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Obesity and Structural and Cognitive-behavioral Approaches to Therapy

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Abstract

This Paper addresses the epidemic of Obesity in the African American population. It examines several factors that contribute to the relative high incidence of the disease in both males and females. Two leading therapeutic approaches are discussed as means to intervene at the family level.

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A study to determine how proximal (home) and distal (neighborhood) environmental characteristics interact to influence obesity in early and middle adolescents [1]. This was a descriptive, cross-sectional study using the 2007 National Survey of Children's Health (NCSH). Participants were 39,542 children ages 11 to 17 years. Logistic regressions were used to examine the relationship between adolescent obesity and environmental factors, the relative strength of these factors, and the influence of age and gender. Proximal environmental factors were stronger correlates of adolescent obesity than distal environmental factors. Sedentary behavior related to TV watching time at home was the strongest correlate of adolescent obesity overall (OR 1.13, 95% CI 1.11-1.15). Parks and playgrounds (OR 0.86, 95% CI 0.08-0.92), as well as recreation centers (OR 0.91, 95% CI 0.85-0.97) were significant distal environmental factor correlates. Girls and middle adolescents were at less risk for obesity than boys and early adolescents (OR 0.51, 95% CI 0.68-0.82; OR 0.75, 95% CI 0.68-0.96). The results of this study reveal the importance of proximal environmental characteristics on adolescent obesity relative to distal environmental characteristics. Obesity intervention strategies for adolescents should target sedentary behavior and opportunities for physical activity with a focus on early adolescents and boys. This paper is focused on what the study failed to consider: What are possible ways to intervene with the onset of obesity typically in early adolescence. Structural Therapy is the importance of the process of being organized so that the family can function properly and that all family members well-being is taken care of. According to, Walsh [2] "partaking in the therapy focuses on the patterning of transactions in which symptoms are embedded, viewing problems as an indication of imbalance or rigidity in the family's organization". There are a lot of questions on whether there is such a thing as a "normal family and what it consist of. The idealized "normal family" is non-stressful and is living in constant harmony and cooperation. Now days, it is more common to have " challenged families or low –income fragile families" due to aftermaths of the Great Recession of 2008, the high divorce rate, the increase of single parent households due to out of wedlock births with natural father being a non-residential situation or missing in action altogether. There is also an increase in same sex marriages where children part of the household.

The couple has many problems in agreeing on certain situations. Examples of normal disagreements are the way the children will be raised, the ways to deal with in-laws, diet and level of food consumption by respective members of the immediate family and coping with the outside world. Walsh comes up with a sense of understanding family assessment and therapy. She begins by forming a conceptual schema guide for family functioning. According to Walsh, "this structural model views the family as a social system in transformation, operating within specific social contexts and developing over time, with each stage requiring reorganization". Each family system has patterns, to which a family must get adjusted in order to move towards gaining and sustaining growth. The symptoms of the family system forms the way people react toward new environments with challenges and stressors thereto. In the African American community some of those factors are the psychological threats of racism which are both systematic and random events.

Within the structural model, there are strategies entailed in the therapy the therapist relies on the families functioning to move forward for the transformation.

According to Walsh, "structural family therapists have emphasized the importance of generational hierarchy and the clarity of family rules and boundaries to protect the differentiation members of system and parental authority" [3]. There are different forms of parenting. There is a strong parental subsystem and authoritative parenting. Strong parental subsystems consist of parents or single parent dealing with the child rearing tasks. According to Cherry [4], "authoritative parenting is the concept of being flexible; parenting is sometimes referred to as 'democratic' and involves a child-centric approach in which parents hold high expectations for their children". There is no family style that is inherently normal or abnormal. Overall, the structural model allows each family to develop their own ways of being functional and dysfunctional with option or opportunities to change, reduce any harm potential or actual. Under the model even obesity is perceptual, subjective and relative to the family culture and lifestyle. The hallmark of the therapist effectiveness is whether individual needs are being met and personal goals being achieved.

According to Walsh, "cognitive-behavioral are approaches that emphasize the importance of family rules and communication processes". Cognitive-behavioral therapy focuses on the social behavior that is learned, influenced, and changes. Well-functioning families are known for giving attention, acknowledgement of good deeds, and

approval. A family behavioral approach can determine whether someone shall have long term success or failure. Within behavioral approaches having good communication skills can help toward achieving success. According to Walsh, "good communication skills particularly are clear, direct expression of feelings, affection, and opinions". With those skills it will help someone be able to change their dysfunctional problems; it is called using problem solving skills. Problem solving skills are considered key to functional couple and family processes and can be learned. According to Walsh, "the therapists in this approach are supposed to specify problems and goals, be observable and transposed to behavioral terms, guide family members to learn more effective ways to deal with one another and to enhance pleasurable interaction". Both models of family therapy have a couple things in common. The models speak on being maladaptive. According to Ankrom [2], "Maladaptive is a behavior that refers to types of behaviors that inhibit a person's ability to adjust to particular situations. This type of behavior is often used to reduce one's anxiety, but the result is dysfunctional and non-productive. For example, avoiding situations because you have unrealistic fears may initially reduce your anxiety, but it is non-productive in alleviating the actual problem in the long term". The models both agree that for a family to function properly there must be some flexibility. Overall both models are for the change and bettering of families no matter how functional or dysfunctional they may be. Families must be willing to adjust to approach all problems with realistic logic that will be beneficial for the parents and acceptable for the environment that surround them. Follow the systems and approaches give families the opportunity to explore growth within their households. However from my perspective, the models can be enhanced by incorporating specific ways1) to protect the brain and body from toxic effects of stress and cortisol, 2) manage stress-related cravings, 3) overcome fears or generalized anxiety, 4) preventing immune suppression, chronic inflammation and metabolic syndrome, 5) protecting short-term memory and the hippocampus and reducing emotional threats via the amygdala such as anxiety and mood swings, and preventing confusion via the prefrontal cortex, 4) produce positive moods and 5) experience calm, mindfulness, meaning and happiness. Members of the family however constituted can develop habits that control cravings.

Understanding cravings in a problem solving manner as discussed above: such as comfort foods, alcohol, nicotine, illicit substances and porn (private or public methods) all of which involve dopamine, reward expectations and locked down habituated brain. Understanding stress related appetite: such as caloric- dense comfort foods that reduce stress by temporarily lowering cortisol; developing the habit of reward substitution. Teaching the habit brain to delay immediate gratification by engaging the slower wisdom and better judgment of the prefrontal cortex.

Curbing and redirecting anxiety based habits: overcoming the habit of "what if "thinking by analysing "what is " and reframing thoughts to calm the overactive brain. Anxiety provoking events are organized in the frontal and limbic areas of the brain that have to do with how we imagine the future.

However, it is not a shock that African Americans are high in obesity there is not a fair amount access to healthy food in communities where African Americans are high in population. Some individual may travel by bus or have a limited amount of gas money and traveling to go the further distance to a supermarket does not seem worth it. The places that we live in play a huge role in how we eat, it influences our decisions pertaining to our diet and proper exercise. Exercise plays a part in health status also and if fitness centers are not available how do can someone expect an individual to work out. In some circumstance a neighbourhood may be too unsafe to exercise outside. For some who live in communities where there are no local gyms imagine the struggle of working than traveling to an even further fitness center, while raising a family? This is just a few examples of how the environment can affect a population's obesity rates.

In conclusion, all these risks not only attribute to the high morbidity and mortality rates among African Americans, but it also threatens the survival of healthy families within the community. With this in mind, African American communities need to be educated on how to improve their health. One major thing that can help provide this change within the community is to have the people within the community increase their physical activity levels, and decrease their caloric intake levels (National Institute of Health, 2008). This is truly needed especially since in 2007 statistics show that African Americans were fifty percent less likely to engage in physical activity compared to Caucasians (The Office of Minority Health, 2011). Eating healthier and gaining the adequate amount of exercise may be difficult for these individuals and this is why it is a national obligation to make these actions more obtainable within the African American community. Make healthier foods easier to afford and find. Create more supermarkets and less fast food restaurants within the African American communities. Most of all, teach each generation, one at a time, how to stay healthy.

References

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