

BATESON, THE DOUBLE BIND AND THE METAPHOR

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In 1956 Gregory Bateson, together with Jackson, Haley and Weakland (Palo Alto Veterans Administration Hospital) published a paper called “Towards a Theory of Schizophrenia” (Bateson, 1956). This paper was the result of an investigation into how people that had been diagnosed as schizophrenic, communicate.

In this paper, Bateson and his colleagues explore a different way¹ of understanding schizophrenia, by analyzing the way schizophrenics and their families communicate. They set up their theory by making reference to Russell’s work on the Theory of Logical Types whose “central thesis is that there is a discontinuity between a class and its members. The class cannot be a member of itself nor can one of the members be the class, since the term used for the class is a ‘different level of abstraction’ a different logical type”. This theory is very much related to the Aristotelian logical structure that we talked about above. A discontinuity between AB and CD could result in a confusion such as (in the case of Peter, above):

A villains die

B alcoholics die

Resolution: alcoholics are villains

As we see in this example, there is not clarity in the way the statements are *resolved* in a logical structure, and therefore, there is no sense in this process of language. Thus

¹Some traditional medicine and Psychiatry use to view schizophrenia as a major disorder in the mental processes of an individual and as a group of clear and defined symptoms that let clinicians perceive that such individuals were partially or totally detached from reality. This perspective was mostly showing this situations as a disease with an intrapsychic origin, sometimes explained as inherited, others as a result of a maladaptation of the early relationship between the mother and the child.

schizophrenics tend to confuse the modes used in their logical types when talking. This is what happens many times when our clients (not necessarily being diagnosed as schizophrenics) become confused, and it is precisely what is being referred to when Cronen and Johnson and Lannaman (1982) talk about a “strange loop”.

Bateson noticed that schizophrenics find it difficult to assign the correct mode to the messages they receive from others and the ones that they send. And not only that, but they find difficulty creating the correct communicational mode to his/her own thinking. Bateson also realized that many schizophrenic communications are rich in metaphor. By this, he meant that the message that a schizophrenic gives is standing for something else. But in the case of the schizophrenic there is a slight difference: it is that he/she is not able to recognize it as a metaphor.

A client who I will call Paula, once said to me, “My life is a desert”. Had this client been a schizophrenic, she would not have been able to create a distance between what she lives by language and her feelings. To her, her life would not have been experienced *as though* it were a desert but rather *as* a desert, so she would for example feel the heat of that dry land, perhaps watching some camels passing by.

This client was not in fact a schizophrenic. As a therapist, I knew she was not experiencing the desert as itself, but experiencing the use of the word, and my hypothesis was that the use of the word was not only *representing* a feeling, but having meaning in itself in the context of our conversation.

“...it seems that the word “salad” of schizophrenia can be described in terms of the patient’s failure to recognize the metaphoric nature of his fantasies...the metaphor or fantasy is narrated and acted upon in a manner which would be appropriate if the fantasy were a message of more

direct kind...for schizophrenics the problem is somewhat different, his error is in treating the metaphors of primary process with the full intensity of literal truth. Through the discovery of what these metaphors stand for he must discover that they are only metaphors.”(Bateson, 1955)

Let me explain to you with another clinical example. A client, who I will call Jeronimo was diagnosed as schizophrenic in a Mental Health Unit in Bogota. He proclaimed that he was Pablo Escobar (the most wanted criminal in Colombia). He believed and tried to persuade everybody else to believe him, that he was the major criminal wanted by the authorities. In group therapy, one of the other clients said, “The problem with Jeronimo is that he can’t say, ‘I feel *as if* I were Pablo Escobar, because I feel guilty of the business I was involved in and I need someone to punish me for this’, but rather, he truly believes he is Pablo Escobar”. The wisdom of this client, leads us to realise that the *as if* makes the whole difference that Bateson is talking about. He says, “The peculiarity of the schizophrenic is not that he uses metaphors, but he uses unlabelled metaphors”.

To that type of communication, Bateson and his colleagues gave the name *double bind*. He stated that in order for it to be a double bind several conditions must be fulfilled, such as the involvement of two or more persons, and inclusion of a high emotional, physical or psychological situation that stresses the client. Most of the theory is based on how a mother communicates with her child and how this is the root of a distinctive pattern of communication, such as a double bind.

Watzlawick and others talking on Bateson’s paper, (Watzlawick, Beavin, Jackson, 1967) state that a double bind is like being in the last floor of a high building in the middle of a fire and neither being able to jump nor to stay. An example of this in language could be the following statement:

-”Dominate me”; in which a contradiction is clearly visible to us: by dominating you, I am answering to your command, therefore I am being dominated by you, therefore I cannot dominate you. This is more or less the bind that gets the schizophrenic attached to this bind: an overt demand at one level was covertly nullified or contradicted at another level.

For Bateson, the issue of schizophrenics became more interesting when analyzing his clients with their families. He said that a common situation among families with schizophrenics was the presence of a mother whose feelings of hostility and anger to a child were unbearable, so that the expression of them appeared with a “mask” of love and affection. “The child is punished for discriminating accurately what she is expressing, and he is punished for discriminating inaccurately: he is caught in a double bind.” (Bateson, 1956)

Many of Bateson’s ideas still hold to a linear view of schizophrenia as a process in which a kind of determinism arises as a result of an inadequate relationship between a mother and a child. This puts the individual in a situation of being labelled as someone who “suffers” from “mental illness”. Many of the conversations with clients are framed in this sort of contexts, and therefore is useful to think about the effects on the use of metaphors in such a situation.

Mental illness has in recent years been a topic of intense discussion. Foucault (Foucault,1967) states that “ill” and “mad” people represent the only path in which the norms and rules of an institution can be defeated. Therefore, madness is just a mirror(perhaps a metpahor?)of what happens in a society controlled by powerful institutions that manipulate society.

Some of these ideas begin to include much more social concepts in order to explain madness and illness. These, among others, are the theories recapitulated by Laing, Cooper, Szaz (Laing,1967; Cooper,1975; Szaz,1974) who affirmed that the mental illness does not exist as itself, and that the persons who “suffer” from it, are just scapegoats, not only from a family

pathology (as Bateson stated), but also from a society that does not allow the person to think or act beyond the narrow limits assigned by the agencies of social repression.

The reason why I am naming these authors, is to introduce the topic of illness as metaphor and how we as therapists should become aware of the social construction of some of the diagnosed people's stories to which we listen daily and how their "illness" could be a way of talking to us and to the world. Susan Sontag (Sontag, 1979), wrote two major works on how society creates illness as a metaphor of the social development of institutions. She then goes on to show how, during the industrial revolution, the most known and feared disease was tuberculosis, and how this is not only related to the environmental conditions in which workers laboured, but also was a way of expressing the necessity to "detoxify" the labour environment in which people were being polluted by the "injustice" of the "intoxicated system". After the World Wars, cancer took the place of tuberculosis, to express how for example the serial production was eliminating the individual as such, and cancer itself is the physical condition in which an uncontrolled production of cells denies the function of an organ as a single entity. Her following work (Sontag, 1990) deals with how AIDS represents post modern society confronting the great advances in science together with the dissolution of the family as the nucleus of society in the Western World.

These different views show us how we can understand or approach various social situations such as "mental illness" as metaphors and how the social development of language allows us to have a wide lens through which one can not only understand as therapists the stories that clients bring, but also to live them in the never-ending process of communication through metaphors. I am making reference to these thoughts in order to link them with social Constructionist ideas about "mental illness" and how conversations with clients are framed in a social context where metaphors are built up.