The Double Bind Theory: Still Crazy–Making After All These Years

PAUL GIBNEY

With fifty years having passed since Gregory Bateson and his colleagues published their famous paper, *'Towards a Theory of Schizophrenia'*, it is an opportune time to review the theory and its clinical relevance today. Bateson's team began with an interest in how the identity and functioning of self regulating systems was maintained through mechanisms of information, control and feedback. This work foreshadowed and gave momentum to the development of family therapy, with several members of the original research group later forming the initial schools of family therapy. Bateson, accompanied by Haley, Weakland and Jackson, formed a complex picture of the reciprocal complementariness and escalations that form family life. The 'double bind hypothesis' and 'the schizophrenic dilemma' were seen as part of a continuum of human experience of communication, that involved intense relationships and the necessity to discriminate between orders of message. Fifty years on, the double bind hypothesis of Gregory Bateson and his research group still offers ongoing insights, cause for reflection, an area and methodology of research, and proposes interventions that dismantle pathology and offer hope of new, more functional pathways.

A requirement of the third year of my social work course was an inter-disciplinary subject offered by the Department of Psychiatry. Every Wednesday afternoon hundreds of aspiring social workers, occupational therapists, physiotherapists and the like would squeeze into one of the University of Queensland's lecture theatres to be given a basic overview of the history of psychiatry, and the constructs that organised the taxonomy of mental illness. These lectures, plus the handy roneoed double stapled handbook with a summary of each lecture and topic,

were our trusty supplies with which we faced the multiple choice examination at the end of the semester.

It was in that quirky handbook that I first saw mention of *'The Double Bind Theory of Schizophrenia'*. Essentially, the entry said that in the mid-1950's, Bateson and his colleagues put forward a theory that schizophrenia was caused and/or promoted by irresolvable communicational conundrums in families. It went on to say that other later studies were more specific in identifying *'high e.e.'*, that is 'expressed emotion', as a key communicational element in families

with a schizophrenic member. The entry rounded out with the observation that theories of this type supported a psychosocial model of the etiology of schizophrenia, and thus a psychosocial model of its treatment, and then duly noted that such understandings aided and abetted the anti-psychiatry movement of the 1960's. (R.D. Laing, David Cooper etc.) The handbook then turned its attention to the anti-psychotic medication revolution and the promising field of dopamine research.

Occasionally, years later in ward rounds, the somewhat philosophically

minded consultant psychiatrist with whom I worked would be waxing lyrical to the medical students about the theories of causation of schizophrenia. He would add, *". . . there was interesting work done in the 1950's by a scholar called Bateson*

The essential hypothesis of the double bind theory is that the 'victim'—the person who becomes psychotically unwell—finds him or herself in a communicational matrix, in which messages contradict each other, the contradiction is not able to be communicated on and the unwell person is not able to leave the field of interaction.

that suggested schizophrenia was caused by double binds in the family's communication patterns. Paul, our social worker, is a family therapist; he'll explain more of that to you if you want to ask him". Mercifully, they were more interested in dopamine and dosage. However, at that time, in the early 1980's, I was consuming the family therapy literature vigorously and there, in its archives, was this compelling and productive theory.

It has been fifty years since Gregory Bateson published *'Towards a Theory of Schizophrenia'*, forever emblazoned in bibliographies and reference lists as—Bateson, G., D. Jackson, J. Haley, and J. Weakland, 'Toward a Theory of Schizophrenia', *Behavioural Science 1 (1956)*, 251-254.

It would seem to be an opportune time and totally appropriate to review the theory and its possible clinical relevance today. This paper covers a few brief historical notes, an outline of that famous theory, some illustrations of 'double binds', some recent case histories that demonstrate its relevance today and some discussion of its limitations and its inestimable, and still unexplored, value.

Some History and Context

Gregory Bateson's original training was as an anthropologist. Bateson's grandfather, William, had studied classics and mathematics at Cambridge. Bateson's father, William Bateson (known as W.B.) studied zoology at Cambridge and notably became Britain's first geneticist. William Bateson named that discipline 'genetics' and was responsible for introducing Mendel's laws of genetic inheritance into Western science. Gregory Bateson also studied and graduated from Cambridge. He undertook field work amongst the tribes of New Guinea and in Balinese villages. Bateson sought to describe social and communicational patterns within specific groupings, and was fascinated by mother/child interactions and the construct of messages that defined certain activities as play.

In the 1940's, Bateson and his first wife, Margaret Mead, became involved in the growing intellectual movement of cybernetics. Cybernetics was a discipline largely co-ordinated as a multi-disciplinary endeavour by theorists such as Norbert Weiner and Warren McCullough. The field concerned itself with self regulating systems and how their identity and functioning was maintained through mechanisms of information, control and feedback. Bateson could see the discipline's immediate applicability to social interactions and the exploration and explanation of social systems.

Whilst in a two year appointment at the University of California Medical School in the late 1940's, Bateson began thinking and theorizing about the processes of psychiatry and its subject matter. He worked with the Swiss psychiatrist Jurgen Ruesch to study human communication in psychotherapy. Bateson was a visiting professor of anthropology at Stanford University and his central institutional connection was to the local Veteran's Hospital at Menlo Park. The hospital's
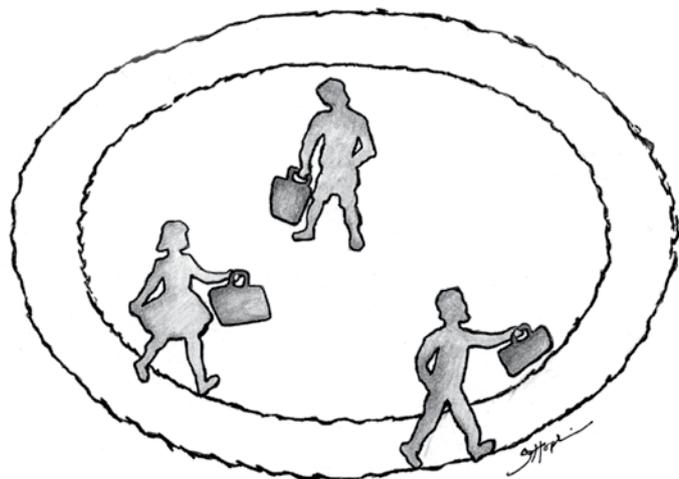
Illustration: Savina Hopkins

director, Dr. John J. Prusmack gave Bateson a research freedom to pursue areas of interest and he chose to study the processes of psychotherapy and alcoholism. In 1952, Bateson successfully gained a research grant from the Rockefeller Foundation to study Paradoxes of Abstraction in Communication.

He assembled a research team around him that included John Weakland, an engineer, Jay Haley, a

other, the contradiction is not able to be communicated on and the unwell person is not able to leave the field of interaction.

The critical components of the double bind situation, according to Bateson and his colleagues, were as follows:
- Two or more persons, one of whom can be designated as the 'victim'.
- Repeated experience. The situation is not a single trauma, rather a

children who often need the parents for survival, this prohibition can often be seen in suicide threats, dramatic reversals and promises to be better, and promises of hitherto unavailable resources. Often seen in interactions described in marital therapy, for example:

Primary Negative Injunction:
'I'll kill you if you stay.' i.e. *'Do not stay.'*
Secondary Negative Injunction:
'I am used to people leaving me.' i.e. *'Do not abandon me.'*
Tertiary Negative Injunction:
'That's right. It is so typical of you to piss off and leave me. No guts to face your problems. I'm prepared to stick with this.' i.e. *'Do not leave the field.'*
- A partial arc—a snippet of that interaction—will induce the entire confused response in the 'victim'. *"Finally, the complete set of ingredients is no longer necessary when the victim has learned to perceive his universe in double bind patterns."* (Bateson, 1972, p.207).

> *Later attempts to locate 'blame' in the family or to suggest the hypothesis was aimed at 'blaming families' was the work of less skilled theorists, given to dull and reductive readings of complex work.*

communication analyst, William Fry, a psychiatrist, and later Don Jackson, the consultant psychiatrist. When the Rockefeller grant was discontinued, Bateson's research group continued without pay. After some time elapsed, he gained a grant from the Josiah Macy Jnr. Foundation and the project began to address itself discreetly to the problem of schizophrenia.

By the time the group disbanded in 1962, they had published collectively sixty-three papers. They had studied schizophrenia, play, paradox, psychotherapy, humour and the choreography of social familial interactions. Bateson went on to work as an ethnologist and several of the other members formed the initial schools of family therapy theory and practice. Their contribution to the therapeutic field was enormous, but no one singular contribution captures the essence of their project as well as *'Toward a Theory of Schizophrenia'*.

The Double Bind Theory

The essential hypothesis of the double bind theory is that the 'victim'—the person who becomes psychotically unwell—finds him or herself in a communicational matrix, in which messages contradict each

repetitive activity that creates an habitual expectation.
- A primary negative injunction. A prohibition that takes one of two forms, either (a) *'Do not do so and so, or I will punish you'*, or (b) *'If you do not do so and so, I will punish you'*. The context is organised by the avoidance of punishment which usually takes the form of the withdrawal of love, the expression of hate or anger and other manifestations of the principal theme of abandonment.
- A secondary injunction that conflicts with the first at a more abstract level, and like the first, is enforced by punishment or signals that threaten survival. This is often communicated by posture and tone and may include such 'meta-messages' as: *'Do not notice the contradiction between my claim to be a loving parent and my willingness to withdraw my love from you.'* *'Do not notice nor comment on the unfairness of this situation.'* *'Do not question my love of which the primary prohibition is (or is not) an example.'*
- A tertiary negative injunction that prohibits the victim from escaping the field. Unnecessary in cases of

The research group felt that this situation repeatedly led to an individual unable to discriminate between the logical types that organise how messages are meant to be taken. The characteristics of that situation are:
a) the individual is involved in an intense relationship in which he or she feels they must get the communication right;
b) the other party is expressing two orders of messages, and one denies the other;
c) the 'victim' is unable to comment on the contradiction, i.e. he or she is unable to make 'metacommunicative statements' that might help to resolve the mess. These situations, endlessly replayed, result in an individual unable to read accurately the context of messages, and unable to communicate effectively or coherently. In short, he or she will live in a world of disordered messages, where active and appropriate deciphering will be experienced as dangerous, and possibly only known, as a nameless, felt, perpetual angst.
(Bateson, 1972, pp. 206–212.)

The Double Bind Theory: Some Qualifying Points

A number of points need to be made about the original 1956 paper. It was called *'Toward a Theory of Schizophrenia'* indicating that it was on the way to becoming a theory or that it might be a contribution to a broader and more comprehensive theory. At no point is it claimed to be the sole truth of how a person comes to suffer from schizophrenia.

Second, Bateson and his colleagues acknowledge that this is but one interaction, albeit a pivotal one, in the complex family interactions organised around a psychotic family member. They write *"This hypothesis has not been statistically tested; it selects and emphasises a rather simple set of interactional phenomena and does not attempt to describe comprehensively the extraordinary complexity of a family relationship"* (Bateson, 1972, p. 212).

Third, while the paper emphasises the mother/child interaction in a way that might offend today's sensibilities, it included observations such as:

"However, from our preliminary observations we think it is likely that the fathers of schizophrenics are not substantial enough to lean on." (Bateson, 1972, p. 215).

This statement and others like it in the article suggest that the researchers were already beginning to form a complex picture of the reciprocal complementariness and escalations that form family life.

Fourth, they saw the double bind hypothesis and the schizophrenic dilemma as part of a continuum of human experience of communication, that involve intense relationships and necessity of discriminating between orders of message. *"Such situations include play, humour, ritual, poetry, and fiction"* (Bateson, 1972, p. 222).

Thus located it is 'depathologised' by its inclusion in a communicational arena, as opposed to 'pathologised' by its uniqueness.

Fifth, the hypothesis does not 'blame' the family nor the parents, nor does it imply malicious, deliberate intent to those involved in the communicational maze. Rather, it describes a partial aspect of an overall observable pattern. Later attempts to locate 'blame' in the family or to suggest the hypothesis was aimed at 'blaming families' was the work of less skilled theorists, given to dull and reductive readings of complex work.

The Double Bind Hypothesis Observed

Later family therapists, such as Lynn Hoffman (1982) encouraged us to see that perhaps it is not that the system causes the symptom, but rather that the symptom causes the system. Applied to our current area of concern, Hoffman's point would suggest that perhaps it is not that the family 'double binds' the patient in such a way that it causes the schizophrenia, (the system causing the symptom), but rather the patient develops schizophrenia and in attempts to communicate concern, control, respect and some limits (to someone who seemingly cannot contain themselves), the family ends up contradicting itself inadvertently in a series of competing communications (the symptom causes the system).

This 'chicken and egg' argument is important philosophically as it can organise the attitude of the therapist and, depending on what position is taken, that prevailing attitude can either alienate the family or promote therapeutic co-operation. Still, Bateson and his team's observational wisdom can be witnessed in any public or private health setting any day of the week, whether the 'patient' be schizophrenic or otherwise.

For example, a social worker interviews a young man with schizophrenia and his mother, about his leaving home to go to a hostel. In the course of a conversation, it is not uncommon to hear:

a) *'You are driving me mad, Nathan. I can't have you in the house anymore.'*
   Primary negative injunction:
   'Do not live with me. Grow up.'

b) *'I don't see how you are going to live in a hostel. You don't look after yourself now and I'm there to help. Did you brush your teeth this morning? Have you phoned your caseworker at Centrelink?'*
   Secondary injunction:
   'Do not grow up. You need me.'

c) *'I know I have taken him home from three placements before. They just weren't looking after him properly. And they were taking two thirds of his pension, weren't they, Nathan? If you are going to give away money, you might as well give it to me. Not that I'd ask for it. He has his own room at home, and no one to worry him since his Dad died, and his brother and sister left home. We are all each other has got.'*

Milton Erickson and Gregory Bateson: Photo courtesy of the Milton Erickson Foundation

Tertiary injunction:
'Do not leave this relationship and do not expect to get away, because I'll come and get you.'

This pattern often repeated several times in the course of an interview can then be stimulated, as the researchers point out, by what we might call a holographic snippet of the process. For example, later on in the interview:

a) *'Of course I respect that Nathan is an adult and needs his privacy. I'd like some time to myself too. I'd like to join the bowls club.'*

b) *'Mind you, if I went bowling I wouldn't be able to relax. I'd be worried sick. He'd burn the house down with the way he smokes.'*

The endless invocation of the pattern is matched by the client's inability to comment on the tangles given that most of them occur 'with protective intent' in the context of an intense relationship.

Similarly, any clinician who has ever debated with a genuinely caring family as to why their anorexic daughter's goal weight has to be 45 kgs, as opposed to the 38 kgs that she and they would be more comfortable with, will recognise the double binding effect of the conundrum: *'We want you better. Grow up. But not too big. Being skinny is good'.*

Case Example One

Bateson assured us that the double bind problem—the difficulty in discriminating between levels of messages and the inability to comment on that process—was not the exclusive territory of those involved in psychotic phenomena.

Twice in the one week I had seen John Gibson in a state where he was unable to talk due to the emotion he was experiencing. The first time he was in a family group meeting run by the local Department that deals with Child Protection matters. John appeared stuck between incredulity and rage and his lips quivered with distress, as he struggled to say something. The second time he was at his family's regular family therapy session on a Thursday night. As he tried to explain what had happened in the previous meeting, he became inarticulate, and seemed caught in a

cycle of sadness and fury. He started crying and his wife Linda reached across to hold his hand. His ten year old step-daughter Stacey arose from her chair and walked across the room to hug John.

John's perplexed and painful states can be attributed to his inadvertent participation in a process, that can only be adequately construed, in my opinion, by the *Double Bind Hypothesis*.

His first marriage to Joan ended

And in clinical observations, in those blinding moments of recognition in which fifty years collapse and physical distance disappears, it can be witnessed that in some families, double binds in communication are still crazy-making, after all these years.

five years ago. John and Joan had a long and unhappy marriage and not surprisingly it culminated in a long and unhappy separation and divorce. The three children, Jessica 12, Gareth 10 and Kelvin 8, were in a very disrupted state. Joan often withheld them from their week-ends with their father, claimed that he had abused her in phone calls and would take out domestic violence orders against him. These orders were all promptly dismissed by magistrates. The family law court proceedings were protracted as Joan and her solicitors insisted on numerous independent family court reports. Finally, the children agreed to stay with their mother and said that they no longer wished to see their father.

John reported that he was devastated and became seriously depressed. His work as an engineer suffered and he had to take time off. A year later he met Linda, who had also left an unhappy marriage. Another year on, John, then aged 41, and Linda, aged 32, married and formed their own small family with

Linda's two children, Rachel, 8 years old and Liam, 4 years old. After a few months, Gareth had contacted his father and asked if he could come and live with him and his new family. Gareth said that he had grown tired of his mother's abuse and her see-sawing, erratic moods. Joan regularly told all her children to leave and would add when they showed some enthusiasm for her suggestion, that it would leave her free to kill herself. Gareth said, at

an earlier point, it had been easier to discontinue contact with his father, rather than cop the abuse that Joan delivered to them, upon their return from contact visits.

Within a few months, Kelvin began intermittently phoning and asking to come and live with them, and then within a day, phoning to say that he did not want to come. One January night, his mother pulled up outside of John and Linda's house, pushed Kelvin out of the car and threw his bags on the front lawn. She remarked that now she was free to do what she had to do. Fearful that she meant that she intended to kill herself, Kelvin tried to get back into the car. She refused to let him. She opened the door hard and knocked him onto the driveway. She drove off and Kelvin ran after her into the night. She phoned John and said that she never wanted to see Kelvin or Gareth and she hoped they all died.

Linda and John located Kelvin three hours later at a train station. Fearful of the legal antics of the past, they phoned the Department and told them of the situation. The Department took

Kelvin into temporary care overnight and returned him to John and Linda the next day. John said that he wanted the Department's involvement and monitoring of his involvement with Kelvin, as he and Linda did not wish to be accused of kidnapping Kelvin and the like, by Joan, at a later date. The Department took a temporary supervision order over Kelvin for six months and they referred the family to family therapy, so that they could discuss how they could accommodate Kelvin into the family, given that he had a history of poor school attendance, and regular suspension.

The family attended therapy without any missed appointments and worked hard in each session. Kelvin's performance and attendance at school steadily improved. While he was at times unimpressed with the fact that John and Linda insisted that he study and do chores, and talk about his frustrations, rather than hit people, Kelvin agreed that they were fair in their treatment of him.

About four months into the therapy the family came, without Kelvin, to share this unusual tale. Linda and John had taken Kelvin to a final interview with the Department. The aim was to review his progress and to discharge him from his temporary protection order. Apparently, when asked by the interviewer if he liked living with Dad and Linda, Kelvin said he felt that they had unrealistic expectations of him and that some months ago, John had held him down twice for somewhere between two and five minutes (this was in response to Kelvin breaking up furniture when he was angry). Without consulting John or Linda, the interviewer Graham and his team leader Bob offered Kelvin respite for the night. Kelvin was taken to another placement overnight and the parental couple were told after the event, over the phone, that Departmental workers would come to interview them tomorrow about Kelvin's treatment.

Five days went by (which included a weekend) and two totally different workers—different from Graham and Bob, and from any staff the couple had ever dealt with—arrived at the couple's house, and asked John and Linda to sign forms to say that they voluntarily requested the Department to take Kelvin into extended care. The couple refused, saying that they had no desire for Kelvin to be in care and that he was welcome to return home. The workers said that if the couple did not voluntarily sign him in, the Department would go to court to prove that they had grounds for their action. Linda and John invited them to proceed thus, and began to campaign for their own rights in the matter. When seen in therapy that week, they, plus the children, were sad and incensed by Kelvin's removal. John and Linda had phoned the team leader Bob numerous times without response. They left frustrated messages. When they went down to the Department office and asked for a meeting with the manager, they were told that they were inappropriately aggressive, and that they were 'hostile clients'.

Two of the family therapy team attended a family group meeting organised by the Department a month later. Kelvin had now been in a foster placement for six weeks. The school's headmaster confirmed that his behaviour had deteriorated badly in the past six weeks, as did his individual therapist and his youth worker. All agreed that he was more productive and more settled when he was with John and Linda. John asked repeatedly in the meeting for the details of the Department's concerns. No such question was met with a clear answer. John and Linda asked about the various changes in staff dealing with them, and why Bob was not at the meeting. The facilitator warned that if he was going to be hostile the meeting would be discontinued. Linda's request met with a similar response. John sat in tearful silent frustration. He did so again at the family therapy session the next week.

The dynamic in play seemed to be:

Primary Negative Injunction:
'Do not question our practices. We care about your child's welfare, you do not.'

Secondary Negative Injunction:
'Do not passionately advocate for your rights to parent your child. This will be taken as evidence of your insightlessness, and of your failure to understand how damaging you are to your child.'

Tertiary Negative Injunction: *'Do not not relate to us, no matter how rude or obfuscating we are. If you*

I'M STARTING TO THINK YOU'RE COMING LESS TO WORK THROUGH THE ISSUES WITH YOUR FATHER, AND MORE FOR THE COMFY COUCH.
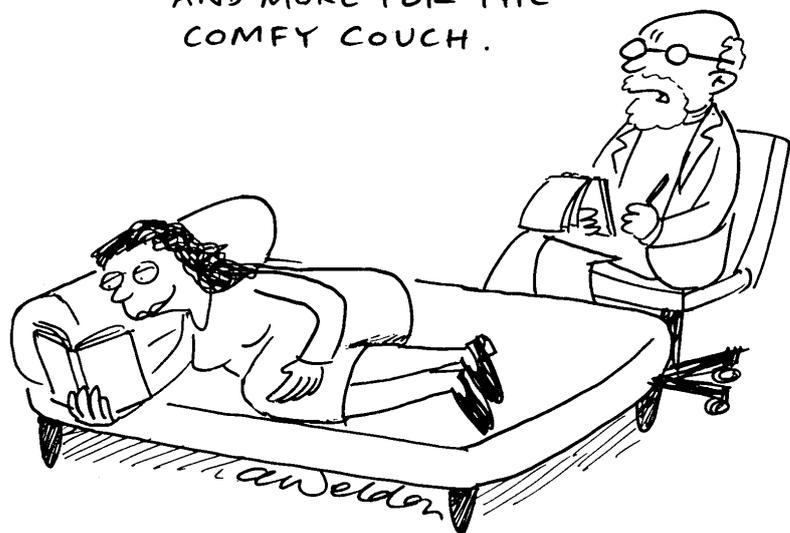
withdraw from this confused and poorly organised process, it will be seen as proof that you did not care about your child.'

John wept with good reason. The fact that the 'damned if you do, damned if you don't' format reinforced his previous experiences of Joan's negotiations around the children, only increased his emotional pain. Linda, Gareth, and we'd like to think the family therapy team, provided other reference points in this painful process.

Uneventfully, one month later Kelvin returned home. The Department withdrew their application rather than go to court, with what they were advised was flippant and inconsequential 'evidence'. Graham left his job, with the suggestion being that he had been overwhelmed by all his cases and had been incompetent in a variety of ways. Bob still never returned calls. No apologies were forthcoming. The family, including Kelvin, went back to working with the family therapy team on their ongoing issues. The four month disruption had been provided by a 'parental' dynamic, characterised by powerfully contradicting messages, that had increased the family's sense of powerlessness.

Case Example Two

Andrea is a forty-year old woman who presented to therapy in a crisis. She had left her husband Steve, aged fifty-five, to pursue a relationship with, Bill aged thirty-nine. She had been involved in an affair with Bill for six months before leaving Steve. It was becoming apparent that Bill would not leave his wife and two children to move in with Andrea and she was wondering whether she should go back to Steve. Steve, who had now been informed of the Bill situation, had said that *"infidelity has always been a part of their relationship"* and he would welcome Andrea back.

Andrea had experienced some other problematic relationships during the course of their fifteen year marriage, with her relationship with Charles, aged sixty, being of interest to our current hypothesis. In her early thirties, Andrea had a seven year relationship with Charles who was some thirty years her

senior. Though the relationship was never consummated, it was both emotional and sexual in nature. It was an exceptionally maddening, soul destroying experience for Andrea. Her estimation was that it had almost 'sent her crazy'.

Some understanding of Andrea's relationship with Charles is gained by understanding her family-of-origin history. Her mother was often bed ridden with depression and migraine. When well, she demonstrated very little interest in Andrea. Andrea, an only child, was her Dad's constant companion and something of a son to him. She joined him in outdoor pursuits, enjoyed his interest in her competitive swimming and school work, and she especially enjoyed the somewhat philosophical discussions that they shared about current affairs and life issues. At adolescence, Andrea found her father distancing himself from her, and she felt bewildered and saddened by his absence. She remembers him actively discouraging any of her attempts to engage in the grooming activities typical of teenage girls; her father scoffed at her attempts in these areas.

Her later relationship with Charles can be seen as a recapitulation of her relationship with her father. The Oedipal problem (Electra problem if you prefer to be gender specific) was that she had a symbolic victory over her mother—she was her father's companion. Due to her father's decency and their mutual appropriateness, she did not have a literal victory (and, paradoxically, nor a literal developmental defeat)—she was not her father's sexual partner. Many years later, she replayed this with Charles, who was her father's age. She gained his fascinated attention and took his attention away from his wife (Charles and his wife had no children)—a symbolic victory, and again did not become his sexual partner (the literal defined, and this time a sort of developmental impasse reconfirmed).

Yet another explanation might come from the realms of transactional analysis. Andrea's behaviour could be explained by a basic script message:
a) be the non-sexual partner of an

elderly man (Charles, Steve), and the alternating counterscript message b) have unsuccessful forays into the world of similar aged relationships (Bill). One could argue that her relationship with Steve might also follow the script message at some level: always play alternative but non-victorious partner to the suffering wife.

However, while all of the above may in some way be 'true', the 'crazy making' quality of the interactions with Charles might best be understood by Bateson's double bind hypothesis. Charles is a barrister, Andrea was a legal secretary. The relationship was very intense and included patterns of passionate involvement and cruel withdrawal, that not only infuriated Andrea but saw her more entangled with every cycle of the pattern. Some of the pattern's form was:

a) Charles would see Andrea chatting warmly to other barristers. He would then ignore her and not talk to her for up to a week (despite the fact that she was his secretary).
   Primary Injunction:
   'Do not relate warmly to other men. Relate only to me.'
b) When that would resolve each time, a period of shared lunches, cuddling and some sexual expression would ensure. This would stop when Charles would announce that it had to stop, he wanted to be faithful to his wife and that he could offer Andrea nothing.
   Secondary Negative Injunction:
   'Do not expect anything of me.'
c) Andrea would be very hurt and would make up her mind not to be involved anymore in the illicit relationship and to re-establish the relationship within professional protocols. Charles would respond by pursuing her, buying flowers for her and seeking her company.
   Tertiary Negative Injunction:
   'Do not leave me.'

This pattern caused Andrea seven years of unresolved misery that was only discontinued when she left that workplace. The double bind of the Charles-Andrea scenario can also be seen as a transformation of the binds that Andrea-Mum-Dad found themselves in. Andrea finds the double bind theory of the crazy-making

experience of her relationship with Charles a compelling one. She reflects upon it to find a new pathway to satisfaction in her resumed life with Steve.

The Value of the Theory

From the hindsight of fifty years on, the double bind hypothesis can be seen to be valuable both historically and theoretically.

First, it observed and named a difficult interaction, and in so doing, it introduced an interactional perspective to psychotherapy. What was happening intra-psychically could be seen to be mirrored, confirmed and held in place by external interactions.

Second, in naming a pathological interaction that had the capacity to invoke illness in one of the involved parties, it foreshadowed and gave momentum to the development of family therapy. If interactions could be problematic and pathology producing, then they also might have the capacity to be organised interventively and to become health producing.

Third, the clarity of Bateson's description offered an example of what the anti-psychiatrists called 'de-mystification'. They hypothesised that patients and their families suffered from unsolvable communicational and existential knots (some of which were iatrogenic) and that they had become mystified as to the nature of the binds, and were unable and prohibited from seeing the machinations of those processes. De-mystification, a clear spelling out of the pathologising process, was required as a first step. The double bind hypothesis is such a de-mystification, par excellence.

Fourth, the double bind hypothesis offered substance and further perspective to such psychoanalytic concepts as denial, splitting, projection (some of the primitive or primary defences) and the complex process of projective identification. How one party gets another party to carry their own damaged and damaging feelings can seem like a mystery, and its description, at times, can seem like psychic hocus pocus. The double bind theory adds the communicational and interactional evidence and perspective that allows a more clear and valid understanding of the emotional process.

Fifth, the double bind theory introduces the concept of 'power', albeit covertly, into the psychotherapeutic realm. The double binds 'work' because someone has power over someone else, or at very least (and hardly 'least'), someone has the right to define the operant context for another person. The concept of power became a pivotal debate for the research group, particularly between Bateson and Haley. The issue of power in psychotherapy was embraced actively by the strategic therapists, conveniently ignored and under-theorised by the psychoanalysts, alarmingly protested by the anti-psychiatrists, and intellectual critiqued by the feminists and post-modernists. But it is not going away. Bateson's pithy and gritty descriptions and concepts make it the very seeable shadow in most distressing human interactions.

Conclusion

The world of psychotherapy, like most worlds, is driven by that strange triumphiate of commercialism, research and prestige. Somehow that combination organises what's in and what's out, what is researchable and what isn't, what can and cannot be noticed, and what does and does not sell. Sadly often the old is eschewed in favour of the new. Often the more complex and profound is discarded for the easily grasped and the glib.

Fifty years on, the double bind hypothesis of Gregory Bateson and his research group still offers us ongoing insights and causes for reflection. It offers us an area and methodology of research. Clinically, it proposes interventions that dismantle pathology and offer the hope of new, more functional pathways. And in clinical observations, in those blinding moments of recognition in which fifty years collapse and physical distance disappears, it can be startlingly witnessed that in some families, double binds in communication are still crazy-making, after all these years.

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AUTHOR NOTES

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