

SOCIAL UTERUS AS A METAPHOR FOR THE FAMILY

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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, which is useful in clinical practice. The model offers an understanding of psychosomatic symptoms within a family.

I. The Family as a Social Uterus

The uterus as a protected area

With regard to phylogenesis the context of the uterus seems to be much broader than we usually suppose. The development of this *protected area* during phylogenesis is undoubtedly connected with the ever-increasing complexity of the *line separating inner from outer space*.

In contrast to the development of non-living matter, the development of living matter is characterized by increased structuring, allowing interaction with ever more complex information. In its ontogenesis the individual organism may reach some developmental strata before it is able to cope with the tasks of the next phylogenetic stratum. The latter is created by a new context, a new order of relations between inner and outer space.

The new and phylogenetically younger order must indispensably create new layers of the receptor apparatus of the organism. Without this a new level of relations

will not be perceived and progress will not be made in the development of the inner world.

Thus, simple division without any special external protection suffices for the development of a new structure at the level of unicellular and lower organisms. The more complex the internal structure of the organism, the more complex is the method of reproduction. At a certain level of development the primary structure will have to be protected prior to being released into the external space where it will react with its environment according to its possibilities.

The human child is not born from the woman directly to the whole world. In order to have a chance to survive it must be adjusted to its immediate environment in a specific manner. This adjustment closely resembles the uterus, the womb, with its entire physiology and function. *It is as though what we know well from the biology of reproduction were repeated at the social level.* In the “social uterus” we are able to observe the development and maturing of the indispensable “social organs and functions” of man. The birth of the child may be viewed as the period of conception at a higher level of organization of living matter.

The analogy with the biological uterus is fruitful at many levels. What at the biological level can be seen materially is invisible, virtual at the higher level, *visible linguistically*, that is we can see the existence of the social uterus through language. Language is the adequate instrument, observation organ and means of making an impact.

The metaphor of the uterus allows not to separate the physiological from the psychological but to understand their linkage in the *continuity of development from the biological to the social*. The coalescence of two embryonic cells will trigger off enormous creation, which will generate the placenta and the foetus. Under the impact of the activity of the placenta the child and the uterus develop in harmony.

The man and the woman enter a relationship with a male and female disposition and they begin to create a space in which they prepare to live and to raise their children. The key role and probably the most important factor of development is human sexuality.

Physical and psychological sexual impotence and the development of symptoms

If we want to understand the influence of sexuality on the development of symptoms we have to look at its continuous development from human conception to death. Freud revealed child sexuality a long time ago and yet we still tend to look at it merely in its adult form. Throughout his whole life human is part of a developing social system for whose dynamics sexuality is the determining factor. It is possibly the main energy of the origin and development of life.

The physical form of sexuality attracts so much attention because we very often fail to observe its no less significant psychosocial aspect. In the same manner as there exists physical sexual potency, that is the capability of materializing sexual

intercourse, there exists the psychological potency to establish and develop a close and intimate relationship between man and woman with the potency to grow. Only thus will it become a healthy environment for the child, conceived thanks to the physical potency of the pair. Psychological potency has a non-material dimension; it is *virtual reality* and is extremely difficult to represent and to measure. We may merely observe its consequences, that is, its absence. It is possible that it is this mental component of sexuality, which has allowed humankind to develop culturally and spiritually.

Both streams of sexuality were known to Freud when he spoke of the sensual and tender stream of sexuality. The term "*psychological potency*" was used by Freud, who believed that it was the most frequent reason, for which people came for help to the analyst. From what we see it is the most frequent concealed reason why people come to see the physician. The fact does, however, deserve a deeper understanding and explanation.

At first sight the examined sexuality of the pair seems to be in order. This is because physical sensuality may function a long time in people who are psychologically impotent, affected by a disorder of the ability to develop the shared emotional and spiritual space. Reich perceived this level of sexuality as energy flow (Reich 1942/1993). He imagined energy processes between man and woman at the physical level. No wonder. In our work with sick families we see that they are lacking something substantial, something similar to energy. Even though the decline in the family's vitality belongs among the most frequent symptoms we do not seek physical energy. We do not seem to need to go beyond the comprehensibility of psychosocial relations.

We have noticed that the woman is usually more sensitive to the psychological impotence of the pair. She seems to discern much sooner the shortcomings in the family's emotional nutrition and suffers therefrom much earlier. We have repeatedly seen the woman pointing to these deficiencies for years without being able to discuss them or to come to any understanding in the language of the man's vocabulary.

When malnutrition and the inability to come to an understanding continue for a sufficiently long time the members of the family begin to show physical symptoms. The woman need not be the first to show these symptoms. It appears that people are equipped with different ability to tolerate psychological impotence. The most sensitive member of the family is the first to come for treatment. The fact that the psychological impotence of the parents affects the entire family system is borne out by the experience that children are frequent bearers of symptoms.

Development in the social uterus

The sensual flow of sexuality according to Freud instinctively attracts the man and the woman in order to trigger the process of the social uterus. Insofar as the pair is both physically and psychologically potent the purposeful growth of a social space will be provided, as will the indispensable growth of the physical uterus. Any attempt to permanently sustain only physical sexuality without any emotional cul-

turing of the relationship is no more viable then an attempt to conceive a child without a placenta. There is evidence of this in case studies of sterile pairs. It is more rare to find a pair that is only psychologically potent. Without physical potency a pair is incapable of conceiving a child into a prepared and psychologically rich common space. Both parts of sexual potency must act simultaneously; they are mutually conditional and must be balanced. The question to be answered is how this balance developed historically. It appears that the material component is phylogenetically older.

The lack of the one or the other, or their unbalance leads to developmental disorders. The number of married couples is increasing where the woman's physical sexual activity declines irrespective of the fact that she is physically fit. The idea comes to mind that the woman is subconsciously balancing the lack of the psychological potency of the pair. The man's exclusive enforcement of physical potency without any regard of the development of psychological potency destroys the relationship. Sex becomes prostitution or onanism for two. This may become unbearable for the woman and subconsciously she tries to resolve it.

The decline of the physical sexual activity of the pair becomes the source of further polarization. The man begins to be dissatisfied. He begins to defend his physical potency convinced that it is being taken from him by the woman. The woman is pushed to the other pole when she insists that without "emotional nutrition" from the man she is not interested in physical sex. This process is so profound and consciously often inaccessible that the healthy woman cannot force herself to have sex with the psychologically impotent man without damaging herself.

It is as though the relationship of the pair developed thanks to psychological impotence were representing the organ of nutrition of the fruit. As against the placenta, which provides nutrition the relationship of the parents is the source of social interactions, which lead to gradual triangulation during growth. The child relates to the mother and the father in order to enrich itself internally. This changing relationship generates the child's individualization and separation. This is the genuine function of the social uterus. The fact that the relationship of the pair may be likened to the placenta as being the source of nutrition is borne out by cases of families with mental anorexia. Our cases have shown that the emotional starvation of the mother in an insufficiently potent pair will be projected in material form as an eating disorder in the daughter (Chvála, Trapková 1995, 20-22).

The concept of the social uterus will allow us to describe a whole range of further disorders which we would otherwise be treating without understanding what they meant.

While the life of the child in the biological uterus takes nine months to birth, it lives around 18 years in the social uterus. From the biological uterus a child is born capable of biological survival in the world. The adolescent will leave the social uterus in a less complicated manner when he or she has gained the ability to live independently and socially and to establish their own family—a new social uterus.

1. First three months

The first three months in the biological uterus are characterized by the rapid development of the placental system and the foetus. The development of the most important physical systems is completed. Likewise the first six years in the social uterus are decisive for the formation of the fundamental sexual and social abilities of the child for school entry. We have no doubt that the greatest demands are put on the psychological potency of the pair in the first years of the existence of the family, even though the consequences of malnutrition may be manifested at a much earlier stage.

The exposure of the foetus to toxic substances damages or aborts it. However, obstetricians fail to detect cases when an extremely poor psychological environment in the parents' relationship will have the same impact on sensitive individuals.

Similarly sensitive to psychological conditions are the first years of life in the family. We would not be surprised if the so-called cot-death syndrome were found to be analogical to miscarriage in an unfavourable environment although we are well aware that it is very difficult to determine what is poison for a child is under such circumstances.

We have to note that some time ago in a study on sterility we expressed the view that what is known as psychogenic sterility may be connected with the immature parental structure of the pair. In such cases the child is miscarried at a very early stage from the biological uterus or is not conceived at all. Today we would also point to the inadequate psychological potency of the pair, which is evidently dependent on the level of maturity of the partners, that is, on what chance they were given in their respective families to complete the process of separation.

2. Second trimester and preparation for childbirth

When the pitfalls of the beginning of life in the uterus have been overcome there comes the relatively calm period. The uterus rapidly increases its volume for the development of the foetus. Is this different from the period of latency as described by Freud? The social space for the child, which starts going to school, will also develop in leaps and bounds.

Another dangerous period in the biological uterus is the period following the 28th week when the child is capable of survival following possible pre-mature birth. This is, however, highly risky and the child could not survive without special care. At this point the child's development is fully dependent on the ability of the uterus to grow and on the function of the placenta until that time when the lung tissue is sufficiently mature for independent breathing. Intrauterine stress accelerates the maturing of the child's lungs.

After the age of ten the child is capable of surviving a family breakup but the consequences may affect it for the rest of its life. Difficult conditions in the family may also lead to the accelerated maturing of the child's social functions. Provided that the child's development has not been marked by any major problems and the social uterus has provided sufficient nutrition adequate to the developmental stage to all members of

the family then the probability of the occurrence of serious psychological and somatic disorders is small. Puberty around the age of 12 starts the last stage of residence in the social uterus, just as premature contractions may announce childbirth.

3. Labour

Childbirth is the riskiest stage of pregnancy. It represents a great conflict between mother and child. The “discussion” between the mother and the child through mediators is full of paradoxes and seeming misunderstandings. There is no unified view about what triggers them off. Most probably it is a range of factors from increased sensitivity of the mother to reports from the child, and external factors.

The density of hormonal receptors in the uterine muscle, which are responsible for uterine contractions, is very low during pregnancy. Infection and external factors, which affect the uterus, also seem to have a significant influence on the process. The combination of many factors finally causes a situation whereby the more the child announces that it is being threatened and needs more space the more the mother’s uterus contracts and paradoxically decreases. Only thus is the road out of the uterus found and opened: *the birth paths are relaxed and opened thanks to conflict.*

The release of the child from the original family is analogical to biological birth. Even here conflict is indispensable to finding a way out. The child is only seemingly free to move. In actual fact it is hardly capable of imagining life outside the family. Also in the case of the social uterus the immediate environs of the adolescent become more sensitive to its behaviour. The initial protection of the child is lost and stress and irritation in the family increases. Many new things accompany the adolescent into the family at this stage of its life, these external factors initiate defence elements, remind of the onset of infection in the biological uterus.

Here we can also observe a whole range of disorders. Premature birth when the child is extruded without having initiated any such process reminds us of the situation of a child, which is being put on its own feet prematurely and without support. Prolonged pregnancy corresponds well to a situation in a family with an adolescent child who is hindered by its too anxious parents from separating from the family. Both situations are a dangerous source of symptoms in the family. The carrier may be any member of the family and the attention of the physician is focused on this particular member. Without a good understanding of the situation medical care may worsen rather than improve the symptoms.

Symptoms accompanying development in the social uterus

We believe that what we are looking at is more than just a symptom. Freud and others after him pointed to the somatization of anxiety and its connection with childbirth. We believe that the individual stages of intrauterine life are loosely followed by life in the “social uterus”. This creates sequences of layers of life experiences in which from time to time one layer will recall a previous one. Surprisingly, long forgotten mani-

festations of the organism may be updated in a novel situation when the psychosocial system finds itself in a similar context. This process may span generations.

We see, for instance, that in its social uterus the child has experienced traumatic situations from which it has been left with open wounds which could have been forgotten for the time being (separation from the mother, divorce, sexual abuse, etc.). The child may with relative success separate from its original family and establish a family of its own and traumatic memories can remain dormant throughout its whole life. When, however, in its new family the child finds itself in a situation, which will remind it of the critical period in the past, the trauma will revive. It is as though under the impact of a similar constellation this person is plunged into a trance, in which its perception changes. Present reality is totally overwhelmed by emotions drawing on past experience. It is able to really experience past pain and it will affect its present behaviour. For the members of its family, who naturally have no knowledge of the original context, this behaviour will be incomprehensible and illogical. The trigger moment may be a simple and seemingly uneventful moment, such as the 15th birthday of the daughter, an age, which for unclear reasons was the critical age in the life of the mother.

Parents, who have experienced lack of emotional saturation in their childhood are taken charge of by their children to the latter's detriment (Miller 1994, 20-29). This is brought to our attention by symptoms in the family.

We have worked with a family where the daughter began to suffer from asthma at a time when from our point of view a premature social childbirth was initiated. She found herself a boyfriend when the situation at home had become intolerable owing to a long-standing conflict between the parents. The parents lived in the same household yet they had nothing in common any more. The man had lost interest in the intellectual life of the woman and she responded by a total loss of sensuality. The attempts of the daughter to separate caused attacks of asthma. The situation as discussed with the family reminded us of a situation when after premature birth a child is placed in an incubator because its lung tissue is not mature. The picture was so powerful that we asked the family whether anyone had experienced such a situation. The mother then recalled labour. The daughter had actually been born prematurely and together with the mother she had experienced forceful separation. The doctors at that time did not give the mother any hope. The lungs were not fit for independent life. The memory was so vivid and overwhelming that it forced tears into her eyes.

Illness or developmental disorders in the synchronization of the members of the family?

The establishment of the family, building social space for the child's development, puts great demands on the family. It assumes the synchronized development of all members of the system. The constellation of relations in the triangle father-mother-child is characterized by immense mutual dependence. What happens to one happens to all. The other two members of the triangle respond to the devel-

opmental changes. The child is that member of the family who naturally experiences the most dynamic development and it is therefore usually the factor, which initiates changes in the entire system.

We have often treated serious somatic symptoms in children by alleviating anxiety in the mother. We believe that the best solution is to open the sources of psychic potency of the spouses in order to allow the father to reduce the anxiety of the mother. The family symptoms then disappear. It is often very difficult to persuade the man to be involved in such a task.

There is a wide range of causes and we shall indicate one of them. Since the time of Freud hindrances have dramatically disappeared in the entire population yet shame to reveal oneself physically, shame to reveal weak points in one's spiritual life is so powerful, mainly in men, that it hampers the development of an intimate and confidential psychological closeness of the pair. Sometimes we have the impression that the more men brag of their physical potency to the outside world the less they are ready to open up to the wife psychologically thereby blocking the development of the pair's psychological potency.

Hence originates the lethal starvation of the woman for spiritual closeness without which physical closeness is impossible. This situation deteriorates even further with the woman's maturity. The continuing contradiction between the tender and sensual flow of sexuality as the cause of the poverty of relations between man and woman was pointed out by Freud. He expressed the fear that disorders of the development of the Oedipal triangle will worsen in the population. Sadly we are only able to confirm its fears.

II. Does every family have a different language?

During the 20th century there was a dramatic change in the balance of power within families. In a long-term perspective working with a trans-generational model of families we have been able to note many clinical examples of these changes. They can be reflected on different levels and in different views on society. However, we can observe them especially in changed phenomena in male and female language and the influence of these on the processes of separation. Our observations are based on clinical work with a large group of families suffering from eating disorders, but also families with various psychosomatic symptoms, in which the process of separation is often complicated or even stopped.

According to our observations, the originally polarized strategies of parental power—an affectionate acceptance on the one hand and a demand for order on the other—have turned into diffusion and confusion between father and mother. This has resulted in an unclear distribution of power within the family, and the obscuring of boundaries and roles—all with consequences for child development. An increasing number of immature mothers and fathers have appeared in the population, who are not able to adapt their language for the benefit of their children. This causes complications in growth.

It is the child who from birth transforms the language of the family. A mature mother is able to regress to the preverbal level of the child to follow it through the new language-world as it arises. This is undoubtedly how intimate family space comes into existence. Within that space, a rebirth of language takes place with the new member of the family. The family has to communicate with the wider environment by means of a more general language, into which it places its neologisms. It is precisely the deviation from the norms, neologisms, new meanings and interpretations, which makes the difference between each family language and other language environments. The whole process from the origin of a unique childish language to generally understandable speech passes naturally through oscillations between two polarities, namely the female and male worlds. One polarity of the inner family world offers an acceptance of whatever the child creates, the second demands its transformation towards a more general language. The child is step by step brought into wider worlds and at the same time protected from the inappropriate demands of a more adult world, which it is not mature enough to fulfil.

In the therapeutic context, we make use of traditional means of family and systemic therapy in relation to spreading and changing the focus of power in the family system. This increases the effectiveness of our work, especially in the period of separation. Feminine and masculine forces in both parent figures are expressed in language phenomena. These phenomena can be discovered and stimulated or diminished during therapy with reference to the stage of separation in the family system. Disappearance of psychosomatic symptoms in several family members can follow as a result.

The meaning of language for a development of a family system

If we are to understand clinical experience from the trans-generational point of view, it is necessary to assume that every family is created by its own different language. If we were to emphasize only the verbal part of the family semantic field, we would hardly convince anybody of this statement. At first sight, families differ very little in vocabulary within the national language milieu.

But if language is understood as a system of coding, which relates meanings to the succession of events, the verbal component can be regarded as the tip of the iceberg. We wish to follow up the reflections of Roman Jakobson. He tried to understand the phenomenon of language in all its manifestations. He also showed that it was not possible to exclude language from other human behaviour, because only behaviour as a whole is significant (Eco 1977, 20-23).

To the family therapist the medium of the family milieu is language, more exactly the whole of the semantic field? This can be seen as a continuous process of assigning meanings to certain sequences of events. The selective advantage of such behaviour probably consists in the following: the better I estimate the meaning of succession, the more accurately I guess the next step of events. The world becomes predictable for me.

For example: when first it gets dark and then mother goes to bed, *it is night and we will sleep*. When mother goes to bed during the day, *she is ill and I will have to look after myself*. On another day, if I smell roast meat, I hear music from the radio, I haven't gone to school, *a special lunch is being prepared at home, I will have a good time*. But this sequence of events could also be frightening, because *they might force me to eat again*. If the meal smells good, but father looks rather dangerous, something has happened and mother will try to soothe it. In that case *it is safer to clear out of the way*.

If my master goes to the bathroom, where he splashes himself with water, puts on its clothes, has breakfast, gives me food, takes its suitcase, tinkles keys and takes a lead, I will go with him to work. *I will have a nice day*. But if he gets up at dawn, buzzes around the flat, eats whilst running, puts on things smelling differently than usually, gives me an agitated explanation at the door and doesn't take a lead, it means I have to stay at home. *A sad dog*. We imagine that pets, too, connect sequences of events to certain meanings on account of their experience. They, like children, become irritable if they encounter a new unknown sequence, which as yet has no meaning. They are confused and try to guess what will happen next.

Pets are sometimes so harmonized with the language of the family that their masters are convinced that they think like people. Pets in the household demonstrate the existence of a rich set of sounds, smells, lights, colours, movements, shapes, restrictions and delimitations in the space, which develop in shorter or longer cycles and which we could describe as the semantic foundation of the family.

Thus an unchangeable tangle of sequences is created and everyone who is living in this situation connects meanings to them. All beings living within the common family living space constitute for one another an unique interactive field, whose main content is the assignment of meanings and the search for consensus (consensus) in context (con-text). This common activity culminates in the appearance of a specific form of code-spoken language.

The semantic milieu of the family, thus defined, is always unique. It is shaped by the interactions of all the participants, and on its development depends the well-being of each of them. The adult individuals (parents) communicate on the one hand by means of a general language with the wider environment (the world), on the other hand by means of a familiar language among themselves. That language is continually developing as a living organism according to the needs of the whole family system. Sometimes the inner family language is so different from the general one, that a translator is needed for contact with the environment. *That was seen in a family, where the child was more powerful than its parents and insisted on its baby talk: thus it made no efforts to imitate the sound sequences of its parents but assigned meanings to its own sound sequences—“words”. Weak parents learned its language and understood it very well but they had to translate it to “foreigners”. By this situation, the child was protected from the demands of the environment and from separation from the other family members.*

It is no exaggeration to state that on the development of all participants of the semantic field depends the development of the semantic field. The ability to understand more and more complicated successions of events demands continuous training. Coding, the assignment of meaning, proceeds slowly and is developed by fine distinctions in comparison with the background. An event, say a movement of a dark stripe in the blue field, could be a fish in the water, a bird in the sky, a fold of a skirt or a picture of car on TV, depending on the circumstances. Coding clearly starts prenatally, but its explosive development begins after birth in the world rich in stimuli. The assignment of meanings progresses from the first feelings of cold, light, hunger etc. Basic meanings are created from the early moments of life, which will branch out into an unbelievable network, into such a wealth of details, as we humans are capable of distinguishing. That is why every event in early childhood is so important. The whole set of meanings grows into the cultural environment and at the same time participates in its creation. We understand the world when we are able to predict the successions of events and to code them by appropriate meanings. As a consequence, differentiable details appear from the chaos of the world and we are able to anticipate the future course of events. Then we say: "Yes, I know". We meet other people thanks to consensus, to grasping of commonly acceptable coding, to looking for common language in the proper sense, negotiating that which we can communicate with each other. This gives rise to feelings of belonging that "I am at home here" and "this world is not foreign to me".

This can be well illustrated by reference to music. In music, too, we have a whole semiotic region based on the sound medium, where we connect successions of sound events to meanings, to which, however, unlike language, we cannot give a name. We understand music when we are able to estimate the further development of sequences, for example in rhythm. That is the simplest sequence we can communicate with others. We can only clap hands with them. Melody is created by the succession of tones and it is perceived as pleasant if we can predict it. Such music seems to be known to us and evokes in us feelings of belonging, of unity with the world. That is why the music we are able to appreciate is initially very simple. The more experienced listeners we are, the more developed are our abilities to distinguish further variations and successions. The emotions of understanding and slight surprise from unknown succession are evoked by new music, which is, however, still close to us in style. If our musical understanding is based on Dvořák, we could be surprised or annoyed by Stravinsky.

The child masters the whole non-verbal foundation, first of all that of smells, sounds and warmth. It is very familiar in this *protocosmos of the family*. With all its senses it grasps the physical basis of *the world to be verified* and only on this foundation will it build its verbal component of language, its ability to learn meanings of sound sequences in the context of dialogue. Consequently, the sound channel, which will become the most preferred, is that one in which the consequences of sound-language will appear. The nature of further development will have

a character of dialogue. For each task, the child will have to look for a suitable person, whom it can trust, and who will be able to answer its questions. It begins to grasp *the world to believe in*.

It is very important for the mother to regress to the level of the child. She discovers its preverbal experiences, develops its intuition, and learns to estimate the child's needs by that process. She fulfills its needs, cares for it affectionately and *accepts* everything what the child does. Gradually, the child needs to overcome obstacles, which stimulate it to further growth. More and more often, situations arise which *require* a special behaviour from the child. A demanding, frightening focus appears in the system. This focus in itself would stop progress. Creativity is stopped by only demanding, forcing and insisting on rules and order. On the contrary, it is stimulated by acceptance and support. The semantic foundation surely contains both these potentialities of language. As rhythm is a basic manifestation of order, so chaos and variety evoke creativity. We can see the differences even in little children. Boys provoke the reaction of the environment, they make experiments outside their inner world, they ask questions by their experiments. They are naughtier; their activity is outside-oriented.

Girls experience more their inner life, make other distinctions without any outside activity, and use more mental operation and empathy, that is they are braver and more readily accept the situation. Both sexes are distinguished by the means they use to master the world. They make different distinctions.

Using music as an example again, a total chaos of sound such as the tuning of an orchestra contains the whole potential of music, no doubt, but we are not able to listen to it, it is a noise. Only order entering into the chaos, by means of intelligible sequences, allows the shapes, harmonies and structure of the composition to emerge. We experience pleasure from music on the borderline between order and chaos, if we are continually being surprised, but nevertheless are still able to understand, at the point of oscillation between an accepting centre of chaos (everything is possible) and a demanding centre of order (this is necessary). No wonder that the music of Bach is considered to be a pinnacle of human creativity. It is an incredible order in chaos. We will not be fulfilled by the music of a musical box. Entirely predictable order is dead.

Illness as a story

Reflections about language as a living medium of every family arise principally from our clinical experience. If language in the widest sense is a substantial milieu, in which the individual arises, it is necessary to notice the meaning of stories in the life of the family. When the child is learning to speak, that is, to connect meanings to the sound sequences with an endless number of combinations, it begins step by step to master bigger units. It comes to know the family myths, which offer an interpretation of the world that is specific for its own family. The sense of belonging of family members is confirmed by the communication of dominant stories, which are often stereotypically repeated. Those stories, then, have the *meaning of*

a signal. Only when an individual begins to form his/her own understanding of the dominant stories which tradition handed on to him/her and expected him/her to believe, and when he/she allows him/herself to express this understanding, the individual begins to separate him/herself from the family.

The story can of course be of a different nature—even what to put on in certain weather, in church, how to behave to young women, what is permitted and what is forbidden at school, how to bring up children or how to achieve success in society. A very important story is what to eat and what not to eat, what is healthy and unhealthy. Various “healthy dietary systems” undoubtedly give rise to separation from the original family stem.

Some stories signalize specific meanings, for example, *a succession of somatic and psychic events* creates a specific semiotic region of health and illness. Only certain sequences of events from the enormous number of actions going on in the organism are brought to consciousness, from which other acts are dissociated. A sequence is given a name and a meaning. For example tiredness, pains in muscles and joints and a sore throat can be linked to the meaning of influenza, if we have failed to notice symptoms of sadness connected with a suppressed event. We make choices from complicated successions and, according to their supposed meaning, we give names to each illness.

In medicine, a semantic region specializing in health and illness, further selection and classification of meanings takes place in isolation from the whole. By means of experiments finer and finer details are separated from the endless structured reality and further *so-called clinical units* are brought into the field of vision. *Clinical experience is a special set of stories about how someone was ill and what helped him/her.* These stories are the means by which tradition is passed on. In Chinese medicine for instance, for the first seven years the student memorizes all the stories recorded by generations of physicians. European medicine has, no doubt, developed its own specific battery of ideas, different from the general language, and derived from the Western scientific tradition, but the subject of medical study is the same—the reproduction of stories.

Resources for treatment

Language is available to us, too, as therapists. First, we make an agreement in a general language, which has a “distance from the world” and does not enable us to read an individual code. Only after we have negotiated a consensual region by “languaging” and have kept a confidential relationship, can we become more deeply involved in the family language. As a rule, we are offered one of the dominant stories. We are tested whether we are willing to accept that interpretation of the world. (*In the doctor's surgery it may be a story about who has got ill and why. So, we have listened to a story about a girl of 13. She once went to the swimming pool against the will of her parents, there she acquired an unknown parasite in her intestine, and ever since she has been seriously losing weight.*) If we pass the test,

we are permitted to retell the story alternatively. If we are not charming, confidential, reliable enough, if we have failed to maintain a relationship, our alternative story has no chance to influence the family system of a patient.

How do we treat? Generally, we can say that there is only one possibility—to widen the patient's field of vision. That is—to connect the selected sequences of events, which have already been classified in particular ways (that is *dominant stories*) to other new meanings. What we call the widening of the patient's field of vision, when describing personal development, is probably nothing more than making a patient more sensitive to those non-verbal depths of language, which represent the semantic foundation of the family system. *A patient, who has been suffering from gallstone colic, is absolutely not aware of anger, continually produced in family interaction. We aim to lead her to see that strong emotion and teach her to express it another way.* A patient is curable, if we succeed in breaking and reintegrating its system of interpretations, in credibly retelling its dominant story about symptoms and their connections.

Something will also result, if we use language quite blindly, indiscriminately, "like a bull in a china shop". We call it confusion and do it very often. *A client, a man of 24, came with a problem—he had never had sexual intercourse. He was a robust sportsman, had his own car and house, but had bad luck in contacts with women. The therapist brought about twenty different hypotheses, which could all play a part in his case. The client returned in a month to thank us, he was O. K. The system has found its own way after confusion.*

We can blindly enter a family language and cast doubt upon established meanings by means of our systemic all-diffusing language. In that way we can loosen the stiff structures until the client is able to find his own way of development. However, we can use questions to identify the developmental phase of a family system and to try to understand the family language. That appears to be difficult but it turns out that the more experience we have with different families, the more we are able to understand each particular one. We are looking for what the specific family seems to need—more chaos or more order. We can support either one centre of power in language or the other. According to Breulin, development passes through an oscillation between lower and higher developmental stage. In a positive case, this oscillation is diminished.

If we distinguish between two centres in language, one demanding and the other accepting, and if we consider both to be an essential part of the family system, we can make rational decisions in therapy to support one side or the other according to the situation, and we can stimulate change by establishing a new power balance between female and male language. Therapy is then not only accepting and understanding, sometimes it is necessary to support a demanding and conditioning side of polarity. A pair of therapists, man and woman, can work more easily that way. However, a single person is able to master the both polarities, too, as a single mother or father has to do. But it is necessary to accept both polarities as valuable and useful and not to disqualify anyone. Only then will we be able to join with one or the other and increase or diminish it according to needs.

Conclusion

We derive a conceptual framework from the metaphor of the family as social uterus. We use this framework to describe and understand phenomena, which we see in our own clinical practice. We consider that bonds between individual members of the family can always be described as the so-called Oedipal triangle in different developmental stages. The Oedipal triangle is a process of maturing relations. Normally, we do not consider symptoms linked with its development to be pathological. Usually such symptoms are nothing more than unconscious disorders of timing, of rhythm, and co-ordination of the family entity. The symptoms may be behavioural, such as anorexia, bulimia or incest; or they may be chronic and somatic, such as allergies or various seizures.

The dynamics of the development of such triangles in the family are closely linked with the development of the sexuality of all its members, which appears to us to be the integral driving force deciding health and disease. Obstacles standing in the way of this force are the source of anxiety with its rich symptomatology. In living systems sexuality is the desire for growth so it follows that opposite trends accompany anxiety.

The concept of the social uterus represents a practical tool in work with the family. It is a prism, which allows us to represent complicated events taking place in the family using the family's natural language. The picture of the family as a social uterus does not contradict the general knowledge of various psychotherapeutic schools. It is an evolutionary view of the development of the human psyche. The family provides a space, in which the pressure of the replication of language can proceed, within which human psychosocial experience is located.

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