

CHAPTER 4

EMPIRICAL RESEARCH: EMPIRICAL STUDY ON DYSFUNCTIONAL ELEMENTS IN THE COMMUNICATIVE SYSTEM OF A SELECTED FAMILY

EMPIRICAL STUDY

4.1 INTRODUCTION

The aim in this chapter is to research dysfunctional elements in the communicative system of a specific participating family. During interaction in the course of the study the family members were free to indicate the types of relational problems they have experienced or are still experiencing and also suggest possible solutions for these problems. The research results (data) from the empirical study will be interpreted in the light of the research findings in the previous chapters (basis theoretical study, meta-theoretical findings) with the purpose of developing practice theory for a Bible-centred counselling method on restoring communication in problematic interpersonal relationships within the family system in the next chapter.

4.2 EMPIRICAL STUDY

An empirical study was done by means of the qualitative research approach.

4.2.1 Overview of the empirical research process

As noted in Chapter 1, Zerfass' model necessitates an empirical study (Zerfass, 1974:167). Empirical research by means of a qualitative study will assist the researcher in obtaining the actual experience of the selected family. Qualitative empirical research will be conducted in order to access the research family's experiences and the researcher will join them in an attempt to become part of or at least understand their "world" and experience their realities (*cf.* Chapter 1). This access into their lives will take place with their full consent and complete knowledge about the ambient reasons in regard to the study and with full consideration for the ethical issues involved in research of this nature.

Stark (2005:90-99) mentions the following stages in Empirical Research:

- The first step is to plan and frame the research;
- The next step is to gather and record information by using different techniques of social sciences;
- Then follows the crucial stage of analysing the information;

- The research project is finalized when interpretation of the information culminates in construction of theory.

In this research project these basic stages for empirical research as proposed by Stark was implemented.

4.2.2 Qualitative Research methodology

In gathering, recording and interpreting information the researcher made use of the qualitative research methodology. De Vos *et al.* (2002:79) describe the qualitative research approach as interpretative in an approach that is holistic in nature and aimed at understanding social life and the meaning that people attach to everyday life. Qualitative research entails research that captures participant accounts of meaning, experience or perceptions.

De Vos *et al.* (2002:79) comprehensively summarizes the qualitative research approach as follows: “the qualitative approach stems from an... interpretative approach, is ideographic and thus holistic in nature, and aims mainly to understand social life and the meaning that people attach to everyday life... (it) refers to research that elicits participant accounts of meaning, experience or perceptions.” In other words the researcher is really looking for the subjective views of the participants in order to, as far as possible, discover their respective (personal) truths regarding their experiences of their interpersonal relationships with members of their family and the problems each one experienced whilst relating with their family.

4.3. BASIC EXPLANATION OF THE DEVELOPMENT OF THE EMPIRICAL RESEARCH IN DIFFERENT STAGES AND DOCUMENTATION OF RESULTS

4.3.1 The research group selected in its correspondence with the purpose of the research (Stage one of empirical research: Planning and framing the research).

The planning and framing of empirical research is very important. The end must be already in mind when starting the project. A research statement, a topic, a specific, theologically defined, question is needed in framing the research.

The theologically defined research question of this empirical study corresponds with the overarching research question (cf. chapter 1.3.4: “The overarching research question of this study is: How can families, with problematic interpersonal familial relationships, be counselled from a Biblical perspective with the primary objective of restoring communication in the family system?”). This particular research question determined the criteria for selecting a research group. One family was selected for the study who from initial observation displayed the profile of problematic interpersonal familial relationships and fell within the straightforward ambit of this study. The definitive criterion for their selection was based on the indications of their problematic interpersonal familial relationships and in particular their communicative difficulties. Particulars of each member are as follows:

Table 4.1: Participating family: members' particulars

Respondent	Relationship	Gender	Age	Marital Status	Education Level (Grade)
1	Mother	Female	78	Divorced	12
2	Brother	Male	55	Widower	12
3	Sister	Female	49	Divorced	8
4	Sister	Female	47	Divorced	12
5	Sister	Female	43	Divorced	11

4.3.2 Data collection (Stage two of empirical research: gathering and recording information)

An empirical study was implemented by means of a standardized ecometric assessment scale. The ecometric assessment scale was in the form of the Personal Multi-Screening Inventory (PMSI) as used by Perspektief Training College. The PMSI is a paper and pencil self-report measure that is used to evaluate clients' strengths and problems in 33 different areas of personal, emotional, interpersonal, spiritual and physical functioning (Faul & Hanekom, 2004b:43).

Interaction with the selected family occurred on a one-to-one basis in the form of a semi-structured interview (De Vos *et al.*, 2002:302), with a questionnaire (See Appendix A) on which carefully selected and arranged questions would provide a guide to the interview in terms of the subject. A thorough idea of the experience of an individual family member is also what is sought after and which forms part of the unstructured interviewing technique (De Vos *et al.*, 2002: 298). A type of interview was conducted, then, with elements both of the subjective relaying of ideas and topical questioning.

Where possible all the immediate family members were interviewed and additional in-depth interviews were done with all of the family members willing to participate further.

Formal data was collected by means of a standardized ecometric assessment scale. The ecometric assessment scale is imbedded in the Personal Multi-Screening Inventory (PMSI) as used by Perspektief Training College (See Appendix B). The PMSI is primarily used as an assessment tool that forms part of a therapeutic intervention with clients and is used during the intake phase to do an assessment of clients and to help in planning a therapeutic strategy (Faul and Hanekom; 2004b:43). The procedure to complete the PMSI assessment is indicated as follows: A. The relevant number on the answer sheet is marked by encircling the number B. The client is advised

to check to make sure he/she has answered every question C. If a specific question is not applicable, the X on the answer sheet is encircled. Number one (1) on the answer sheet represents 'never', two (2) 'sometimes', three (3) 'half the time', four (4) 'often' and five (5) 'always'. Example: As an answer to the question 'I am full of life': If the client's answer is often, four (4) would have been encircled (PMSI Questionnaire).

According to Faul and Hanekom (2004b:58) each construct that is measured with the PMSI subscales is conceived as an intensity, severity, or magnitude continuum and that each scale was designed as a measure of the magnitude of the construct that is being investigated. Further, if one person has a helplessness score of 32 and another has a score of 44, it can be concluded that the second person is more helpless than the first one (Faul and Hanekom; 2004b:58).

4.3.3 (Stage three of empirical research: analyzing the information)

The PMSI utilizes cut-off points to indicate normal or problematic functioning areas. According to Faul and Hudson (2004:41) clinical cutting scores can be used as an assessment or therapeutic criterion or benchmark, which is important for practitioners who want to use measurement tools for assessment purposes and for the establishment of therapeutic purposes. Faul and Hudson (2004:41) also state that the use of cutting scores for assessment purposes helps to identify the severity of a problem and indicates whether therapeutic intervention is necessary, although it cannot be used to classify problems of a certain kind, for instance to identify a specific kind of depression in a client.

Cutting scores also help to set specific therapeutic goals and to determine whether the therapeutic goals that were set in the beginning have been achieved (Faul & Hudson; 2004:41). Results above the cut-off point indicate a sound functioning area, results below the cut-off point and the lower the result, the more problematic the functioning area (Faul & Hanekom, 2004b:60). This PMSI assessment scale was utilized to analyse the collected information.

Faul and Hanekom (2004b:58) continues by stating that lower scores on the negative constructs, represent the relative absence of problems in these areas of personal functioning, while higher scores on the positive constructs, represent the relative absence of problems in these areas of personal functioning. Therefore, higher scores on the negative constructs and lower scores on the positive constructs, represent more serious problems in these areas. Each of the subscales has its own clinical cutting score that is useful for interpretation purposes; clinical cutting scores are very important interpretive aids for an instrument such as the PMSI because they help to evaluate whether a client has a significant strength or problem in the areas represented by the PMSI subscales (Faul and Hanekom; 2004b:58).

The RESULTS of the analyses can be documented by utilizing the following individual BREAKDOWN:

4.3.3.1 Respondent 1: Mother

Respondent 1 is the 77 year old mother of the family and as such fills a matriarchal role for the family (son, daughters and grandchildren). She has been without a husband for

more than 20 years (divorced twice). As the matriarch she seems to reign over the family despite the fact that all the children are adults. The situation may be the cause of the relational patterns exhibited by the family and the indirect cause of much of the conflict experienced by the family.

The lives of the children centre around her, which is a situation of her design. Her judgments are of weight and consequence in the family. She is strong willed (which has been transferred and reflected in many of her children) and adamant for her plans/devices to succeed in order alleviate a crisis a child may face. She has to do this in order to feel that she was/is a good mother as there is a certain lack of self-esteem. She decides what the solution to a particular situation might be, acts accordingly and does not alter her opinion according to different, altered, new or previously hidden facts. She discusses all the children and their particulars, difficulties or problems with the other siblings in the family and this has led to many if not most of the relational problems between them. They mistrust each other, exhibit avoidance behaviour and gossip about each other.

Despite legitimate criticism of what she did or does, she did not act stingy and has expended a lot of personal resources, materially, physically, emotionally and mentally on the family. When the family was still young she did everything around the house (household chores), whilst the children remained idle.

This respondent experienced tempestuous marital relationships. Her first marriage ended in tragedy when the father of the children committed suicide due to alcohol abuse and infidelity in the marriage, in the very impressionable adolescent and young-adult stages of the children's lives.

She views her children as helpless, unable to take care of themselves even though they are senior adults. She desires to be needed and this is the main reason why she steps in when a crisis occurs with one of her (already adult) children. She does not (always) give of herself in terms of real love and attention, but gives of herself in terms of material possessions and effort, which she mistakes for and feels is genuine love. However, it does appear that she genuinely loves her children. This leaves children with feelings of guilt, because help is being passed-off as love, but deep emotional love is not given. It leaves them emotionally alone when they lead 'successful' lives. When she has withdrawn after a crisis had been "successfully" dealt with the children feel unloved and left alone. When this is expressed they get rebuffed with statements like "I was there for you with the other crisis, how can you say I do not love you and care for you?" Thus the mother feels threatened by the idea that she is not a good mother, because she might unconsciously know that she has failed them in the past.

Children feel misunderstood and helpless – no end to the need for love and the lack of love, which has at times turned into rebellion, which in turn lead to more feelings of guilt, of being hurt and of being the victim (on the mother's side). Children continue to crave attention (love), which they do not get. They subsequently create dependency situations, a crisis, in order for mother to step in and help and be there.

Table: Respondent 1

Functioning Area	Clinical Cutting Score	Client Score
Inner Security	25	17
Guilt Feelings	25	16
Lack of Self Worth	25	4
Relationship with Friends	68	39
Relationship with Family	68	57
Relationship with Child	68	75
Social Support	68	91

Conclusions:

The findings of the PMSI for the subscales Inner Security, Guilt Feelings and Lack of Self Worth indicate normal levels, but prove inconclusive since information gleaned from the interviews with the Respondent did indicate high levels of these constructs.

Relationship with Friends and Family does indicate a need for improvement. PMSI results for Relationship with Child(-ren) is accurate as the respondent may feel that the way she is approaching / intervening in the lives of her children is correct, whereas aloofness (everything is in order) behaviour from the children may influence her to think the same.

4.3.3.2 Respondent 2: Brother

Severe withdrawal from society under the guise of religious devotion manifested in the life of the respondent. This religious devotion takes the form of literally awaiting eschatological events and in connection with these events (according to special revelation) it is believed that he and his family will play a special part. This excessively zealous religious behaviour has caused loss of employment and has led him not seeking something else to do.

He has little to do with his immediate family (mother and sisters). He resides in Cape Town, with the others living in Pretoria. He is regarded as a very devoted and spiritual Christian and for that reason wields considerable influence in the family in terms of his opinion and advice. These aspects are mentioned here, because it is postulated that his withdrawal from his mother, family and society is for his own protection on many levels.

Respondent 2's hyper-religiosity might be traced back to a philosophical response to a family home that was in disorder and with feuds and pain. The respondent was 24 years old when his father committed suicide. When respondent 2 was 34, he lost his second child.

Table: Respondent 2

Functioning Area	Clinical Cutting Score	Client Score
Inner Security	25	10
Guilt Feelings	25	8
Lack of Self Worth	25	16
Relationship with Friends	68	71
Relationship with Family	68	71
Relationship with Mother	68	50
Relationship with Child	68	80
Social Support	68	100

Conclusions:

The construct measured, Inner Security, as measured by the PMSI is accurate as the respondent's relationship with God is genuine, although warped/bent. The Respondent's acute and all-consuming religious life may prevent him from consciously perceiving Guilt Feelings and Lack of Self Worth. It is an open question whether these constructs will be brought more to the fore if something/someone were to cause a lapse in faith/religious conviction.

The results for the measured constructs Relationship with Friends, Family, Mother, Child and Social Support, indicate that the respondent is currently functioning within normal levels, although the relationship with his mother does indicate that there may be some concern on the part of the respondent. The otherwise healthy functioning areas may not indicate healthy (or lack of) interpersonal functioning, but merely the absence of friends (he has few), or social support (small circle of acquaintances).

4.3.3.3 Respondent 3: Sister (eldest)

Respondent 3 seems to have suffered greatly from the unhealthy relationships with her family members. Starting with her mother, the respondent was under the impression for a long time that she was the black-sheep of the family, until she realized her (now deceased) brother and sister (respondent 4) experienced the same difficulties and that her brother (deceased) felt that he was the black-sheep of the family.

It appears that in many respects this respondent bore the brunt of the marital disintegration of the marriages of her mother (respondent 1) and the resulting unhappy childhood home. In that period the older brothers left school and the home and her sisters were much younger.

Respondent 3 has shown tendencies to handle conflict in an extreme manner - through extreme anger. The way in which this anger is expressed has been by shouting, throwing

objects and sometimes taking recourse to physical violence. Through counselling (not related to this study), respondent 3 showed a marked increase in understanding the problems she experienced and an ability, although not without difficulty (and only to some extent), to change her behaviour.

Table Respondent 3

Functioning Area	Clinical Cutting Score	Client Score
Inner Security	25	46
Guilt Feelings	25	45
Lack of Self Worth	25	25
Relationship with Friends	68	14
Relationship with Family	68	32
Relationship with Mother	68	15
Relationship with Child	68	65
Relationship with Col-leagues	68	47
Social Support	68	88

Conclusions:

The respondent's PMSI subscales seem more activated, with areas of improvement recommended on almost all of the measured constructs. This does indicate that the respondent was affected by her experiences in the family's past. It also indicates pain experienced by events apart from the family, but not necessarily removed from it. Finally, it may indicate alertness to what has happened to her and that she has had to therapeutically, through self-help actions, intervene/focus on her pain and problems and come to terms with her past.

4.3.3.4 Respondent 4: Sister (middle)

Respondent 4 has experienced two divorces and has a history of dependency behaviour. Her dependency included the over-bearing need for the love and acceptance of her two (former) husbands, the need for the love of her mother and dependency on alcohol in later life.

Her view of her family seems to be very pragmatic. She behaves/reacts by aloofness or avoidance behaviour. Her distancing may be as a result of hurt and her desire to avoid it. Life events such as two divorces, the out-of-wedlock conceiving of three grandchildren by her only child since the age of 16 and the resultant stresses on her life had a severe impact on her life and the manner in which she chose to deal with it (by dependence behaviour, avoidance behaviour and so forth).

She has also lost her work, because of her alcohol dependency and was jobless for a year; her current employment is not permanent/uncertain and far from ideal. Since she became unemployed she was almost exclusively dependant on the help of her mother. Her mother has intervened in her life and viewed the need of her intervention as a crisis intervention. This crisis intervention is, however, over a protracted period of time, with very many negative consequences; financial, emotional, relational and so forth, for the mother. Continuous and protracted intervention and influence has also created heavy conflict between this respondent and her mother as the respondent's dependency is exactly the opposite of what the respondent wants. With the death of her brother the respondent has assumed his role, namely, to be continuously dependent on the mother's assistance. The assistance was primarily financial and he continuously found himself in some kind of crisis (alcohol, financial and so forth), where the mother felt she had to intervene.

This respondent currently has a male partner (with whom she is not married) on whom she shifted some of her dependencies. Her continuous need for assistance, though, is of such a magnitude that her dependency on her mother has not decreased with the participation of her partner.

She does not seem to have a close relationship with her siblings, but feels emotionally close to them, nor does she have a healthy relationship with her daughter; all symptoms of events that have shaped her life. Her behaviour is a mixture of avoidance and severe dependency.

Table: Respondent 4

Functioning Area	Clinical Cutting Score	Client Score
Inner Security	25	3
Guilt Feelings	25	0
Lack of Self Worth	25	0
Relationship with Friends	68	85
Relationship with Family	68	57
Relationship with Mother	68	55
Relationship with Partner	68	100
Relationship with Child	68	100
Relationship with Col- leagues	68	100
Social Support	68	100

Conclusions:

Respondent's subscales for Inner Security, Guilt Feelings and Lack of Self Worth are under activated and inconclusive. Previous interviews with the respondent indicate that these constructs are present.

The Relationship with Family and Mother subscales indicate the already observed difficulties that the respondent experiences with her family and the relationship with her mother. The constructs Relationship with Partner, Child, Colleagues and Social support proves inconclusive. The Relationship with Partner seems healthy, but already takes a lot of strain due to the dependency of the respondent on her partner for support on various levels. The respondent's Relationship with Child is fraught with difficulty (as was indicated during previous observation of the respondent's parent-child interaction/relationship).

4.3.3.5 Respondent 5: Sister (youngest)

For their mother this respondent is the favoured sibling of the family. She is the only child who has received the unconditional emotional love of the mother, which the other siblings desire. The respondent's life has also been characterized by severe crises, but the intervening behaviour of the mother was to help by emotional support and counselling – and seeking the fault of, or reasons for, the crisis at the attendant sources, like rebellious children and an alcoholic husband/father and not intervening through financial, effort-based (time) help. Respondent 5 has always been materialistically inclined and did not give emotionally and deep emotional love to her children. She has thereby emulated and in various instances augmented the model set by her mother, which she could quite readily do, since she was unconditionally accepted and loved by her mother.

The respondent has become very religious after various interpersonal and relational problems in her life. This religious behaviour is in the charismatic sense / tradition. The respondent uses her religion only when she sees fit, as a crutch in difficult times, which means that a lot of ignorance accompany her religiosity. Her religious behaviour has also not changed her behaviour to her children or her tendency to be materialistic. It is therefore doubtful that any crisis in her life will be adequately dealt with, with the help of religion as it was intended in the first instance.

Table: Respondent 5

Functioning Area	Clinical Cutting Score	Client Score
Inner Security	25	21
Guilt Feelings	25	12
Lack of Self Worth	25	12
Relationship with Friends	68	85
Relationship with Family	68	32

Relationship with Mother	68	55
Relationship with Child	68	25
Relationship with Col-leagues	68	86
Social Support	68	100

Conclusions

The Inner Security, Guilt Feelings and Lack of Self Worth scores are in the recommended range and would appear to be congruent with the preceding interviews with the respondent.

The Relationship subscales for the respondent's relationships with Family, Mother, and Child are accurate as she has experienced and is experiencing difficulties in these functioning areas. The respondent also does seem to have adequate social support.

Synopsis

Respondent 1 (Mother):

- Fulfills a matriarchal role for the family: as the matriarch she reigns over the family despite the fact that all the children are adults and the indirect cause of much of the conflict experienced by the family.
- Judgments are of weight and consequence in the family.
- Discusses all the children and their particulars, difficulties or problems with the other siblings in the family. This has led to many if not most of the relational problems between them (They mistrust each other, exhibit avoidance behaviour and gossip about each other).
- Experienced tempestuous marital relationships.
- Views her children as helpless, unable to take care of themselves even though they are senior adults.
- Desires to be needed and this is the main reason why she steps in when a crisis occurs with one of her (already adult) children.
- Does not (always) give of herself in terms of real love and attention, but gives of herself in terms of material possessions and effort, which she mistakes for and feels is genuine love, but it does appear that she genuinely loves her children.
- Feels threatened by the idea that she is not a good mother.

Respondent 2 (Brother):

- Severe withdrawal from society under the guise of religious devotion.
- Wields considerable influence in the family in terms of his opinion and advice.

- Hyper-religiosity traced back to a philosophical response to a family home that was in disorder and feuds and pain.
- The respondent was 24 years old when his father committed suicide.
- When respondent 2 was 34, he lost his second child.

Respondent 3 (Sister Eldest):

- Suffered from the unhealthy relationships with her family members.
- Was under the impression that she was the black-sheep of the family.
- Bore the brunt of the marital disintegration of the marriages of her mother (respondent 1).
- Cognitive alertness to what has happened to her in the past.

Respondent 4 (Sister Middle):

- History of dependency behaviours.
- Pragmatic view of her family.
- Behaves / reacts to familial and other life crises by aloofness or avoidance behaviour: distancing may be as a result of hurt and her desire to avoid it.
- Became almost exclusively dependant on the help of her mother (respondent 1).
- Continuous and protracted intervention and influence by her mother has also created heavy conflict between this respondent and her mother: the respondent's dependency is exactly the opposite of what the respondent desires.
- Assumed the role of continuous dependence on the mother's assistance.
- Does not have a close relationship with her siblings, but feels emotionally close to them, nor does she have a healthy relationship with her daughter: all symptoms of events that have shaped her life.
- Behaviour is a mixture of avoidance and severe dependency.
- Relationship with partner seems healthy, but is already taking strain due to the dependency of the respondent on her partner for support on various levels.
- Relationship with child is fraught with difficulty.

Respondent 5 (Youngest Sister):

- Favoured sibling of the family: for mother.
- Received unconditional emotional love from the mother, which the other siblings desire.
- Characterized by severe crises, but the intervening behaviour of the mother was to help by emotional support and counselling.
- Materialistically inclined and did not give emotionally and deep emotional love to her children: thereby emulating and even augmenting the model set by her mother.

- Very religious in the charismatic tradition: though her religious behaviour has also not changed her behaviour to her children or her tendency to be materialistic.
- Doubtful that any crisis in the respondent's life will be adequately dealt with, with the help of religion as it was intended in the first instance.

Children:

- Children feel misunderstood and helpless.
- Children continue to crave attention (love), which they do not get.
- They create dependency situations (crisis).
- The children have feelings of guilt.

4.3.4 Stage four of empirical research: Interpretation of the information with the eye on construction of theological theory

Interpretation of data, according to de Vos *et al.* (2002:339) is to order, structure and give meaning to a great deal of information.

Interpretation of the data was done by focusing on content and substance of the data.

The interpretation of the information with the eye on construction of theological theory can be summarized as follows:

- A cycle of problematic interpersonal relating is firmly imbedded in this family.
- The mother's opinion is of paramount importance to the children, because of their competing for her attention and is not being given unless there is a crisis.
- The mother discusses her children extensively with the other siblings in the family, which has created relational problems between the siblings.
- Problems like mistrust, jealousy (who is getting the most attention from their mother) all stem from their relational patterns with their mother.
- The history of the entire family has exhibited various patterns and cycles of bad decisions and negative behaviour (a generational pattern of alcohol abuse is also apparent). All of these are coping mechanisms to ameliorate feelings of inadequacy, abandonment and of being unloved.

All the respondents, except respondent 3, show understanding of the interpersonal relationship difficulties they had and are still experiencing with the members of the family. This, however, does not translate into changed behaviour with most of the respondents.

Respondent 3 exhibits changed thinking and increased understanding of the relational problems in the family. She has struggled, but has had moderate success in implementing changed thinking into practical change behaviour, which brought about changed results; lessening the occurrence of conflict with the mother and her siblings.

It is clear that the respondents do require pastoral-therapeutic intervention. Utilizing interviews and an assessment tool such as the PMSI did contribute to the discovery and

assessment of interpersonal relationship difficulties and can lead to the recommendation and nature of future pastoral-therapeutic intervention.

The study aims to contribute to the meaningful understanding of the various relational problems that members of a family may experience, such as the aforementioned negative relational patterns (e.g. dependency), substance abuse, and the effects of a negative family history, gossip and conflict.