



North American Association of Christians in Social Work
A Vital Christian Presence in Social Work

PO Box 121
Botsford, CT 06404
www.nacsw.org
888.426.4712

**UNCAPPING FAMILY WISDOM: RECOGNIZING, TREATING AND
RECONCILING TRANSGENERATIONAL DYSFUNCTION**

By: Sandra Pate, Ph.D.

**Presented at:
NACSW Convention 2011
October, 2011
Pittsburgh, PA**

**Uncapping Family Wisdom:
Recognizing, Treating, and Reconciling
Transgenerational Dysfunction**

Sandra S. Pate, D.Phil, LCSW, ACSW

**Presented at the NACSW Convention
October, 2011
Pittsburgh, Pennsylvania**

Uncapping Family Wisdom: Recognizing, Treating, and Reconciling Transgenerational Dysfunction

Sandra S. Pate, D. Phil., LCSW, ACSW

Abstract

Today, families who have inherited dysfunction in the form of arrests in basic childhood development stages can be identified. These family systems have become “trauma organized,” now structured so that the children in the family will be born into an atmosphere where they will be exposed to trauma in everyday life. Their interactions with one another will cause trauma. Believing that God has promised mercy to those who turn to His ways even after the third and fourth generation, this presentation suggests that the Church may want to prepare to receive those severely trauma-organized families and children who want to become children of God in every way. The program also gives the opportunity for churches to heal their people caught in a cycle of transgenerational dysfunction. The Uncapping Family Wisdom Program provides a method to intervene in these populations in a strategic way in the safe environment of a prepared Church.

Included in the information for the participants are the beginning Exercise 6-A *Characteristics of a Strong Family* and a Case Study Research (Paul), which is one four Multi-Case Study Comparison Researches used to validate the *Uncapping Family Wisdom* program.

Introduction

Uncapping Family Wisdom: A Program for Recognizing, Treating, and Reconciling Transgenerational Dysfunction is about a treatment program that can electrify latent human development potential in families, as barriers to progress are removed. The program is ideally used in a community of families learning the same thing at the same time; however the program is also used in individual and family therapy. Because patterns travel through the language of the family, and language defines reality for these speakers, a framework is needed, so that linguistic legacies that affect development can be understood and overcome. Many families have inherited a speaking pattern which distorts reality for the family. The adults in these families, through their inherited language patterns, do not know how to instill in their offspring the basic conceptual information and affirmations considered necessary for optimal moral, cognitive, social, and psychological development.

Unfortunately, in many cases, the language the children hear from significant others largely determines the potential for development in these children. The children hear and learn defective language patterns, ensuring further dysfunction in succeeding generations. According to Bentovim (1992), because of the emotional pain incurred in the interactions in dysfunctional families, these families become “trauma organized.” The pattern of behavior that causes trauma is called “transgenerational dysfunction.” This program, designed to assist people in trauma-organized family systems, has proven to be useful for therapists and staff who treat the people for whom the program was designed. This program can also be used to understand the underlying reasons for church difficulties which cause church splits. This program can also be used to prepare a volunteer community to minister to trauma-organized families and implemented by primary care givers to provide respite care for those who need support. A by-product of the program is that almost everyone who has been involved in working around this

program has used its principles to look inside themselves and their own families to see how they may have been affected by transgenerational dysfunction.

Review of Literature

Different sources are reviewed from which various ideas about language and the distortion of language came. Augustine, a fourth-century scholar, looked at the linguistic legacy of the Hebrew language. He attempted to trace a history of the language that Abraham passed on to his descendents. In *The City of God* (1950, pp. 534-537), Augustine wrote that Hebrew was the “pure” language that existed before the confusion of the languages at Babel and that afterwards Hebrew was the only language not mingled with confusion. Augustine believed that this language was passed down the ancestral line to the tribe of Heber, the grandson of Noah, from whom the language derived its name, Hebrew. Later, Abraham was born into the Hebrew language that preserved the ancient writings of the Old Testament. Fabre d’Olivet, an eighteenth-century linguistic historian, believed there were common elements in all languages which were once part of a pure language. Count Albert Korzybski, a Polish semanticist, observed seven peculiarities and distortions in the English language that caused confusion and developmental problems.

John Nist (1974, pp. 75-81) and Basil Bernstein (as cited in Nist 1974, pp. 203-204), both sociolinguists, discussed the basic two lects, acrolect and mesilect, and one basic dialect, basilect, found in the English Language. Lects are distinguishable regional variations of the national language. Dialects interfere with the learning of a recognizable national language standard. Nist was also able to discern the manner in which all three language groups reared their children. One group spoke a highly specialized lect, acrolect, which contained conceptual information that allowed their children to achieve normal development. Generation after generation the families who spoke this lect were successful in keeping this heritage of normal human development intact. The method appeared to be coded within their language. Depending on their linguistic code, families in all three groups reached different levels of achievement as far as human development was concerned. Conceptual information that gave needed developmental permissions was a natural byproduct of their language. The basilect speakers had the most difficulty with healthy generational legacies containing the needed conceptual information. The families often became traumatized and remained so, generation after generation. We find this form of speaking among the incarcerated with many persons in this population being victims of a generational legacy.

The levels of study found in the *Uncapping Family Wisdom* program contain conceptual information found in the language code of the Standard English language, the acrolect. The conceptual information is the formational design that acrolect speakers use to rear their children. These persons are able to pass along internalized information that allows children to pass through major developmental stages. The dynamics appear to transfer through the language over to future generations and can include what is called the ultimate human development of spirituality (Sedlacek, 2010). Ideally, the rich conceptual information is introduced and practiced in a secure community setting.

The Population

An estimated 809,800 federal and state prisoners have minor children. Almost 1.7 million minor children have a parent in prison—an increase of more than 206,000 children since 1999

(Bureau of Justice Statistics, 2007). These children are most likely in a state of crisis, understanding that a father's or mother's imprisonment can be the final, lethal blow to an already weakened family structure. In 2007, members of households with children made up approximately 23 percent of persons using emergency shelter and transitional housing programs (U.S. Conference of Mayors 2007 Status Report on Hunger and Homelessness). Because more families with children than unpartnered people enter and leave homelessness during a year, families represent a relatively large share of the annual population. As a result, during a typical year, between 900,000 and 1.4 million children are homeless with their families (Institute for Urban Research, 2010). Children are the fastest growing segment of that population. Many of the problems found in these families did not begin in the present generation but have extended into the present from two, three (and sometimes more) generations ago.

How the Program Works

Transgenerational dysfunction refers to configurations of dysfunction which limit the potential for human development and are passed down through verbal and non-verbal linguistic patterns. Transgenerational dysfunction is a growing phenomenon found in virtually every social strata in varying degrees, but is especially perceptible in alternative school settings, court-ordered counseling situations, substance abuse and mental health treatment centers, homeless shelters, and prisons. Most experienced mental health professionals can readily identify severe transgenerational dysfunction.

Uncapping Family Wisdom: A Program for Recognizing, Treating, and Reconciling Transgenerational Dysfunction is a program has a positive premise that latent wisdom resides in the family system. Three steps are necessary to uncap the latent family wisdom:

1. Recognizing transgenerational dysfunction: A self-evaluation tool allows the parents to reveal the developmental level of their children and then the level of their own development. Another self-evaluative exercise focuses on the specific general semantics of conflict found in their family.
2. Treating transgenerational dysfunction: Conceptual information is transferred incrementally to family units in a community setting by the use of interactive educational presentations to the community, family self-assessments which assess and instruct, structured exercises which allow the family to apply what they learn immediately, and specific techniques for bypassing shame. As the family acquires information, they determine the desired change. The family learns in a safe community environment with healthy norms maintained by the therapist.
3. Reconciling transgenerational dysfunction: Filling in gaps in conceptual information occurs by providing educational steps in life skills in the structured exercises. In the midst of a protective nurturing community, the family members practice the educational steps and learn how the family fits into a community. The simply-structured program is easy to follow. The difficult work of cross-disciplinary integration has been done for you and is now built into the program, simplifying the facilitation. Exposure to new information is a very important part of the program. The families use the assessments to better understand their strengths and define exactly where interventions need to

occur. Then, through the carefully structured exercises, the families proceed in the integration of each concept and fill in gaps in their information base. Participation is self-rewarding due to the growing freedom from disquiet in thoughts and feelings as the family members receive important developmental permissions.

Case Study Research

The content and process of the program was further reinforced by four research studies. The Case Study Research closely focused on four diverse cases in in-patient and outpatient study, using concentrated interventions based upon sociolinguistic, developmental, and general semantics conceptual information,

Case Study Research #4—Paul

Paul, 42 years old, was court ordered into treatment for sexual abuse of his daughter. Paul displayed signs of antisocial personality disorder (*DSM-IV-TR*, 2000, p. 701), narcissistic personality disorder (*DSM-IV-TR*, 2000, pp. 714-717), and sexual addiction (*DSM-IV-TR*, 2000, p. 234). His daughter, who was now living with her aunt, had disclosed this abuse to a teacher at her school. He participated in therapy for four months, and his extended and nuclear family joined him in treatment. Incest had been common in his family of origin. Paul had molested all his sisters, and he continued this pattern by molesting his young teenage daughter. His thinking was so twisted he honestly thought the provocation came from her.

In treatment, as openness replaced the shame of the family, the family decided on safety measures to assure the children in this family would be free from the childhood abuse inflicted on all of the adults in the family in their childhood. Paul came to understand that he was actually acting out the abuse he had received at a tender age. Through questioning, Paul began to know and understand his acting-out behavior. He recognized that during the molestation of his daughter, he remembered the details of his own abuse. In treatment, he learned to handle his own behavior and agreed he could never be alone with a child again. He acquired the skills to say, "Please, do not leave your child alone with me. I was abused as a child, and I may repeat that abuse." Also, at a family meeting that he called, Paul addressed all the children in his family and the extended family, telling them he was not to be alone with them and to leave the place if the possibility of being alone with him was imminent. He never asked or attempted to be alone with his daughter. His family reported that he continued to warn everyone about his dysfunction in a responsible way.

Meanwhile, the female members of his nuclear family met and gained "entitlements." His daughter became very assertive in his presence, and the women formed a strong bond to assure safety. Paul respected the assertiveness of the women and began to see them as people with feelings, capable of being hurt, as he had been. In other words, he began to show important signs of empathy. The consensus of the family was that the women were involved and consistent in providing a safe family environment; therefore, they were not concerned about any safety issues concerning Paul. The police were urged to consider the welfare of Paul's adolescent daughter, since she had become quite independent with her aunt and stepmother. She had passed the point of being a victim of her father; but, determined to get a conviction, the police working with the case disregarded any progress made in therapy. The daughter loved her father very much,

although she had decided not to be a victim. Her father, in spite of his dysfunction, supplied other important needs.

The therapist was concerned Paul's daughter would lose her main source of income and security and would be sent back to her mother in Oregon. The mother had several sexual partners and no permanent relationship. The boundaries of her home appeared to be open with people coming in and out, not a good atmosphere for a child, especially one who had been sexually abused. The court had originally given Paul custody due to the mother's neglect and her lifestyle.

Paul had a strong support group in his church. All the members in the church knew of his background and were willing to support the family with strong boundaries and accountability.

Examining the Family Speaking Errors

Polarization

Paul had a speech pattern inherited from past generations of male authoritarian figures and abusive figures. His choice of T-shirts and bumper stickers reflected his black-or-white thinking pattern. He really thought his global sense of entitlement was valid. He thought the satisfaction of meeting his needs should be the ultimate goal of those around him. His speech showed he rarely thought of others and he was very emphatic in his speaking style. "I told her I loved her once. That should be enough." Paul came from a family where sexual molestation occurred within the family system. Polarization was the standard communication Paul used in the home. The adult male figure was the abuser and determined the values of the home, a pattern begun generations before. The polarization was a signal to the victims not to have their own thoughts or feelings, but to monitor the language of the perpetrator and agree with the language of the perpetrator, regardless. Both Paul and two of his sisters had been molested as children. The lack of permissions to have individual thoughts and feelings had been passed down through the language.

Fact-Inference Confusion

Paul did not follow a normal processing of information through a fact, inference, opinion, and then judgment cycle. He jumped from facts to opinion, his being the most important, of course. Regarding his work as a truck driver, he commented, "I should be driving farther each week. I'll skip my rest periods." His ideas of how things should be done were impossible to live up to for himself or others, which often led to a desire for self-soothing, usually in the form of sexual encounter. Paul had antisocial traits and entitlement issues, but mostly exhibited symptoms of sexual addiction, with the accompanying compulsiveness. Preceding and during illicit sexual encounters, the visual memories and childhood feelings during his early molestation experience were replayed.

Allness

Paul only saw things from his view of life: "That is just the way things are." He failed to see the uniqueness of individuals in groups or in the family setting. His thinking and speaking style were toxic to those around him. For example, when beginning treatment, after the intake questionnaire was filled out, he returned the next week and asked the therapist why so many

questions were asked about his sexual habits. He said he had told his wife he thought the questions were asked so the therapist could spice up her own sexual life. A pattern of allness overshadowed the family. The family members had barely tasted life, afraid to think or feel, or to enter into any new situation because the family shame might be activated.

Indiscrimination

Paul's speech was full of indiscrimination patterns: "Males are just alike, that is all there is to it." Life was divided into a few categories, which were mostly jumbled due to his severe immaturity. He thought the males were superior and females were put on earth to serve males. Therapists were in their occupation because they were crazy themselves. He thought teachers were always right. His idea that teachers were always right became an important clue in deciding how therapy could proceed. Paul was interested in new information and admired people with communication in the family system information, but he did not know how to obtain information. Paul's indiscrimination speech pattern revealed a mix of a recitation of positive and negative qualities chosen as reactions to lumping people or things into categories and not being able to see differences in the people. Teachers were smart; police were dumb. He was a hard worker, managed his finances well, and took good physical care of his daughter. Excelling in these areas allowed him to minimize other negative categories. He minimized his sexual behavior, thought everyone should see life through a sexual screen like he did, projecting his sexual tendencies into others. He was unaware that the sexual desire was in him and lacking in his victims.

Dead-Level Reckoning

Paul was very powerful in dead-level reckoning. His strongly stated opinions were encased in well-rehearsed themes and never included another's abstraction level in an attempt to connect with the other person. Predictably, he had married women who themselves had been victims as children and by marrying Paul had returned to the familiar. With his shortage of information, categories, and reasoning skill, Paul did not give up on his "beating-a-dead-horse" opinions easily.

He stayed in one abstraction level while talking and could not relate to the feelings of others: "What do you mean you are not happy? You have everything anyone could ask for." As a result, he knew little about the activities of daily living in his family, which the family kept private in order to have some freedom. His occupation as a truck driver kept him away from home for long periods of time, which was fine with his family. Since no one wanted to argue with him, the distancing of his family reinforced his beliefs.

Returning from a state of estrangement, the extended family joined the immediate family in therapy to face the family system problems. After everyone learned to identify the language error, the family cued Paul when he tried the dead-level reasoning pattern and they did not use the pattern themselves. As a result, his dead-level reckoning pattern lost its power. In the analysis, Paul had five severe semantic errors, demonstrating the potential to have a serious personality disorder. The language patterns observed in Paul had likely been passed down through several generations. Without intervention, his "linguistic legacy" could have continued into future generations—and along with it the potential for sexual molestation.

Developmental Analysis

The Developmental Analysis was completed by Paul's wife, Carly, as Paul watched and gave him input as he was able. Most of the conceptual thinking of the developmental information was out of the awareness of Paul, while the information was interesting to Carly with her maternal nurturing skills. The dynamic is not unusual, females seem to be able to complete the evaluation easily and the men seem interested in considering the concepts which are new to them.

Table 8.4 Case Study Research # 4 — Paul

Age	Piaget's Cognitive Stages	Selman's Social Stages	Erikson's Psychosocial Stages	Kohlberg's Moral Stages
18				
17				
16				
14				
12				
11				
10				
9				
8				
7				
6				
5				
4				
3				
2				
1				
0				

Note: The period of inpatient treatment for this patient was four months.

Cognitive Development Analysis

Paul was seriously arrested in the 7-12-year-old stage of Piaget's cognitive stage assessment. His only reality was what he had known around his family of origin. He could not see any other possibilities in a household of females with no real male model to guide him, and in his extended family, the males were authoritarian. Reasoning was limited to what was familiar and known to him. "At this time, I believed there was no wrong, and I was just doing what my cousin did to me and what other people did to me." Paul had never had the cognitive skills needed to be successful in a learning environment and had not graduated from high school.

Social Development Analysis

The patient was in the 10-15-year-old category of Selman's social development scale. He was raised in an authoritarian extended family system where the male figure was in total authority and made all the decisions. He was given that role as a child. Others were expected to monitor his moods and to obey without question. He knew little about legal systems, moral ethics, and what was considered the conventional thing to do. In addition, he really knew little about the activities of those in his family. Because he was so hard to deal with, the family did not try to communicate. In order to hold on to any personhood at all, the other individuals in the family lived most of their lives in secret. The self-protective behavior of his family kept him from learning to stand apart to understand what was going on between people to coordinate the perspectives of others with his own. Paul commented on his views of the situation: "At that time [before treatment], my mind was at a 10-15-year-old stage, and I didn't know how to have a social life with my own age group." The developmental arrest corresponded to the time when his sexual abuse began. His daughter was more of a peer. Even though sometimes he would attempt to parent, he was not sure of the role. All the roles in his family were confused. He adulterated his child, leaning on her emotionally.

Psychosocial Development Analysis

Paul was in the 6-12-year-old stage of Erikson's psychosocial development. He needed to expand his understanding of the world and continue to learn about sex-role identity. Paul needed to learn to set and achieve personal goals. He never got to test limits, because there had been no limits or boundaries. He never thought about who he was or thought about the meaning of life. His failure to find a sense of personal identity resulted in role confusion. Due to his lack of conceptual knowledge and his lack of feeling vocabulary, Paul found it difficult to express himself. He remembered, "Since I didn't talk good, I did better if I could show them to teach them, by hands on. I can do things with my hands, but not by telling." (He meant he used the motioning of his hands and head to express himself when he ran out of words.)

Moral Development Analysis

Paul was in Stage 1 of moral development. He obeyed to avoid punishment. Rules for how to behave remained on the outside and were not internalized. Trying to understand rules on the outside confused him and seemed to put others in control. Paul explained how his development looked to him, "I always wanted to obey because it was the right thing to do. At times what I thought was right was wrong. I must learn more about what is right." He was dependent on others for knowledge about right or wrong, because what was really right or wrong

was confused in his family. Paul described his emotional state during this time: “I was feeling sad and depressed and lonely, not knowing what to do. I did not know boundaries or how they worked. My parents never taught me that or never disciplined me when I did sexual things with my sisters.”

Interventions for Case Study Research #4—Paul

Paul’s low levels of development had to be addressed along with the speech tendencies that gave them power. He did care for his immediate family and extended family but offended them because proper knowledge of proper boundaries was not present. Also, he did not understand cause and effect, so many people were needed to verify the effect that his behavior had on them, or he might surmise that it was only one person’s opinion.

His family cared for Paul also and for his immediate family. As some of his sisters had already been in treatment for the effects of Paul’s behavior, they were very helpful in expression of feelings. Paul could see that his family was united in their determination to normalize their family system. Paul and his wife completed the semantic family evaluation.

Family Semantic Evaluation

The number and the strength of the semantic error in Paul’s family, pointed to serious intrapersonal and interpersonal problems in the family system. These types of profound communication errors are often found cases of in incarceration and recidivism.

Polarization

Paul came from a family where incest and molestation were a trans-generational pattern. The adult male figure was the abuser and determined the values of the home. The children were the victims, a pattern that began several generations ago. In the family semantics, polarization, a communication that implies that only two choices are available to the speakers, was used to such a degree, it was almost the standard communication.

The polarization communication was a signal to victims not to have their own thoughts or feelings, but to monitor the language of the perpetrator and, regardless of how one felt, agree with the language of the perpetrator. The lack of permissions to have individual thoughts and feelings had been passed down through the polarization in the language and had provided a path for generational verbal and sexual abuse. Paul had been molested by an adolescent babysitter. He had molested two of his sisters and his daughter. Eventually, the whole family system came into counseling, wanting to end the systemic dysfunction in their generation. Changing the semantics of polarization was a good place to begin, so the polarization language was carefully explained and cued each time it was used by the family in therapy. The family continued to monitor the tendency toward polarization at home.

Fact-Inference Confusion

The family did exercises in curbing fact-inference confusion. Paul had antisocial traits and entitlement issues, but mostly exhibited symptoms of sexual addiction, with the accompanying compulsiveness. He was surprised when he was asked what he was thinking about during the molestations of his daughter. He was visualizing what had happened to him during his molestation.

He came to realize that thoughts of his own abuse were prompting his behavior. He learned that he would have to stay away from fantasy and increase his cognitive controls. Fact-inference processing helped. Paul learned through fact-inference processing to sharply divide out opinion and judgment from fact. Like most systemic problems, unless the system changed, individual treatment would probably fail. His family and his extended family were invited to attend therapeutic sessions.

As his extended family joined therapy, Paul, by having to listen to his daughter and his sisters process through fact, inferences, opinion, and judgment, was confronted for the first time with the thoughts and feelings of others. He became aware of the feelings of others when he expressed his strong opinions. He understood how having these strong opinions was part of a cycle of abuse beginning with ideas of entitlement for him. He could see that these ideas of entitlement had hurt his family and gotten him in trouble with the law. He also had adopted a Christian belief system, and some cognitive dissonance set in as he considered moral standards for the first time.

Allness

A pattern of allness in communication affected the entire family. The family members had barely tasted life, afraid to think or feel, or to enter into any new situation because the family shame might be activated. They gained self-respect and confidence from doing something about their problems. In the *Uncapping Family Wisdom* program, the Communication Unit and the Developmental Stage Unit expanded their conceptual vocabulary and allowed them to look at different worldviews and grow in their strength as individuated persons.

Indiscrimination

Paul's indiscrimination speech pattern revealed a mix of positive and negative qualities chosen as reactions to lumping people or things into categories. He was a hard worker, managed his finances well, and took good physical care of his daughter—categories in which he had placed himself. Excelling in these categories allowed him to minimize other categories. He did not see himself as a sexual deviant, but minimized his sexual behavior. He saw life through a sexual screen—almost everything had to do with sexual innuendo. When he projected his own sexual curiosity onto the therapist, he was not rewarded by shock or embarrassment. Instead he was asked to accept responsibility for inappropriate behavior and was aided in engaging in normal conversation. He was surprised at being able to relate to the therapist in a normal fashion. He gradually became convinced the therapist was mentally stable, and he could see merit in the other therapists whom he had placed in the “all therapists are crazy” category. He looked for indiscrimination errors in other areas of his life, which made the world a safer place for him.

Dead-Level Reckoning

The family system learned to challenge Paul's use of this communication pattern. His ability to recycle to the same conclusion in response to all reasoning was well ingrained. In his dead-level reckoning, there was an unwillingness to switch categories and he was so verbally powerful the other members of his family collaborated on a common system of speaking in order to break the speech pattern. Predictably, he had married women who themselves had been victims of sexual abuse as children, as were his sisters; but when all the women united, determined to give up a victim stance, they were a powerful wedge. While Paul was in treatment,

his current wife, Carly, was a powerful advocate for his daughter. He could not deny Carly's strength. Also, two of his sisters had received therapy and had come back to face the family system problems.

After everyone learned to identify the well-entrenched language error, the family no longer used the pattern themselves and pointed out Paul's use of it. The dead-level reckoning pattern lost its power. As a result, the family system stopped keeping secrets from Paul, and he left a life of emotional isolation.

Forming a Moral Code

Paul had not been exposed to the language or conceptual information of Christianity. Paul accompanied Carly to her church, where Paul had a conversion experience. Collectively, the church agreed to support and teach Paul moral conceptual information and to support the family. For the first time in his life, Paul was exposed to adult behavior, stability, discipline, and unconditional love. His problems were not hidden from the church members. His habits, once concealed by the darkness of secrecy and isolation, now were revealed in the light of new paradigms of belief and practice.

Therapy worked to bring a moral code into his personality from which all behavior was to spring regardless of support from outside. He learned to separate himself from his behavior and take charge of his behavior. He and his extended family learned about different boundaries, physical, emotional, and moral. These boundaries provided dignity for the family. His daughter became very assertive with him. Her stepmother and aunt supported and guarded her, forcing the dynamics of abuse to change.

Setting Boundaries

Although perpetration outside the family had not been a part of the pattern, Paul was cautious about children anywhere and firmly set physical and emotional boundaries. An extended family meeting was called, and Paul took the lead about revealing family facts. Sexual abuse was part of the family line, and he wanted to stop the practice in this generation. He told the children that they were never to be alone in a room with him again. He would take the responsibility of calling another adult, but they were to leave immediately. He was so serious that when he found himself alone in a fast food restaurant with a child, he found the manager and reported the potential for danger. Unknown to Paul, his behavior was observed by his sister, who chanced to enter the restaurant and saw the behavior. This sister, who left the family system long ago and observed the system from outside, lived a normal life. She had strong feelings of anger toward her brother, who had abused her. Viewing her brother's appropriate behavior in the restaurant, she felt that there was a potential for personal trust of her brother. By learning and practicing proper boundaries, Paul eventually gained the respect of this sister who had been skeptical about his ability to change. Her opinion, that change was occurring, was considered an important marker for the probable success of treatment. At last, she too was able to state she had witnessed the growth and changes in Paul. Although treatment was considered successful, Paul still faced charges of child abuse in the courts.

Paul's daughter dearly loved her father and now wished she had never told her teacher about the abuse. She felt punished. Her life had changed in positive ways and now, if her father were imprisoned, she felt she would lose everything. The therapist informed the court that if the father were sentenced, the daughter, who was now out of danger, would lose her livelihood. The church advised the court of their involvement with the family. Regardless, the police abuse

investigator was determined to get a conviction, and Paul was sent to prison for child sexual abuse. His daughter was distraught with his absence and ran away to California, where her mother lived.

Paul and his wife lost everything materially speaking—his home, airplane, and job, but Paul gained a new inner life and respect for himself. He had much time to study in prison and took advantage of many educational opportunities. He continued his Bible studies, participated in groups, and acquired more self-knowledge. During his prison stay, he and his wife worked in an organization that reached out to families with relatives in prison.

When Paul began treatment he was in the 7-12-year-old period of Piaget's Scale of Cognitive Development. Even though he had the skills found in this level, he also had some characteristics of younger years, such as, not having a full understanding of systems, becoming centered on his own point of view, and using a great deal of egocentric speech. He advanced to the 12-year-and-above level. He began to think in terms of possibilities and knew there was more to life than the reality he could see. He looked back and evaluated his life according to the information he had acquired during treatment and the ways his thinking and behavior had changed. He stated, "I now know that what people did to me was wrong and it is not right to think that way. I know that it was wrong for me to repeat the things that were done to me. I must act as an adult and not as a teenager."

Social Development Analysis

Almost beginning in the 10-15-year-old category of Selman's Social Development Scale, Paul progressed to the 12-and-above category. He explains in his own words: "I have the ability to see and understand that my new viewpoints have changed the error of my thinking. I now think out the things I do before I do them and make sure they are right." Paul meant that he could stand apart and see that he had new ways of thinking. His new viewpoints changed the error that was formerly in his style of thinking. Thinking before doing was a new skill for Paul, who formerly did what he wanted and was controlled by his compulsions. He could now stand apart and know what was going on between people. With the newfound freedom of expression in the family, the family opened up to him and shared information about their personal lives. The information about how others thought and felt helped him develop cognitively, and the sharing from others made him feel wanted. He broadened his moral code and could understand how his behavior affected an entire system. He saw things from a more conventional point of view

Table 12.14 - Case Study Research # 4 — Paul

Analysis of Social Development				
Stages of Development	* Period of Treatment			
	Beginning			End
	Months	1	2	3
12+ years Adolescents have the ability to see things from a national point of view, understand legal systems, moral ethics and what is considered the traditional thing to do.				
10-15 years Knows others can do the same. Can stand apart and understand what is going on between people.				
7-12 years Understands intentions of others. Can understand others' viewpoints of them and know that others can get information from their viewpoints as well.				
5-9 years Learn what they think is not necessarily what others think. Realize others may feel differently about same situation. Understand behavior can be caused by different motives in different people.				
3-6 years Confuse what they think with what others think. Use physical remedies to handle personal problems. Easily frustrated which leads to hitting, etc.				
Semantic Interventions	Polarization	Fact-Inference	Confusion	Allness
	Indiscrimination	Dead-level	Reckoning	

*The period of inpatient treatment for this patient was 4 months.

Psychosocial Development Analysis

Paul entered treatment in the 6-12-year-old level of Erikson's Psychosocial Development. He progressed to the 12+ -year-old level. As he learned what boundaries were needed to keep him safe and to keep others safe, he could display more adult behavior. A new world opened for him as he left the one-dimensional sexual screen and thought about the things he had never known. He left the controlling behavior to discover a freedom to establish a new identity. He began to express himself to others. As he gained conceptual knowledge and feeling vocabulary, he was able to have satisfactory intrapersonal relationships. Formerly, he had to use his hand and head movements to attempt to get his point across. Now his vocabulary increased and his body did not show tension in conversing with others. Paul explained the process in the following way: "I now find ways to express myself without showing it with my hands or body. I'm learning to connect better as an adult."

Table 12.15 - Case Study Research # 4 — Paul

Analysis of Psychosocial Development				
Stages of Development	* Period of Treatment			
	Beginning			End
	Months	1	2	3
<p>12 years and above</p> <p>Identity vs. Role Confusion.</p> <p>Adolescence is a time of transition between childhood and adulthood.</p> <p>They test limits, break dependent ties, and establish new identities. They become individuals in their own right. They work hard to clarify their own definition of self, to find life goals, and discover meaning to life.</p>				
<p>6-12 years</p> <p>Industry vs. Inferiority.</p> <p>They need to expand understanding of the world and continue to learn about sex role identity. They need to learn skills needed to succeed in school. They need to learn to set and achieve personal goals.</p>				
<p>4-6 years</p> <p>Initiative vs. Guilt.</p> <p>Children learn competence and initiative. They need to select activities they like so they can develop positive view of selves and learn to follow through on projects. If not allowed to make decisions, they will feel guilt when they take initiative; will learn to let others lead and choose for them.</p>				
<p>1-3 years</p> <p>Autonomy vs. Shame and Doubt.</p> <p>Main struggle is leaning to rely on own judgment, finding out if “too much” independence will result in being shamed, or, if permission to explore and experiment is given.</p>				
<p>0-1 years</p> <p>Trust vs. Mistrust.</p> <p>If basic needs are met, an individual develops basic trust level. If physical nurturance needs are not met, individual becomes mistrustful.</p>				
Semantic Interventions				
	Indiscrimination	Dead-level	Reckoning	

* The period of inpatient treatment for this patient was 4 months.

Moral Development Analysis

Paul started treatment in Stage 1 and developed to Stage 4 of Kohlberg's Moral Development Scale. He was able to form a moral code and the rules were internalized. Now rules made sense to him; and out of loyalty to his family and his church group, he decided to voluntarily cooperate. Because of duty and responsibility, he formed values and learned to obey. He understood rules were needed to keep the social order of the systems together. He realized his cooperation mattered and understood how he fit into the world. He explains: "Now my morals are different. I take responsibility for my actions. I have learned that morals are about myself and others. I have placed a high standard of goals for myself."

Table 12.16 - Case Study Research # 4 — Paul

Analysis of Moral Development				
Stages of Development	* Period of Treatment			
	Beginning			End
	Months	1	2	3
People think civil disobedience is acceptable in order to protest unjust laws that violate universal ethics. The principle of right and wrong takes precedence over obeying the unjust law.				
Stage 5 Individuals have a commitment to the democratic process for making and changing laws, as well as to a social behavior contract and individual rights.				
Stage 4 Individuals obey because of duty and responsibility. They obey to keep the social order of national the system together.				
Stage 3 Individuals obey out of loyalty to families and other groups such as church, teams, etc. They obey to preserve relationships. Behavior norms are important part of how people personally think individuals should be.				
Stage 2 Individuals obey to get rewards. Rules for how to behave remain on the outside. The individual does not internalize rules.				
Stage 1 Individuals obey rules for how to behave remain on the outside and are not internalized by the individual.				
Semantic Interventions	Polarization	Fact-Inference	Confusion	Allness
	Indiscrimination	Dead-level	Reckoning	

* The period of inpatient treatment for this patient was 4 months.

Cognitive Development Analysis

When Paul began treatment he was in the 7-12-year-old period of Piaget's Scale of Cognitive Development. Even though he had the skills found in this level, he also had some characteristics of younger years, such as, not having a full understanding of systems, becoming centered on his own point of view, and using a great deal of egocentric speech.

Paul advanced to the 12-year-and-above level. He began to think in terms of possibilities and knew there was more to life than the reality he could see. He looked back and evaluated his life according to the information he had acquired during treatment and the ways his thinking and behavior had changed. He stated, "I now know that what people did to me was wrong and it is not right to think that way. I know that it was wrong for me to repeat the things that were done to me. I must act as an adult and not as a teenager."

Table 12.13 - Case Study Research # 4 — Paul

Analysis of Cognitive Development				
Stages of Development	* Period of Treatment			
	Beginning			End
	Months	1	2	3
<p>12+ years</p> <p>Adolescents begin to think in terms of possibilities. They see reality but know there may be more to life than meets the eye. They have ideas and try to prove them out.</p>				
<p>7-12 years</p> <p>Learn to make inferences that go beyond information given.</p> <p>Can put two pieces of information together and draw inferences from information given.</p> <p>Can put information into categories and into order.</p> <p>Reasoning is limited to what is familiar and known to child.</p>				
<p>2-7 years</p> <p>Think and speak according to what they pick up with senses.</p> <p>Do not understand systems yet.</p> <p>Center on own point of view; use large amount of egocentric speech.</p> <p>Cannot coordinate two points of view or take into account more than one dimension at a time.</p>				
<p>0-2 years</p> <p>Learn to tell difference between physical bodies and world. Begin to understand when that when object goes out of sight it still exists.</p>				
Semantic Interventions	Polarization	Fact-Inference	Confusion	Allness
	Indiscrimination	Dead-level	Reckoning	

*The period of inpatient treatment for this patient was 4 months.

Characteristics of a Strong Family

The characteristics of a Strong Family contain conceptual information used to parent children by adults who were found to be speaking the acrolect grammar. The conceptual information is also learned from the community in which the children lived. Many of the characteristics were isolated by Beavers (pp. 73-103, 1977) in his work.

Exercise 6-A

Characteristics of a Strong Family

1. Strong families know how to work as a team.

The family members are committed to one another. The family as a whole is committed to seeing that each member reaches his or her potential. The family as a whole is committed to seeing that no individuals in the family suffer, so that other members of the family can have an exclusive right to reach their full potential.

2. Strong families know how to set clear goals and are committed to the goals.

Many individuals may know how to set goals, but goal setting might be more difficult within the family. We will talk about a special way of thinking to help set goals and look for things that may be getting in the way of family unity.

3. Strong families tend to have communications that are clear.

There is no difference between verbal and non-verbal messages. The family members have developed listening skills and each family member can express what it is they want and expect to be understood.

4. Strong families can respect differences.

Differences in viewpoints are not regarded as disloyalty to the family beliefs. In contrast, each individual is able to freely comment, reporting on what he sees and feels and what he hears.

5. Strong families operate under constructive forms of leadership and share most decisionmaking responsibilities.

Each member of the family is free to express an opinion and therefore share in the decisionmaking process.

6. Strong families know how to show appreciation.

This involves being able to recognize the positive aspects of others and to let them know that these qualities are valued. It also means that individuals in the family feel comfortable about receiving compliments themselves.

7. A strong family feels safe.

They have developed a reasonable set of rules to offset problems involving power and control. Discipline is built into the family organization, and when something upsets the balance of the family, the control rules go into operation. The family uses the rules as boundaries and becomes creative within these boundaries.

8. Strong families own their own problems and do not blame them on others.

Individuals in the family know how to take responsibility for their own problems and how to enable the family to solve them.

9. Strong families use change as an opportunity for learning.

They see the world as constantly changing and view problems as an opportunity for individuals to stretch and grow. They learn to cope with temporary frustration.

10. Strong families can demonstrate openness and trust because they know and use problemsolving techniques to handle conflict in the family.

The family knows how to take into consideration how reality is viewed by each family member. The emotional impact of any decision on each family member is also considered.

11. Strong families have strong external boundaries between the family and the community norms. Community rules may be unsafe.

They understand the pressures that society places upon family boundaries, and they maintain the boundaries through family loyalties. They can identify external cultural problems that impinge upon the family boundaries and face them openly. The family moves the power of control into their family when the society is not holding firm boundaries of safety.

12. Strong families understand the importance of having a positive family climate.

When respect is lessening and hostility seems to be growing, these families seek outside help in the form of counseling and/or support groups.

References

- Augustine, Saint, 1950. *The City of God*, trans. M. Dods, D.D. New York: The Modern Library.
- Beavers, W. (1977). *Psychotherapy and growth: family systems perspective*. New York: Brunner/Mazel.
- Beavers, W. (1993). Measuring family competence: The Beavers systems model. In F. Walsh (Ed.), *Normal family processes* (2nd ed.). New York: Guilford Press.
- Bentovim, A. (1992). *Trauma-organized systems: physical and sexual abuse in families*. London, UK: Karnac Books.
- Bernstein, B. (1969). "Elaborated and Restricted Codes: An Outline." In Lieberson (ed.), *Explorations in Sociolinguistics* (pp. 126-135). Bloomington, IN: Indiana University.
- d'Olivet, F. (2002). *Hebraic tongue restored (Vol. 1)*. Whitefish, MT: Kessinger Publishing Co., LLC.
- Erikson, E. 1963. *Childhood and Society*. (2nd ed.rev.). New York: W.W. Norton & Company, Inc.
- Kohlberg, L. (1981). *Essays on moral development: Vol. 1. The philosophy of moral development*. New York: Harper & Row.
- Kohlberg, L. (1984). *Essays on moral development: Vol. 2. The philosophy of moral development*. New York: Harper & Row.
- Korzybski, A. (2000). *Science and sanity: An introduction to non-Aristotelian systems and general semantics* (5th ed.). Brooklyn, NY: Institute of General Semantics.
- Nist, J. (1974). *Handicapped English: the language of the socially disadvantaged*. New York: Charles C. Thomas Publisher.
- Piaget, (1971) *The construction of reality in the child* (M. Cook, Trans.). New York: Ballatin. (original work published in 1936).
- Sedlacek, D. (2010) *The biblical diagnosis of spiritual condition*. North American Association of Christians in Social Work Convention: Raleigh-Durham, NC.
- Selman R. (1976). A developmental approach to interpersonal and moral awareness in young children: Some educational implications of levels of social perspective-taking. In T. C. Hennessy (Ed.), *Value and moral development*. New York: Holt, Rinehart & Winston.
- Yin, Robert K. (1993). *Applications of case study research*. Thousand Oaks, CA: Sage Publications.