TOWARD A THEORY OF SCHIZOPHRENIA

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Schizophrenia--its nature, etiology, and the kind of therapy to use for it--remains one of the most puzzling of the mental illnesses. The theory of schizophrenia presented here is based on communications analysis, and specifically on the Theory of Logical Types. From this theory and from observations of schizophrenic patients is derived a description, and the necessary conditions for, a situation called the "double bind"--a situation in which no matter what a person does, he "can't win." It is hypothesized that a person caught in the double bind may develop schizophrenic symptoms. How and why the double bind may arise in a family situation is discussed, together with illustrations from clinical and experimental data.

This is a report on a research project which has been formulating and testing broad, systematic view of the nature, etiology, and therapy of schizophrenia. Our research in this field has proceeded by discussion of a varied body of data and ideas, with all of us contributing according to our varied experience in anthropology, communications analysis, psychotherapy, psychiatry, and psychoanalysis. We have none reached common agreement on the broad outlines of a communicational theory of the origin and nature of schizophrenia; this paper is a preliminary report on our continuing research.

THE BASE IN COMMUNICATIONS THEORY

Our approach is based on that part of communications theory which Russell has called the Theory of Logical Types (17). The central thesis of this theory 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 of a different level of abstraction--a different Logical Type--from terms used for members. Although in formal logic there is an attempt to maintain this discontinuity between a class and its members, we argue that in the psychology of real communications this discontinuity is continually and inevitably breached (2), and that *a priori* we must expect a pathology to occur in the human organism when certain formal patterns of the breaching occur in the communication between mother and child. We shall argue that this pathology at its extreme will have symptoms whose formal characteristics would lead the pathology to be classified as schizophrenia. Illustrations of how human beings handle communication involving multiple Logical Types can be derived from the following fields:

1. **The use of various communicational modes in human communication.** Examples are play, non-play, fantasy, sacrament, metaphor, etc. Even among the lower mammals there appears to be an exchange of signals which identify certain meaningful behavior for as "play," etc.2 These signals are evidently of higher Logical Type than the messages they classify. Among human beings this framing and labeling of messages

and meaningful actions reaches considerable complexity, with the peculiarity that our vocabulary for such discrimination is still very poorly developed, and we rely preponderantly upon nonverbal media of posture, gesture, facial expression, intonation, and the context for the communication of these highly abstract, but vitally important, labels.

2. **Humor.** This seems to be a method of exploring the implicit themes in thought or in a relationship. The method of exploration involves the use of messages which are characterized by a condensation of Logical Types or communicational modes. A discovery, for example, occurs when it suddenly becomes plain that a message was not only metaphoric but also more literal, or vice versa. That is to say, the explosive moment in humor is the moment when the labeling of the mode undergoes a dissolution and resynthesis. Commonly, the punch line compels a re-evaluation of earlier signals which ascribed to certain messages a particular mode (e.g., literalness or fantasy). This has the peculiar effect of attributing mode to those signals which had previously the status of that higher Logical Type which classifies the modes.

3. **The falsification of mode-identifying signals.** Among human beings mode identifiers can be falsified, and we have the artificial laugh, the manipulative simulation of friendliness, the confidence trick, kidding, and the like. Similar falsifications have been recorded among mammals (3, 13). Among human beings we meet with a strange phenomenon--the unconscious falsification of these signals. This may occur within the self--the subject may conceal from himself his own real hostility under the guise of metaphoric play--or it may occur as an unconscious falsification of the subjects understanding of the other person's mode identifying signals. He may mistake shyness for contempt, etc. Indeed most of the errors of self-reference fall under this head.

4. **Learning.** The simplest level of-this phenomenon is exemplified by a situation in which a subject receives a message and acts appropriately on it: "I heard the clock strike and knew it was time for lunch. So I went to the table." In learning experiment the analogue of this sequence of events is observed by the experimenter and commonly treated as a single message of a higher type. When the dog salivates between buzzer and meat powder, this sequence is accepted by the experimenter as a message indicating that "the dog has learned that buzzer means meat powder." But this is not the end of the hierarchy of types involved. The experimental subject may become more skilled in learning. He may learn to learn (1, 7, 9), and it is not inconceivable that still higher orders of learning may occur in human beings.

5. **Multiple levels of learning and the Logical Typing of signals.** These are two inseparable sets of phenomena--inseparable because the ability to handle the multiple types of signals is itself a learned skill and therefore a function of the multiple levels of learning.

According to our hypothesis, the tern "ego function" (as this term is used when a schizophrenic is described as having "weak ego function") is precisely the process of discriminating communicational modes either within the self or between the self and others The

schizophrenic exhibits weakness in three areas of such function: (a) He has difficulty in assigning the correct communicational mode to the messages he receives from other persons. (b) He has difficulty in assigning the correct communicational mode to those messages which he himself utters or emits nonverbally. (c) He has difficulty in assigning the correct communicational mode to his own thoughts, sensations, and percepts.

At this point it is appropriate to compare what Divas said in the previous paragraph with von Domarus' (16) approach to the systematic description of schizophrenic utterance. He suggests that the messages (and thought) of the schizophrenic are deviant in syllogistic structure. In place of structures which derive from the syllogism, Barbara, the schizophrenic, according to this theory, uses structures which identify predicates. An example of such a distorted syllogism is:

Men die.
Grass dies.
Men are grass.

But as we see it, Von Domarus' formulation is only a more precise--and therefore valuable--way of saying that schizophrenic utterance is rich in metaphor. With that generalization we agree. But metaphor is an indispensable tool of thought and expression--a characteristic of all human communication, even of that of the scientist. The conceptual models of cybernetics and the energy theories of psychoanalysis are, after all, only labeled metaphors. The peculiarity of the schizophrenic is not that he uses metaphors, but that he uses unlabeled metaphors. He has special difficulty in handling signals of that class whose members assign Logical Types to other signals.

If our formal summary of the symptomatology is correct and if the schizophrenia of our hypothesis is essentially a result of family interaction, it should be possible to arrive *a priori* at a formal description of these sequences of experience which would induce such a symptomatology. What is known of learning theory combines with the evident fact that human beings use context as a guide for mode discrimination. Therefore, we must look not for some specific traumatic experience in the infantile etiology but rather for characteristic sequential patterns. The specificity for which we search is to be at an abstract or formal level. The sequences must have this characteristic: that from them the patient will acquire the mental habits which are exemplified in schizophrenic communication. That is to say, he must live in a universe where the sequences of events are such that his unconventional communicational habits will be in some sense appropriate. The hypothesis which we offer is that sequences of this kind in the external experience of the patient are responsible for the inner conflicts of Logical Typing. For such unresolvable sequences of experiences, we use the term "double bind."

The double bind

The necessary ingredients for a double bind situation, as we see it, are:

1. **Two or more persons.** Of these, we designate one, for purposes of our definition, as the "victim." We do not assume that the double bind is inflicted by the mother alone,

but that it may be done either by mother alone or by some combinations of mother, father, and/or siblings.

2. **Repeated experience.** We assume that the double bind is a recurrent theme in the experience of the victim. Our hypothesis does not invoke a single traumatic experience, but such repeated experience that the double bind structure comes to be a habitual expectation.

3. **A primary negative injunction.** This may have either of two forms: (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." Here we select a context of learning based on avoidance of punishment rather than a context of reward seeking. There is perhaps no formal reason for this selection. We assume that the punishment may be either the withdrawal of love or the expression of hate or anger--or most devastating--the kind of abandonment that results from the parent's expression of extreme helpless- ness.[3]

4. **A secondary injunction conflicting with the first** at a more abstract level, and like the first enforced by punishments or signals which threaten survival. This secondary injunction is more difficult to describe than the primary for two reasons. First, the secondary injunction is commonly communicated to the child by nonverbal means. Posture, gesture, tone of voice, meaningful action, and the implications concealed in verbal comment may all be used to convey this more abstract message. Second, the secondary injunction may impinge upon any element of the primary prohibition. Verbalization of the secondary injunction may, therefore, include a wide variety of forms; for example, "Do not see this as punishment"; "Do not see me as the punishing agent"; "Do not submit to my prohibitions"; "Do not think of what you must not do"; "Do not question my love of which the primary prohibition is (or is not) an example"; and so on. Other examples become possible when the double bind is inflicted not by one individual but by two. For example, one parent may negate at a more abstract level the injunctions of the other.

5. **A tertiary negative injunction** prohibiting the victim from escaping from the field. In a formal sense it is perhaps unnecessary to list this injunction as a separate item since the reinforcement at the other two levels involves a threat to survival, and if the double binds are imposed during infancy, escape is naturally impossible. However, it seems that in some cases the escape from the field is made impossible by certain devices which are not purely negative, e.g., capricious promises of love, and the like.

6. Finally, **the complete set of ingredients is no longer necessary** when the victim has learned to perceive his universe in double bind patterns. Almost any part of a double bind sequence may then be sufficient to precipitate panic or rage. The pattern of conflicting injunctions may even be taken over by hallucinatory voices (14).

The effect of the double bind

In the Eastern religion, Zen Buddhism, the goal is to achieve Enlightenment. The Zen Master attempts to bring about enlightenment in his pupil in various ways. One of the things he does is to hold a stick over the pupil's head and say fiercely, "If you say this stick is real, I will strike you with it. If you say this stick is not real, I will strike you with it. If you don't say anything, I will strike you with it." We feel that the schizophrenic finds himself continually in the same situation as the pupil but he achieves something like disorientation rather than enlightenment. The Zen pupil might reach up and take the stick away from the Master--who might accept this response, but the schizophrenic has no such choice since with him there is no not caring about the relationship, and his mother's aims and awareness are not like the Master's.

We hypothesize that there will be a breakdown in any individual's ability to discriminate between Logical Types whenever a double bind situation occurs. The general characteristics of this situation are the following:

1. When the individual is involved in an intense relationship; that is, a relationship in which he feels it is vitally important that he discriminate accurately what sort of message is being communicated so that he may respond appropriately.

2. And, the individual is caught in a situation in which the other person in the relationship is expressing two orders of message and one of these denies the other.

3. And, the individual is unable to comment on the messages being expressed to correct his discrimination of what order of message to respond to, i.e., he cannot make a metacommunicative statement.

We have suggested that this is the sort of situation which occurs between the pre-schizophrenic and his mother, but it also occurs in normal relationships. When a person is caught in a double bind situation he will respond defensively in a manner similar to the schizophrenic. An individual will take a metaphorical statement literally when he is in a: situation where he must respond, where he is faced with contradictory messages, and when he is unable to comment on the contradictions. For example, one day an employee went home during office hours. A fellow employee called him at his home, and said lightly, "Well, how did you get there?" The employee replied, "By automobile." He responded literally because he was faced with a message which asked him what he was doing at home when he should have been at the office, but which denied that this question was being asked by the way it was phrased. (Since the speaker felt it wasn't really his business, he spoke, metaphorically.) The relationship was intense enough so that the victim was in doubt how the information would be used, and he therefore responded literally. This is characteristic of anyone who feels "on the spot," as demonstrated by the careful literal replies of a witness on the stand in a court trial. The schizophrenic feels so terribly on the spot at all times that he habitually responds with a defensive insistence on the literal level when it is quite inappropriate, e.g., when someone is joking.

Schizophrenics also confuse the literal and metaphoric in their own utterance when they feel themselves caught in a double bind. For example, a patient may wish to criticize his therapist for being late for an appointment but he may be unsure what sort of a message that act of being late was--particularly if the therapist has anticipated the patient's reaction and apologized for the

event. The patient cannot say, Why were you late? Is it because you don't want to see me today?" This would be an accusation, and so he shifts to a metaphorical statement. He may then say, "I knew a fellow once who missed a boat, his name was Sam and the boat almost sunk, . . . etc.," Thus he develops a metaphorical story and the therapist may or may not discover in it a comment on his being late. The convenient thing about a metaphor is that it leaves it up to the therapist (or mother) to see an accusation in the statement if he chooses, or to ignore it if he chooses. Should the therapist accept the accusation in the metaphor, then the patient can accept the statement he has made about Sam as metaphorical. If the therapist points out that this doesn't sound like a true statements about Sam, as a way of avoiding the accusation in the story, the patient can argue that there really was a man named Sam. As an answer to the double bind situation, a shift to a metaphorical statement brings safety. However, it also prevents the patient from making the accusation he wants to make. But instead of getting over lets accusation by indicating that this is a metaphor, the schizophrenic patient seems to try to get over the fact that it is a metaphor by making it more fantastic. If the therapist should ignore the accusation in the story about Sam, the schizophrenic may then tell a story about going to Mars in a rocket ship as a way of putting over his accusation. The indication that it is a metaphorical statement lies in the fantastic aspect of the metaphor, not in the signals which usually accompany metaphors to tell the listener that a metaphor is being used.

It is not only safer for the victim of a double bind to shift to a metaphorical order of message, but in an impossible situation it is better to shift and become somebody else, or shift and insist that he is somewhere, else. Then the double bind cannot work on the victim, because it isn't he and besides he is in a different place. In other words, the statements which show that a patient is disoriented can be interpreted as ways of defending himself against the situation he is in. The pathology enters when the victim himself either does not know that his responses are metaphorical or cannot say so. To recognize that he was speaking metaphorically he would need to be aware that he was defending himself and therefore was afraid of the other person. To him such an awareness would be an indictment of the other person and therefore provoke disaster.

If an individual has spent his life in the kind of double bind relationship described here, his way of relating to people after a psychotic break would have a systematic pattern. First he would not share with normal people those signals which accompany messages to indicate what a person means. His metacommunicative system-- the communications about communication -- would have broken down, and he would not know what kind of message a message was. If a person said to him, "What would you like to do today?" he would be unable to judge accurately by the context or by the tone of voice or gesture whether he was being condemned for what he did yesterday, or being offered a sexual invitation, or just what was meant. Given this inability to judge accurately what a person really means and an excessive concern wish' what is really meant, an individual might defend himself by choosing one or more of several alternatives. He might, for example. assume that behind every statement is a concealed meaning which is detrimental to his welfare. He would then be excessively concerned with hidden meanings and determined to demonstrate that he could not be deceived --as he had been all his life. If he chooses this alternative, he will be continually searching for meanings behind what people say and behind chance occurrences in the environment, and he will be characteristically suspicious and defiant.

He might choose another alternative, and tend to accept literally everything people say to him; when their tone or gesture or context contradicted what they said, he might establish a pattern of laughing off these metacommunicative signals. He would give up trying to discriminate between levels of message and treat all messages as unimportant or to be laughed at.

If he didn't become suspicious of metacommunicative messages or attempt to laugh them off, he might choose to try to ignore them. Then he would find it necessary to see and hear less and less of what went on around him, and do his utmost to avoid provoking a response in his environment. He would try to detach his interest from the external world and concentrate on his own internal processes and, therefore, give the appearance of being a withdrawn, perhaps mute, individual.

This is another way of saying that if an individual doesn't know what sort of message a message is, he may defend himself in ways which have been described as paranoid, hebephrenic, or catatonic. These three alternatives are not the only ones. The point is that he cannot choose the one alternative which would help him to discover what people mean; he cannot, without considerable help, discuss the messages of others. Without being able to do that, the human being is like any self-correcting system which has lost its governor; it spirals into never-ending, but always systematic, distortions.

A DESCRIPTION OF THE FAMILY SITUATION

The theoretical possibility of double bind situations stimulated us to look for such communication sequences in the schizophrenic patient and in his family situation. Toward this end we have studied the written and verbal reports of psychotherapists who have treated such patients intensively; have studied tape recordings of psychotherapeutic interviews, both of our own patients and others; we have interviewed and taped parents of schizophrenics; we have had two mothers and one father participate in intensive psychotherapy; and we have interviewed and taped parents and patients seen conjointly.

On the basis of these data we have developed a hypothesis about the family situation which ultimately leads to an individual suffering from schizophrenia. This hypothesis has not been statistically tested; it selects and emphasizes a rather simple set of interactional phenomena and does not attempt to describe comprehensively the extraordinary complexity of a family relationship.

We hypothesize that the family situation of the schizophrenic has the following general characteristics:

1. A child whose mother becomes anxious and withdraws if the child responds to her as a loving mother. That is, the child's very existence has a special meaning to the mother which arouses her anxiety and hostility when she is in danger of intimate contact with the child.

2. A mother to whom feelings of anxiety and hostility toward the child are not acceptable, and whose way of denying them is to express overt loving behavior to persuade the

child to respond to her as a loving mother and to withdraw from him if he does not. "Loving behavior" does not necessarily imply "affection"; it can, for example, be set in a framework of doing the proper thing, instilling "goodness," and the like.

3. The absence of anyone in the family, such as a strong and insightful father, who can intervene in the relationship between the mother and child and support the child in the face of the contradictions involved.

Since this is a formal description we are not specifically concerned with why the mother feels this way about the child, but we suggest that she could feel this way for various reasons. It may be that merely having child arouses anxiety about herself and her relationships to her own family; or it may be important to her that the child is a boy or a girl, or that the child was born on the anniversary of one of her own siblings(8), or the child may be in the same sibling position in the family that she was, or the child may be special to her for other reasons related to her own emotional problems.

Given a situation with these characteristics' we hypothesize that the mother of a schizophrenic will be simultaneously expressing at least two orders of message. (For simplicity in this presentation we shall confine ourselves to two orders.) These orders of message can be roughly characterized as (a) hostile or withdrawing behavior which is aroused whenever the child approaches her, and (b) simulated loving or approaching behavior which is aroused when the child responds to her hostile and withdrawing behavior, as a way of denying that she is withdrawing. Her problem is to control her anxiety by controlling the closeness find distance between herself and her child. To put this another way, if the mother begins to feel affectionate and close to her child she begins to feel endangered and must withdraw from him; but she cannot accept this hostile act and to deny it must simulate affection and closeness with her child. The important point is that her loving behavior is then a comment on (since it is compensatory for) her hostile behavior and consequently it is of a different order of message than the hostile behavior--it is a message about a sequence of messages. Yet by its nature it denies the existence of those messages which it is about, i.e., the hostile withdrawal.

The mother uses the child's responses to affirm that her behavior is loving, and since the loving behavior is simulated, the child is placed in a position where he must not accurately interpret her communication if he is to maintain his relationship with her. In other words, he must not discriminate accurately between orders of message, in this case the difference between the expression of simulated feelings (one Logical Type) and real feelings (another Logical Type). As a result the child must systematically distort his perception of metacommunicative signals. For example, if mother begins to feel hostile (or affectionate) toward her c child and also feels compelled to withdraw from him, she might say, "Go to bed, you're very tired and I want you to get your sleep." This overtly loving statement is intended to deny a feeling which could be verbalized as "Get out of my sight because I'm sick of you." If the child correctly discriminates her metacommunicative signals, he would have to face the fact that she both doesn't want him and is deceiving him by her loving behavior. He would be "punished" for learning to discriminate orders of messages accurately. He therefore would tend to accept the idea that he is tired rather than recognize his mother's deception. This means that he must deceive himself about his own internal state in order to support mother in her deception. To survive with her he must

falsely discriminate his own internal messages as well as falsely discriminate the messages of others.

The problem is compounded for the child because the mother is "benevolently" defining for him how he feels; she is expressing, overt maternal concern over the fact that he is tired. To put it another way, the mother is controlling the child's definitions of his own messages, as well as the definition of his responses to her (e.g., by saying, "You don't really mean to say that," if he should criticize her) by insisting that she is not concerned about herself but only about him. Consequently, the easiest path for the child is to accept mother's simulated loving behavior as real, and his desires to interpret what is going on are undermined. Yet the result is that the mother is withdrawing from him and defining this withdrawal as the way a loving relationship should be.

However, accepting mother's simulated loving behavior as real also is no solution for the child. Should he make this false discrimination, he would approach her; this move toward closeness would provoke in her feelings of fear and helplessness, and she would be compelled to withdraw. But if he then withdrew from her she would take his withdrawal as a statement that she was not a loving mother and would either punish him for withdrawing or approach him to bring him closer. If he then approached, she would respond by putting him at distance. 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.

The child might try various means of escaping from this situation. He might, for example, try to lean on his father or some other member of the family. However, from our preliminary observations we think it is likely that the fathers of schizophrenics are not substantial enough to lean on. They are also in the awkward position where if they agreed with the child about the nature of mother's deceptions, they would need to recognize the nature of their own relationships to the mother, which they could not do and remain attached to her in the modus operandi they have worked out.

The need of the mother to be wanted and loved also prevents the child from gaining support from some other person in the environment, a teacher, for example. A mother with these characteristics would feel threatened by any other attachment of the child and would break it up and bring the child back closer to her with consequent anxiety when the child became dependent on her.

The only way the child can really escape from the situation is to comment on the contradictory position his mother has put him in. However, if he did so, the mother would take this as an accusation that she is unloving and both punish him and insist that his perception of the situation is distorted. By preventing the child from talking about the situation, the mother forbids him using the metacommunicative level---the level we use to correct our perception of communicative behavior. The ability to communicate about communication, to comment upon the meaningful actions of oneself and others, is essential for successful social intercourse. In any normal relationship there is a constant interchange of metacommunicative messages such as "What do you mean?" or "Why did you do that?" or "Are you kidding me?" and so on. To discriminate accurately what people are really expressing, we must be able to comment; directly

or indirectly on that expression. This metacommunicative level the schizophrenic seems unable to use successfully (2). Given these characteristics of the mother, it is apparent why. If she is denying one order of message, then any statement about her statements endangers her and she must forbid it. Therefore, the child grows up unskilled in his ability to communicate about communication and, as a result, unskilled in determining what people really mean and unskilled in expressing what he really means, which is essential for normal relationships.

In summary, then, we suggest that the double bind nature of the family situation of a schizophrenic results in placing the child in a position where if he responds to his mother's simulated affection her anxiety will he aroused and she will punish him (or insist, to protect herself, that his overtures are simulated, thus confusing him about the nature of his own messages) to defend herself from closeness with him. Thus the child is blocked off from intimate and secure associations with his mother. However, if he does not make overtures of affection, she will feel that this means she is not a loving mother and her anxiety will be aroused. Therefore, she will either punish him for withdrawing or make overtures toward the child to insist that he demonstrate that he loves her. If he then responds and shows her affection, she will not only feel endangered again, but she may resent the fact that she had to force him to. respond. In either case in a relationship, the most important it his life and the model for all others, he is punished if he indicates love and affection and punished if he does not; and his escape routes from the situation, such as gaining support from others, are cut off. This is the basic nature of the double bind relationship between mother and child. This description has not depicted, of course, the more complicated interlocking *gestalt* that is the "family" of which the "mother" is one important part (11, 12).

ILLUSTRATIONS FROM CLINICAL DATA

An analysis of an incident occurring between a schizophrenic patient and his mother illustrates the "double bind" situations. A young man who had fairly well recovered from an acute schizophrenic episode was visited in the hospital by his mother. He was glad to see her and impulsively put his arm around her shoulders, whereupon she stiffened. He withdrew his arm and she asked, "Don't you love me any more?" He then blushed' and she said, "Dear, you must not be so easily embarrassed and afraid of your feelings." The patient was able to stay with her only a few minutes more and following her departure he assaulted an aide and was put in the tubs.

Obviously, this result could have been avoided if the young man had been able to say, "Mother, it is obvious that you become uncomfortable when I put my arm around you, and that you have difficulty accepting a gesture of affection from me." However, the schizophrenic patient doesn't have this possibility open to him. His intense dependency and training prevents him from commenting upon his mother's communicative behavior, though she comments on his fold forces him to accept and to attempt to deal with the complicated sequence. The complications for the patient, include the following:

1. The mother's reaction of not accepting her son's affectionate gesture is masterfully covered up by her condemnation of him for withdrawing, and the patient denies his perception of the situation by accepting her condemnation.

2. The statement "don't you love me anymore" in this context seems to imply:

    a. "I am lovable."

    b. "You should love me and if you don't you are bad or at fault."

    c. "Whereas you did love me previously you don't any longer," and thus focus is shifted from his expressing affection to his inability to be affectionate. Since the patient has also hated her, she is on good ground here, and he responds appropriate with guilt, which she then attacks.

    d. "What you just expressed was not affection", and in order to accept this statement the patient must deny what she and the culture have taught him about how one exit presses affection. He must also question the times with her, and with others, when he thought he was experiencing affection and when they seemed to treat the situation as if he had. He experiences here loss-of-support phenomena and is put in doubt about the reliability of past experience.

3. The statement, "You must not be so easily embarrassed and afraid of your feelings," seems to imply: "You are not like me and are different from other nice or normal people because we express our feelings."

"The feelings you express are all right, it's only that you can't accept them." However, if the stiffening on her part had indicated "these are unacceptable feelings," then the boy is told that he should not be embarrassed by unacceptable feelings. Since he has had a long training in what is and is not acceptable to both her and society, he again comes into conflict with the past. If he is unafraid of his own feelings (which mother implies is good), he should be unafraid of his affection and would then notice it was she who was afraid, but he must not notice that because her whole approach is aimed at covering up this shortcoming in herself.

The impossible dilemma thus becomes:

"If I am to keep my tie to mother I must not show her that I love her, but if I do not show her that I love her, then I will lose her."

The importance to the mother of her special method of control is strikingly illustrated by the interfamily situation of a young woman schizophrenic who greeted the therapist on their first meeting with the remark, "Mother had to get married and now I'm here." This statement meant to the therapist that:

The patient was the result of an illegitimate pregnancy.

This fact was related to her present psychosis (in her opinion).
"Here" referred to the psychiatrist's office and to the patient's presence on earth for which she had to be eternally indebted to her mother, especially since her mother had sinned and suffered in

order to bring her into the world. "Had to get married" referred to the shot-gun nature of mother's wedding and to the mother's response pressure that she must marry, and the reciprocal, that she resented the forced nature of the situation and blamed the patient for it.

Actually, all these suppositions subsequently proved to be factually correct and were corroborated by the mother during an abortive attempt at psychotherapy. The flavor of the mother's communications to the patient seemed essentially this: "I am lovable, loving, and satisfied with myself. You are lovable when you are like me and when you do what I say." At the same time the mother indicated to the daughter both by words and behavior: "You are physically delicate, unintelligent, and different from me ('not normal'). You need me and me alone because of these handicaps, and I will take care of you and love you." Thus the patient's life was a series of beginnings, of attempts at experience, which would result in failure and withdrawal back to the maternal hearth and bosom because of the collusion between her and her mother.

It was noted in collaborative therapy that certain areas important to the mother's self-esteem were especially conflictual situations for the patient. For example, the mother needed the fiction that she was close to her family and that a deep love existed between her and her own mother. By analogy the relationship to the grandmother served as the prototype for the mother's relationship to her own daughter. On one occasion when the daughter was seven or eight years old the grandmother in a rage threw a knife which barely missed the little girl. The mother said nothing to the grandmother but hurried the little girl from the room with the words, "Grandmommy really loves, you." It is significant that the grandmother took the attitude toward the patient that she was not well enough controlled, and she used to chide her daughter for being too easy on the child. The grandmother was living in the house during one of the patient's psychotic episodes, and the girl took great delight in throwing various objects at the mother and grandmother while they cowered in fear.

Mother felt herself very attractive as a girl, and she felt that her daughter resembled her rather closely, although by damning with faint praise it was obvious that she felt the daughter definitely ran second. One of the daughter's first acts during a psychotic period was to announce to her mother that she was going to cut off all her hair. She proceeded to do this while the mother pleaded with her to stop. Subsequently the mother would show a picture of herself as a girl and explain to people how the patient would look if she only had her beautiful hair.

The mother, apparently without awareness of the significance of what she was doing, would equate the daughter's illness with not being very bright and with some sort of organic brain difficulty. She would invariably contrast this with her own intelligence as demonstrated by her own scholastic record. She treated her daughter with a completely patronizing and placating manner which was insincere. For example, in the psychiatrist's presence she promised her daughter that she would not allow her to have further shock treatments, and as soon as the girl was out of the room she asked the doctor if he didn't feel she should be hospitalized and given electric shock treatments. One clue to this deceptive behavior arose during the mother's therapy. Although the daughter had had three previous hospitalizations the mother had never mentioned to the doctors that she herself had had a psychotic episode when she discovered that she was pregnant. The family whisked her I away to a small sanitarium in a nearby tour, and she was,

according to her own statement, strapped to a bed for six weeks. Her family did not visit her during this time, and no one except her parents and her sister knew that she was hospitalized.

There were two times during therapy when the mother showed intense emotions. One was in relating her own psychotic experience; the other was on the occasion of her last visit when she accused the therapist of trying to drive her crazy by forcing her to choose between her daughter and her husband. Against medical advice, she took her daughter out of therapy.

The father was as involved in the homeostatic aspects of the intrafamily situation as the mother. For example, he stated that he had to quit his position as an important attorney in order to bring his daughter to an area where competent psychiatric help was available. Subsequently, acting on cues from the patient (e.g., she frequently referred to a character named "Nervous Ned") the therapist was able to elicit from him that he find hated his job and for years had been trying to "get out from under." However, the daughter was made to feel that the move was initiated for her.

On the basis of our examination of the clinical data, we have been impressed by a number of observations including:

1. The helplessness, fear, exasperation, and rage which a double bind situation provokes in the patient, but which the mother may serenely and un-understandingly pass over. We have noted reactions in the father that both create double bind situations or extend and amplify those created by the another, and we have seen the father passive and outraged, but helpless, become ensnared in a similar manner to the patient.

2. The psychosis seems, in part, a way of dealing with double bind situations to overcome their inhibiting and controlling effect. The psychotic patient may make astute, pithy, often metaphorical remarks that revea1 an insight into the forces binding him. Contrariwise, he may become rather expert In setting double bind situations himself.

3. According to our theory, the communication situation described is essential to the mother's security, and by inference to the family homeostasis. If this be so, then when psychotherapy of the patient helps him become less vulnerable to mother's attempts at control, anxiety will be produced in the mother. Similarly, if the therapist interprets to the mother the dynamics of the situation she is setting up with the patient, this should produce an anxiety response in her. Our impression is that, when there is a perduring contact between patient and family (especially when the patient lives at home during psychotherapy) this leads to a disturbance (often severe) in the mother and sometimes in both mother and father and other siblings (10, 11).

CURRENT POSITION AND FUTURE PROSPECTS

Many writers have treated schizophrenia in terms of the most extreme contrast with any other form of human thinking and behavior. While it is an isolable phenomenon, so much emphasis on the differences from the normal--rather like the fearful physical segregation of psychotics--does not help in understanding the problems. In our approach we assume that

schizophrenia involves general principles which are important in all communication and therefore many informative similarities can be found in "normal" communicatiol1 situations.

We have been particularly interested in various sorts of communication which involve both emotional significance and the necessity of discriminating between orders of message. Such situations include play, humor, ritual, poetry, and fiction. Play, especially among animals, we have studied at some length (3). It is a situation which strikingly illustrates the occurrence of metamessages whose correct discrimination is vital to the cooperation of the individuals involved; for example, false discrimination could easily lead to combat. Rather closely related to play is humor, a continuing subject of our research. It involves sudden shifts in Logical Types as well as discrimination of those shifts. Ritual is a field in which unusually real or literal ascriptions of Logical Type are made and defended as vigorously as the schizophrenic defends the "reality" of his delusions. Poetry exemplifies the communicative power of metaphor--even very unusual metaphor--when labeled as such by various signs, as contrasted to the obscurity of unlabeled schizophrenic metaphor. The entire field of fictional communication, defined as the rationale for depiction of a series of events with more or less of a label of actuality, is most relevant to the investigation of schizophrenia. We are not so much concerned with the content interpretation of fiction--although analysis of oral and destructive themes is illuminating to the student of schizophrenia--as with the formal problems involved in simultaneous existence of multiple levels of message in the fictional presentation of "reality." The drama is especially interesting in this respect, with both performers and spectators responding to messages about both the actual and the theatrical reality.

We are giving extensive attention to hypnosis. A great array of phenomena that occur as schizophrenic symptoms---hallucinations, delusions, alterations of personality, amnesias, and so on--can be produced temporarily in normal subjects with hypnosis. These need not be directly suggested as specific phenomena, but can be the "spontaneous" result of an arranged communication sequence. For example, Erickson (4) will produce hallucination by first inducing catalepsy in a subject's hand and then saying, "There is no conceivable way in which your hand can move, yet when I give the signal, it must move." That is, he tells the subject his hand will remain in place, yet it will move, and in no way the subject can consciously conceive. When Erickson gives the signal, the subject hallucinates the hand moved, or hallucinates himself in a different place and therefore the hand was moved. This use of hallucination to resolve a problem posed by contradictory commands which cannot be discussed seems to us to illustrate the solution of a double bind situation via a shift in Logical Types. Hypnotic responses to direct suggestions or statements also commonly involve shifts in type, as in accepting the words "Here's a glass of water" or "You feel tired" as external or internal reality. or in literal response to metaphorical statements, much like schizophrenics. We hope that further study of hypnotic induction, phenomena, and waking will, in this controllable situation, help sharpen our view of the essential communicational sequences which produce phenomena like those of schizophrenia.

Another Erickson experiment (12) seems to isolate a double bind communicational sequence without the specific use of hypnosis. Erickson arranged a seminar so as to have a young chain smoker sit next to him and to be without cigarettes; other participants were briefed on what to do. All was ordered so that Erickson repeatedly turned to offer the young man a cigarette but was always interrupted by a question from someone so that he turned away

"inadvertently" withdrawing the cigarettes from the young man's reach. Later another participant asked this young man if he had received the cigarette from Dr. Erickson He replied, "What cigarette?", showed clearly that he had forgotten the whole sequence, and even refused a cigarette offered by another member, saying that he was too interested in the seminar discussion to smoke. This young man seems to us to be in an experimental situation paralleling the schizophrenic's double bind situation with mother: An important relationship, contradictory messages (here of giving and taking away), and comment blocked--because there was a seminar going on, and anyway it was all "inadvertent." And note the similar outcome: Amnesia for the double bind sequence and reversal from "He doesn't give" to "I don't want."

Although we have been led into these collateral areas, our main field of observation has been schizophrenia itself. All of us have worked directly with schizophrenic patients fled much of this case material -has been recorded on tape for detailed study. In addition, we are recording interviews held jointly with patients and their families, and we are taking sound motion pictures of mothers and disturbed, presumably preschizophrenic, children. Our hope is that these operations will provide a clearly evident record of the continuing, repetitive double binding which we hypothesize goes on steadily from infantile beginnings in the family situation of individuals who become schizophrenic. This basic family situation, and the overtly communicational characteristics of schizophrenia, have been the major focus of this paper. However, we expect our concepts and some of these data will also be useful in future work on other problems of schizophrenia, such as the variety of other symptoms, the character of the "adjusted state," before schizophrenia becomes manifest and the nature and circumstances of the psychotic break.

THERAPEUTIC IMPLICATIONS OF THIS HYPOTHESIS

Psychotherapy itself is a context of multilevel communication, with exploration of the ambiguous lines between the literal and metaphoric, or reality and fantasy, and indeed, various forms of play, drama, and hypnosis have been used extensively in therapy. We have been interested in therapy, and in addition to our own data we have been collecting and examining recordings, verbatim transcripts, and personal accounts of therapy- from other therapists. In this we prefer exact records since we believe that how a schizophrenic talks depends greatly, though often subtly, on how another person talks to him; it is most difficult to estimate what was really occurring in a therapeutic interview if one has omit a description of it, especially if the description is already in theoretical terms.

Except for a few general remarks and some speculation, however, we are not yet prepared to comment on the relation of the double bind to psychotherapy. At present we can only note:

1. Double bind situations are created by and within the psychotherapeutic setting and the hospital milieu. From the point of view of this hypothesis we wonder about the effect of medical "benevolence" on the schizophrenic patient. Since hospitals exist for the benefit of personnel as well as--as much as--more than--for the patient's benefit, there will be contradictions at times in sequences where actions are taken "benevolently" for the patient when actually they are intended to keep the staff more comfortable. We would assume that whenever the system is organized for hospital purposes and it is announced

to the patient that the actions are for his benefit, then the schizophrenogenic situation is being perpetuated. This kind of deception will provoke the patient to respond to it as a double bind situation, and his response will be "schizophrenic" in the sense that it will be indirect and the patient will be unable to comment on the fact that he feels that he is being deceived. One vignette, fortunately amusing, illustrates such a response. On a ward with a dedicated and "benevolent" physician in charge there was a sign on the physician's door which said "Doctor's Office. Please Knock." The doctor was driven to distraction and finally capitulation by the obedient patient who carefully knocked every time he passed the door.

2. The understanding of the double bind and its communicative aspects may lead to innovations in therapeutic technique. Just what these innovations may be is difficult to say, but on the basis of our investigation we are assuming that double bind situations occur consistently in psychotherapy. At times these are inadvertent in the sense that the therapist is imposing a double bind situation similar to that in the patient's history, or the patient is imposing a double bind situation on the therapist. At other times therapists seem to impose double binds, either deliberately or intuitively, which force the patient to respond differently than he has in the past.

An incident from the experience of a gifted psychotherapist illustrates the intuitive understanding of a double bind communicational sequence. Dr. Frieda Fromm-Reichmann (5) was treating a young woman who from the age of seven had built a highly complex religion of her own replete with powerful Gods. She was very schizophrenic and quite hesitant about entering into a therapeutic situation. At the beginning of the treatment she said, "God R says I shouldn't talk with you." Dr. Fromm-Reichmann replied, "Look, let's get something into the record. To me God R doesn't exist, and that whole world of yours doesn't exist. To you it does, and far be it from me to think that I can take that away from you, I have no idea what it means. So I'm willing to talk with you in terms of that world, if only you know I do it so that we have an understanding that it doesn't exist for me. Now go to God R and tell him that we have to talk and he should give you permission. Also you must tell him that I am a doctor and that you have lived with him in his kingdom now from seven to sixteen--that's nine years--and he hasn't helped you. So now he must permit me to try and see whether you and I can do that job. Tell him that I am a doctor and this is what I want to try."

The therapist has her patient in a "therapeutic double bind." If the patient is rendered doubtful about her belief in her god then she is agreeing with Dr. Fromm-Reichman, and is admitting her attachment to therapy. If she insists that God R is real, then she must tell him that Dr. Fromm-Reichmann is "more powerful" than he--again admitting her involvement with the therapist.

The difference between the therapeutic bind and the original double bind situation is in part the fact that the therapist not involved in a life-and-death struggle himself. He can therefore set up relatively benevolent binds and gradually aid the patient in his emancipation from them. Many of the uniquely appropriate therapeutic gambits arranged by therapists seem to be intuitive. We share the goal of most psycho- therapists who strive toward the day when such strokes of genius will be well enough understood to be systematic and commonplace.

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