

## INTERVIEW WITH DAVID SHARFF<sup>1</sup>

Interviewers: Natalia Larraz and Luisa Moi

**Dear Dr. David Scharff, it is a real honor for us to be able to interview you for our magazine "Revista Pensamiento Psicoanalítico" and in our city, Zaragoza. We would like to begin this interview with a brief commentary on your professional career. Those points that you consider nodal in your development as a clinician of family and couple psychoanalysis and, on the therapy of object relations.**

I began my studies as a doctor thinking that I would dedicate myself to psychoanalysis. In my studies as a high school and college student I became interested in Freud's ideas. My literature teacher introduced us to his thinking; he was interested in his ideas. We read Freud, although, I did not know much about it then.

During my medical studies I engaged in some extracurricular activities that particularly interested me and allowed me to decide my future. In them I met some professionals who were engaged in research in the field of family relations. It was then that I decided that I would do my medical residency in psychiatry at a hospital in Boston, Massachusetts Mental Health Center, belonging to Harvard University, which at the time had a strong psychoanalytic orientation. There were almost no psychoactive drugs used, there were none. Two of my professors who taught a couple and family seminar, Henry Grunebaum and Nicholas Avery, did not have much conceptualization, but they were important to me as they continued to spark my interest in the clinic's research with families and couples. We visited cases with them. Nathan Ackerman, interviewed a family I was seeing. At that time, we did not use the Gessel camera, it didn't exist yet. It was a public hospital, with few possibilities, although the training was very good. I could watch Nathan Ackerman interview patients. I remember the case of a 17-year-old boy who could not go to school. I remember how Ackerman ran the cure. These were times when the interventions had a good amount of seduction. The boy and his mother

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would tell me how they would go dancing together. It was too much for that boy to assume what was happening to him in the bond with his mother. Later, when my training was more advanced, with those professionals interested in family, we formed a family seminar. None of the systemic theories existed yet, they were later, so we followed Nathan Ackerman who interested us and Karl Whitaker. Many people came to our hospital for family training, but it was very early in the process and there was no real separation between the classical psychoanalytic concepts and those of family. I remember that Ackerman was quite upset when psychoanalysts didn't consider family in their formulations. This is still the case in many therapeutic contexts today which constitutes a stumbling block in the clinic. This whole clinical atmosphere made a big impression on me. When I began to treat severely disturbed patients, I always saw their families: a husband, a wife, parents, siblings. We had to develop a way of understanding these relationships and their implications for the pathology. In my third year of training, I moved to another hospital, Beth Israel Medical Center, also part of Harvard. There we began a seminar with a psychiatrist, Leonard Friedman, who had trained at the Tavistock Clinic in London. He introduced us in 1969 to the theories of object relations and had a great influence on me. Authors like Ronald Fairbairn were totally unknown to us, in fact they were not known outside of Great Britain. I found his thought so inspiring that I considered it, then, even more important than Freud's. This is not to say that I am not interested in Freud's theory, but Fairbairn included the idea that not only are we driven by our impulses, but that throughout our lives, bonds are fundamental to our journey. He proposed that the links were the center, not only the individual psychic constitution was the fundamental, an idea sustained by Freud at the end of the 19th and beginning of the 20th century. That was the only model he had, based on the physical theories of his time. Fairbairn based himself on Einstein's formulations. Einstein's theories of mass and energy were related to Fairbairn's theories of the structure of the mind. An impact for us.

It's an expanded model for thinking about psychic functioning. So, I thought Fairbairn made more sense to me. I was also interested in Melanie Klein and Donald Winnicott. So, not immediately, but after a couple of years, I decided to go to London and study these people whose ideas were not known in the United States. I also had some knowledge of the British theory of group relations and the study of groups that had emerged from these ideas and I was enthusiastic about it. So, I spent a year at the Tavistock Clinic where these ideas were central. Actually, they knew Winnicott and Klein very well there, but they did not really know Fairbairn, although there was someone who collaborated with us in reading their texts.

That same year, during my stay, I met Jill in the city of Leicester. Later on, she would become my wife. Jill was studying with a disciple of Fairbairn, John Sutherland, who had been director of the Tavistock Institute for twenty years. Sutherland had moved to Edinburgh where Jill was studying, becoming her main follower. We both shared all these ideas, then it was my turn to persuade her to marry me and migrate to the United States where we started teaching these ideas together. We also gradually brought many of the British teachers to work with us in Washington, Melanie Klein's top students, my mentor, Arthur Hyatt Williams, head of one of the Tavistock departments, a Kleinian open to many new ideas. John Sutherland also came and was our mentor. I could mention many more who were generous in sharing their ideas with us.

Starting in 1977 we joined a group at the Washington School of Psychiatry that had always been interested in family therapy and family relations research. The work done with this group was recorded in our book *Family Therapy and Object Relations*. For the next ten years we dedicated ourselves to teaching family therapy with this group, with special guests from Great Britain teaching with us. This gave us the opportunity to meet many other interesting American family therapists. This work was recorded in another book. My next book was dedicated to sexual intercourse, this one is not translated into Spanish. In it I show how the development of children and the sexual relations of the parents, both have an effect on the relations with their internal objects. This does not imply that the sex of the parents determines the mind of the children, but that the sexual relations of the parents and the development of the children are a creation. In 1987, Jill and I published the book *Object Relationship Therapy with Families*, which for me went back to my Boston interests. During my first seminar with British authors, I realized that family therapy needed an analytical theory that applied to individuals, couples and families alike. Classical Freudian theory did not allow me to address this clinic, but the theory of object relations did.

I needed a theory that would allow us to approach other clinical settings. If one studies sexual life, there are questions about it that have nothing to do with parenting, even though the fundamental theory is the same.

In my opinion, Freud generated a distortion in the meaning of sex by positing that sex was everything. Which is important, but it is not everything. Freud often did this, discovered something really important, and then put it in the spotlight. Sexuality "is important", it runs close to the center, but it is not the center.

And we continued with our books, picking up in one of them our beginnings with Fairbairn,

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Klein, Bion and the group theories based on Bion's ideas. In our theory of the family, we include child development, which we consider fundamental to having a complete picture of the phenomenon. We have observed many family therapists who are not trained in child development and that leaves their interventions lame. In this book we include examples of how to carry out family work with children of all ages, from childhood to adulthood, with different chapters covering all stages of treatment from assessment interviews to completion sessions. The second chapter includes the story of a family I treated when I began my training as a psychiatrist. It is about a fourteen-year-old girl, Judy, who was on the edge, and along with a co-therapist, I was able to treat her and her family for three years with very good results.

It was not until the mid-1980s that people began to learn about our work. We owe it to our publication, *Therapy with Object Relations with Families*. It was then that we began to think that we had to do something more specific for couples including the work on Sexual Relationship a book more dedicated to development. In the therapeutic interventions we have used behavioral, psychoanalytic and educational tools. It is a combination of behavioral and psychodynamic approach. While we were immersed in this exciting work, Jill became ill. I thought she would never recover, but she did. So, she made a book about projection, which is a very good book on this subject. We found out, around that time, how many of our cases were really based on trauma. On childhood trauma, which we had not quite understood. We then began to look at my old cases and Jill's with this new lens. In all of them we detected early trauma: physical abuse, sexual abuse, early loss, early medical problems with hospitalizations that were terrible for a child. So, we wrote a book about trauma, this was in 1994, this book has just been published in Spanish. In 1998 we wrote a book on individual therapy from the point of view of object relations, using elements from attachment theory. By that time, we became familiar with chaos theory, complexity theory, so we started to incorporate that into our theory. There were ideas from Fairbairn that already contemplated the ideas of complexity: the theory of trauma complexity. His models had to do with relativity. They were based on how he understood relativity. And what in the late 1950's was called the theory of information processing, which overlapped with field theory. But these ideas of Fairbairn were thought of in the latter part of his career, so he did not really make them public. We realized that the internal psychic dynamics in each individual, and especially in the family are so complicated that a much more complex dynamic theory is needed. That is why chaos theory or complexity theory is necessary for our work. During the next ten years we realized how important all this was. In 2011, we published a book called *The Interpersonal Unconscious*, which focuses on chaos theory and how unconscious communication continues through mutual projective

identification. This always informs the unconscious of all people in an intimate relationship and continually reorganizes both, that is, both members of the couple. We include in this work the dreams, the couple's dreams, in fact we talk about the family dreams as joint psychic productions, how a dream can be constituted in a communication with the couple, in talking about one by the two, and how dreams can be used in couple's therapies. In this way it is possible to access both the unconscious system of a couple or a family or a group. By then we had all these ideas pretty well integrated, so we started a fruitful exchange with many Spanish speaking colleagues, especially from Panama and more recently from Argentina and Spain. These colleagues, imbued with ideas of Argentinean authors, introduced us to the work of Enrique Pichon Rivière and other important authors. However, these works had not been translated into English, so the exchange of ideas had not been possible. They were ideas that we were discussing in the 90s and in 2000 that had been thought and worked on since the 50s in Argentina. Works that had considered notions of Klein and Fairbairn, but also of anthropology and field theory, to really create a very complete way of thinking. Pichon was much more interested in organizational dynamics and consultation, he left behind analysis, but his analytical theory is very early and predicts many of these later developments. He trained some of the most original family therapists in psychoanalysis. So he began family work as a group before anyone else. Before any other Latin American, including Minuchin.

Many of them worked with him in co-therapy, he was the most prominent figure who invented family work because he understood from the beginning, working in hospitals, that these were group phenomena, and that the group could influence the person, and that each individual was very influenced by his family and that if you could see the family, you shouldn't stop, and he did. He saw the families from the beginning and worked with them and developed concepts based on the family, including their individual analytical offerings. The whole notion of the depositor and the custodian is really an interactive theory of mental illness. Someone in the family is the spokesperson of the disease, we discovered this through our Spanish-speaking colleagues, especially the Argentineans, and we thought this was incredibly important. The work of the Barangers, who were his disciples and others, are what we might call today modern ideas about intersubjectivity, about the relational, something he understood about fifty years before we did.

We have certainly incorporated his ideas, and two of my Spanish-speaking colleagues and I have just published his work in English for the first time. And we presented it at the IPA in Buenos Aires. His work doesn't say much about the technique of how to do family therapy, just

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how each family is, but it shows us what each individual is like in the family field, and in the social field, and all these issues need to be taken into account, and that fits in with many ideas that have interested us, including the work of a colleague of ours at Imperial College London who has been writing about the social unconscious for some twenty years. But this really places the social unconscious as an inner object, the inner group that Pichon wrote about.

**Who were the most outstanding teachers who influenced your thinking? What are the most important ideas in contemporary psychoanalysis in your opinion, by this I mean the authors and theoretical models that you believe should guide our clinical work today?**

There are many, and often it is not just someone famous, not at all. They are those teachers who are really interested in transmitting concepts, ideas, in transmitting tradition, passion, and in transforming us into useful thinkers. They were not so many famous teachers, it's not that. I mean, I did not meet famous people, but I met very good teachers. In my first years, as a resident in psychiatry, which are very important years in the training in the medical training system, there were famous people in America, like Robert Selman, who was the soul of this hospital, which was the main psychiatric hospital of Harvard. He taught everyone and had 75 residents, there were many of us. But these two people that I mentioned at the beginning, that is, Henry Grunebaum and Nicholas Avery, were the ones that were interested in the family, and that called my attention much more, that I was interested in before I got there. I don't know why. From my days as a medical student, when I met Elliot Mishler and Nancy Waxman their transmissions were inspiring. The seminars in Tavistock with Isca Wittemberg and Isabel Menzies Lyth. Leston Havens at Harvard was a professor who became modestly known, I attended one of his seminars while a medical student, and he introduced me to ideas about family that interested me.

When I rotated through child psychiatry, we had a family therapy seminar, with Leonard Friedman, who later became interested in families from a systemic point of view, he introduced me to British thinking. DS: Then I had to move to Washington DC, the Vietnam War was on, and they were recruiting all the doctors under 35. So, to avoid going to Vietnam, I got a position in Washington, where I met some people who had trained at the Tavistock. Some of them were interested in group relations and were in contact with the Tavistock. I decided to leave the city and take a sabbatical. I wrote to the Tavistock, the Department of Adolescents and they accepted me. I spent a year in London at the Tavistock, in the Teenage Department.

As a student, before entering medical school, I had studied English literature. I had always

liked England. So, there were many reasons to enjoy a year there. It was really a wonderful year and I had wonderful teachers. The head of the Tavistock talked to me about groups, I was included in a seminar where I was leading a group, and we studied clinically what was happening among the group members, the professor was, Bob Gosling, he was really great. I met a man who was my mentor Arthur Hyatt Williams, someone very important to me and many others who were very important teachers. I studied schools, high schools, because I was very interested in schools and education, and I did a research project with a man named John Hill who taught me how to develop qualitative research on adolescents who were leaving school very early, just covering what was considered legal. These young people were going directly into the basic vocational training system and were not good students. We examined the reasons why they were leaving school early, and we studied their families and how schools dealt with that. This study is covered in another of my books.

I found this topic very interesting and I continued it when I returned to the United States, wrote several articles about it, but then I returned to my interest in families more strongly and from then until now. My interest in what happens to children and adolescents in schools continued, consulting with teachers about how they are there, in that social context.

Another teacher who captured my interest was John Bowlby, I participated in his seminar on attachment and loss. He gave me the manuscript of his second volume on attachment and loss to read.

When I returned to the United States with Jill, we started inviting people from Great Britain and we learned a lot from each of them: Anna Segal, Isabel Menzies Lyth, Arthur Hyatt Williams and many other British people. Then we formed a team that was interested in object relations and family therapy and developed a research group at NIMH, National Institute of Mental Health in Washington. It was a federally funded research organization. The National Institute of Health is the largest medical research campus in the world, and there we were in their mental health section, studying families. This no longer exists, now they only study drugs. It was a golden age. But it's gone. So, we should be able to create a new golden age. With Roger Shapiro, John Zinner and others, we taught family and couples therapy and studied it together. That 1987 book came out of that collaboration.

Since then, I would say we no longer have mentors. We all learn from each other, as much as we can. I learn from Elizabeth (Palacios). Therefore, it is more a matter of teaching each other. We learn from others, from their way of seeing the world and from the relationships we have. What I really think is important is to be open to learning a lot.

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This is what I like about our field. There is so much to learn, that we keep learning all the time. In other fields, even medicine, it's not like that. If you are a researcher, surely you are, but if you are just a doctor, you have learned the basics and the level of further learning is lower. As far as our field, the human mind, is concerned, we are faced with the most complex thing in the universe.

**In the last few years we have seen important transformations in the family structure that differ from that of previous decades, from the classic concept of family; we are also facing some other important changes in our society, which have to do with the way in which the subjects are linked to each other. How do you think all these changes have an effect on couples and families today?**

I grew up at a time when "the family", in quotes, was that of two parents and two to four children. And occasionally there was only one child. Some families were very large. But the idea of the family was the standard family. This is not necessarily so, since there were also many poor families. Certainly, there were many interurban families in which there was one parent, one mother, raising the children and doing the best they could. But in terms of family policy, I think that in the "civilized" Western world, (let's put civilized in quotes), that was the standard idea of the family, ignoring poverty and subcultures.

The idea of family therapy, in the 1960s or 1970s, did not consign trauma or sexual abuse, in the sense that these did not exist in terms of the awareness we gave to them in our field for their effects, or in our country. As the country became richer, people began to want fewer children or no children at all.

I learned a lot about this in China in these last ten years and now in Russia. Reading an article about China in the new Chinese service, what we now call with the acronym, DINKS "Dual Income No Kids", refers to the fact that having children is expensive and brings a lot of problems, they are difficult, and the family economy is recent, so we find couples who postpone their parenthood indefinitely or directly give it up to dedicate themselves exclusively to their professional careers and to fundamentally hedonistic leisure time.

So now people want small families, even in China now that couples have come out of the one-child policy due to overpopulation. It's over, but many of them don't want to have children. Their parents want them to have children because they feel completely helpless if their children don't have children, because the purpose of life is to continue to have offspring, to continue the family line. So now we have middle-aged parents who are pushing their children to have



children. They often have a child and give it to their parents to raise. Which is an old tradition in China, that grandparents raise children, which brings up their problems.

There are also problems here in Spain, in the United States, where both members of the couple are working, and they are forced to do so. Plain and simple because they could not support themselves economically. So, this is a big difference from the past, and the reason why they don't want so many children.

**How do you work with couples and families today and what kind of families do you treat?**

Our theory works. But you have to have a theory of trauma if you work with traumatized children. If families adopt Russian children, they are carriers of trauma in their histories. These Russian children are for the most part carriers of major trauma, but not those from China. Chinese children are fine and Russian children are not.

Many of these children will never recover from their traumas. The orphanages they come from are terrible. They are treated very badly and therefore do not recover, and we even find children with neurological damage. I know this is so, now that I have been working with families in Russia for some years, I see how traumatized these families are. Even in an intact family, where they have not lost any members, there are so many traumas. So, we need the theory of trauma to address these cases. The theory of trauma does not have to do with what happens when someone is a soldier and sees an explosion, this is certainly terrible, but what is traumatic takes place during the development of children when they are young, fetal alcoholism and all these kinds of issues.

**Why do you think object relations theory is important for thinking about interactions between members of a couple or family? How do you think object relations theory produces therapeutic effects when working with families, children and adolescents?**

I think it is still the best theory, I would put it in the center, and from there I could include other elaborations. Object relations are there, in the center of development, from the first moment of life and even in the womb. Happiness is very important. To feel satisfied with one's life is fundamental. We know that this influences from the beginning and not only that. We do not know how the experience of life reaches the womb, but we know that it does. So from the beginning this is very important. We know that when you are twins you relate to each other. There is a video about mirror neurons, discovered in Parma, Italy, by a group of researchers. This means that I have neurons and you have neurons. Well, that group made videos of twins

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in the womb, and it shows clearly that they are physically related to each other. They even relate in a way that we might consider emotional, so this will become important from the beginning and throughout life. For this reason one of the theories that gives meaning to all these phenomena is the theory of object relations, Fairbairn, Klein, Bion, the theory of attachment, all this group of theories provide explanations of how the human mind works from its origins. But now we have even more knowledge. We know about the organization of complex phenomena, which gives us a dynamic way of understanding that all relationships influence each other. The theory of the "bond", in English we call Pichon Rivière's theory, the "bond". Links are a link. So all these theories together are really the core group of theories. Also neuroscience brings us other elements that make the relationship more complex and that we should be able to consider. For now I have not answered you anything about the technique. How to carry out the therapeutic work from the theory is another question. We make space for all the ideas about relationships to emerge in the therapeutic setting and we can see which one works, and which one allows us to address the suffering of the people who are linked and how this reaches the psychism of the therapists, through identification, through countertransferences and working from there, to help increase understanding.

Because the family comes to us saying "we have problems," it is not a judgment on them, but they bring their difficulty. Something that has existed for a long time is what we call the existing one and we try to understand it, and we make interpretations. We say what we understand with the intention of producing an effect of change in that organization so that something new can emerge, so, that is generally what we are doing, and we hope that what emerges is better because the intention is to generate something better. Which does not necessarily mean that you are going to like what we discover there.

Harold Searles, studied psychology. He was in Washington and I spent some time with him, he was my wife's mentor. We saw him interviewing patients in front of my students, and he was a great showman, a little bit extravagant. He would do seemingly "crazy" things, but he would get the craziest patients to relate, and I would say, "You know, all my students really appreciate your interventions, it allows them to act like the patients are going to change.

And he said, "Nooo, what I've observed is that most patients are more determined to stay the way they are, than I am to change them.

**Thank you, David, for your time and attention, it has been very interesting all that you were able to share with us.**