

BEYOND TRAGEDY IN PSYCHOTHERAPY

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PROLOGUE¹

My Opatija lecture at the Congress of Psychotherapy² asked how to move beyond the tragedy of tragedy. Mental health addresses the tragedy of patients, families and society. The activities taking place under the mental health tent show the tragedy of tragedy. My question was about how to speak about the tragedy by asking how to perceive differently the messages of sanity and insanity, of mental health. I was asking about how to change the premises of our thinking about mental illness (whatever that is) and mental health (whatever that may be). The messages may be the same. Our perception or understanding of the messages may be different. It is how to relate to the messages, how to understand them, that makes the difference.

Moving beyond tragedy is about how to reach a different attitude. This change of attitude Nietzsche called tragic insight. In classical Greek tragedy, one's own action aids the inevitable working of fate. In cybernetic explanation one's own action operates recursively. Through circularity it works on itself. In this there is a certain tragedy. This is what the "beyond" is about. It is no longer fate, but the understanding that tragedy is part of the circularity of the system we call mental health or psychotherapy. My essay is a reflection on the circularity of the tragic in psychotherapy.

The title suggests that to move beyond tragedy lands us into the larger context of the tragedy of psychotherapy itself. Tragedy results, according to Tillich,³ when time is swallowed up by space, or when space is overcome and defeated by time. To avoid the circularity that escalates tragedy, we keep time and space together.

Use of the concept "beyond" introduces a spatial metaphor into a context of communication. This points up a problem of epistemology. If the idea of "beyond" is transitive, that there is no return to its starting point, then it has no use in the description of communicative activities.⁴ Lineal thinking goes beyond, or attempts to go beyond, tragedy. In cybernetics any attempt to go beyond tragedy, which lineal thinking seeks to do, is to come back to tragedy with a sense of tragedy. Through this "beyond" we may alter the premises of our perception.

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² An invited lecture, "Beyond Tragedy in Mental Health," given on 11 October 1985 at the 13th Congress of Psychotherapy, International Federation of Medical Psychotherapy, Opatija, Croatia. The "Prologue" was written for *Justice, Love and Wisdom*.

³ Paul Tillich, "The Struggle Between Time and Space," *Theology of Culture* (New York: Oxford University Press, 1964), pp. 30-39.

⁴ On the difficulty of defending scientifically the use of spatial metaphors in discussions of communication see Gregory Bateson, "The Birth of a Matrix or Double Bind and Epistemology," in Milton M. Berger (ed.), *Beyond the Double Bind. Communication and Family Systems, Theories, and Techniques with Schizophrenics* (New York: Brunner/Mazel, 1978), pp. 41-64.

My "beyond" does not propose a resolution of tragedy. It is to find life tragic, and to find recursion in tragedy. What is the basis for the tragedy of psychotherapy? It is an epistemology supported by pride. In the first edition of Wiener's popular book on cybernetics he wrote:

The sense of tragedy is the sense that the world is not a pleasant little nest made for our protection, but a vast and largely hostile environment, in which we can achieve great things only by defying the gods; and in which this defiance inevitably brings its own punishment. It is a dangerous world, in which there is no security, save the somewhat negative one of humility and restrained ambitions. It is a world in which there is a condign punishment, not only for him who sins in conscious arrogance, but for him whose sole crime is ignorance of the gods and the world around him.⁵

We participate in the communication of the insanity we seek to cure, but we don't know it. Our psychotherapy is the insanity we seek to treat or cure. Our epistemology—the premises of our diagnosis, theories, and methods—shares the same errors as the epistemology of the insanity it seeks to diagnose and treat. The pride of our epistemology provides the context of our belief in "simple location." Space swallows up context, message, relationship, difference, and time. Our tragedy is that our theory, and the physics on which we build it, admits no tragedy.

Here I speak from my experience of more than two decades of work within the context of what is called mental health. I have devoted a great part of my time to supervision and training in a variety of settings in many countries. For this reason I have chosen the word tragedy advisedly. I consider much of what happens to people in the name of mental health a travesty, if not tragic. People turn to, or are sent to, mental health professionals because their lives are already tragic. Through this turning tragedy is often compounded by tragic events, though the tragic operates at different levels of experience and explanation. I do not blame mental health professionals. We participate in a larger tragedy. We work in a world of mental activity. But our concepts come from the alien world of classical physics. In that world there is no tragedy. I want to invite reflection on our tragic situation so that we may create a more inclusive context for thinking and acting professionally.

Commenting on his early work on the double bind, Bateson⁶ wrote:

We were inevitably stupid-bound, like the protagonists in a Greek tragedy, to the forms and shapes of processes which others, especially our colleagues, thought they saw. And our successors will be bound by the shapes of our thought.

The monstrous lag in scientific and philosophic thought is due precisely to that circumstance which we were too slow to recognize. Namely, the circumstance that the process of our studying the formal shapes of ideas is itself a thought process, pedestrian and tied by the leg to a massive ball of habit. . . .

⁵ Norbert Wiener, *The Human Use of Human beings. Cybernetics and Society* (Boston: Houghton Mifflin Company, 1950), p. 211.

⁶ In Carlos E. Sluzki & Donald C. Ransom (eds.), *Double Bind: The Foundation of the Communicational Approach to the Family* (New York: Grune and Stratton, 1976), pp. xii-xiv.

Against death no therapy ultimately can prevail. That is the tragedy beyond which we cannot go. All reliable explanations include and reflect this tragedy. A cybernetic explanation of "beyond tragedy" leads not to optimism such as the kind that shows in the lauding of the future possibilities of technology, or in predictions of the advances just around the corner in medical research, including psychiatry. A psychotherapy cybernetics offers no basis for promising that in the future we shall conquer our problems with every story having a good ending. On the contrary, its explanation of what is behind tragedy leads back to a beginning: it completes the circuit of a feedback loop. Even if we change our attitudes or outcomes—the metaphorical setting of the psychotherapy thermostat—we have no guarantees that the future will be different. There are no accurate ways to predict the future. The difference is that we act in response to what we get and continue to modify our behavior in keeping with our outcomes, and change our expected outcomes in keeping with a sense of the whole. The tragic, the limitations, are still there. Cybernetic explanation accounts for the limitation specifically through the notion of circularity. Therefore it suggests that what may be "beyond tragedy" offers no promise that the next time around we will do things any differently, or any better, than we did them previously. Even if we could actualize success, its actualization would not eliminate the tragic.

To make my intentions explicit, I assert the following:

1. An epistemology that sets the frame for insanity cannot be used to talk about insanity recursively before it develops the language that permits it "to learn to learn" through trial and error about its own insanity. Without such a vocabulary there will be no learning to learn. When insanity has no access to a recursive vocabulary, it insists frequently on the rightfulness of its course of action and removes itself from reflection upon its own thinking and communicative action.
2. The premises that shape Western thinking make the mind-body cut. This dualism shapes most theories of psychotherapy, diagnostic categories and treatment techniques.
3. Cybernetics proposes ways to overcome this dualism.
4. A first step for psychotherapy is to draw from cybernetics this epistemology (language) to correct its dualism.
5. In the epistemology proposed by cybernetics mind inheres in any system that shows mental activity. Such a system acts upon differences. Differences are not things, objects, or events, but information or news about things, objects, or events.

Thus, the notion of "beyond tragedy" in mental health or psychotherapy does not suggest a denial of the tragic sense of life. Any attempt to obliterate the tragic sense of life leads to a thought pattern that ascribes inevitability to progress. This is the idea of progress that prescribes more and better anti-depressants, builds more and better weapon systems, or finds other ways to destroy the neighbors before they can destroy us. An affirmation of the tragic sense of life carries an implicit invitation to look at our own habitat, and to hear our conversations as part of a larger harmony. This

affirmation is an invitation to psychotherapy to search for, identify, and encourage healthy communicative (mental) activity.

BEYOND TRAGEDY IN MENTAL HEALTH

From Austria comes a story told by Gordon Allport.⁷ In a provincial hospital, a patient lay at death's door. The medical staff had told him that they could not diagnose his disease. They assured him, however, that if they knew the diagnosis they probably could cure him. Further, they told him that a famous diagnostician was soon to visit the hospital. Perhaps he could diagnose the disease. Days later, the diagnostician arrived. In making the rounds, he came to this patient's bed, took a brief look at him, murmured "Moribundus" and quickly moved on.

A grateful patient subsequently looked up that diagnostician to tell him "I've been wanting to thank you for your diagnosis. They told me that if you could diagnose me I'd get well, and so the minute you said 'moribundus' I knew I'd recover."

First, this story provides an example of how a self-organizing, self-corrective, circular system works, according to cybernetic explanation.⁸ Cybernetics describes circuits in an information system that transmits messages. This process is called feedback. The origin of the word cybernetic is Greek and means "steersman." Its latinized form is governor. Both a steersman and a governor operate on the principle of feedback. The classical example used to explain feedback is that of a house thermostat. The thermostat maintains the stable balance of the internal temperature system of the room. When the room temperature reaches the ideal, as set by an occupant of the room, the thermostat shuts off the heating system. This circuitry consists of room-thermostat-heating/cooling unit. The larger system includes the occupant of the room who sets the thermostat. The system does not include the external weather conditions; change in the temperature outside the house does not change the circuitry of this simple system.

Second, although all cybernetic systems are circular, both diagnosis and treatment are usually framed in lineal terms.

Third, the patient's diagnosis was not the diagnosis of the diagnostician. The cure as envisaged by the medical staff was not the cure of the patient. The patient believed what the staff told him. He believed that once a diagnosis was made a cure would be effected. Consequently, the patient did not need to understand the diagnosis. His understanding was not of content. It was iconic. He only needed to hear the authority speak a diagnosis in the context prepared by the staff.

Fourth, all systems generate considerable complexity. Allport's story is about the complexity of human organisms. This complexity shows in their communication. This complexity shows in the internal environment of the patient. Even more important, perhaps, was the larger environment. Cannon⁹ as far back as 1932 showed how organisms function to regulate and control a steady state,

⁷ Gordon Allport, *The Person in Psychology* (Boston: Beacon Press, 1968), pp. 123-124.

⁸ Gregory Bateson, *Steps To An Ecology of Mind* (New York: Ballantine Books, 1972).

⁹ Walter B. Cannon (1932), *The Wisdom of the Body* (New York: W. W. Norton & Co., 1967).

maintaining what he called homeostasis. The patient, his doctors, the hospital staff and others, including the diagnostician, were all participating in a communication system. The activity of this system we call mental. It acts not upon energy, or by making impacts, but upon differences, by drawing distinctions and classifying its distinctions. The diagnostician attempted to do to this patient what other health professionals—and most psychotherapists—tend to do: stop the proliferation of complexity, ignore patterns of relationships, reduce interaction, not attend to possible differences, and fail to see the uniqueness of each patient.

Medical science today claims to have accurate methods of diagnosis which, it maintains, make possible accurate prognoses. Patients are told "the name" of their illness; they can hear predictions made "with some reliability" how their illness will most likely "turn out." The voices of many psychotherapists speak against the use of this model in psychotherapy. Most diagnoses, especially in psychotherapy, reduce the variety of the behavior of patients. Theories of personality, psychotherapy techniques, medications, and diagnostic categories may prove beneficial to patients, their therapists, or both. To others, they may become devastatingly destructive. Not only do they destroy complexity, they reduce flexibility.

Fifth, events were scattered in a random manner as they might be in a stochastic process. The medical staff offered the prognosis of a cure if they could get a diagnosis. The diagnostician gave a diagnosis, although it did not appear to fit with the promise the medical staff made to the patient. However, a preferred outcome was achieved. Little did it matter here what the diagnostician said. Already the medical staff had prepared the patient for the cure. He expected a cure to be effected when a diagnosis was made.

From this example we may ask how we may untangle epistemological and ontological knots in psychotherapy.

Every psychotherapy is a behavioral correlate to a way of thinking. This thinking includes an ontology that defines (1) how things are, (2) what a person is, and (3) what sort of world this is.

Tragedy in mental health participates in the great epistemological errors of dualism and lineal cause-effect thinking. These are errors that split mind from body, take a part for the whole, and confuse the name with the thing named.

Theories and therapies that stem from a dualism of mind versus body create a duality not found in living organisms. There are no dualisms in nature. Opposites are epistemological inventions. This reminds me of Walter Kaufmann's work to overcome dualistic thinking: "Neither individual objects nor classes of objects—such as roses, pines, rocks, and human beings—have opposites; nor do colors, sounds, textures, and feelings. But are not hard and soft opposites? As abstract concepts, they are; but the feel of a rock and the feel of moss are not opposites."¹⁰

If we overcome the separation of the self and the other, of the organism and the environment, of the observer and the object observed, subject and object then become united into a single entity. If we achieve awareness of the way of thinking that separates the self from the other, the subject from its object, perhaps we could bridge the gap of separation, overcoming in the process that way of thinking that operates with such dualistic rules.

¹⁰ Walter Kaufmann, *Existentialism, Religion, and Death: Thirteen Essays* (New York: New American Library, 1976), p. 142.

Can we as therapists learn to think of every patient as an "I"? Can we learn to speak not about the other as a schizophrenic, not about the other as an alcoholic, not about the other as a psychopath, not about the other as him or her, but to the Thou? Each of these terms of classification is a definition of a relationship.¹¹ Psychotherapy is not a relationship to these abstractions. Psychotherapy is a relationship to the Thou that heals.¹² It is a relationship in which wholeness is the ground between an I and an I. Laing explained the ontological ground of psychotherapy: "The ground of the being of all beings is the relation between them."¹³ Psychotherapy is a relationship of healing in which the healing is in the relationship. Pragmatically, we may say that the healing is effected through words. Healing in psychotherapy as a cybernetic activity, or as communication, is not in the therapist or the patient, not in the objects or their messages, but in the patient's interpretation and understanding of the communication. Note Bateson's comments that mammals are not concerned about episodes and events but about the patterns and contingencies of our relationships and that relationship is primarily what our discourse is about.¹⁴

I propose that we explore this dualistic thinking further to include dualisms of mental activity. Let's play a little game. I offer both hands to you, asking you to choose one. "Which hand do you prefer?"

In the right hand you are offered the results of conscious thinking. As a bonus, you can have the truth, and all the formulations from conscious purpose.

If you choose the left hand you get the use of unconscious processes. You can search, probe. You will have dreams, myth, and art.

If you select the right hand you will get truth endowed with whatever authority, scientific or otherwise, that you may require. You get "objectivity," even critical thinking.

That left hand over there gives you mind as an integrated network.

This little exercise can quickly create a contextual setting for a double bind. If you care about these relationships and about overcoming epistemological dualisms, and if you care about wanting to respond appropriately in that little game, you can get into an oscillation: left, right, left, right, and so on. Choose the right and you exclude imagination, the unconscious and art. Conscious thinking seems to need imagination and art to correct its purposiveness. Choose the left and you lose critical thinking, and rigor, without which there can be no skill even to create art.

The game has been framed so that you are to choose either right or left. You are to act on the options given, and not move to another dimension or abstraction, as I am doing now, to talk about the situation. (This is an example of how a double-bind situation requires that we go inside the frame that generates the double bind.) In such a double-bind situation, one can shake to pieces, oscillating from left to right, or one can break out of the bind with insight, recognition—even creativity. Therefore, which hand do you prefer?

¹¹ Ludwig Feuerbach, *Principles of the Philosophy of the Future*, translated by Manfred H. Vogel (Indianapolis: Hackett Publishing Co., 1986).

¹² Martin Buber, *I and Thou*, translated by Walter Kaufmann (New York: Charles Scribner's Sons, 1970).

¹³ R. D. Laing, *The Politics of Experience* (New York: Ballantine Books, 1973), p. 41.

¹⁴ Bateson, *Steps*, pp. 366-372, 470.

Conscious purpose, or critical thinking, mistakes parts and pieces for the whole; it lacks the art of sensing the whole. For example, when mental health programs realize the goals of conscious thinking, they may disown the results. Kenneth Boulding reminds us that "Nothing fails like success." Part of the tragedy in mental health may be seen in terms of seeking success according to Western medical and psychological thinking. Such thinking is based on the concepts and models of physics. Each solution formulated and implemented in such a context seems to create a new series of problems. As problems of society they have been called "inherently wicked."¹⁵ Not wicked ethically, but wicked in that they circle back on themselves and in doing so create more problems, exponentially. The epistemology of Western psychotherapy substitutes parts for wholes; it treats this or that diagnosis, not the person as a whole personality in the larger context of living. The problems of diagnosis seem not to be solvable without creating other problems. Each solution participates in a larger whole, and in the larger context it becomes a new problem with exponential features. The error of epistemology on which this way of thinking builds leads to what we may call insanity. This insanity circles back on itself and in the process takes in more societal problems. Trying to solve these problems with the epistemology that leads to insanity is what our tragedy is about. We may trace our tragedy to a way of thinking that ignores circularity. Tragedy in mental health takes place in a context of relationship between therapists and identified patients. Tragedy shows an ignorance of the missing loops in the circularity of these relationships. From Aristotle we learn that Greek tragedy took place in a context of relationship between relatives or friends. Tragedy flows from ignorance of the relationship, or from ignorance of crucial connections in the relationship. The pattern is not perceived. We may ask about our psychotherapy, What are the premises of our thinking that keep us from perceiving pattern and relationship? If we begin with our contemporary situation, we can describe it, and then ask, What are the premises of thinking that might lead a profession to think and act in such ways? The tragic writers of Greece used tragedy to get their audience to understand their contemporary situation. They neither preached nor blamed, but offered explanations of what had happened and why their audience was now in its predicament.

A cybernetic epistemology explains the circular nature of behavior, as seen in tragedy, how our thinking, in the words of Nietzsche, "coils up $\frac{1}{4}$ and finally bites its own tail—suddenly the new form of insight breaks through, tragic insight which, merely to be endured, needs art as a protection and remedy."¹⁶ Bateson goes further: conscious thinking, or conscious purpose, needs the aid of art and dreams to "appreciate the systemic nature of mind."

No matter what you do, cybernetics leads to the awareness that any way of thinking you choose—good or bad, right or wrong—will influence the future. The recursive nature of every way of thinking and doing explains what Unamuno called "The tragic sense of life."¹⁷

¹⁵ H. W. J. Rittel & M. M. Webber, "Dilemmas in a general theory of planning," reprinted in F. E. Emery (ed.), *Systems Thinking: 2* (Middlesex: Penguin Books, 1981), pp. 81-102.

¹⁶ Friedrich Nietzsche, *The Birth of Tragedy and the Case of Wagner* (New York: Random House, 1967), p. 98.

¹⁷ Miguel de Unamuno, *The Tragic Sense of Life in Men and Nations*, translated by Anthony Kerrigan (Princeton: Princeton University Press, 1972).

It is tragedy that pushes science, including psychotherapy, to the limits of consciousness.¹⁸ To endure tragedy, and to understand the systemic nature of mind, even science needs art. To look at the science of psychotherapy from the perspective of art, we see psychotherapy, and all science, as constructive. It is the construction of the artist. In this sense all science is art and all art is life. Chesterton said, "The Greeks were right when they made Apollo the god both of imagination and of sanity; for he was both the patron of poetry and the patron of healing."¹⁹

Insanity, seen from inside the experience that is so named, or observed from the experience of an advocate of mental health, is also the work of art, a constructive activity. As with some theories, it may lack elegance. Through spite and hate, it may appear ugly and grotesque as some forms of art. Art also may lack beauty.²⁰

Through a recognition of the systemic nature of tragedy, psychotherapy may take on the role of the chorus in Greek drama and begin to comment on the tragic course as it appears to unfold. The "shock of recognition" in Greek tragedy led to a reversal of attitude, and to a change of the whole situation. The reversal, however, brought destruction. An understanding of circuitry could help us to achieve the wisdom in our personal biographies to move beyond tragedy—to take the long-term perspective. The long-term perspective is not easy. It is at a more abstract level. But it may offer more possibilities for survival.

The long-term perspective does not ask, What will happen in psychotherapy and mental health by the close of this millennium? Rather it asks an outcome question, What do I want to happen through my psychotherapy as a new millennium begins? The long-term perspective does not ask, What will they do to create new remedies for the mess we are in? But, What can and will I do to remedy these ills? The long-term perspective looks at the activity of the individual in multiple contexts. It looks for patterns and the relationship of patterns. What we think makes a difference. What we think and do proceeds from our established epistemology, the premises of old habits of thought. These premises will continue to shape our actions unless we learn to reflect upon such habits. Reflection can become an experience of the total personality as a cybernetic system connected to other systems. It offers a synthesis of conscious and unconscious and a recognition of organism-in-environment.

Can we let ourselves be shocked by our own thinking about the way we make our worlds of psychotherapy and yet be comfortably at home in the world we call home? Bateson defined wisdom as the recognition of circuitry.²¹ Abstractions and sense perception without the knowledge of circuitry lack wisdom. If love is to survive, it needs to be "weighed down with wisdom rather than with knowledge."²² Can our psychotherapy develop the wisdom, the awareness of circuitry, to love

¹⁸ Unamuno, p.17, "And this whole tragic struggle of man to save himself . . . all of it is no more than a fight for consciousness."

¹⁹ G. K. Chesterton, *Orthodoxy* (London: The Bodley Head Ltd., 1927), p. 49.

²⁰ Benedetto Croce (1922), *The Aesthetic as the Science of Expression and of the Linguistic in General*, translated by Colin Lyas (Cambridge: Cambridge University Press, 1992); see also R. G. Collingwood, *The Principles of Art* (Oxford: Oxford University Press, 1958).

²¹ Bateson, *Steps*.

²² Unamuno, *The Tragic Sense of Life...*, p. 22.

the other, despite color, religion, and ethnicity, to love the larger contexts of our communication, including the interconnected ecosystem that includes all living? Can we love this other and this planet enough to want healing to occur? Will we find the wisdom to teach us how?