with thousands of families, and her instinctive understanding of family issues, she earned a reputation as a pioneer and leader in the field of family therapy.

The oldest of five children, Satir was born on a farm in Nellsville, Wisconsin, on June 26, 1916, to Oscar and Minnie Happe Pagenkopf. She displayed what would be a lifelong desire for knowledge at an early age; she was reading by the age of three, and through her childhood she read voraciously, often saying that she would like to be a detective and unravel mysteries when she grew up. As one of five children whose parents had large families (her parents came from families of 13 and seven children), she was able to observe the family dynamic long before she had thought of becoming a therapist.

Satir received her early education in a one-room school, but by the time she was of high school age the family had moved to Milwaukee. She excelled in high school and upon graduation enrolled in Milwaukee State Teachers College (now part of the University of Wisconsin). She worked her way through school and graduated in 1936 with a bachelor of arts degree in education.

Embarks on social work career

For the first few years after she graduated, Satir was a schoolteacher. Because she felt she would learn more about people by being exposed to a variety of individuals and communities, she traveled to different cities to teach, including Ann Arbor, Michigan; Shreveport, Louisiana; St. Louis, Missouri; and Miami, Florida. She then decided to pursue a career in social work; in 1937 she enrolled at Northwestern University in Chicago, taking classes in the summer and teaching school the rest of the year. After three summers, she enrolled full time at the University of Chicago, completing her coursework by 1943 and her thesis in 1948.

Being a graduate student was a difficult but ultimately rewarding experience for Satir. During the 1940s, there was still a stigma against women in graduate programs, even in an ostensibly more liberal discipline such as social work. Satire later said that these experiences made her stronger and more determined to keep going.

Begins family therapy training programs

After receiving her master’s degree, Satir went into private practice. She met with an entire family instead of an individual for the first time in 1951, and it convinced her that therapy that included the family was more effective than working with the individual alone. She lived out her lifelong dream of unraveling the mysteries of family dynamics. Through the 1950s, she continued to focus on working with families. After her second marriage (she had previously married Gordon Rodgers) to Norman Satir ended in 1957, she moved to California, and with two other therapists founded the Mental Health Research Institute (MHRI). In 1962, MHRI obtained a grant from the National Institute of Mental Health to begin what would be the first formal family therapy training program. Satir published her first book, Conjoint Family Therapy, in 1964. She traveled extensively throughout the 1960s and 1970s, conducting workshops and seminars.

Recognizing the importance of networking for therapists, Satir founded the International Human Resources Learning Network (IHRLN) in 1970 and the Avanta Network (now known as Avanta, the Virginia Satir Network) in 1977. During these years, she received recognition for her important work. She received a Distinguished Service Award from the American Association for Marriage and Family Therapy, and the University of Wisconsin awarded her an honorary doctorate in 1973.

Satir continued her work into the 1980s. She established the Satir Family Camps program through Avanta, which allows families and their therapists to spend one or two weeks in selected wilderness settings. She continued to travel and conduct training programs and seminars. In the summer of 1988, she was diagnosed with pancreatic cancer. She stayed active through the summer but the cancer spread, and she died at her home in Menlo Park, California, on September 10, 1988.

George A. Milite

Further Reading
Scapegoating

A powerful and destructive phenomenon wherein a person or group of people are blamed for whatever is wrong.

In ancient times, there were rituals of scapegoating. A tribe or person would literally sacrifice an animal to the gods, or send an animal into the desert declaring that that animal was carrying away the tribe’s sins. In today’s culture, psychology uses the term to discuss certain forms of victimization. A particular child of an alcoholic family can be deemed the scapegoat, for instance, and may be the object of a parent’s abuse and the reason for seeking professional help. The child is “innocent,” but receives the blame for the problems in the household. Historically, entire groups of people have been scapegoated. In Nazi Germany, Hitler and his army scapegoated the Jewish people. The Nazis declared the Jews to be the reason for their societal ills and further believed that if they eliminated the Jewish people, then their problems would be solved. Currently in America, there is scapegoating of lesbian and gay people. Some heterosexuals, often with strong religious ties, blame lesbian and gay people for the moral decay in America.

Why scapegoating occurs is rather complex. Scapegoating serves the need of the dominant social group to feel better about themselves. It relieves the group’s responsibility for their own problems. The scapegoated person or group becomes the focus and the reason for the difficult life condition. It was easier for Hitler to blame the problems of German society on the Jews than it would have been for him to truly understand the complex socio-political changes that were happening at the time. Scapegoating also allows people to feel united when they join together to blame someone else. And when action is taken against the scapegoat, the dominant group can feel that they have accomplished something.

Scapegoating begins with devaluation, or putting someone else down. Then the scapegoated person or group is blamed as the cause of a problem. Once a victim has been blamed, they are then dehumanized so that it is easier to treat them with less compassion. For instance, in some circles, people with HIV/AIDS are often spoken of only as statistics, not as real people who need compassion and care.

In many scapegoating situations, the anger and aggression of the dominant person or group is displaced, or projected, onto the victim. Really the frustration lies within the person doing the scapegoating. Scapegoating never truly solves any problems, it merely deflects attention away from the person or group who most needs help.

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