancer and that it is terminal.

 In the film we learn that Debbie has experienced more than one "foreign element" that upsets the old status quo of her life. What are they and how does she respond to them?


3. Chaos: This means the system we thought we could predict—our body, our family—is now operating in new ways we cannot predict. Everything can feel out of control. Old behaviors no longer work. We may feel insecure and unsafe. It is normal for us to resist the “foreign” element and try to run back to the old status quo where we know what to do and what to expect.

Example: Life no longer makes sense. He or she is terrified and angry. Who will take care of his or her children? There is no one to turn to. This is too much to share with friends.

 What evidence of “chaos” do we see once Debbie learns of her cancer diagnosis?


4. Transforming Idea: New ways of doing things and new ways of being emerge here and are integrated. We realize we don’t have to stay stuck in our old, painful patterns, no matter what is going on. Here, we develop new beliefs, gain new insights, and learn new skills. We see new possibilities for coping in healthy ways within our circumstances.

Example: He or she can confide in others. There are people who want to know and who want to help. He or she doesn’t have to bear this alone. There are resources such as Hospice available.

 How would you describe the transforming idea(s) that Debbie has as she adjusts to her disease?


5. Practice: Choices are conscious rather than automatic as in the old status quo. The new, healthier ways of being and doing are reinforced through practice and support. At first, they may feel strange, but over time, we realize how much more functional they are and they become even more natural to us than our old ways.

Example: The patient attends a cancer support group. He or she lets friends know what is going on and lets them help. He or she allows Hospice to be a part of this experience.

 What new choices and adaptive behaviors do we witness as Debbie’s disease progresses? We also see the Hospice team working through Debbie’s case. What evidence do you see of their own journey through the change model?

6. New Status Quo: Here, we are operating within newfound ways of thinking, feeling, and behaving with awareness. A new sense of comfort and familiarity has taken the place of the old and familiar. A new set of predictions develop about how the system operates, and we feel more balanced, hopeful, and at peace.

Example: It is safe to share painful burdens with trusted others. It is okay to seek and ask for support. Accepting support and care does not mean people are weak.

 How would you describe the “new status quo” Debbie experiences before her death?

Application Exercise

We often learn best by applying models to relevant, real life situations. Use the questions below to think about how the Satir Change Model applies to a significant change taking place in the life of one of your patients or in your own.

1. How would you describe the “*old status quo*” for this person? What are the unspoken “rules” at work in his/her support system? How have these “rules” helped or hindered the patient’s growth and learning so far?

2. What kind of “*foreign element*” has interrupted the patient’s life? How would you describe this individual’s initial response to this catalyst for change? How can you help the patient face reality, overcome the tendency to deny, avoid or blame, and develop awareness of the implications for self and others?

3. What signs of *chaos* are you witnessing in this patient’s self and support system? What might you say or do to help him or her focus on their feelings, acknowledge their fears, and reach out to their support systems?

4. Has a *transforming idea* occurred that has helped him or her adapt to the life change? How might this idea be stated, in its simplest terms?

5. What new behaviors is this individual now demonstrating that suggest he or she is now in the *practice* stage? What can you do to reinforce these new behaviors, knowing that the patient’s system may actively resist them?

6. What does the *new status quo* look and sound like for this patient and his/her family? How would you describe the new “rules” and kinds of support that are helping them operate in a healthier way?

Other Resources on Change

There are many books, articles, and websites that can help you learn more specifics about the Satir Change Model, as well as complementary models of change in various settings and populations. A few of these are listed below for your reference.

Articles and Books:

Blevins, Sharon. "A Personal Journey through the Grief and Healing Process with Virginia Satir, Dr. E. Kubler-Ross, and J. William Worden," *The Satir Journal*, Vol.2, No.2, 2008.

Bridges, William. *Transitions: Making the Most of Change*. Da Capo Press, 2003.

Kubler-Ross, Elizabeth. *On Death and Dying*. Simon & Schuster, 1970. Satir, Virginia. *The New Peoplemaking*. Mountain View, CA: Science and Behavior Books, 1998.

Satir, Virginia, Banmen, John, Gerber, Jane, and Gomori, Maria. *The Satir Model: Family Therapy and Beyond*, Science and Behavior Books, 1991.

Seligman, Martin. *Learned Optimism*. Vintage Books, 2006.

Worden, J. William. *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Professional, 3d ed.* Springer Publishing Company, 2002.

Websites:

The Virginia Satir Global Network: <http://www.satirglobal.org>

Satir Institute of the Southeast: <http://www.satirinstitute.org/>

Fokma, Nynke Etk. "Satir: Change Model." <http://www.satirworkshops.com/en/satir-change-model>

Smith, Steven. "The Satir Change Model." <http://www.stevenmsmith.com/my-articles/article/the-satir-change-model.html>

Resources on Satir work and community:

We gratefully acknowledge the following organizations that sponsored the production of this film and companion guide. Their support allowed us to share this story and model among many.

The Virginia Satir Global Network: <http://www.satirglobal.org>

Founded in 1977, the Virginia Satir Global Network is a forum for the continual evolution of Satir theory and practice, its practitioners, and the world community. The organization works to facilitate and model processes of communication, healing, growth and change among people, organizations, and the communities they serve through trainings and educational resources.

The Satir Institute of the Southeast: <http://www.satirinstitute.org/>

The mission of the Satir Institute of the Southeast (SIS) is to foster congruence by increasing the number of individuals and systems adept at using the models and methods of the Satir Growth Model. SIS offers intensive training programs for therapists, consultants, managers and trainers. Participants in the programs learn how to creatively transform defense mechanisms, reshape relationships and facilitate positive change. Didactic and experiential formats help participants develop interventions for guiding clients to utilize their inner resources to positively cope with change, improve communication and develop healthy connections with others.

About the Authors

Diana Newton, MA, Med, is currently the Principal of Falling Apples Consulting, where she focuses on developing individuals, teams, and organizations to achieve superior results through effective change and development efforts. She is also a Licensed Professional Counselor in North Carolina. Elements of the Satir Growth Model are integrated throughout her work to facilitate positive change and lifelong learning. She can be reached at: <http://www.fallingapples.com>

Marilyn Wolf, M.Ed., LPC, LCAS is a Licensed Professional Counselor and a Licensed Clinical Addictions Specialist in private practice in Greensboro NC. She uses the Satir Growth Model to help her clients reach a deeper understanding and acceptance of themselves and others and to embrace the changes in their lives as necessary and natural parts of the human experience. You can learn more about her at: www.brassfieldpsychotherapy.com.

Special Thanks

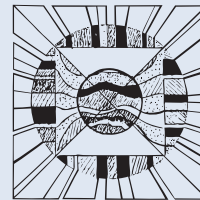
This film and companion discussion guide would not have been possible without the courage and generosity shown by Debbie Ellington during the final months of her life.

We also extend our sincere thanks to the many staff members of Samaritan Hospice in Marlton, NJ (<http://www.samaritanhospice.org/>) who offered their cooperation and invaluable perspective, as well as access to their patients and care practice for this film. Hugh Gratz was particularly instrumental in creating connections within, between, and among those involved.

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