

SOCIAL UTERUS AS A METAPHOR FOR THE FAMILY

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Summary

Experiences with the use of the metaphor of the social uterus- the protected area, are presented. The setting, into which a child is born, is the interaction family setting of other family members. Its parameters and development enable an adequate protection of the developing child against the premature demands of the other world. The optimal coordination of the changes in the interaction of the mother, father, and child is accompanied by the optimum growth and maturation of the child. The metaphor of the social uterus was formed by comparing the biological function of the uterus and the maturation of the foetus inside it from conception to childbirth on the basis of the experiences with the changes in the family from the birth of the child up to its separation. This approach sums up the achievements of developmental psychology and the family therapy into a practical and understandable model, with is useful in clinical practice. The model offers an understanding of psychosomatic symptoms within a family.

In the lecture we focus on the clarification of the separation process as a problem co-evolution of three persons - the mothers, fathers and children. In our metaphor of the family as a social uterus we defined this problem a social birth. The position of the mother and father in relation to the adolescent is asymmetric. The child became separated by oscillations between mother's and father's language focuses in two phases: first rapprochement and separation from mother to father and second rapprochement and separation from father. The fathers create for their children the bridge from family to society. The eating disorders and many other psychosomatic symptoms of every families members of family may be ways how organisms of the basic family triangle indicate the obstacles to proceed to a new developmental stage of the family.

Introduction

We have been working together as a pair of therapists for 14 years. We spend one day a week working with families, which we consider more difficult, and the rest of the week individually in our surgeries. Chvala in Liberec and Lrapkova in Prague. Chvala is originally a gynaecologist and a sexologist, Lrapkova is a clinical psychologist, educated in mathematics and with practice in child psychiatry. Chvala runs The Centre for Complex Therapy of Psychosomatic Disorders in Liberec. Together with other colleagues we founded The Institute of Family Therapy and Psychosomatic Medicine and we run training in family therapy accredited by Czech National Health Service. We published a book called "*Family Therapy of Psychosomatic Disorders*", in which we introduced our own concept of illness and family, in the metaphor of the family as the social uterus, which represents an effective tool for us and our students. (Trapkova L., Chvala, V., 2004) We'll try to introduce this concept briefly here.

We see the value of systemic theory and the narrative practice of family therapy, but there are enough reasons to make us believe that the thesis of radical constructivism, which sees all the events in a family as a negotiated reality, cannot be applied to the entire reality of a family. (Schleippe A., Schweitzer K., 1998) We have to make a difference between this negotiated reality and the parts of reality which cannot be negotiated as they are

unexceptionable and unchangeable. They are a fact, something that has already happened and is permanently present. Maternity, paternity and inborn relationships with one's child are such singularities. These relationships can be filled in many different ways, their contents and meanings can be discussed and changed narratively, but the fact alone that the child was born only of this particular mother and this particular father cannot be changed. Our work aims to reflect the differences between the two realities of family: the negotiated reality concerns the reality of ideas in a family in contrast to the physical reality into which the child is born. We are finding here what we could call „the body of the family“ and „the body of the extended family“, both of which having something like „the anatomy of the family“. This brings us back to structural family therapy and the transgeneration theses of Szondi (1954), Boszomernyi-Nagy (1981), Bowen (1979) and Hellinger (1994).

Two great stochastic systems, formulated by Gregory Bateson in his work *Mind and Nature*, meet in the field of family. These two stochastic systems influence each other but also operate separately at times. One of these systems is represented or personified by each individual and we call it learning (including somatizations). The other type is present in the genes, it operates in populations and we call it evolution. The former is related to a single life, the latter is a matter of a lot of generations and a lot of individuals. Both stochastic systems operate on different logical levels (formulated by Bertrand Russell) and they both fit into one continuous biosphere. There is a lot of misunderstanding caused by mixing and confusing the logical types. (Bateson, G., 1979)

We have emphasized that the family is a bounded social system *sui generis*, which is characterised by inborn relationships. The need for stability in the environment of a family in one's childhood bears a noticeable resemblance to the situation of a foetus at all the stages of intra-uterinary life. Bateson talks about the difference between epigenesis and creative evolution when he says that in epigenesis one has to avoid the penetration of any *new* information and that the entire process of epigenesis can be looked at as a precise and critical filter which requires certain **standard level of conformity** in growing up individuals. This is the main reason why the delimitation of a family is essential for the stability of entire populations.

We named this level of family reality the **social uterus**. When we were comparing the stages in the development of a foetus in a uterus to the development of a child in a family we discovered striking similarities which reveal surprising details. This is not ad hoc a theoretical thesis. We have reached the analogies thanks to a long-standing therapeutical practice. We have understood that the same processes and regularities which take place in a mother's uterus are then repeated on a higher socio-psychological level. And also, if we rely on these comparisons to intra-uterinary processes and they become a part of metaphors used in family therapy, the treatment will be more effective. The analogies are most likely to relate to „the body of the family“, its structure of relationships that can't be arbitrary.

We have become more aware of the existence of two types of relationships in family networks; inborn relationships and acquired relationships. It turned out that the differences between these inborn and acquired relationships are a powerful source of movement in the emotional field of a family. For example, we have understood the relationships between a mother and a daughter or a mother-in-law and a daughter-in-law more deeply. More and more often we have to deal with the little respect given to the differences in the relationships between children and their own fathers and step-fathers, less often between children and their own mothers and step-mothers. We are convinced that this difference is nowadays being intentionally wiped out for the benefit of indolence, pleasantness and the principle of delight in only one generation of young adults and to the detriment of the long-standing perspective of the health of the extended family and thus entire populations. With specific cases we can

document Bateson's theoretical claim that what contributes to the survival of an individual can be fatal for the entire population or society.

We had to rethink the meaning of the difference between female and male culture, whether the difference is inborn or acquired. We believe that the initial little difference is probably made bigger by culture and we assert, according to what practice shows us, that the meaning of this difference is vital. The difference between men and women is mostly in their use of language and therefore isn't explicitly related to sex, which causes confusion.

We are sometimes criticised for our prejudices about what „a family should look like“, which doesn't match the ideology of systemic therapy. But we know that in therapy it is worth making a difference between levels which can be influenced by negotiating, narrative, systemic or co-operative therapy and a level which cannot be negotiated. On this level we can only grant everyone their inborn place. Another thing is, whether we are successful in fulfilling the tasks in these places. If they are empty or not filled in then substitute acquired relationships become important. But the inborn relationships have to be preferred and they must not be excluded in the power struggles of the adult members of the family. The respect for a constructed reality of the client or of the family has to be balanced by respect for the unnegotiated part of their reality – the family anatomy which they themselves created by the fact of conception and childbirth.

If it is so, the entire matter seems very urgent in the light of demographic data. As much as a third of children are born outside marriage in the Czech Republic. The trend of unfinished separation is also striking. According to the latest surveys of the Czech bureau of statistics almost a third of 1.8 million young male and female Czechs up to 29 years of age (the Czech Republic has a population of about 10 million) still live with their parents. In our opinion, this trend is related much more to disorders in the structure of the family than to socioeconomic factors. The changes which damage the generative function of family can also result in a decrease in birth rate. The systemic family therapy practice which leads to bigger and bigger tolerance for random make-ups of families cannot stop this process. It is available for particular families but not for society. We've noticed a kind of disgust among family therapists to comment on this situation.

Social uterus

We can only sketch out the analogy between social uterus and the development of a foetus in the uterus of a mother. Obstetricians distinguish between three distinctive stages of pregnancy, so called trimesters. Each differs according to the tasks the foetus completes, energy requirements of the mother organism and also the hazards the foetus is exposed to in each trimester. Psychological theories divide the development of a child in a family into three stages, each six years long, with two clear limits: up to six years of age, from six to twelve years of age and from twelve to eighteen years of age.

a) The first third from the birth to six years of age

The first three months in the biological uterus are characterized by rapid development of morula cells, which later create the placental system and embryo. The development of the most important bodily organs starts and is later completed. If some of the organs are not created right on time, it has a far-reaching impact on the growth of other parts of the body. The stability of the process is ensured especially by the fact, that the embryo is protected from any early information from the outside. While the embryo's nutrition is still dependent upon the yolk-sac in the first stages of development, this function is increasingly controlled by the placenta which communicates with the mother's circulation and thus the environment. The

foetus takes everything it needs for its development from the mother's circulation, even at the expense of the mother organism, within certain limits of course.

Similarly, in the first six years in the social uterus the child subsequently completes developmental tasks thanks to the co-operation between CNS maturing and social learning, so that at the end they enter school with well developed „psycho-social organs“. They undergo typical phases of psycho-sexual development as described by Freud.

The disorders in the first trimester of the development of the foetus are the most serious. It is well known that exposing the foetus to the influence of toxic substances (i.e. new information) leads to the development of congenital defects or even an early termination of pregnancy by abortion. The later in organogenesis the foetus is exposed to such a harmful influence, the more selective the congenital developmental defect is. It is similar on a social level. The child has to be protected from early demands of the environment (they must not be informed early) so that their maturing is not interrupted. The greatest demands on parents' psychical potency and their relationship are made in the first years of the family existence, but only the relationship between child and mother is often considered the most important. But if we take into consideration that the mother's stability, and thus the stability of her immune system, undoubtedly depends on a good relationship with the partner, it is clear that the function of the father is also indispensable from the very beginning. The relationship between child and mother is so intimate and the interactions so interconnected at the beginning of childhood that most of their bodily systems react simultaneously and it is sometimes just a question of coincidence where and when the symptoms will occur, whether in mother or in child. It is therefore worth concentrating the medical intervention more on mother than child whether it is a dermal reaction in the child, symptoms from the field of digestive or respiratory organs or behavioural problems. Unless the mother finds some support in her closest surrounding, her insecurity grows bigger. A conflictful or empty relationship with a partner does not create the environment for the child which would „feed“ them in the way they need and the effects of „undernourishment“ drag on like a debt into following years. Also a psycho-social organ which is not developed in time leads to deformations which cause uneven development and relationship to the world, as it was described by E.H.Erikson. (Erikson E.H., 1993)

b) The second third from 6 to 12 years of age

If the difficulties at the beginning of life in the first three months in the uterus are overcome, the peaceful period during the so called physiological polyhydramnium starts. The uterus grows larger after the twelfth week of pregnancy because of the increased production of amniotic fluid. The nutrition of the foetus is fully provided by the placenta in which the circulations of the mother and the child mingle in a way that their blood is surprisingly not mixed and yet an active exchange of substances between the inner environment of the mother and the child takes place. The developing foetus now has adequate space, enough nutrients and undisturbed peace for bodily growth. Co-ordination in body movements develops, bodily functions mature and they harmonize together, but the foetus is still not capable of independent life outside the mother's body. This all characterizes the second trimester in the biological uterus.

What else is this but the period of so called latency described by Freud. The child's social space gets larger dramatically as they start going to school, which is far from home, alone. The child has achieved basic social skills at pre-school age and they will now practise these, strengthen them and widen their repertoire in the school environment and elsewhere during out-of-school activities, yet still safe from full responsibility. Social „nutrition“ is now not dependent only on what parents give to the child, the school has enriched a massive

supply of information and social interactions. Like in the biological uterus it applies here as well that a wide field of interaction between the growing organism and its surrounding is created. Rich offer, topics and information exchange take place in accordance with Bateson's „differences creating meanings“ without anything really being passed from one side to the other. (Lieb, H., 1992) With expanding vocabulary the child finds and adopts innumerable similarities and differences in the field of semantics, their understanding of relationships grows and they create relationships themselves. They learn to distinguish between what they can say at home and what they can say among children, they learn to feel and respect the borders of family and generation borders and also the differences in male and female cultures. Puberty starts the child's last stage in the social uterus, the same as Braxton Hicks contractions / false labor contractions signal birth.

c) The last third from 12 years of age until the age of majority

During the last stage of life in the mother's uterus the child prepares to leave its protected space. It still puts on weight, the pulmonary tissue, which should control the function of blood oxidation after the umbilical cord is cut, develops. It gets cramped in the uterus. The volume of the oxytocin receptor in the uterine muscle, which mediates contractions of the uterus, was low during pregnancy. Now in the third trimester it starts to increase. Thanks to this the uterine muscle is more sensitive and responds to small stimuli to which it used to be indifferent more easily. The pressure of the foetus on the lower segment releases the uterine closure which was impervious until now. More and more infections from the outside environment penetrate into the closed space. The mother organism's immune system reacts to the external substances by increasing saturation and sensitivity which prepares the uterus for giving birth. The failures of entire parts of placental circulation which are caused by placenta attacks represent another important factor, especially towards the end of pregnancy. The area for the exchange of substances between mother and child gets significantly smaller as a result. There is not enough space for the foetus, it is stressed and therefore starts to suffer physically.

Releasing the child from the genuine family is analogous. Even here the entire family system will be built up as well, even here the conflict will be necessary so that a way out is found in the end. Where there is no conflict, young adults remain in what we call the „mamahotel“, sometimes even after they reach their thirties, despite the fact they earn their own money. A child at the age of puberty can have plenty of hobbies outside the home and school, and yet they are free to move only ostensibly. Parents still keep control of them. In fact, the child can hardly imagine living alone outside the family. However, the immediate environment of a child at the age of puberty and of an adolescent later on is more and more sensitive to their individual actions, the tension and irritation in the family increase, similar to the increasing sensitivity of the biological uterus towards the end of pregnancy. Parents are not willing to tolerate or excuse anything and they are not willing to protect their rebelling child at any cost as he or she brings dangerous novelties from the outside, similar to the infection penetrating the uterus. An adolescent compares the conditions at home with conditions in other families and argues against established rules. The infamous puberty worries parents in advance thanks to which the problems with children get demonized in advance too. The displays of beginning separation are closely looked at and therefore strengthened in fact. Even in the social uterus it gets cramped, the child is suddenly everywhere and in the way, they push into the adult's niche, they use their things, a daughter steals into her mother's wardrobe to wear her clothes secretly, if it is a boy, his father fumes as the tools are not in their right place in the workroom. They clash necessarily.

Parents show signs of weariness after ten or more years of marriage, especially because there are more children and therefore more „social uterus“ in the family. Siblings compete to win their parents' attention and they have their hands full. Unless they got used to preserving and nursing their relationship as partners outside their relationship as parents they cannot support each other. There is less spontaneous bodily attraction. One irritates another and they blame each other for what they lack in the relationship. And they always lack something. And so even here the nutrition worsens and small or bigger failures (a kind of „attacks“) in communication occur. We consider the interactive environment in the relationship of parents to be a social equivalent to the placenta. At the end of the period of puberty, the same as at the end of the third trimester in the uterus, a person and his or her family are ready for a serious and irreversible change: **separation – social birth**. We see the process of separation as essential not only from the point of view of one generation but especially from the perspective of the transgeneration evolution of the entire extended family. The separations which are not complete weaken the extended family dangerously and they are usually the source of diseases and symptoms that cannot be explained in any other way.

The difference between male and female language

The basic unit in a family is the triangle mother – child – father. The child oscillates in this socially delimited space between the mother focus which is mainly accepting and the father focus which is primarily demanding even if one of the parents is missing. The healthy development of the child depends on the co-evolution of the three basic family figures. This autopoietic system itself is the source of system characteristics which spontaneously create well known thresholds in the development of the family where it is decided between health and illness. Some of the symptoms of the family members cannot be solved on a lower logical level, on the level of individuals or pairs.

Unlike static terms such as boundaries and coalitions, which were introduced by structural family therapy, we see the basic trinity of mother – child – father as a chaotic system that is similar to Lorenz's strange attractor in the chaos theory, at the bottom of which we can find order. (Glieck, J., 1987) The borders between the subsystems of children and parents are not static but they are seen as the action of oscillation between two focuses which are created by the difference between male and female language. If this difference is lost the entropy of the chaotic system increases and this system creates the symptoms, which it usually tries to adapt to an unsatisfactory context, more easily. If the context is not changed the treatment of the symptoms does not lead to recovery. If one succeeds in encouraging and finishing the process of separation during family therapy more symptoms often disappear at once.

According to a lot of research it is clear that the necessary polarization of language into maternal and paternal takes place only if both parents are present. Researchers agree that mothers talk to their children more than fathers. The polarization between parents is a system characteristic which can be neither recorded nor influenced when working individually with only one family member. Most findings show that father is for child a more difficult partner for conversation than mother. He uses less frequent words when talking to a 2 – 5-year-old-child. Mothers are more sensitive in adjusting the difficulty of their language to the speech skills of their children. Fathers are cognitively more demanding and directive in the interaction. The best known theory which deals with this difference is the Glaeson's theory of bridge. (Glaeson, J.B., 1975) The author of this hypothesis claims that just because of the father's worse tuning to the child's language the child is forced to make more effort, repeat their utterances and explain to hold the interest of the father who is not committed and thus prepares the child for the unprotected life outside the family. Glaeson assumes that the father

represents a bridge between the accepting environment in the family and the demanding environment outside. The studies which followed support this hypothesis. Also from our experience, children from families where this language polarity is missing or is weakened are hypersensitive, spoiled and touchy and they get ill more easily.

The vital difference between male and female focuses within language is created in single sex families as well but the healthy balance between the focuses is often broken. In Central Europe today this happens detrimentally to the male language mode is more often suppressed and so the population as a whole becomes more sensitive and more vulnerable.

The organization of the process of separation, which we regularly see in our families, is the usual result of the difference between the accessibility of mother and father: adolescents find their way to their mothers first as if it was a reminiscence of the intimate relationship between them during the period of breast-feeding. Only then they set off on their way to their fathers, as we see in the picture. The father is usually considered the more difficult person as Glaeson has already noticed. If he creates the bridge to society, it is necessary to cross it. But this won't be for free. The adolescents will have to make bigger efforts than they usually make with their mothers. The knowledge of this „birth canal“ in social birth or separation, is a kind of guidance for us when working with families overcoming stagnation during the period of separation. We can use this example to illustrate the difference between our work and common systemic therapy. But we also respect not only family and the versions of all family members and then we negotiate them, we respect the anatomy of the body of the extended family as we learn from repeated experience with healing very different families.

What does it mean for practice?

In systemic narrative therapy, we map the family system by asking questions, as it is usual, with a maximum respect for what the family think their problem is. In addition to this we examine the state of the anatomy of the family, we find out about the structure of inborn and acquired relationships in the family, the way these are filled, who is excluded from the family, who carries predominantly the female (accepting) and male (demanding) language, how many social uteruses there are in the family (a new social uterus is created when a new child is born) and whether the borders between them are respected in the family, at what stage of development the family is and we adjust our interventions to this. Clearing up these facts itself leads to positive changes. Sometimes it is essential to encourage one of the focus or make the child's movement from one to the other parent easier, eventually it is necessary to look for missing and often concealed crucial figures in the family organism.

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