Double Binds and Systems Change in Health and Social Care

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Summary

In this talk, I introduced Gregory Bateson's[1] concept of the double bind as a way of exploring why, despite broad agreement on the need for system-level change, progress often remains slow, leaving people feeling stuck and unsure how to move forward. The "left shift/right drift"[2] paradox was used to illustrate this dynamic. Readers involved in the transition may recognise familiar reactions within the community, such as "it's too complex to deal with," "we are change fatigued," "there are tensions between teams," or simply, "change is slow." Although these experiences are common, they can be difficult to describe, discuss, or respond to.

The double bind suggests that what we often describe as systemic inertia, change fatigue, or slow progress toward a desired state (in this case, the “left shift”) may instead reflect the workings of contradictory patterns that exist within different living and evolving contexts that form part of the health and social care system.

We discussed what it means for members of the community to view moments of perceived “stuckness”, which often represent breakdowns in communication and sense-making, not as personal problems that need fixing, but as opportunities to reflect on the wider system and their relationship to it. We also discussed how these moments can create the conditions for new forms of second-order learning that point towards shifts in the type of work required within the organisation. Rather than working better within existing systems, this involves doing different work at leadership and other levels that are better suited to responding to evolving complexity.

More broadly, the talk highlighted the value of engaging with cybernetic[3] ideas related to change and transformation in living systems, of which Bateson's work on the double bind is an important part. This perspective offers an alternative to more mechanistic approaches to organisational change, which, although still dominant, often prove inadequate for navigating the uncertainty, indeterminacy, and evolving complexity of Scotland's health and social care system.

Main points and provocations explored in the presentation

1. **Are current discussions on "theories of change" in design sufficient for exploring paradoxical situations like the "left shift/right drift"?**

At a time of growing interest in theories and models of change—such as transition design, transition pathways, and transformation design[4] —less attention has been paid to the tensions between strategic planning and the realities of implementation in complex health and care systems. The "left shift/right drift" paradox illustrates this challenge: while policymakers seek a shift towards community-based, preventative care, health systems often drift back to acute, reactive crisis management. When strategic intent meets systemic inertia, the result is more than a missed KPI—it is a persistent sense of “stuckness”. Gregory Bateson's work suggests that overcoming these conditions requires a radical rethinking of our assumptions about action and how those assumptions relate to the ways change and transformation operate within the living world.

2. **How can Gregory Bateson’s work on “living systems” help think about change differently?**

Bateson's thinking differed from the dominant cybernetic approaches of his time, which focused on controlling and steering unpredictable systems. These traditions shaped the mechanistic organisational models, planning tools, and management practices that continue to influence health and care systems today.[5] Bateson argued that such models also mechanise our thinking, shaping how we design and govern organisations. They encourage forms of purposive action that assume organisations can be directed towards predetermined outcomes, while drawing attention away from the communicative patterns through which systems continually reproduce themselves. From this perspective, attempts to steer particular types of transitions can become part of the double bind, reinforcing the very dynamics they seek to change.

To illustrate that purposive action can only go so far within a living world, Bateson often invited his listeners to imagine the croquet game in Alice in Wonderland.

> *“Alice thought she had never seen such a curious croquet game in her life; the balls were live hedgehogs, the mallets live flamingos, and the soldiers had to double themselves up and to stand on their hands and feet, to make the arches. It was very difficult to putt with a flamingo and Alice’s hedgehogs were another matter entirely, she soon concluded that it was going to be a very difficult game indeed. The players all played at once without waiting for turns, fighting for the hedgehogs; and in a very short time the Queen was furiously shouting “Off with his head!” or “Off with her head!”*

Crucially, in Alice's croquet, the "field" itself is moving and changing. Alice is not striking a passive ball across a stable playing field. The flamingo has a will of its own, the hedgehog moves, the soldiers continually rearrange themselves, and the game changes while it is being played. The same is true of health systems change. Transition strategies and change pathways are continuously influenced by previously designed systems, plans, ideas, and objects that continue to exert forms of agency, creating both constraints and possibilities that can never be fully anticipated.[6]

Bateson's theory of double bind is built on a longer history of observing change—disorder, breakdown, and learning—in the living world, which functions more like Alice's croquet game. For Bateson, what connected his observations of order, disorder, and breakdowns across these living systems[7] were patterns of communication. Breakdowns in the communicative order, and how they are sensed and experienced, became a way of understanding breakdowns in the broader material

organisation of a living system, whether a forest, a bee colony, a person, or a public service organisation.

In a mechanical system, a breakdown is a failure requiring repair. In a living systems framework, however, breakdowns can be interpreted as openings towards new forms of response. They reveal hidden patterns, assumptions, and power relations within the organisation of a system. Rather than being something to "fix," they become opportunities for reflection and new forms of learning.

3. **How does the double bind framework help describe tensions emerging within processes of change?**

A double bind[8] is a situation where a system, whether an individual or organisation, is trapped between two or contradictory messages (or imperatives). The contradictory messages often operate at two or more structural levels or levels of logic. These levels also map into the different levels of communication within the system. If one is to take the stereotypical example of the double bind of a mother who tells her child "I love you" while stiffening her body that shows disgust, the contradiction is between the linguistic (what is said) and the affective (nonverbal, which includes signs and cues etc). The child is trapped as he cannot respond to one signal without violating the other.

Now, if we return to the "left shift and right drift" example, you may be familiar with situations where leaders encourage innovation and risk-taking. At the same time, organisational culture, budgets, and performance systems remain restrictive. Similarly, policy may promote universal and equitable healthcare while also demanding efficiency and cost reduction. A left shift strategy may ask frontline workers to prioritise person-centred care and spending time with patients, while performance metrics continue to reward efficiency, throughput, and the management of acute demand.

These examples reflect broader patterns of contradictory communication operating across different contexts and structural levels within the organisation of the health system. They include contradictions between different policy contexts, such as the social objectives of a policy and the financial constraints shaping its implementation. They also include contradictions between what is explicitly articulated in policy documents, agendas, and formal discussions and the hidden patterns and assumptions operating within the system that may limit how equality is achieved in reality. Further tensions arise between *strategic intentions* expressed in systems maps, strategic plans, and policy documents, and the *lived experiences* of stakeholders navigating change. Contradictions can also emerge between organisational priorities operating at different levels of the system, including national, regional, organisational, and frontline practice. Finally, tensions exist between different time frames, where short-term operational strategies designed to address urgent issues reactively can unintentionally constrain the long-term shifts required for system transformation. **The double bind provides a framework for understanding organisational "stuckness" not as the failure of individual units (person, a team) but as an emergent property of contradictory patterns of communication operating across multiple levels of the system.**

4. **How can an understanding of double binds help practitioners navigate systems change?**

Given that double binds cannot be identified, fully explained, or rationally anticipated in advance, they cannot be completely addressed through better planning.[9] This is because a double bind reflexively creates a situation that impedes the victim's ability to recognise or act on their

circumstances. Instead, leaders and stakeholders across health and social care can cultivate greater sensitivity to the existence of double binds. Key takeaways for everyday practice include:

Paying greater attention to multiple levels of communication across different contexts (e.g., teams, units, policy, and economic environments): Double binds can generate stagnation, but they can also become sources of creativity and transformation. The possibility of moving beyond their pathological effects emerges when underlying contradictions are reframed at a different level of analysis.

Addressing double binds therefore requires a more nuanced understanding of meta-communication frames—frameworks that shape how multiple levels communication patterns are interpreted and acted on. These frames can create opportunities for second-order learning, enabling systems to question, and move beyond established patterns rather than remaining locked into existing modes of thinking and action. For example, Paul Watzlawick, John H. Weakland, and Richard Fisch[10] draw on Bateson's concept of logical levels to distinguish between first-order and second-order learning and change. They argue that learning and adaptation within systems occur at different logical levels: First-order change involves modifying behaviour within an existing set of rules, whereas second-order change involves changing the rules, assumptions, or contexts that shape and govern behaviour. Second-order change therefore requires a shift in the framework through which a problem is understood, rather than simply developing more effective solutions within the existing framework. Second-order learning then refers to both a process of unlearning (which is necessary) and learning.

Safeguard communication processes within the organisation where "relational information" related to multiples contexts are shared and worked on: A more nuanced understanding of how the boundaries of the health system need to be defined and redefined within change management processes is needed. This, together with a broader awareness of the multiple contexts and levels involved, can open different ways of attending to relational information. Rather than focusing solely on structures and outcomes, organisational change can also attend to the communicative patterns through which people make sense of, respond to, and reshape the system. Such an approach can enable moments of breakdown to provide opportunities for the community to be critical of pathological patterns of adaptation that often operate unconsciously through daily practice habits, routines, and usage of tools.

Don't be afraid to question the existing boundaries of the health and social care system and ways of working with these boundaries. This can also open up more radical ways of imagining community health. The work of Patch Adams at the Gesundheit! Institute provides one example. Working in contexts marked by pathology, experiences of "stuckness", and even violence, Adams uses clowning not simply as entertainment but as a way of creating a different communicative context. In Batesonian terms, play establishes a new meta-communication frame that enables participants to step outside existing patterns of communication and reframe how they approach questions of health, healing, and their relationships with one another.

Use play, humour, metaphor, and storytelling to create alternative communicative frames: This will help to perceive relationships differently. Working with these forms of communication can therefore help people engage with relational information that often remains invisible within conventional organisational change discussions. How about using Alice's metaphor next time during your team huddle to describe a challenge you are experiencing and invite others to contribute to that? Explore how far you can take one of these techniques to effectively communicate your feelings of discomfort regarding past unsuccessful attempts at change.

Notes

[1] Gregory Bateson (1904–1980) was a British anthropologist and cybernetician whose transdisciplinary work spanned anthropology, cybernetics, psychology, ethology, and ecology. Bateson's work explored questions of order within living systems—including octopuses, cities, families, institutions, and ecosystems—in terms of information, communication, and learning. Some of my research on Bateson relates to my work as Co-PI on a recent two-year project titled *Enacting Gregory Bateson's Ecological Aesthetics*, jointly funded by DFG (Germany) and AHRC (UK).

[2] See, for example, Department of Health and Social Care, *Independent Investigation of the National Health Service in England (Accessible Version)* (London: HM Government, May 15, 2026), accessed June 4, 2026, https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england/independent-investigation-of-the-national-health-service-in-england-accessible-version.

[3] Cybernetics is a transdisciplinary field of inquiry that emerged in the 1940s. It deals with ideas of information, communication, causality, and feedback that operate across human and nonhuman systems. It has multiple histories, trajectories of development, and sites of application.

[4] Here, I am referring to the ongoing discourse on transition design and transformation design, which encompasses a growing body of research, publications, and practical frameworks, including the Scottish Approach to Change. Representative examples, among many others, include Wolfgang Jonas, Sarah Zerwas, and Kristof von Anshelm, eds., *Transformation Design: Perspectives on a New Design Attitude* (Basel: Birkhäuser, 2015); Cameron Tonkinwise, "Some Theories of Change behind and within Transition Designing," in *Strategic Thinking, Design and the Theory of Change*, ed. Luca Simeone, Dominic Drabble, Nicola Morelli, and Amalia de Götzen (Cheltenham, UK: Edward Elgar Publishing, 2023), 270–93; and Derk Loorbach, "Designing Transitions," *Proceedings of Relating Systems Thinking and Design 10* (2022), article 003, Systemic Design Association, accessed August 2, 2025, . For example, the NHS's Scottish Approach to Change, which promotes a multidisciplinary approach through a range of tools and methodologies, can enable better investigation on the gap between theory and practice and provide a platform for critically examining these different models.

[5] See, for example, the important distinction between "clocks" and "clouds" used to conceptualize change management in health and care systems in the recent Northern Triangle report: Nicola Burgess, Nick Downham, and Emily Rowe, *Of Clocks and Clouds: Leading System-Level Change in Health and Care* (University of York, in collaboration with Cressbrook Ltd., 2026), https://doi.org/10.15124/yao-1b22-re60.

[6] See also the more theoretical ideas of ontological design and action within breakdowns, inspired by the living systems thinking of Humberto Maturana and Francisco Varela, as developed and articulated by Fernando Flores and Terry Winograd, Arturo Escobar, Tony Fry, and others.

[7] Living systems, unlike mechanical systems, have self-organising (self-creating) properties and generate a sense of implicit order. External influences (information) can trigger change, but transformation emerges from within the system itself. Moments of instability may signal breakdown, but they can also enable adaptation and the emergence of new forms of order. See the large body of work on living systems, emergence and self-organisation which also include the work of Bateson"s contemporaries Humberto Maturana and Francisco Varela.

[8] Some of Bateson's original work on the double bind can be found in his book Gregory Bateson, *Steps to an Ecology of Mind: Collected Essays in Anthropology, Psychiatry, Evolution, and Epistemology* (Chicago: University of Chicago Press, 1972) Since then this work has been extended and expanded by many scholars.

[9] Mary Catherine Bateson, "The Double Bind: Pathology and Creativity," *Cybernetics and Human Knowing* 12, nos. 1–2 (2005): 12–24.

[10] Paul Watzlawick, John H. Weakland, and Richard Fisch, *Change: Principles of Problem Formation and Problem Resolution* (New York: W. W. Norton & Company, 1974).