

Research paper on structural and experiential therapist perspectives

[Family](#), [Parents](#)



In such scenarios where families seem like collections of individuals, in this case the mother and grandmother, the elder and young sisters, family therapy can be tricky because all of them are ultimately affecting the 7-year-old child in unpredictable ways. A structural family therapist would view the child's school phobia rooted in the dysfunctional structure of the family.

Based on the unique features of the structural family therapy, the therapist's main goal would be to focus on restructuring the structure of the family and offering a framework that restores order and meaning to system of transactional rules of the family (Horne, 2000). Judging from the mentioned scenario, a structural family therapist would conclude that the absence of the father figure, middle child syndrome, and proximity between the mother and child as potentially encouraging or supporting the child's school phobia. Instead of emphasizing on the pathology of the child, the structural family therapist would consider problems in the structure of the family and the patterns how the members routinely interact with each other. For instance in the family in the mentioned scenario, the mother could be controlling and overprotecting of her 7-year-old child, the child could be too attached to the mother, especially due to the absence of the father, the older sibling could be bullying and overpowering the child, and/or the child could be feeling insecure because the younger sibling receives more attention. The structural family therapist would start focusing on improving the flexibility of the family's interactional reality (Horne, 2000). The therapist would provide the child, the mother, the grandmother, and the siblings a wide array of alternate means of dealing with each other.

If an experiential therapist was involved in the mentioned scenario, instead

of emphasizing on the quality of relationships between the members of the family, the therapist would emphasize most of their work on the individual members of the family, especially the child, in order to get the child and the other members of the family to emotionally express themselves. The experiential therapist would view the child's school phobia as a result of the lack of emotional expression between the family members, especially the child. For instance, the child has no father figures to be emotionally expressive, the child might not be emotionally expressive to the mother because she is too controlling and overprotective, the might not be emotionally expressive to the siblings because of being bullied and overpowered by the elder one and not getting the same attention as the younger one.

The experiential therapist's primary goal would be to encourage the child to be more expressive. An experiential therapist would believe that by encouraging the child to be more emotionally expressive would not only change the child's phobia of going to school but also improve the child's emotional relationship with the other members of the family. The experiential therapist's therapeutic procedure would also involve sharing the symbolic meaning of the feelings and thoughts of the other members of the family with the child (Parrott III, 2003). No doubt, both structural and experiential family therapy have their strengths and limitations, but one thing that would be apparent regardless of which type of family therapy was used in the mentioned scenario that because of the absence of a father figure, the autonomy of each family members and agreement about their roles was disrupted, which would have to be improved.

References

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