



Introduction

Virginia Satir's Human Validation Process Model is humanistic, systemic, and experiential. It is humanistic in that "Satir believed people strive toward growth and she valued the therapist's use of self as a means to model congruent behavior and communication" (Erker 2017). The model is also systemic in that "it does not place the blame on the individual client but sees the problem arising out of a complex family system" (Erker 2017). And third, the model is experiential in that "the underlying assumption about change is that it occurs in the present" (Erker 2017). As a person, Satir was positive-minded and accepting, which created a safe and comfortable environment for her clients to change. In practice, Satir's Model consists of many different phases, although the exact number is debated today. Within each phase, Satir utilized different interventions to engage her clients. Some popular tools she employed are the metaphor of the personal iceberg, sculpting, humor, and touch.

Background Information

One of the most nuanced and debated tools of Satir was her hallmark use of touch. Touch in general has been widely debated in its place in therapeutic work, mainly concerning the potential positive benefits it can have. Some therapists argue that touch should be something used in extreme caution, highlighting boundaries that should exist between the client and themselves. This, however, was not the way Virginia Satir chose to look at the practice, understanding the strength of nonverbal communication and how someone's emotional experience can be greatly impacted by touch overall. She chose to utilize touch to connect her patients, a tool for helping the understanding between each other progress at a much faster rate. The emotional expression and sense of safety that Satir prioritized made touch such a wonderful and important aspect of how she helped the people who came into her care. Studies like Wosket (2016) and Field (2010) have advocated for the use of touch and how it can regulate emotional states and help create a better therapeutic relationship. The ongoing debate on whether to use touch in therapy is vital for the community to realize that it is a valuable and underutilized tool for connection. A well-informed approach, referencing people who were able to make a wonderful difference with touch like Virginia Satir, is one of many ways to help the argument for touch in therapy.

> I BELIEVE THE GREATEST GIFT I CAN CONCEIVE OF HAVING FROM ANYONE IS TO BE SEEN, HEARD, UNDERSTOOD AND TOUCHED BY THEM. THE **GREATEST GIFT I CAN GIVE IS TO SEE, HEAR,** UNDERSTAND AND TOUCH ANOTHER PERSON. WHEN THIS IS DONE, I FEEL CONTACT HAS BEEN MADE. - VIRGINIA SATIR -

Present Study

To understand how experts utilize touch in this model, the researchers implemented a phenomenological approach to understand the experience of therapists who practice using Virginia Satir's Human Validation Process Model. Phenomenology aims to explore the nuance within the experiences of a group of individuals to create a unified description of the experience based on commonalities reported among participants (Creswell & Poth, 2016). These efforts aim to provide a deeper insight into "what" was experienced creating a detailed description of the phenomenon (Moustakas, 1994), as well as the details of "how" the sample might be perceiving or experiencing the construct in question to gain more insight into a corner of the human experience (Creswell & Poth, 2016). In this context of the current study, researchers worked to better understand how practitioners might use or facilitate touch and how they perceive its purpose in relation to the HVPM and their clinical work in general. The current study aimed to answer the following questions (1) What is the lived experience of experts in the HVPM use touch in their clinical practice? (2) How does the use or facilitation of touch in therapy support the primary assumptions and goals of the HVPM?

The Use of Touch in Satir's Human Validation Process Model

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Method

Participant Recruitment: The research team identified 55 experts via research databases and online presence and compiled their contact information for inclusion in the study. Potential participants were considered experts if they had a robust clinical, professional, and/or scholarly dedication to and mastery of the Human Validation Process Model. Potential experts were contacted via email. No compensation was provided for participation in the study. Study procedures were overseen by the University's Institutional Review Board. Sample Demographics: The current study sample includes 9 interview participants. The experts in this study had an average of 35.8 years of experience. The sample included 7 women and 2 men. Expert ages ranged from 54 to 68 (mean = 69.5). The self-reported racial/ethnic breakdown of the participants is 77.7% white and 22.3% other.

Procedure: Participants completed a one-hour Zoom interview. Experts were asked about their perception and use of touch using this model. The researchers created a codebook with agreed upon definitions and understandings of touch. The researchers transcribed the interviews and used qualitative coding to code the interviews. The authors used thematic analysis to examine themes that arose from the data regarding use of touch in therapy.

Data Analysis: Thematic Analysis (TA) is a method of systematically organizing qualitative data to bring conceptualizations and ideas to the surface in the form of significant codes and themes (Braun & Clarke, 2012). This iterative process allows researchers to become closely familiar with what the data says, working in cycles of review where each experience going through the data makes the meaning clearer (Mihas, 2023)

Within this study, the primary 6 stages of TA were incorporated including: working to familiarize oneself with the data, initial generation of codes, development of themes, defining themes with representative names, and finalizing /and presenting results (Braun & Clarke, 2006).



Results

Using thematic analyses, three themes were generated from the data. These themes included safe touch, unsafe touch, and advice for therapists.

Safe Touch

Many of the interview participants discussed how using safe touch is an important tool in Virginia Satir's therapy model. Giving a client a hug or a shoulder to cry on can be comforting and create a stronger connection between the client and therapist. One participant talked about the importance of using safe touch with clients who have experienced sexual abuse:

And I really believe in the work that I do with sexual abuse that it is the core to the healing. If it's in the right time in the right place you know, feeling the hand when somebody's having a terrifying, terrifying memory. I'm here. You're not there. We're together now. Whatever it is that because the touch has been used so horribly that it's at a body level to be retrained, that there is safe touch in the world.

Unsafe Touch

Almost every participant contrasted the importance of safe touch with mention of unsafe touch. Participants spoke about how this unsafe or harmful touch impacts clients on multiple levels and in turn their experiences in therapy. They also expressed the nuances of utilizing touch with someone who has been unsafely touched. One participant highlighted the need to discuss these experiences of touch directly with clients. In this process, it is important to normalize and validate the client's feelings around touch and how it harmed them. The participant shared how she might broach the subject with a client,

I know that there are people who have been harmed significantly by touch and I don't know if you've been taught about it, or maybe you learned through experience about scary touch, harmful touch and nurturing touch. And I don't know if you've been touched so much in a scary and harmful way that your beautiful body being is scared to be touched in a nurturing way.

Advice

A recurrent theme in the data was advice or guidance on how to use touch in therapy. Although the experts had different styles, each person highlighted the importance of consensual touch. Relatedly, participants stressed the importance of context in reading when and how to use touch. One participant said,

One of the things that she [Virginia] was trying to really promote was how it may actually be more unethical not to touch because of how much humans need touch just to feel connected. So how do I use touch? As much as I can. If there's celebration...I might give them a high five. I might touch them that way. When they're leaving, [maybe a] hand on the shoulder. I try to do as much respectful touching as I can, and then there's situations where, like I've visited with widows before, and they've asked for a hug, and instead of shying away from that, allowing myself to give them a hug, and giving myself permission to step into those situations. And of course, there's some things that I try to keep in mind, especially if it was a single female in my office. That touch that would happen might actually be in the waiting room in front of somebody who's already there - shaking hands or giving a hug with another person in their presence. Things like that. But as much as I can try to utilize touch.

The results of this study can be used by therapists to guide them in how to use touch appropriately in therapy. Using safe touch is important in building a connection with the clients and showing them that safe touch exists, especially if they have only experienced unsafe touch before. There is currently controversy regarding how touch should be regarded in therapy, some arguing that it has not been used nearly enough while others advocate for its complete elimination. Using expert voices, we highlight some of the arguments in favor of touch and techniques to utilize touch for healing in therapy. Through the use of touch, therapists can connect to their clients in a more meaningful way, allowing them to show up in a human and energetic way. Someone harmed by some form of touch may have a transformative experience through safe and loving touch.

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Conclusion

References