

A structural approach to family therapy



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Teen pregnancy has become a growing epidemic in the United States today. Statistics suggest that four in ten American women have had at least one pregnancy before the age of twenty . The pregnancy rate among young women between the ages of fifth teen and nine teen have tripled since 2005 (Benoit, 1997). The alarming rate at which teen pregnancy rates have risen has sparked much controversy. Some of its controversy lies in the fact that this issue is no longer restricted to young girls from minority's backgrounds or lower socioeconomic statuses. The problem of teenage pregnancy has spread across demographics, even to ones that were once deemed immune to its effects, teenagers from middle class two parent households have also been affected by this epidemic, many explanations have been asserted as to why the rise in teen pregnancy has begun (Furstenburg, 2003).

My assumption based on the research given, is that teen pregnancy can be explained by the break down in the family structure. More specifically, the lack of adequate mirror during pre adolescence as well a lack of healthy communication of expectations and family goals between the adolescent and the parent. It is also my assumption that Salvador Menuhin's theory of Structural Family Therapy can best help families who are dealing with teenage pregnancy. The Structural Approach to family therapy focuses on the family as a whole; it works to understand dysfunctional behaviors and patterns within the family and then works to fix them using the therapist as a catalyst

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To change (Carr, 2000). The approach can specifically help parents and teenagers dealing with the crisis of an unexpected pregnancy because it can help the family to rebuild the communication relationship between them. In addition it will help the family dissect itself and its dysfunctional patterns, in turn helping the parents understand the teenager's actions and thought process.

Review of the literature

Insight into Teenage Pregnancy

Experts give many explanations to the rise in teen pregnancy. The list varies from the break down in the American family, lack of attention given to adolescents in two parent working homes, America's high divorce rates, More sexually motivated television programs, the advance of technology (internet, cell phones, social networking sites etc) to the idea of sex being taught in schools (Furksteinburg, 2003). Strong advocates of abstinence go so far as to demand that safer sex curriculums be taken out of schools. A Study done in the early eighties explained that during the late 70's and early 80's it was popular belief that only people from lower socio economic statuses and minorities; more specifically African Americans and Hispanics were the only groups that were having children before the age of twenty (Painter& Levine 2000).

However in that same study it became apparent that over a period of thirty year study, the face of the teenage mother dramatically changed. Both middle class and lower class a women as well African American and

Caucasian women had become young mothers. The outcome of the study supported the hypothesis of the researcher that

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Likelihood of teen pregnancy is not specifically dependent on the race or the socioeconomic status of the young women but rather on the support system and structure of the family (Furstenburg, 2003).

Alan Carr (2000) would explain teen age pregnancy as a pervasive conduct problem. In this he would explain that the child is trying to gain the attention of the parent while at the same time trying to show independence in making adult decisions. He further explains that conduct problems are ones that have gradually developed over time. In the child's early development they began to feel a disconnect or lack of support from the parent. In most cases of pervasive conduct problems the parent was too strict and the child didn't feel love and affection or to the opposite the parent was too relaxed and the child felt as the parent didn't care. When a parent is too relaxed, and fails to provide adequate monitoring and provides inconsistent consequences to rule breaking and lacks to provide proper positive reinforcement of good behaviors the child begins to act in negative attention seeking behaviors. When the structure of the family is weak and rules and roles are not clearly defined not only is the child stressed but the rest of the family becomes stressed as well.

When the stress is felt throughout the family, the parents may act in a last attempt effort to try to gain the trust and compliance of the child. In doing this they may begin to strictly enforce rules and punishments. The child's

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reaction to the parents sudden change of rules may result in constant oppositional behavior and may lead to that ultimate “ bad” act such as early pregnancy, jail etc (Herzerg & Cheniss, 1996).

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What is Structural Therapy

The basic premise behind Structural theory suggests that when a problem occurs to one member of the family it affects all members of that family. In this approach to therapy the therapist looks to treat the whole family and works with them as a unit instead of as individuals. To better understand the dynamics of the family it is essential that the therapist joins the family system. By joining the family, the therapist begins to understand the subsets and communication patterns of the family. In addition the therapist disrupts unhealthy and dysfunctional patterns and helps the family to develop healthier patterns while using him as a catalyst to positive changes for the family.

The model’s distinctive features are its emphasis on structural change as the main goal of therapy, which acquires preeminence over the details of individual change (Colapinto, 1982) the model is built upon three tenants; the family, the presenting problem and the process of therapeutic change.

The family is thought of as a living open system, and each member of the family is interdependent on one another. Within the group there is a set up of rules and regulations, these are made and maintained by the family. The structure of the family is based upon its rules. As the family is a living system it is constantly changing and is in transformation. The transitioning rules are

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governed and negotiated by the structure. Homeostasis is in constant play in order to keep the balance of structure in the family.

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Structural theory describes the presenting problem as a glitch in one of the transitions of the family. The presenting problem is often put into context of complainer's relationship or role in the structure. The goal is to look at the presenting problem as a problem in the structure instead of in one person. Often times in therapy the blame is placed on one person within the family. It is the job of the therapist to understand the patterns of each member and to help them to put the issue into context of the current transition of the family. It is also the job of the therapist to diagnose the problem for the structure and help them to knit an environment of support for each member.

The process of therapeutic change looks to help the family/structure understand dysfunctional behaviors and tendencies. In the model of therapeutic change the goal is to make modifications that are conducive to the structure. This may mean that some members of the family will be rearranged and some subsets within the family will be disturbed. For example if there is a dysfunctional, strong relationship between the daughter and mother, to the point where the daughter is elevated to the level of an adult or parent, the therapist will help the family modify the daughter's role so that she is dropped down to the position of a child. In this the father's role may be put in the respective role as parent/ provider. In the therapeutic change the family is helped to outgrow the typical negative patterns of communication

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Structural Therapy Applied

Within the context of a family dealing with an unwanted pregnancy, it is important that each family member learns and understands what role the pregnancy plays in the family and how it individually affects their role in the structure. There needs to be a high level of parental cooperation. The dysfunction within a structure where the teen is acting out and performing in attention seeking behaviors can be attributed to a lack of clear understanding of hierarchies within the family. The child does not respect their role as their child and their parent's role as the caretakers. The teenagers need to feel that their role is important within the family and that no matter how badly they behave they are important to family structure. In addition the parental figures within the structure need to understand that the attention seeking behavior of the teenager is a dysfunction that they have collectively created. Each member of the family must collectively work together to deal with the problem. In order for the modifications to be successful there needs to be clear communication and clearly defined roles. The ultimate goal of the therapy is to help the family to become more flexible within their roles in addition to helping them to find healthier alternatives to dealing with each other.

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