

CASES THAT HAVE TAUGHT ME A LOT

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Learning and teaching

It is well known that in his striving to theorize about the dynamics of change **Bateson (1972)** attached a good deal of importance to learning processes. Indeed, such was their importance that the teaching function and therapeutic activity have traditionally been associated with one another within the systemic perspective (**Linares, 1996; Ceberio and Linares, 2005; Linares and Ortega, 2006**).

Among the three classes of learning described by **Bateson (op. cit.)**, type I consists of elementary thought processes, which are useful for solving specific problems in the immediate present. Ploys, one could call them. Learning II involves the incorporation of habits or sets of premises that guide our actions and enable us to be more economical in our efforts. This is akin to the acquisition of effective behavioural patterns in the medium term. However, the truly revolutionary kind of learning is type III or deutero-learning, which, given the significance and exceptional nature of its consequences, only occurs on a few occasions. This involves a questioning of everything that has gone before, a process which, by introducing uncertainty, ends up producing a complete restructuring, or what **Whitaker (1991)** would call a genuine

reorganization of the subject's lifestyle. It is, in a way, a conversion, and although it may appear to be wasteful in the short term, in that it means giving up old but not completely unhelpful ways of functioning, it proudly looks to the future. One thinks of Saul falling from his horse on the road to Damascus and giving birth to Paul.

Bateson situated himself on the side of "the one who learns", that is, the student, and this was probably because, despite being an influential figure, he never regarded himself as a formative influence. However, from the opposite position, that of "the one who teaches", it is likely that Socrates would not have hesitated in identifying deuterolearning with maieutic teaching. Thus, from this point of view we could consider the Socratic state of *aporia* or perplexity as being very close to Bateson's learning III.

In order for learning to take place there must be a subjective state of need, which is composed of various ingredients. On the one hand there is a need for curiosity, based on the capacity to gain pleasure from exploring the new; for learning is always a liberal and, at times, revolutionary enterprise, but it is never conservative. Indeed, the conformist spirit, at odds with the search for new things, is incompatible with the acquisition of new knowledge or praxis. However, learning also requires that something is lacking, and that this is revealed through certain demands. The awareness that certain attitudes or levels of performance are being asked of us, and that these can only be developed by incorporating their seed or ferment, constitutes an important driving force behind learning. On the basis of curiosity, of what is lacking and of demands, need is transformed into motivation.

Psychotherapy is a science, but it is also art. As a science, its learning requires motivation and it is conducted mainly in accordance with learning II, through the acquisition of complex behaviour patterns that are useful for the reasonable development of a professional activity. Reading and commenting on specialist texts, the group work of indirect and direct supervision, and even the work with the therapist as a person in official seminars and workshops all form part of this line of activity, which enables the basic skills needed for the profession to be acquired. This process may be complemented by other aspects that correspond to the simpler learning I, which the formative system will provide with varying degrees of structure (e.g., never take the side of one member of a couple who are fighting, or don't criticize people's parenting skills when their children are present).

However as an art, therapy desperately needs learning III or deuterolearning, Socratic maieutics, *aporia*, perplexity. And it is here that a factor as important as

motivation enters the equation: seduction. The irresistible attraction felt when faced with a certain experience takes us by surprise at an unexpected moment in which the subject becomes aware of something indefinable that has taken hold of and awakened him or her.

This seduction may be caused by another person, generally a lecturer or teacher in the case of learning processes, but it may also emerge out of practice and be associated with experiences which have such an impact on the subject that they induce change. Naturally, there are no objective laws that govern such experiences, and we can never be sure which people or situations we will find ourselves being seduced by.

What follows is a series of cases or situations, involving individuals or families, which have had a determining influence on me. In all of them I have learnt something important that, in one way or another, has become incorporated into my way of understanding the clinical practice of family therapy. In other words, these people or situations have influenced not only my way of working but also my corresponding theoretical development. For that reason, they can be considered as the co-authors of my therapeutic model.

Psychosis has something to do with the family

In the early 1970s I was a medical resident, a psychiatrist in training in a rambling old asylum. The rooms where the medical residents lived were on the upper floor and opened onto a terrace that offered extensive views of the central patio area, where a considerable part of the institution's relational activity took place. Above all, it was an excellent place from which to observe the contact between patients and their visiting relatives, especially at weekends when such encounters were more common. It is worth remembering that at that time, with the reform of psychiatric hospitals barely underway, the institutional culture was basically closed and patients were kept indoors for long periods; thus, family visits became important events.

Among the many intense scenes full of relational significance that I was able to contemplate from my privileged vantage point, those involving the Martinez family — specifically, the twice-weekly visits that Mrs Martinez made to her sons José and Francisco, both of whom were in-patients — have continued to be firmly lodged in my memory.

Mrs Martinez was a widow of about seventy years of age, while her twin sons were around forty. Although both of them had been diagnosed with paranoid schizophrenia their institutional history differed radically: José was a veteran of both psychosis and the hospital, and had been an in-patient since his teenage years, whereas Francisco had only recently been diagnosed and had been admitted just a few weeks previously. Nevertheless, his mother was determined to prolong his stay indefinitely so that the two brothers could keep each other company, becoming in-patients “for life”. This was one case among many that illustrated the traditional psychiatric model, whereby the family and the institution established an alliance based on mutual trust that enabled the patient to be transferred from one to the other: the institution validated the treatment received by patients in their families, while the latter acknowledged that, given the circumstances, handing their ill member over to the institution was the best of all possible fates.

I knew the two brothers as José was on the chronic ward under my responsibility, whereas Francisco was still on the acute ward where the medical residents carried out their on-call duty. José’s attitude was typical of the veteran who has mastered the institutional culture and its corresponding picaresque nature. He was a relatively quiet man, somewhat prone to avoidant behaviour and plagued by rituals, including the reiterative questioning of staff members regarding his hypothetical discharge date. Francisco, in contrast, was anxiety personified and his way of addressing staff revealed a sense of urgency and was even somewhat authoritarian. He spoke about the great mistake that had been made in admitting him and threatened to take various measures in order to secure his discharge.

However, despite knowing them I was still surprised when I saw them interact with their mother when she came to visit. Mrs Martinez would sit on a bench in the garden and proceed to take from a basket the food she had brought for her sons. José, seated at the opposite end of the bench, contemplated his mother amidst fits of laughter. At the same time, Francisco circled the bench while wringing his hands and crying inconsolably. José’s laughter was as noisy and spectacular as Francisco’s sobbing, but Mrs Martinez appeared unmoved and handed out the food with neutral serenity: “These delicious oranges are for you to share. The sausage is for you, Pepito¹, as I know you love it, and this little tin of tuna is for you Paquito, so that you give yourself a treat, too.

¹ Pepito and Paquito, the names used by Mrs Martinez to address her sons, are the diminutive forms of José and Francisco, respectively, and as used have a rather infantilizing ring to them.

Ask Mr Antonio to open it for you. The chocolate is to share as well, but don't eat it all today or you'll end up with belly ache." And so on. When all the food had been handed out the old lady gathered her things, rose to her feet and kissed each of her sons on both cheeks. She then headed toward the exit with the same natural air, leaving behind her a chorus of laughter and lamenting that stopped as soon as she was out of sight.

I did not cease to be amazed by this and decided to check whether the sequence would be repeated on subsequent visits. And indeed it was, with only a few slight variations. But there was always Jose's booming laughter, Francisco's inconsolable sobbing, the incredible natural air of their mother — and my own disconcerting feeling that something was missing or that there was a much more complex reality underlying what appeared to be a tragicomedy of traditional customs. Although I had read the articles that had begun to appear about double bind theory I was still unaware that a new psychotherapeutic model was being inspired by it. For young psychiatrists in training like myself, it was merely a new and interesting hypothesis about the aetiology of schizophrenia that was based on communication theory, a mysterious and fascinating set of ideas whose scope and significance were actually beyond us. Thus, I was unable to relate the scenes of "public intimacy" shown by the Martinez family, and which I had witnessed, with the theoretical principles that would soon become systemic therapy. However, reflecting upon that spectacle of psychopathology, and discussing it with colleagues, I came to the conclusion that it had something to do with psychosis. And so I decided it was necessary to do family therapy, although I didn't really know why, how or for what purpose.

The discovery of resilience

Although the story of Aurora does not constitute a clinical case, I followed it closely during an important period of my life and it became interwoven with my own story and that of my family. Aurora was a woman in her forties; honest, affectionate, a responsible worker and a good wife and mother. Her biography had certain unavoidable political aspects to it as she had been one of what were known as the "Spanish children in Russia"; she had been sent by her parents to the Soviet Union in 1939 following the defeat of the Republican forces in the Spanish Civil War. When, at the end of Franco's dictatorship, she returned to Spain, she took care of my children for a number of years and left us with fond memories of a delicate and loving person.

Aurora's parents were liberal-minded Republican activists but they adapted well to exile in the south of France and never sought to reclaim their daughter, who lived in boarding schools in Moscow from the age of six to twenty. At first she was accompanied by her brother, who was one year older than her, but he later disappeared — supposedly having escaped — and she never saw or heard of him again. One day she also got word that her mother had died.

Her material situation was precarious, although she had enough to survive on, but things got worse as the Second World War drew closer to Moscow. When the air raid sirens sounded in the middle of the winter nights the children were evacuated to the nearby forests, where at times they had to remain for hours on end. Aurora described that hell quite naturally, as if wishing to play down its importance. Abandonment, loss, hunger and freezing temperatures all lost their dramatic effect in her account of them, and became nothing more than the circumstances she had been required to live through. Her voice only changed when she spoke about the female tutors she had had, particularly one of them. In general they were good women with little formal education but an enormous capacity to relate to the children and a notable commitment to their work. What's more, Ludmila had been special for Aurora. She had always treated her kindly, giving her hugs and comforting her at just the right moment, when sadness and loneliness had threatened to break her heart.

I was moved by Aurora's story and could not help but identify with her, asking myself whether I would have been capable of surviving for so many years those dual sources of neglect: the physical cold coupled with the inner coldness. The only answer I came up with was that it would have all depended on being lucky enough to have found someone like Ludmila who was willing to transmit her warmth.

Without realizing it, I had discovered resilience. When, many years later, I came across this concept, which had been recently introduced into the mental health field, I thought again of Aurora and reflected upon the generosity of the ecosystem that offers up its resources in order to favour life and the species.

Relational patterns that leave their mark on life

Mr and Mrs Blanco were a young, well-matched couple who were enjoying bringing up their young son Martin; indeed, life seemed to be going their way.

However, things took a turn for the worse when both of them, Angel and Berta, lost their jobs one after another and Berta's mother, who was closely involved with the family and helped out in various ways, died suddenly. As a result they had to move house, to a much more modest neighbourhood, and in the process lost almost all their social network. Furthermore, at that point Berta fell pregnant and gave birth to twin girls.

They felt their world caving in around them and, although they maintained a good couple relationship, they felt overwhelmed by their parental tasks. As regards Martin, the already-established bond was able to survive the crisis, and the couple themselves remained reasonably stable, united as they were in a kind of solidarity in the face of misfortune. However, the task of bringing up the twins was felt to be beyond their resources and generated a silent and unmentionable rage against the girls. The idea of giving them up for adoption crossed their minds but they feared the scandal and social reproach that this would bring to bear on them. They were respectable people and couldn't do something like that!

Thus, driven to despair they did not hesitate to surrender to what seemed to be a solution that sprung from the very same well of misery and impotence in which they found themselves. There was no need for lengthy debates or discussions, or even conversation. The plan arose simultaneously and implicitly in both their minds, without either of them actually spelling it out. In the end it was neither specific nor precise, but merely a set of ideas for bringing up the girls that was compatible with the critical state of the family.

I have so far omitted to say that the two girls, although twins, were very different. Maria was strong and healthy, fed and slept well, and gave no problems of any sort. Ana, on the other hand, presented all manner of problems. She was weak and sickly and much more prone to crying than sleeping, and it was this difference which inspired Angel and Berta to come up with their simple and clear solution: Maria would have to take care of Ana. This became, in suitably coded form, a highly precise and rather complex message: Maria's mission in life would be to take care of her disastrous sister Ana, thus freeing her parents from this responsibility and ensuring the survival of a family threatened by the arrival of the two girls.

Having been defined so early by a role assignment as arbitrary as it was effective, the personalities of Ana and Maria developed along different lines. And far from losing its force over time, this difference became exacerbated, especially when, a

few years later, a fourth child was born at a time when the parents, having overcome their family crisis, felt themselves to be back on track again. It was as if, once the basic family functioning had been re-established, the pattern which governed the twins' behaviour not only failed to disappear but actually became enforced more strongly, thus revealing the differences between the attachments established by the four children and the injustice that was inherent in them.

Ana remained faithful to her developmental path as a problem child, failing in many aspects of school life and getting precociously involved in sexual promiscuity with several boyfriends, all of whom were regarded as provocative and unsuitable by her parents. Furthermore, she got into drugs and started hanging out with small-time dealers, as well as dealing herself. Indeed, drugs soon became her downfall as, at the age of sixteen, she died as a result of being run over in front of her house while in an intoxicated state. The possibility that the accident was actually provoked was even mooted.

I never got to meet Ana, although when, some years later, we began to reconstruct her story it became clear that she would have been diagnosed with a borderline personality disorder. I did get to meet Maria, who by this time was married with two children and diagnosed with major depressive disorder, when she took part in a family therapy.

Maria had spent a large part of her life with one eye on her sister, having accepted the assigned mission to protect her while, at the same time, contemplating the impossibility of a task at which she was doomed to fail. The rules of the game included a prohibition on rebellion and even protest, however much she continued to feel, privately, a vague sense of injustice alongside her strong feelings of responsibility and continuous tendencies to reproach herself for being incapable of achieving what was expected of her. Responsibility, self-denigration and guilt, as well as a degree of buried and unmentionable hostility, were some of the most important of her personality traits. It could be said that it was this which gave rise to the future depressive, Maria, who found an opportunity to express herself when, within the setting of a new relational system, i.e., her created family, certain patterns of interaction that she had lived in her family of origin began to reappear. But that is another story.

The reason why I am recounting the story of Ana and Maria here is that it taught me a lot and made me think about how, living within their biological family, two twin sisters could develop pathologies as seemingly different as major depression and

borderline personality. Under the common denominator of deprivation (**Linares and Campo, 2000**), generated by a particular kind of block in the process of relational nurturing (**Linares, 2006**) that is produced when parental functions fail but the couple relationship itself survives, two different relational patterns emerged and developed. That which affected Maria was characterized by excessive demands on oneself: tasks that were impossible to achieve, which went beyond her best efforts and, therefore, that doomed her to failure and served as an eternal reminder of her not being up to the task at hand, of what was expected of her. Obviously, the second ingredient was the lack of value accorded her, in other words, the failure to appreciate her fruitless but indefatigable efforts to fulfil her unwieldy mission. Ana, in contrast, grew up according to a pattern marked by overprotection and rejection. She was given whatever she asked for so that she was no bother, in other words, her legitimate needs were overlooked in favour of those of her parents, who were more concerned with maintaining a certain degree of comfort. However, at the same time one cannot hide the upset that was caused by this kid who was always afflicted by problems. It is no surprise that Ana's personality was forged out of a profound rage and limitless disregard for social norms which, in reality, were a reflection of the mistrust she experienced in her interpersonal relationships.

Much more about psychosis: mystical delusions as a relational metaphor

This story is in fact the sum of three stories, because it recounts my therapeutic experience with three illustrious figures of Western culture: Jesus, Mary and Joseph. Indeed, some years ago I had the rare privilege of seeing them all in therapy at the same time, embodied as they were in the delusions of three patients: Ignacio, Isabel and Marcelino. It should be said that these were three patients, three families and three different therapies, but the extraordinary coincidence made a deep impression on me and caused me to reflect upon and learn a lot about the relational processes underlying psychosis.

1. Ignacio as Jesus

Ignacio, a twenty-year-old young man, was brought by his family to the accident and emergency department with his body covered in scratches and wounds, which were fortunately mild. He was also in the midst of a mystical delusion: over the previous few

days he had been convinced he was Jesus Christ. With the precise aim of putting this to the test he had thrown himself down the bank of a public park, convinced that he could levitate. Of course, this was not the case and he had the wounds and bruises to show for it. He didn't really understand what had happened but remained firm in the convictions regarding his holiness and was determined to make another attempt, which he was sure would prove successful.

The negotiated acceptance of medication and the offer of domiciliary care enabled Ignacio to avoid being hospitalized during the most acute phase of his psychosis. Furthermore, family therapy was undertaken and, among other things, saw those involved develop the following shared account of events.

Ignacio was an attractive young man. Tall, blond and blue-eyed, he was the second child of a good-looking family who, in contrast, were stocky, darker skinned and black-eyed. The only other blond was the mother, but it was clear where her preferences lay: Domingo, the oldest son (aged 23) was the spitting image of his father and was undoubtedly his mother's favourite. To say he was her favourite is simplifying things too much. Since he was a child, Domingo had been his mother's faithful ally, in whom she took refuge and sought comfort after fighting with her husband, something which unfortunately occurred all too often. Both the couple had been unfaithful on several occasions and this led to stormy outbursts and periods in which they drifted apart; however, they always managed a passionate reconciliation. The father compensated for the coalition between his wife and Domingo through a privileged relationship with Laura, the couple's third child who was barely a year younger than Ignacio.

The latest family crisis had been caused by Domingo leaving home to go and live with a much older woman who was a divorced mother of two. His own mother was beside herself; sad and furious at the same time and lamenting the loss of "her" son, she was also seething about this other woman who was openly perceived as her rival. However, of even greater interest were the changes in what ostensibly were trivial aspects of their home life and the effect — disproportionate in the parents' opinion — they had on Ignacio. Up until this point Ignacio had shared a bedroom with Alberto, who at seventeen was the youngest of the four children and, like Domingo and his father, was a fine example of Mediterranean physique. However, it wasn't Ignacio but Alberto who moved into Domingo's much sought-after and now vacant room. Why? With whose permission? On whose initiative? It was not easy to find an answer. The fact was that, completely implicitly, Alberto felt authorized or encouraged to occupy

Domingo's place... in the bedroom. And the same thing happened in the living room in front of the television. There it was Laura who occupied the armchair where Domingo used to sit. When Ignacio realized what was going on he entered a state of shock and failed to utter a word for a couple of weeks. In the parents' view this was "a completely over-the-top and incomprehensible reaction". The first words he subsequently uttered, somewhat shyly and in absent-minded fashion were: "I think I'm Jesus Christ".

2. Isabel as Mary

Isabel was a thirty-year-old woman with several years of psychotic diagnosis behind her when she was taken to the accident and emergency department by her parents due to a new acute episode in her delusional disorder. According to Isabel, people in the street insulted her by calling her a whore; as if they didn't realize that she was none other than the Virgin Mary. Driven to rage by the insults, she would often fight back and physically attack her persecutors, which usually led to a disturbance and police intervention. On this occasion the psychiatrist who saw her referred the case for family therapy, which enabled the following shared story to be drawn up by those present.

Isabel was the elder of two sisters, who were the daughters of Matias and Encarna. Matias had followed in his father's footsteps as a builder and had become a site manager and small-scale businessman in the construction sector. The grandfather, who was also called Matias, worked and lived for many years alongside his son. But this arrangement had been far from plain sailing. The grandfather was an authoritarian and dominant man who wouldn't stand for any dissent, and thus Matias junior, Encarna, Isabel and Rosa (as the other daughter, two years younger, was called) went through what the family later defined as "a living hell". The two men argued continuously and at times came to blows, above all because the grandfather was unable to control himself.

However, the family had developed their own particular way of resolving these conflicts. Isabel, who was her grandfather's favourite, had specialized in calming him down, and offering comfort to her own father in the process. From early on in her life Isabel had learnt to slip onto her grandfather's lap and make soothing noises until he seemed to have calmed down; she would then repeat the same operation on her father's lap. Isabel's soothing role thus became a key factor in maintaining equilibrium in the family.

However, one day, with the girls already in their twenties, things reached a critical point. Matias junior was loading the car for a weekend trip when the grandfather, in a rage and out of control, told him they couldn't leave until they'd settled a matter in hand, which was actually something quite trivial that could easily wait a few days. At least that was the argument put forward by Isabel's father, but the grandfather wouldn't listen to reason and, wielding an enormous knife, assured them that nobody would leave the house alive. This proved to be the final straw. The son gave in but that same night, he and his family left, thus definitively cutting all ties with his father. A few days later the grandmother also left her husband and went to live with her son's family. And then, shortly afterwards and in apocalyptic fashion worthy of a film, the grandfather set fire to his house "so that that ungrateful lot couldn't take anything".

A new stage of Isabel's life was thus set in motion. For a while she showed a notable change of character, becoming withdrawn and shut off from the rest of the family while, at the same time, going out a lot and compulsively seeking male company. This continued until one day she unexpectedly announced she was getting married and introduced her family to the boyfriend, a shy, overweight young man who was far from what the parents considered to be an ideal candidate. Yet Isabel's mind was made up and she was not going to change it, not even as a result of the bad omens which appeared on the eve of the wedding: in the middle of a terrifying nightmare Isabel got out of bed and broke down the door of her bedroom. She would later say that she had dreamt of an enormous machine driven by men that was crushing her.

The wedding went ahead and, in a seemingly unstoppable sequence of events, Isabel fell pregnant and separated from her husband, at which point she went back to living in her parents' house with her baby, a beautiful little boy who she named Matias. All this took place in as few as nine months. However, at the same time, she started having delusions: How could people be so wicked? They called her a whore, as if they didn't realize she was the Virgin Mary personified!

3. Marcelino as Joseph

Although delusions inspired by Jesus and Maria are relatively common, Joseph as a source of inspiration is a genuine rarity. Therefore, I was surprised to receive a referral from a mental health centre where Marcelino, a forty-five-year-old man, had been receiving treatment for a long time.

A life-long psychotic, Marcelino had become alcoholic and had suffered from pancreatitis, in addition to the liver cirrhosis he was currently diagnosed with. Thus, the aim of the referrers was not to cure him with family therapy but to help them get over the latest crisis which had unfolded. After leaving one of the unstable jobs he did from time to time, Marcelino had shut himself away at home with his elderly parents and given himself over to an intriguing and more than shocking ritual. He, who had always been a discreet and puritanical man, was now capable of behaviour which even a libertine would find scandalous.

Each morning, when his mother got up to prepare breakfast for the three of them, Marcelino would slip silently into his parents' bed and, fondling his father's genitals, provocatively suggest that the father sodomize him. His father's resistance and rejection of this offer were met with roars of laughter, which usually marked the end of the behavioural sequence. Thus, although he wasn't lifting a finger in terms of work and was engaging in what was regarded as filthy behaviour, he nonetheless declared himself to be St. Joseph, the epitome of honest work and chastity.

The therapy was undertaken with the modest objectives set out in the referral. Marcelino's highly deteriorated physical state and the chronic nature of his problems suggested that the psychosis already — and inevitably — constituted the most significant part of his identity. Therefore, the therapists opted to make a provocative intervention with a paradoxical twist to it: "Marcelino, you have every right to be a saint, but we think you've gone too far in putting yourself forward as St. Joseph, who was an extremely hard worker; indeed, the Catholic Church regards him as the patron saint of work. We suggest, in keeping with your employment situation, that you identify yourself with St. Luis Gonzaga, who was a little prince who lived with his parents and never dirtied his hands through work, even though he was a really good man as well". He didn't like the idea and insisted that he was St. Joseph, but he did so with less conviction.

Marcelino and his parents were originally from a region in central Spain that is famous for certain gastronomic delights, which could be found in numerous bars throughout Barcelona, the city where the family now lived. As both Marcelino and his father liked to eat well, and both had a free public transport pass, we asked the two of them to travel each day to a different neighbourhood and identify the best bars, where they would try the special dishes and together draw up a kind of food guide. The plan

worked. The provocative behaviour ceased and, a few weeks later, Marcelino went back to work with one of his brothers in a small transport firm.

4. Some thoughts on psychosis

The three cases described above, which I worked with therapeutically at the same time, made me think a lot about psychosis and, in particular, about one of its aspects that struck me as being especially important: the attempt via delusions to be recognized by relevant people (the parents, generally and firstly, but later and progressively, the whole world).

In the case of Marcelino there were grotesque overtones but it was obvious nonetheless. We didn't investigate in depth the history of the family or, therefore, that of Marcelino's disconfirmation; two elderly people and an almost terminally ill man deserved to be left alone in that regard. However, the son's provocation of his father left little room for doubt: "I've tried everything to get you to recognize me but without success, so the only thing left to do is that you bugger me. If that doesn't make you recognize me then nothing will!" The fact that the prescription of a shared activity, which was both creative and gratifying, put a stop to the symptomatic behaviour would seem to confirm the credibility of the hypothesis. And the most admirable feature was the delusional metaphor, a complex message whose purpose was to give ethical backing to such shameful behaviour: "let nobody think that I'm libidinous; although I'm obliged to resort to these attitudes I'm actually chaste and honest like St. Joseph".

Ignacio, via his identification with Jesus, sought recourse against irrelevance. He had always felt that his siblings occupied privileged places with respect to their parents that, in contrast, were denied to him. When his mother began to show the effects of Domingo's leaving he believed his opportunity had arrived, but for this very reason the disappointment he felt was much greater. So much, in fact, that it was indigestible. The bed and armchair occupied by Alberto and Laura, respectively, convinced him that, in this family, he would never be anybody. Moreover, as one can't live being nobody, the mystical delusion offered him a new identity. Who could doubt that Jesus was somebody? Furthermore, the absolute purity of Jesus offered a complementary guarantee against lustful alliances. Mystical delusions very often encapsulate this message in defence of a chastity that is threatened, denied by the facts or simply idealized in the face of supposedly lustful conspiracies. In Ignacio's family there was no

real incest but that was how he experienced the relationships between his parents and siblings that deprived him of adequate recognition.

As regards Isabel, her role in her family of origin had consisted of calming down the men and she was recognized for doing so, particularly by the grandfather. When this ceased to be a meaningful activity due to the family moving away, Isabel's world caved in. She realized that her grandfather, completely given over to his rage, no longer needed her or sought her out, while her father, identifying her with that period of humiliation and suffering, ignored her and turned his attention to her sister Rosa. She felt that the recognition they had shown her in the past had been purely instrumental and linked to the fact that they used her in order not to fight. Probably she had always feared this but now it was certain: she had been the little whore of her father and grandfather. So, in her mind an idea began to take shape of protecting herself against this horror by identifying herself with the greatest example of chastity imaginable: the Virgin Mary. Moreover, Mary was universally recognized as being the mother of God, and Isabel knew how much her father wanted a male child. So she decided to try her luck and, when she returned to her parents' home with her baby son, having left her husband who for her had been a mere supplier of semen, the psychotic breakdown occurred. Her parents took charge of the child without this producing any significant improvement in terms of her recognition, but at least she had an excellent defence against the accusations of prostitution which she hallucinated: after all, was she not the forever chaste Virgin Mary?

To conclude

When reflecting upon whether the cases I have chosen to describe represent a coherent choice, I can find only personal reasons that lead, in short, to my own subjectivity. Madness always interested me, and understanding its relational bases was something I regarded as a challenge. Thus, there is thread that joins the mystery of the case of the psychotic twins with the understanding that emerges in the three delusions of religious content (although it would perhaps be more accurate to say religious pretext). The characters who, in the former, remain enigmatic figures barely capable of posing questions, become, in the final three cases, actors in a series of dramas with enough authority to suggest some answers. Moreover, the story of Ana and Maria illustrates that

madness is not the only way of succumbing to suffering and psychological pain: there may also be too much sanity or good sense, as in the case of depression, or the destructive and, to a certain extent, avenging rage of borderline behaviour. As for Aurora, she was probably chosen because of the need to offer an alternative story, one in which mental health was preserved despite adverse circumstances and thanks to the continuation of a relationally nutritious bond: the invaluable experience of being adequately and unconditionally loved. For indeed, the thread that runs through all the stories that have taught me a lot is the idea that human beings are loving beings, and that we fall ill in the face of complex obstacles to love, whether through feeling disconfirmed, disqualified, rejected or whatever.

It is a cliché that a professional's training is never over, but like all clichés the statement is not only obvious — or even mystifying — but also contains a pearl of wisdom. For therapeutic practice may be both a source of routine responses and stultification as well as a stimulus for learning. Experience in itself is not what counts, that is to say, work alone is not enough to ensure improvement in professional practice.

The worse conditions in which to work therapeutically, and therefore those in which not only does no learning take place but skills are easily lost, are those characterized by an excessive caseload and professional isolation. Finding oneself obliged to come up with interventions, filling out all manner of protocols with the mind set on statistics and, at the same time, being unable to share the difficulties which emerge in practice and with no expert orientation to rely in, these are the ideal circumstances for burn out. In contrast, what is required to make clinical work a formative experience is being able to work in a team and under supervision, ideally that offered by an outside expert (**Cancrini, 1997**).

All this raises an important issue with respect to the continuous education of experts: who supervises the supervisor? The truth is that training is an enriching process not only for the trainee but also for the trainer. And the classical setting of systemic family therapy, with the one-way mirror and the recording of sessions, offers an ideal framework in which this process can develop. Having observers in training behind the mirror, to whom one must explain what is to be done and with whom, is a good way of avoiding falling into routine practice and self-complacency. The same can be said for presenting recorded cases in group discussions. By taking on board other people's points of view our own view must necessarily become more complex and nuanced, both in terms of observing patients and their families and in evaluating ourselves.

Thus, it is no wonder that throughout the training activity of an experienced professional, the presentation and discussion of a core set of cases is frequently turned to, this being to the detriment of other cases that may be of equal or greater interest; there is also the risk that some of those present feel they are hearing familiar material. Obviously, it is a good idea for trainers to keep check of such situations and thus avoid repetitions that discredit them as experts, but if they ask themselves why they repeatedly turn to the same material they are likely to realize that they are talking about “cases that taught me a lot”.

The identities and characteristics of both the people and the situations described in this article have been modified sufficiently so as to make them impossible to recognize.

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ABSTRACT

After first considering the different mechanisms of learning this paper presents several cases that have had a decisive influence on the author, providing inspiration for his theoretical perspective on the relational basis of psychopathology and, particularly, the more severe disorders: depression, borderline states and psychosis. The author also recounts a life story that helped him considerably in understanding the notion of resilience, before it had become more widespread in the therapeutic field.

The special cases that feature in the practice of every professional ensure that learning will take place and help prevent a routine approach from being taken, provided that the work setting is conducive to team work, supervision or involvement in a teaching context.