

Enhancing Sexual Desire and Intimacy via the Metaphor of a Problem Child: Utilizing Structural-Strategic Family Therapy

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This article explores structural-strategic family therapy as a treatment modality for couples with problems of intimacy and sexual desire. Parents whose presenting problem involves a child with problematic behavior may also struggle with problems in their intimate relationship. Instead of speaking to these problems directly, however, the couple may communicate about their intimate problems via the metaphor of their “problem” child. Structural-strategic family therapy can then be utilized to strengthen the parental subsystem by establishing a parenting team, which in turn nourishes the partner subsystem. Success is then measured not only by improvements in the child’s behavior, but also by the enhancement of intimacy and sexual desire between partners.

Structural/strategic family therapy is popularly cited as a successful mode of treatment for childhood and adolescent behavioral problems (Liddle, 1999; Santisteban et al., 1998; Szapocnik & Williams, 2000). This modality is employed when a parent or parents present with difficulties with one or more of their children and the family is the unit of treatment. Logically, success in such cases is typically defined by the improved behavior of the children in the family. However, no literature exists examining the implication of structural family therapy with a child as the presenting problem as it relates to the parents’ intimate relationship.

Upon further consideration, therapeutic success in such a case could also be measured by the quality of the marital/partner subsystem. In some cases, however, partners are unable to speak directly about problems in their

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intimate relationship, especially when the problems involve highly personal topics related to intimacy and sexual desire. Problems with the child then become a metaphor for problems in the couple's intimate relationship. As such, structural family therapy with a child as a presenting problem becomes an exciting, metaphorical avenue for couple's therapy with the goals of not only reducing unwanted behavior from the child, but also increasing intimacy and desire between partners.

Problems of Sexual Desire and Intimacy

The problems encountered by individuals in romantic partnerships are vast. One of the most common difficulties reported by couples is loss of intimacy and sexual desire, with approximately 50% of couples complaining of low sexual desire during the course of couples counseling (Segraves & Segraves, 1991). Historically, low sexual desire, known clinically as hypoactive sexual desire disorder (HSDD), has been viewed as the most difficult sexual problem to treat. The high incidence and complexity of desire problems has led to an explosion of literature offering various treatment approaches such as cognitive-behavioral, strategic, object-relations, and emotionally focused therapy (McCarthy, 1995; Pietsch, 2001; Dykes Talmadge & Talmadge, 1986; MacPhee, Johnson, & Van der Veer, 1995).

Although many disparities exist between suggested treatment modalities, two common factors emerge: 1) an overt focus in therapy on ameliorating the desire problem, and 2), the couple's therapy as the preferred route of treatment. Interestingly, there has been no literature pertaining to the possibility of addressing problems of sexual desire indirectly on a metaphorical level. This is surprising given the assertion that "... sexual exchanges between intimates have a symbolic significance which transcends the literal meanings of the sexual acts themselves" (Bagarozzi, 1987, p. 283). Furthermore, Fish, Busby, and Killian (1994) and Fish, Fish, and Sprenkle (1984) discuss the use of structural couple therapy to treat inhibited sexual desire, but their approaches differ from the approach discussed in this article in that theirs deal explicitly with the desire problem and the couple is the unit of treatment. Moreover, the authors do not discuss the theoretical implications of how family structure (specifically regarding families with children) may affect sexual desire.

Perhaps, the family as a unit of treatment for problems of sexual desire has been overlooked due to the belief that sexual relations ought to be discussed (and therefore conceptualized) separately from matters pertaining to children and parenting. It is almost as if combining the two topics violates an unspoken moral code—sexuality and children should not be mixed even if they are systemically intertwined in the family dynamics. Nonetheless, via the metaphor of parenting and problems with children it becomes possible to enhance sexual desire between partners while treating the family unit.

Sexual desire and intimacy are often interrelated, especially in committed partnerships. McCarthy (1997) states that one of the prime functions of marital sexuality is to “deepen and reinforce intimacy” (p. 231). Furthermore, a married woman’s degree of sexual fulfillment is most closely associated with her perception of marital intimacy (Patton & Waring, 1985). Although there are numerous definitions of intimacy, most emphasize behavioral interdependency, fulfillment of needs, and emotional attachment (Brehm, 1992). For the purpose of this article, the authors will focus on enhancing partners’ abilities to meet one another’s needs and to function interdependently as both parents and intimate partners. Like sexual desire, this will be achieved via the parenting metaphor while utilizing structural-strategic therapy. The authors adopt the following conceptualization of intimacy:

Intimacy involves making our innermost experience at least partially accessible to others, and to have these experiences validated by the others. How partners respond to each other’s fears and needs, and the manner in which thoughts and feelings are exchanged . . . strongly influences the state of the relationship. (Greenberg & Matau Marques, 1998)

The Use of Metaphor in Therapy

Before continuing the discussion of structural family therapy and its application to the enhancement of sexual desire and intimacy, it is essential to first delineate the meaning and implications of the construct “metaphor” as used in this article. It will be helpful to begin by outlining some of the authors’ core assumptions about therapy and human communication. First, it is the authors’ belief that by agreeing to work with a family the therapist is making a commitment to understand the family to the best of his or her ability. In order to do so the therapist must be open to the client’s way of communicating his or her concerns. Thus, the therapist must identify, explore, and use the client’s direct and indirect language.

Haley (1987) asserts that language concerning human relationships is not digital (e.g., a single message with a single response), but rather analogical in that the message is embedded in the context of other messages. Thus, a piece of communication, including a family’s presenting problem, can be seen as a metaphor for the family’s current situation (including the family’s interactional sequence and structure). For example, a mother’s complaint that her son is misbehaving at school could be a metaphor for the rigid boundary she is experiencing between herself and her husband. As she attempts to help her son, she experiences her husband move further into the periphery and the intimacy between them subsequently decreases. Thus, the woman’s communication about her son is not necessarily limited to the single message that he is misbehaving, but rather may represent a larger context in which

the message resides. This context may include how the woman experiences her relationship with her husband.

A therapist who recognizes that families communicate via metaphor understands that clients will teach the therapist how to talk about the problem. Fortunately for the therapist, he or she will be able to work on creating shifts in the entire family system, as well as improving flexibility in family structure via the presenting problem of the family. This is the power of metaphor. It is as if the family hands the therapist a key that unlocks the interactional sequence in which it is stuck and loosens the inflexibility of its structure. This is due to the core assumption of systemic therapies that a change in one part of the system will result in change in other parts of the system (Hecker, Mims, & Boughner, 2003). Thus, a therapist is not limited to working with the couple subsystem in order to alter transactions between partners. Furthermore, he or she is not limited to dealing directly with problems of sexual desire and intimacy in order to improve this area of functioning. For many couples, dealing directly with this problem is not the preferred route of communication.

In fact, Erickson was known to discuss sexual relations via the metaphor of dinner (Haley, 1991). Instead of discussing aspects of sexuality explicitly with a couple, he would make metaphorical statements such as, "Sometimes a wife likes to have appetizers before dinner and start slowly, and her husband likes to dive right into the meat and potatoes" (Haley, 1991, p. 74). Although this is a prime example of sexual metaphor in therapy, the authors of this article assert that the therapist should rely on the clients' metaphor as a means of accessing multiple problems within the system.

Not only do family members give the therapist a key via the metaphor, but they also communicate to the therapist, "This is the door that we are comfortable entering." In the case of the woman whose presenting problem is her son, the child's behavioral problem in school may be a metaphor for conflict and instability in the marital relationship. Thus, the key to changing the family's interactional sequences and improving structural flexibility hinges upon "walking through the door" that is entitled "our son is the way we communicate about the problems in our family." If the therapist utilizes this key, he or she will have metaphorical access to all areas of the family's functioning—including the parents' intimate relationship and problems of sexual desire. However, if the therapist tries to walk directly through the door that is labeled "sexual desire and intimacy problems," he or she will surely be denied access, and the family will leave therapy. To focus on problems of intimacy when the presenting problem is the child (even if the therapist suspects that the parents' relationship is part of the problem) would be to communicate to the family members that the therapist does not understand and value the problem as they see it.

Transition to Parenthood and the Effects on Intimacy and Sexual Desire

Minuchin (1974) asserts that movement through developmental stages requires that families restructure. Perhaps during no other time in the life cycle is the necessity of the restructuring of the family unit more evident than a couple's transition into parenthood. For the first time, partners have to function as both a marital and parental subsystem, which requires the renegotiation of boundaries and added flexibility between the roles of parent and intimate partner (Emery & Tuer, 1993). LeMasters (1957) calls this transition a "rapid reorganization" of life.

However, for many couples, this structural reorganization is very challenging, which may explain the plethora of research indicating that marital satisfaction and intimacy dramatically decrease after the birth of the first child and continue to decline until after the children leave home (Belsky, Lang, & Rovine, 1985; Belsky & Pensky, 1989; Belsky, Spanier, & Rovine, 1983). O'Brien and Peyton (2002) report that marital intimacy steadily declines in the 3 years following the birth of a child both for first-time and experienced parents, with 67% of new mothers reporting a decline in marital satisfaction (Shapiro, Gottman, & Carrère). Interestingly, marital satisfaction and intimacy are not the only things to suffer as a couple becomes parents. Fischman, Rankin, Soeken, and Lenz (1986) found that both men and women experience a decline in both intimacy and sexual desire when transitioning into parenthood.

By examining the effects of a couple's transition to parenthood, it becomes clear that parenting, intimacy, and sexual desire are interrelated. This begins to validate the utilization of the parental metaphor as a means of enhancing and re-establishing intimacy and sexual desire. Moreover, these studies offer an interesting picture of the structural differences between partners that are able to maintain their intimacy and desire after the transition to parenthood and those who are not. Other related research highlights structural distinctions between sexually satisfied and dissatisfied partners (Avery-Clark, 1986; Bagarozzi, 1987; Hurlbert, Apt, & Meyers-Rabehl, 1993). Such findings provide indications for the use of structural-strategic treatment as a means to increase intimacy and sexual desire.

Structural Concepts Related to Parenting and Issues of Intimacy and Sexual Desire

In discussing structural concepts related to issues of intimacy and sexual desire, it is vital to first define boundaries. Boundaries are rules that define the structure of the family, which organize the ways in which family members interact (Minuchin, 1974). Boundaries create both the hierarchical arrangement of the family structure and define who participates in the

subsystems of the family and how (Minuchin, 1974). For the purposes of this article, the authors will refer to what Minuchin labels the “spouse subsystem” as the “partner subsystem,” so as to be inclusive of all families.

PARTNER AND PARENTAL SUBSYSTEMS

In a family with children, the couple must co-exist in two subsystems: the partner subsystem and the parental subsystem. Both systems involve the joining of two individuals to perform a specific function within the family, which requires mutual accommodation and interdependence (Minuchin, 1974). The boundaries that define the partner and parental subsystems may change from moment to moment and throughout the life cycle, as certain boundaries may be more adaptive in different situations. For example, a newly committed couple’s enmeshment may be an adaptive way of establishing new boundaries and roles. Thus, it is most important that partners attain flexibility and maneuverability within and between subsystems rather than become rigid in one structure.

As both the partner and parental subsystems require interdependence, these subsystems may also be thought of as structures that define and promote intimacy and sexual desire. For example, Hurlbert, Apt, & Rabehl (1993) found that the more interdependent a couple, the greater their sexual satisfaction. Additionally, partners who disclose a greater depth of information to one another in therapy have been shown to perceive an increase in intimacy (Waring, Schaefer, & Fry, 1994). Waring (1983) defines intimacy as the cohesion, affection, expressiveness, and ability to resolve conflicts in a relationship—factors that seem to relate to the mutual accommodation and interdependence that characterize partner and parental subsystems within a family. Finally, Brehm (1992) asserts that most definitions of intimacy emphasize behavioral interdependency and fulfillment of needs.

Although the interdependence that characterizes partner and parental subsystems may be a factor in promoting intimacy and sexual desire, couples may face challenges regarding their ability to maintain flexible boundaries, particularly concerning the maneuverability between the partner and parental subsystems. This, in turn, may have negative implications for desire and intimacy. Minuchin (1974) discusses the necessity for partners to “. . . achieve a boundary that protects [them] from interference by the demands and needs of other systems” and states that “this is particularly true when a family has children” (p. 57). He thus argues for the necessity of the therapist to protect the boundaries around the partner subsystem so that it can function as a “haven” or “refuge” from the intrusion of the children.

Given this information a therapist may make the mistake of assuming that the parental and partner subsystems are (and should be) distinct, separate entities that do not interact. To make this assumption, however,

is to fail to recognize the overlap that must occur for a couple to remain flexible in their dual roles as lovers and parents. As Gottman (1999) states, "... marriage and family are not diametrically opposed. Rather, they are of one cloth" (p. 213). Although the partner subsystem needs to be protected by a boundary that allows parents to continue to have intimate territory of their own, the boundary must also be flexible enough so that the parental subsystem is supported and nourished by the partner subsystem and vice versa.

Indeed, Gottman's research has demonstrated that what separates mothers who feel satisfied with their relationship after the birth of a child from those who feel dissatisfied is "whether the husband experiences the transformation to parenthood along with his wife or gets left behind" (Gottman, 1999, p. 212). That is, if one partner is unable to follow the other into the "new realm" that is the parental subsystem, distance will inevitably develop between them and the boundary that maintains the partner subsystem will dissolve. Gottman (1999) thus warns against considering marriage and family a "balancing act" with one's life as a parent on one end of the "seesaw" and one's life as a partner on the other (p. 212). Rather, a couple's relationship as parents is part of what fuels their relationship as intimate partners and vice versa.

As stated earlier, mutual interdependence—or said differently, "working together"—is required for both subsystems to function adequately. Moreover, the subsystems are mutually reinforcing so that the strengthening of one supports the other. Thus, the act of two individuals relying on one another as intimate partners feeds the parental system so that each adult feels supported in his or her role as a parent. The opposite is also true; the interdependence on one another as parents and working together as a parental team feeds the partner subsystem so as to increase feelings of intimacy and sexual desire. Consequently, by a therapist supporting the parental subsystem, he or she is in fact supporting the partner subsystem as well. In fact, the relationship between the subsystems is part of what makes the parental metaphor in family therapy such a powerful tool in addressing intimate couple issues.

As demonstrated earlier, becoming a parent is a process that affects many aspects of a couple's life, including intimacy and sexual desire. As Minuchin (1974) recognizes, "Parenting is an extremely difficult process. No one performs it to his or her satisfaction, and no one goes through it unscathed" (pp. 57–58). Oftentimes when a therapist finds him or herself with a family seeking treatment for a problem concerning a child, he or she will recognize problems within the parental subsystem such that the parents are not working together to parent the child. He or she may also notice that the partner subsystem is in jeopardy, as the parents' intimate relationship is suffering along with the child displaying behavior problems.

In order to address the couple's intimate relationship, the therapist may work strategically by relying on the clients' metaphor of their "problem

child” or their difficulties with parenting. Structurally, the therapist can utilize various techniques in order to strengthen the parental subsystem, and by doing so, will simultaneously promote intimacy and sexual desire between the partners. These techniques include: manipulating the space in the treatment room so that the parents are sitting next to one another, directing the parents to discuss ways in which they can work together to help their child, blocking the child or children from speaking for the parents/interrupting the parents so as to establish a parental boundary, and supporting the parents in their efforts to help the child.

As the couple begins to function together as parents, changes will occur in their experience of one another as intimate partners. Minuchin (1974) states that it is “vital to provide systems of support within the family to facilitate the movement from one position to another” (p. 119). As the partners begin to work together by parenting their child, they are in fact establishing a system of support for one other. In return, this support facilitates movement from the role of parent to the role of partner. In order to parent together, the couple must communicate concerns and needs to one another, listen and validate each other, and depend on one another’s support. In a sense, each parent is turning towards their partner—a process that promotes intimacy and desire. Their focus may be on the presenting problem of the child, but in finding success in working together as parents, they may also discover the joy of rediscovering one another as partners.

HIERARCHY AND THE PARENTAL TEAM

In the context of family systems, a hierarchy is recognized as a particular form of boundary that organizes the different members of a subsystem in terms of their leadership roles (Wetchler, 2003). Oftentimes, individuals become involved in a dyadic relationship without having negotiated the terms and conditions of how their hierarchical arrangement will stand or shift through the course of time and situations (Wetchler, 2003). Further, reorganizing and shifting hierarchical arrangements within a dyadic system may be challenging for partners attempting to discuss and bargain leadership positions both inside and outside of the home over tasks such as household chores, finances, work schedules, and sex. These hierarchical shifts become especially pertinent when couples transition into a triadic hierarchical arrangement, which requires that they once again renegotiate and restructure their roles in the hierarchical system (Wetchler, 2003). Oftentimes, however, this renegotiation (or lack of renegotiation) produces anxiety, which may have negative consequences for the marital relationship including problems with intimacy and sexual desire.

This may be especially true for women in dual-earner relationships. Avery-Clark (1986) found that women in dual-earner relationships were more

likely than women in single-earner relationships to report inhibited sexual desire. However, men in dual-earner relationships reported more sexual desire than their single-earner male counterparts. One explanation for these findings is that women in dual-earner relationships experience “schedule overload” in that they remain responsible for a majority of the child-rearing and housework even though they are working outside the home as well. Their male partners, on the other hand, do not experience these domestic demands. In fact, they may be less burdened due to their partner’s sharing in financial responsibilities.

Studies also indicate that dual-earner men may experience power struggles between themselves and their partner as they perceive shifts in the balance of power due to their partner’s ability to generate income (Nadelson & Nadelson, 1980; Kahn, 1984). Consequently, the male partner may become unwilling and/or unconsciously unmotivated to meet the increased demands that arise when becoming a parent. Thus, the female partner may sense that she has shifted into the parental subsystem without her partner, leaving her overwhelmed as well as physically and emotionally exhausted. These feelings of stress and lack of support may lead to a decrease in intimacy and sexual desire as the couple fail to negotiate a flexible hierarchy that allows for a cohesive, interdependent parental and partner subsystems.

Couples may also experience a decline in intimacy and sexual desire if one or both of the partners are unable and or disinclined to negotiate their positions within the parent-child hierarchy. A rigid parent-child hierarchy that does not contain a collaborative parental subsystem with clear, flexible boundaries between parent and child may make it challenging for partners to meet the demands of difficult life cycle transitions. This occurs when partners do not negotiate ways in which they can work together to parent their children. Without this unified parental team, problems may transpire within the parent-child hierarchy that may increase the interpersonal tension within the parental subsystem. As a result, turmoil within the parental subsystem may impact the quality of the partner subsystem as well, which may impact sexual desire.

In fact, studies indicate that a couple’s ability to create a unified parental team affects intimacy. For example, O’Brien and Peyton (2002) found that wives of husbands with more traditional attitudes toward child-rearing experienced a steeper decline in intimacy than those whose husbands employed a more modern attitude. “Traditional” men “. . . viewed themselves as the authority in the family, and expected their wives, as well as the children, to follow their directions” (O’Brien & Peyton, 2002, p. 125). This is indicative of a rigid patriarchal structure in which the husband is at the top of the family hierarchy. Thus, the husband and wife do not move flexibly into mutually accommodating and interdependent partner or parental subsystems. The study also found that women whose attitudes about parenting differed from their partner’s were more likely to experience a

decline in intimacy than those who shared similar attitudes. This is further evidence of the ability of a unified parental subsystem to foster intimacy.

Feelings of inequity may also account for reduced intimacy and sexual desire among partners with children. Such inequities may reflect a rigid partner subsystem that was unable to shift upon the transition into parenthood, leaving one partner overburdened in the parenting role. Moreover, the inequities that always existed between the couple, but were unmentioned or minimized, may become more evident and less tolerable with the added responsibility that children naturally bring to a relationship. Regardless, perceived inequity has been shown to affect intimate relationships. For example, one study found that wives who perceived an imbalance in household labor and child-rearing responsibilities, as well as those with the inability to maintain a certain degree of self-care due to lack of partner support, experienced low marital satisfaction (Grote & Clark, 2001). It follows that feelings of inequity or unfairness may also be related to intimacy, as partners who are inequitable are not likely meeting one another's needs. Moreover, one is not likely to desire someone sexually when he or she does not provide equitable support for the family.

The question becomes, "How then can we make use of the knowledge generated from these studies in order to help couples enhance their intimacy and sexual desire?" It is vital to first acknowledge the common thread that runs through all of the preceding studies. What they all imply is that anything that inhibits the formation of a unified parental team negatively impacts intimacy and sexual desire. Whether it is a power struggle, differences in parenting attitudes, or perceived inequities, that which moves partners away from one another as parents has negative consequences for their intimate relationship. This indicates the unique opportunity for utilizing structural-strategic family therapy as an avenue for treating problems of intimacy and sexual desire, especially when the presenting problem is a parenting and/or child concern. The therapist can help the couple establish a unified parental team from which they can work together to help remedy the problem behavior of their child, and in doing so, the partners may rediscover desire and intimacy for themselves.

Case Illustration

The following is the description of a case that has greatly influenced the ideas presented in this article. It is through the "missteps" and new discoveries during the process of therapy with this family that ideas were generated for how to work effectively with issues of desire and intimacy when the family's presenting concern is a "problem" child.

Jane, a 32-year-old homemaker, called one of the authors complaining that her 13-old son, Patrick, was having behavioral problems both at home

and at school. During the short phone interview, the therapist learned that Jane's husband, Mike, was opposed to the idea of Patrick and/or the family seeing a therapist. The therapist, however, made a strong request that the whole family attend the first session, which Jane hesitantly agreed to do. In their first interview, both parents shared their concerns over Patrick's display of anger and defiance. The couple stated that they were unsatisfied with each other's parenting styles. Moreover, each parent believed that the other was largely responsible for Patrick's behavior. Jane asserted that Mike was "too strict" on Patrick—always yelling at him and expecting too much for someone his age. However, Mike stated that Jane was not strict enough, letting Patrick get away with too much and not giving him enough responsibilities. Jane and Mike described their ideals about parenting and the way in which they regularly interacted with the children and each other during times of conflict.

Jane and Mike described how their communication always seemed to revolve around difficulties they had with Patrick. Jane stated that she constantly found herself defending Patrick to Mike, while Mike expressed frustration about Jane undermining his methods of parenting. At this point, the therapist asked the couple to describe their marriage "outside of dealing with the children." The therapist also asked the couple about the level of intimacy in the relationship. Jane and Mike hesitated in talking about their marital satisfaction and level of intimacy, but did so briefly for the sake of answering the therapist's question. Both partners admitted that there was an absence of sexual desire and intimacy in their relationship. Shortly thereafter, however, Mike questioned the relevance of the therapist's inquiry into the couple's marital relationship, describing it as "irrelevant to the presenting problem." The therapist was a little frustrated at Mike's response, as she believed that Patrick's behavioral difficulties were somehow related to his parents' marital distress. What she did not realize at the time was that talking about Mike and Jane's relationship "outside of dealing with the children," was both unnecessary and confusing to the couple, as the couple communicated about their intimate partnership by discussing their relationship as parents.

In part, the therapist also made assumptions about what she believed to be a contributing factor to the presenting problem by reviewing the couple's assessment forms in which they reported sexual concerns. However, after spending some time reflecting on the couple's response upon bringing up the topic of sexual desire, it quickly became apparent to the therapist that she would lose the couple's cooperation and more importantly—their trust—if she did not validate the couple's concerns by speaking about the problem in the way that they had initially presented. It was then that she realized the importance of embracing the family's metaphor. In the following session the therapist continued to join with the parents by validating their concern that Patrick had serious behavioral problems which would require them to build

a united front in order to help him. In doing so, she began communicating to Jane and Mike that together they had the ability to help their son. It was not something that he could do alone.

The therapist utilized other structural techniques to begin to strengthen the parental subsystem. The couple enacted their problem behaviors, allowing the therapist to break up the coalition that existed between Jane and Patrick by blocking Patrick's attempts to speak for his mother. This also helped establish a clear boundary between the parental and child subsystems. Additionally, the therapist regularly encouraged Jane and Mike to discuss possible "plans of action" for setting limits and consequences with Patrick. If a plan was not successful, Mike and Jane were encouraged to renegotiate the plan so that both partners were in agreement and could support one another in "trying again."

After a few months of utilizing the family's metaphor by helping Jane and Mike renegotiate boundaries in an effort to help their son, changes became evident both in Patrick's behavior and in the relationship between the couple. In the beginning, Patrick regularly sat between Mike and Jane. The therapist would sometimes ask that Mike and Jane sit next to one another in order to have "parenting discussions," but shortly thereafter the couple began sitting next to each other spontaneously. Mike and Jane reported feelings of empowerment as parents, indicating that they felt they were becoming more "unified." They regularly supported one another's decisions regarding Patrick, even when Patrick attempted to intervene. As a result, Mike and Jane reported that their son's attitude and grades had improved. The therapist also noticed that Mike and Jane were interacting differently—smiling more at one another during sessions and generally acting more affectionate. Finally, in an individual meeting with Mike and Jane, the couple reported an interesting side effect of the therapy that had been aimed at helping their son—they had experienced an increase in both intimacy and sexual desire!

Mike reported that he and Jane shared a few very private evenings without the children. Jane then briefly placed her hands on top of Mike's and stated that it was strange but nice to experience Mike's attentiveness towards her. Furthermore, Jane admitted that she felt more comfortable with Mike because he was turning to her for support and suggestions on matters unrelated to the children. Both stated that in the process of negotiating about housework and leisure activities, they were more sensitive to their partner's desires. Lastly, the therapist asked the couple how they were managing problems related to Patrick now that they were spending more intimate time together. Mike described an incident in which Patrick disobeyed him. Mike then jokingly stated that as long as he and Jane could come to an agreement on where to go for their next family vacation they could hopefully continue to agree on how to punish Patrick.

DISCUSSION

The case presented in this article makes clear the value of metaphor in working with families. When a family presents with concerns about one or more of their children, it may be that problems also reside between the parents. In the case illustration, the therapist originally hypothesized that Patrick's behavioral problems were due to a loosely defined parental subsystem into which Patrick was able to permeate. She believed that gaining access to the parents' intimate relationship would improve problems with the parental subsystem. The therapist conjectured that Patrick's role as the "problem child" helped maintain the intimate and parental dynamics between Mike and Jane, and conversely, that the dynamic between the parents played a part in the maintenance of Patrick's problematic behavior. However, attempts to address the parents' intimate relationship explicitly resulted in hesitation from both Mike and Jane, who felt more comfortable speaking in terms of their parenting interactions with Patrick.

It was a learning experience for the therapist to recognize the power of the family's metaphor in healing and enhancing the relationship between all family members. In fact, by engaging the family in their preferred route of discussing the problem, the therapist was able to successfully join with the clients as well as alter structural arrangements that were limiting both the parental-child dyads as well as the intimate partner dyad. Thus, even though the family initially presented with a child with behavioral problems and Patrick's behavior had indeed improved, the therapist also measured the family's success by the improvement of Mike and Jane's intimacy and sexual functioning.

Some may propose an alternative hypothesis that improvement in the child's behavior reduced the parents' stress, which subsequently increased their communication and sexual desire. This possibility is indeed a limitation to the theoretical argument made in this article. However, the shifts made in the parental relationship closely paralleled those made in the sexual relationship. As the couple's sex life improved, so did their parenting confidence. Though the parents were still experiencing some problems with Patrick, it no longer appeared as though he was the "problem" child, for the intimacy and desire in their relationship had been restored. As is evident by the last session, the dissolution of the "problem" child was superseded by the parents' improved sexual relationship. After discussing their strengthened intimate connection, the couple appeared to address issues related to Patrick with greater coherence and confidence. This strengthens the theory that the family's presenting problem was likely a metaphor for the couple's sexual functioning.

Although success in this case was achieved via a purely systemic approach, it should be noted that the authors are not taking a stance against other successful and popular means of addressing sexual problems such

as cognitive behavioral therapy. In fact, system theory approaches such as structural-strategic therapy share certain characteristics with cognitive behavioral therapy (Pridal & Lopiccolo, 2000; Wiederman, 1998). For example, both theories elaborate on the basic principle that the client or clients have current problematic thinking and/or behaviors that contribute to the presenting problem and need to be altered (Pridal & Lopiccolo, 2000; Wiederman, 1998). However, there are unique characteristics of systems theory that may make it more applicable to particular cases.

One distinction of systems theory as it applies to sexual problems is that the sexual problem may be viewed as indicative of or related to other problems within the family system (Wiederman, 1998). When a couple or family presents with multiple problems that may be interrelated (such as the case presented here), it is not always necessary to overtly address each problem utilizing cognitive behavioral techniques. This is particularly true in instances where family members who have expressed sexual concerns on paper appear hesitant to directly discuss the issues in session. Thus, whereas cognitive behavioral therapy or an integrative approach may be particularly useful in cases where sexual problems are comfortably the overt focus of therapy, a systems approach that allows for metaphorical speech may be more conducive of change with clients who prefer not to speak directly about sexual issues. Furthermore, given the interplay of sexual and nonsexual dynamics, it simply may not always be necessary to directly approach the sexual topic even if discomfort with the topic is not a conversational barrier.

CONCLUSION

This article attempts to demonstrate theoretically, as well as by case example, that success in family cases in which the child's behavior is the presenting problem may be measured by improvements in the intimacy and sexual desire of the "problem child's" parents. In fact, with the structural relationship between the parental and partner subsystems, a family may be a particularly useful unit of treatment for couples with clandestine concerns regarding intimacy and sexual desire.

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