

Materiale til Metalog konference 2023:

Vendepunkter og virkemidler.

Gør vi børn og unge en bjørnetjeneste?

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Meeting Double Binds in the Polycrisis.

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Meeting Double Binds in the Polycrisis

Starting at home.

The double bind theory is about a pattern of relationships that create traps. Multiple contexts together produce a situation in which success or solution seems impossible. Additionally, familiar forms of communication cannot be used to respond to or to even describe the double bind. The theory was introduced by my father, alongside his colleagues at the Bateson Group, in the 1950s. The first paper on the double bind theory was published in relation to schizophrenia, but my father had been working on the theory long before that publication, and he had always intended it to be a theory of evolution, learning, and metaphorical communication rather than about the causality of any singular pathology. I often say in my courses that if there were one theory that I wish I could share with the world, it would be this one. Recognizing a double bind does not remove the bind, but it opens possibilities that might otherwise be imperceptible.

In our contemporary era, we encounter multiple double binds simultaneously unfurling interlocked catastrophes through multiple contexts of daily life, including economic crisis, ecological crisis, political crisis, technological crisis, immigration systems, education systems, food production, health systems, and wars. Polycrisis is the term that is often used to describe this phenomenon of multiple concurrent global and personal emergencies. Understanding double bind theory is a necessary first step toward being able to creatively meet a polycrisis.

Double Binds are everywhere—at home, in the workplace, in education systems, in spirituality, in health systems, in the economy, and even in natural forms of evolution. There are times when the context an organism lives within necessitates particular forms of behavior for survival and times when those contexts change. When this happens, old behavior may become fatal, but the organism only knows how to survive in the way it has in the past. Addiction is a good example of the double bind because the person with the habit may know that the substance and/or behavior is destructive, but the idea of living without it is as foreign and unthinkable as being asked to suddenly grow gills or a new limb; it can be terrifying.

The double bind can be brutal, tormenting, and devastating to the person or organism involved. But the double bind is also a creative imperative. It is the moment when an organism or a person must find a creative jump to a new understanding of their relationship to their contextual surroundings, which may sound easy, but it is not. The pattern is called a double bind, but the binds are more than double; they reach deeply into the ecology of the situation, the relationships, the communication, and the histories. These tangles shape more binds over time; they get deeper and more convoluted as the loops repeat, creating new binds on top of old binds. The overlapping and knotting make it feel impossible to ever escape from the pulling of the binds as they tighten their grip. The result of not making the jump is obsolescence. But making the jump to a new perception often requires letting go of an old one. The experience of the double bind is of a pending death either to identity, a group of familiar perceptions, relational dependencies, or physical survival. Transformation is as creative to new ways of being alive as it is destructive to the prior ways of being alive. Finding new forms of

living is not about making an adjustment, or tweaking existing structures; the jump is transcontextual.

The news and formal analysis of polycrisis events—like the uncertainty of economic stability, increasing numbers of unhoused people in urban areas, loss of insect population, and melting glaciers—is communicated in a tone of objective abstraction and perhaps a call to political action. This public media form of description of the polycrisis feels abstracted and out of reach. However, there is another tone of overwhelming frustration, despair, and loneliness in our homes. People have their own versions of complex system breakdown in one form or another, living intimately within the polycrisis, some feeling the catastrophe more than others. Most people do not recognize their pain as an expression of a polycrisis. Households currently hold multiple stories of depression, anxiety, loss of income, addiction, and myriad physical and mental health problems. Instead of seeing these issues as consequences of intersystemic breakdown, people are taught to either assign blame elsewhere or to attribute the causality of their pain to stories of repercussions of their own bad “choices” and lack of willpower—thereby perpetuating the illusion that the individuals are “broken” while the system is fine. Placing the blame on the individuals further isolates people from their potential perception of the systemic polycrisis that they are co-existing within, deepening the frustration when social services cannot respond adequately. Interpreted through the lens of the polycrisis, we can see that these stories are produced through multiple contexts and require a multi-contextual response from inside the community. Many of the traumas people are attempting to heal are, in fact, located in systemic transcontextual issues of the multi-generational build-up to the polycrisis of today, even though the pain is felt to be personal and labeled as located in the individual.

Now, the number of people in need of care and treatment is beyond the capacities of the service organizations that are supposed to be able to respond to these issues. Additionally, the issues have been overlapping for decades and through generations; someone rarely displays just one symptom. A single household may have abuse, poverty, addiction, cancer, and mental health issues. These expressions of the larger global polycrisis are unlikely to be revealed as lone symptoms. Yet, the institutional, procedural protocol will parse out the issues to different departments; there is no authorization to treat abuse, addiction, poverty, and illness in the same office. The organizations that are authorized to offer care are structured within the same systems that are generating the conditions contributing to people's suffering. For example, it is not uncommon for teenage patients to be assigned a different doctor for multiple diagnoses—an eating “disorder,” anxiety, kleptomania, and ADHD, for example. Many times each doctor separately prescribes their treatments, and is commonly, in some countries, forbidden by law to communicate with the other caregivers. This siloing of personal, familial, and communal crises has placed the social systems of care in an impossible situation. The rigid structure of the systems that deliver care is also caught in double binds, which causes more impossibilities to emerge.

A visual description of this categorized structure can be seen in the logo of the United Nations Sustainable Development Goals. The logo depicts seventeen brightly colored tiles each labeled with a singular ecological, economic, or cultural/political crisis. There is one for poverty, hunger,

gender equality, life on land, life below water, quality education, reduced inequalities, and more. It is now widely acknowledged that these goals, though named separately, are entangled. However, the perception mishap in the logo is missing more than the interconnection. I invite you to envision another image of a mother nursing her baby and place this image side-by-side with the grid of colored tiles—both are metaphors for communicating the continuation of life. All communication takes place in multiple contexts, some explicit, some implicit, some associative, and some tacit.

In the metaphor of the mother nursing her baby, every single one of the Sustainable Development Goals is there, not broken into a grid, but integrated into one of humankind's most life-giving images: intergenerational care and nourishment. The symbolic message of mother and child is biological, emotional, intellectual, ecological, economic, and cultural care. To continue our species, human beings, as all is so for all mammals, must ensure that the next generations are fed. The single image of a mother feeding her child includes the mandate for clean air, clean oceans, gender equality, education, and so on. While not everyone is or will be a parent, the future is held by the next generations. In order for all parents to be able to feed their babies, the people who grow the food and make the clothes must be able to live in a world in which they can feed their babies, and their babies must be able to feed their babies for generations to come. Feeding the babies also addresses the crisis in more than a 1st-order direct response—it meets the future needs of humanity in the nth-order. A child who is cared for and loved can keep giving loving care to family, land, and community in many unforeseen ways. The polycrisis, a consequence of the consequences of so many double binds, is best met (not matched) with support for and in the home, where all the crises, as well as the possibilities, come together.

When a child is struggling with school, when a parent is struggling with an alcohol habit, when a family member is injured or ill, when someone you care for is unable to “successfully” participate in the socio-economic structures demanded of them—it is the family and loved ones who absorb the stress. The home and those loved ones have been giving time, care, housing, money, and love that created resilience in communities, invisibly making up for the consequences of the systemic stresses of day-to-day life. With the increasing tensions of the polycrisis, there is a decrease in resilience in intimate relationships. Too many people are beyond their limits to deal with their own stories of pain and chaos to help their friends and family. The need to nourish this nexus of resilience is out of reach of individuated labels and treatments. Without the solidarity of communal mutual care, there is a significant loss of connective tissue to entire communities, leaving households and individuals susceptible to many traumas.

For this reason, I am attending to the double binds of social care and the dangerous, systemic break-point pressures they are generating. In these times of collective trouble, caregiving is crucial. The resilience of the family and community entirely depends upon the strength and health of people living together. Because there is no definable boundary or measurement to this kind of care, it is unfundable, unresearchable, and un-tendable.

A tragic example of the double bind is how “work-life” produces stresses that undermine family, physical health, mental health, caregiving, and all living systems. Most people need some form of income to buy food, shelter, and basic needs. Additionally, material wealth is wrapped up in identity—especially in the measurement of success by which people assess their sense of worth and each other. Often the first question people ask when you meet is, “What do you do?” If you are unable to perform in a “professional capacity,” there is an underlying message that you are a misfit or a cost to the system—an expense—you are not doing “your share.” This incredibly violent way of perceiving people hides the gifts they have to give because those gifts do not fit into the “workforce” as it is now (or the idea of a workforce in the first place.) Artists, children, caregivers, older people, gardeners, people who have been injured, those who are ill, people who want to change the systems, activists, people with mental health struggles, people who have been born into communities bound by inter-systemic racism and excluded from opportunity, and so on—are all un-placed in the existing categories of the grid. Then those who are in the grid are incurring enormous damage from being in the grid—the destruction then spreads to other relationships—it may be the single parents who must leave their children during work hours, the family members of people who need care but who cannot give the care, and the adult children who wish to assist their aging parents but cannot disrupt their work. When one person in a family is in need, everyone else must bend to the situation in one way or another. The stress stretches into the partners, children, and friends of the family members who need to give care to their relatives but cannot skip work, and so lean into their significant others to help with the burden of timing and finance to be able to deal with the pain of not being there.

The machine that is the workforce is also bound by national issues that loop. Social services supported by taxation make social welfare a tangled idea that there are some “paying” for those who do not fit in the workforce. For those on the receiving end of the social services, there is an open door into rippling shame toward the loss of personal esteem—piling still more obstacles on people already marginalized. The signals of both wealth and poverty allude to how the existing systems have shaped these contracting identities—whether someone is driving a flashy car or holding up a sign asking for help. While this configuration of institutions and the workforce is necessary for survival in our current state, it is also deadly. People are falling through the cracks; they are becoming increasingly unable to bear the stresses of the isolation and mono-cultured days of doing the same thing repeatedly. The daily grind is a double bind. The answer to this double bind is not recovery programs to fluff up motivation and strength to re-enter the same systems draining vitality. Every institution is rife with double binds. But that is all that is authorized. Each office is limited to its forms, categories, and procedures. Everyone is caught in double binds—social workers and those in need. Even with a clamor for change, institutions cannot undo themselves.

Communication and metacommunication and the social service quandary:

Central to the double bind theory is recognizing the importance of metacommunication. Direct communication can be pointed to as what might end up on a transcript (if there were one) of any interaction. However, what is said is not what is said—what is said is what could be said in

the ways it was possible to say it. The limits around what can be said are not direct and are within the metacommunication. In a social service context, citizens may be informed of their right to receive care, but metacommunication dictates the logic and form of that care. The metacommunication sets limits both to those who can be defined as in need of care and to those who offer care within the expectation, tone, and logic of the legal system, the school system, and the health system, all of which operate within a doctrine of efficiency, objectivity, and labeling, all achieved through reductionism. This message is laced into the walls, the desks, the forms, and the questionnaires of institutional caregiving. The person who seeks care is likely to be aware of these limits if they have any experience with other institutional offices and will communicate within the correct boundaries of information disclosure. Those who do not understand the system will likely try to communicate contextual information the offices cannot take in. There is no form for the contextual and transcontextual information of several hundred years of double binds. In the metacommunication is an expectation that the person in need will describe their issue as singular and seek singular, predetermined treatment for the symptom. Understandably the sector has had to operate within policies that would secure the safety of patients and caregivers. This required a flattening and distancing of relational possibility to keep it from getting messily over-personalized. However, this is a zone worth exploring as too much information is currently being excluded from the relationship (of caregiving and care-receiving) by the system logic of reductionism.

Services, be they social services, spiritual retreats, or self-help programs, that are tasked with returning supposed “broken” and burnt-out people back to “normal” are essentially re-tooling us to get back into the workforce (and social roles) that ate us up, to begin with. They are assigned to fixing the people but not restructuring the system, undermining the family, the natural world, and hope for the future. The social help systems perpetuate the systems that produce the need for social health systems. The exploitation and objectification of people’s lives inherent in the economic stability of the national and international markets are inherently destructive to life itself.

Primarily, services are assigned by category of care needed, such as hunger, abuse, loss of housing, childcare, mental health, physical illness, bankruptcy, and so on. While these issues are all formed in multiple causal processes, the interdependency of these processes is not within any department. Single parents living in their car with their kids are offered antidepressants, even though the medication will not help alter the dangers of the wealth gap that produced their lack of housing. I believe this is as upsetting for the social workers as it is for the parent and, subsequently, their children, who may experience a lack of responsiveness in their parent due to the meds and, in turn, may begin to act out at school ... only to be given another diagnosis.

In the case of mental health and often physical health, a diagnosis is required before services can be given. The history of medical care, psychological and physical, is rooted in diagnosis. This practice has offered developments in care, and it has also obscured systemic healthcare. Today, diagnosis is the communication that the existing system of care can respond to by compartmentalizing and decontextualizing. Likewise, the medications and therapies will often

be singular in their treatment. The symptoms will be treated, and the multicausal processes which have produced the problem will be largely ignored. For some people, treatment of the symptoms will offer relief. Having a name for the problem is the beginning of not feeling so alone and unable to fit into day-to-day life. Some feel seen by the diagnosis. For others, the diagnosis makes their situation unseen, as it presents looping issues of being identified in one category when the struggles and suffering being experienced are spread across many categories. In either case, likely, the person cannot receive any care or dispensation for work loss if they do not present a diagnosis that justifies the need. Once assigned a diagnosis, the records may later be considered against you in a job application process. The diagnosis forms its own double binds—without the diagnosis, it is difficult to get treatment, but with it, the treatment becomes dislodged from its complexity.

A good friend summed up the workforce/caregiving double bind in a single sentence: “I took a leave of absence to take care of my aging mother.” The double bind that afflicts all caregiving and life-affirming and nourishing processes outside the workforce. In the case of my friend, he had the financial flexibility to take time off, but most of us do not. Most of us would lose our homes, jobs, connections to colleagues, health insurance, social position, and maybe even life partners if we got off the wheel. What does it say about a society where caregiving is entirely not valued? That raising children, tending to the elderly and the sick, and even tending to the ecosystems are seen as expenses, not as vital? What does it say about a system where all the necessary activities that produce intergenerational health and well-being are outside the economic metabolism?

The double bind of the workforce is this: If I don't work, I can't live, and if I do work, I can't tend to life, and my life will be destroyed. There is nowhere I can submit a complaint form to address this.

If I break, burn out, or collapse under stress, at best, I will be given either medications or other therapies to put me back into the system that is breaking me as soon as possible. There is no getting out of it. Exiting the system is not part of the system.

How do you get out of a double bind?

To meet a double bind is not to try to solve it from any one direction. Instead, to meet a double bind is approaching it from another context, usually one not perceivable in the immediate struggle. As I mentioned above, this is not easy. The perception of the bind is loud, and it screams in polarities dragging and pulling us through binaries. The addiction is perceived as a quit/don't quit scenario. The rent is seen as a pay/don't pay scenario. Caregiving is seen as a care/don't care scenario. Everything appears to underscore the stuck-ness of the double bind, creating a desperate perception trap which is the nature of double binds and why it is so hard to get free of them. The possibility of another perception is not perceivable through the clamor of existential trial.

To meet the double bind is not to match it. The necessary response must come from another context besides those inflamed in the bind, with an entirely different aesthetic, tone, feel, and logic. The response will not be flavored with the metallic measurements of solutionism. It will be weird looking, seem surreal; it will be off-topic. It will not be accountable to the various departments that are hooked on decontextualized information. The metacommunication must be inclusive of this shift in possibility. What is possible to communicate, put on a form, or be asked in a questionnaire, must be expanded to welcome the unfamiliar and uncontrollable realms of information that, up to now, have been blocked. The context of social caregiving must include the combining contexts of living in an era of polycrisis, which will alter the feel of the profession—from the walls of the offices to the voicemail options to the possible ways to help each other. The tone of efficiency and reductionism itself is a metacommunication holding the limits of how people can even begin to think about their double binds, let alone respond to them. Unless there is a change in the aesthetic of communication in these services, no structural or policy-based alterations will open the double binds. This shift in metacommunication is also a shift from abstracted labels and distant professional “objectivity” to curiosity, humor, play, ritual, poetry, and story within the mutual learning between caregiver, patient, and community.

The meeting of the double bind is radical, not because it will be seen as activism, but because it will not even be recognizable as a response to the crisis at hand. Addictions and habits may be met through recognition of responsibility in another context; the stress of work/caregiving may be met through community. The details in the contexts to the side of the double bind will often reveal an unexpected possibility. It’s not possible to bring this information in when the crisp lines on the form do not allow for new, transcontextual movement; the information needed to meet the double bind is not static or compartmentalized. An entirely different tone of approach is required.

What might that look like in terms of creating methodologies for social services or institutions that care for health, education, mental health, older people, youth at risk, addiction, and so on? Is it possible to generate a manual for care that breaks through the double binds of our world? This vital question highlights the issue at its core. There is a common-sense assumption that a method or a manual will be the first thing to attempt to address the defined “problem.” But, this is precisely the thinking that is creating the issue to begin with, which brings us to another double bind—the double bind of how to fix social services. If they are not changed, they will continue to generate perpetuation and justification of the existing systems, which are harming people and the earth. Still, if they are changed, they are only changeable in ways that make sense within a system that justifies and perpetuates existing systems of harm. As these systems increasingly lack sufficient funding, it is becoming clear that for most communities in need in decades to come, no one is coming to save them. There is not enough support for this failing system to meet this era of polycrisis. The needs are too many, and the associations licensed to give care are too few. A new logic is needed; it will not be confirmed by boards of directors or their by-laws. It will not be coherent to the voting public. It will be wild.

Wild as in alive, in the moment, and able to meet the complexity of each situation. Each family will need assistance to find their own responses. Each community will have its own forms and structures to best nest its particularities within. There are no one-size-fits-all models of solutions. The wildness itself is a tone, an approach. The social service workers must be supported and given permission to show up rigorously, with an alert perception toward detail, and attend to the situation's complexity, not just stick to the forms. It is a given that some responses will fail; not all will be immediately fantastic. But most solutions are already failing. Even though the dedication and commitment of social service workers are heartbreakingly sincere, they are burning out too. It is not enough to want to help people; caregivers must have the strength to do so. If they are exhausted, underpaid, underappreciated, and frustrated with the limitations of what kind of care they can give, they may become disheartened and hopeless.

Mutual learning is a form of improvisation that is one of the most crucial skills for the future. The habit of reaching for a manual or a method obscures this most precious possibility zone. People are part of nature, and nature is inherently creative. Nature finds a way. People will also find a way to do so, especially with a bit of support and encouragement. I have seen communities in abject despair find all sorts of unpredicted responses to needs they could not get government assistance for. They did this by improvising together. They met situations outside of normal channels and sourced from what they had on hand, no matter how sparse. Suppose it were to become part of how institutional and organizational services were offered; providing support to improvise and generate communities that are not strangers to mutual learning is a form of social resilience that is necessary. The solutions will come from the complexity; therefore, the community and family must not be underestimated in their ability to perceive their own complexity. Especially if they have had a taste of learning together when they are not in crisis, the readiness to engage in another, more collaborative way can be accessed. The question is not how to make a better system but how to support people to learn together to meet crises.

As communities and families learn together how to nourish life, there will be movement in how they approach day-to-day life. It is not a project to help individuals produce better incomes or "outcomes;" it is the project of the families and communities learning to learn together. What they come up with as solutions is much less important than the beginning of trying new things together. Even if the projects fail, the limits of the perception of dependency on individual success will broaden. The community or family that knows the feeling of learning something together and possibly doing something they have never done together will be most ready to discover the creative possibilities awaiting in times of crisis. These are the 2nd-order benefits, not to find the solution but to know that we can learn together, improvise together—and bring in many contexts and ways of knowing that loosen the double binds.

To meet the double bind is to reach into another context and try new things together, with another approach, in another tone, and toward another idea of what is possible. It will not be the tone of "the experts will solve this problem," nor the tone of "this problem is the fault of ..." Rather, it is in the tone of "no one can do this for us, let's figure it out." Groups that can improvise together will be the safest, offer the most healing of collective trauma, and be able to

meet crises without turning against one another. Not surprisingly,, some national defense agencies are beginning to focus on neighborly, communal social resilience as a strengthening of the relationships that are needed in times of trouble. This opportunity is entirely contingent upon what is possible in the communication. The structure of the existing care systems, premised in industrial logic, runs through the systems of our children's schools, our medical facilities, our economy, and even through technological algorithms that categorize us by our interests and online shopping. The procedural processes and aesthetics of the systems are interlocked into an inability to receive and respond to contextual information (warm data). They cannot meet the polycrisis events and their double binds.

At present, the role of the institutional response system, however benevolent it is in intention, is not feeding the possibility of people being in communication in new ways. It is not the mandate of any government or industrial health bureaucracies department to do so. Whether people face the traumatic double binds of war, economic collapse, pandemics, climate crises, or a polycrisis combination of all at once—they will need to be able to help one another on the ground, in their families and communities. I would argue that it is critical to help shift those blockages to communing in ways that allow for and encourage mutual learning in specific locales, with the specificity of the people there. Let them practice; let them learn skills of how to care for each other. Let us improvise, not randomly or in frivolity, but with the depth of our knowing and the potential of our learning.

As I wrote at the beginning of this book—there will be no community without first communing.