Instructor’s Manual

for

OBJECT-RELATIONS
FAMILY THERAPY

with

JILL SCHARFF, MD AND
DAVID SCHARFF, MD

Manual by
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The Instructor’s Manual accompanies the DVD *Object-Relations Family Therapy, with Jill Scharff, MD and David Scharff, MD* (Institutional/Instructor’s Version). Video available at www.psychotherapy.net.

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*Instructor’s Manual for Object-Relations Family Therapy, with Jill Scharff, MD and David Scharff, MD*

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Instructor’s Manual for

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WITH JILL SCHARFF, MD
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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS
Make notes in the video Transcript for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during and after the video.

2. FACILITATE DISCUSSION
Pause the video at different points to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions section provides ideas about key points that can stimulate rich discussions and learning. The Role-Plays section guides you through exercises you can assign to your students in the classroom or training session.

3. ENCOURAGE SHARING OF OPINIONS
Encourage viewers to voice their opinions; no therapy is perfect! What are viewers’ impressions of what works and does not work in the sessions? We learn as much from our mistakes as our successes; it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

4. SUGGEST READINGS TO ENRICH VIDEO MATERIAL
Assign readings from Related Websites, Videos and Further Reading prior to or after viewing.

5. ASSIGN A REACTION PAPER
See suggestions in the Reaction Paper section.

6. WATCH THE EXPERTS SERIES
This video is one in a series portraying leading theories of psychotherapy and their application in work with families. Each video presents a master family therapist working with a real family who have real problems. By showing several of the videos in this Family Therapy with the Experts series, you can expose viewers to a variety of styles and approaches, allowing them an opportunity to see what fits best for them.
**PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST**

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists may feel put on the spot to offer a good demonstration, and clients can be self-conscious in front of a camera. Therapists often move more quickly than they would in everyday practice to demonstrate a particular technique. Despite these factors, therapists and clients on video can engage in a realistic session that conveys a wealth of information not contained in books or therapy transcripts: body language, tone of voice, facial expression, rhythm of the interaction, quality of the alliance—all aspects of the therapeutic relationship that are unique to an interpersonal encounter.

Psychotherapy is an intensely private matter. Unlike the training in other professions, students and practitioners rarely have an opportunity to see their mentors at work. But watching therapy on video is the next best thing.

One more note: The personal style of therapists is often as important as their techniques and theories. Therapists are usually drawn to approaches that mesh well with their own personality. Thus, while we can certainly pick up ideas from master therapists, students and trainees must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.

**PRIVACY AND CONFIDENTIALITY**

Because this video contains actual therapy sessions, please take care to protect the privacy and confidentiality of the clients who has courageously shared their personal life with us.
Summary of Object-Relations Family Therapy
by Jill Savege Scharff and David E. Scharff

Brief Description of Theory of Object-Relations Therapy

Object-Relations Family Therapy is based on object-relations theory, a contemporary approach that integrates psychoanalytic understanding of the individual with group psychology, systems theory, and developmental psychology. The family is viewed as a small group with the task of supporting its members at various stages through the life cycle, and carrying the culture of the community in which that family lives. The family functions as a system of roles and relationships – between the parents as a couple, parents and children, siblings, and the extended family – in multiple daily transactions in various combinations. Beyond that conscious level of interaction, however, the role relationships operate with even greater complexity at the unconscious level.

Significant Characteristics of the Theory

Object-Relations Family Therapy takes its theory base from modern relational psychoanalytic theory and from the classical principles of technique handed down from Freud. We listen to the unconscious themes by attending to words, gestures and the quality of silences. We listen not just with our ears, but with our own unconscious, tuned to the material that is being communicated to us. We note the resonance in ourselves with the material that the family is consciously and unconsciously expressing and, from our own experience, we develop a sense of what they have gone through and what they require the important people in their lives to experience in order for the family to feel understood. We call this working in the transference and countertransference. That is to say, from the therapist’s own experience we develop a model of the family’s transference to us. By transference
we mean the projection onto us of all their hopes, fears, and longings about the relationship that we may provide in our role as therapists. Our experiences and our understanding of the family then leads to an interpretation geared toward developing insight, understanding and growth.

We offer a therapeutic relationship that is not directive and yet is not as remote as the traditional blank screen approach of the classical analyst. We are interactive and yet we always follow the unconscious direction of the family. We create an environment similar enough for old patterns of relating to important figures in the family of origin to be recreated, and yet different enough to allow them to be detected by us. These patterns of interaction occur over and over again, giving us plenty of time to recognize them, point them out, and understand the defensive reasons for their occurrence. We bring a capacity for providing this kind of psychological holding environment for sharing with the family in their experience, through tolerating anxiety and loss. The gap between the family’s experience of us as being like the early objects of their dependency, love and aggression and their experience of us as new objects in the here-and-now is a space for understanding and growth. In this reflective space they can look back at the past, observe the present, and write a new script for the future.

**Evolution of the Theory**

Object-Relations Family Therapy was first described by Jill and David Scharff (1987a). It is an approach to the family that is built on analytic theory of small groups and of marital dynamics. It values insight as a necessary precursor for change, and it believes in making the unconscious conscious. It does not subscribe to paradoxical instructions that can bypass or trick the unconscious into submission, because it believes that the most effective adult development rests on a trusting access to the unconscious, which enriches conscious life as soon as there is no longer need to fear it and defend against it. It is like individual psychoanalysis in that it reaches a level of depth not commonly seen in shorter term directive family systems approaches, and in that it uses transference and countertransference. It is unlike it in that it deals with the actual interpersonal relationships in the
family context, as well as with the internal object relations set of each individual and the shared internal object relations set of the family group. It is like small group therapy in that it works with the group and with group dynamics, but it is unlike it in that this is not a group of strangers. This is a group with a history and with a future together. Each person in that group is a significant other.

The Clinical Perspective of Object-Relations Therapy

Object-relations therapy addresses human functioning as an expression of individual intrapsychic fields interacting with each other, with the group, and with the culture. These individual intrapsychic dimensions are constructed from genetically-given constitutions interacting with experience. Mental illness results when constitutional factors impede learning from experience or when environmental factors overwhelm constitutional capacities for adaptation. An individual’s symptom is an expression of an internal object relationship, and the index patient is the symptom of a disorder in the family system of internal object relationships. Change occurs through interpretation of unconscious conflict between repressed object relationships within the self and between the self and others in the family. Projective identifications are recognized and eventually taken back into the self. This relieves the external object of the burden of being perceived according to old formulas and enriches the self.

Therapist Stance

The family-therapist relationship depends on the therapists’ provision of a good psychological space and a holding environment in which families can display their repeating defensive patterns and eventually face their underlying anxieties. We describe the way the family requires us to relate to them in order to fend off some less desirable way of being which, at the next level, defends against an even greater calamitous relationship. We call this type of interpretation the because clause (Ezriel, 1952).

The family reacts to us in our role as providers of service, analogous to the mother’s role in literally providing arms-around holding
for her infant (Scharff, 1987a). We create a space where the family can *be* together naturally and where they can *do* their family tasks. Based on previous experience with the families of origin, the family brings to treatment an expectation of how (or whether) therapy will provide help. We call this the contextual transference. The *contextual transference* generates a contextual countertransference. If this is negative, the therapist feels helpful or useless. If it is positive, the therapist feels appreciated and confident. Monitoring these reactions leads to awareness of the contextual transference which can then be made conscious to clarify what is needed to support the therapy. In being available for direct relating, analogous to the role of the object mother, therapists stimulate a *focused transference* from an individual family member who is speaking on behalf of the group. This is detected in the focused countertransference. Interpretation based on this focused experience opens the family unconscious to the need for reworking issues of intimacy.

The therapist monitors her own reactions to the flow of the session. First of all, she tells herself not to try to do too much in order to make herself feel effective. She tells herself to relax and let the session happen without directing it. She asks herself to remember what just happened and how it connects to what is happening now. She tries to figure out how an individual is speaking for the family group. She lets her mind wander so that her associations can be triggered by the family’s material. She connects with how she is feeling, notices any fantasies that cross her mind, observes any lapses in concentration, moments of anxiety, and experiences of physical discomfort, and then she thinks about them and links them to the unconscious theme.

**Specific Interventions**

In object-relations therapy, technique consists mainly in tuning the unconscious to receive unconscious communication from the family. That is why we do not try to get things done, create exercises, give instructions, or ask many questions. The main technique is a matter of maintaining a respectful, engaged, following attitude. We wait, watch, and wonder, the same as the infant psychiatrist advises the mother to do. We trust that if we free the unconscious
process, the wisdom of the group will emerge to guide the family through to its next developmental stage. We depend on analyzing our countertransference to arrive at a dependable understanding of the family, but that requires self-knowledge acquired from therapy, supervision, and clinical experience, and fine-tuned in constant self-analysis.

Working with families, we listen to and respond to individuals but we link our individual comments to the group process. We work with an individual’s dream and the family members’ associations to it, so that a dream becomes a group puzzle to solve. We deal with loss and mourning. We rework early trauma, including trauma in the previous generation. We work toward an ideal of tact and timing in giving our interpretations so the family can listen and use them. Without revealing our own feelings, we nevertheless base our comments on our own experience in contact with the core of the family. Meaning then emerges from shared experience rather then being imposed in an intellectual or oracular way.

References


Reflections on the Session
by Jill Scharff

Before the session begins, the therapists are interacting in a friendly but subdued way. We are observing the way that the family members relate to each other and to us. In object-relations therapy, we pay particular attention to how we are feeling in response to the family. We immediately feel surprise at the daughter’s insistence on being between her parents like a younger child. We feel she doesn’t belong there and yet for some reason she needs to fill that space. Our discomfort and curiosity lead us to realize that she fills a space between them and brings them together to complain about her instead of the loss that she fails to replace.

I focus on Adrian’s ‘Rita’ tattoo and it leaves me feeling that there may be things right in front of me that I can’t ask about. This is a countertransference response that alerts me to a theme of attachment being scored out and denied. Again, when I feel myself resisting being pulled into the joke about not letting Pam grow up or shoving her out the door, I am alerted to themes of ambivalence about separation and individuation. My reaction to Adrian’s wince when I asked about other children and his quick glance at Judy is to feel anxious and so to sense that again there is something about which it is dangerous to speak. The feelings engendered in me are clues to underlying points of anxiety and they connect me to the family members at an affective level. Then when I subject my experience to cognitive review and tell them what I am thinking, they will feel connected to my insights. These moments are turning points for change. I sense that I will have to work with these family members to create an atmosphere of safety in which they can admit to their affections and their past experience. I will have to respect their denial and yet not go along with it, so as not to inhibit our understanding.

We follow their lead, listening carefully to the words that they say, but we are equally interested in what is not said, but only indicated -- by a pause, a catch in the breath, a glance, or a shift in posture. Attending to the non-verbal communication, we follow the affect and encourage
its expression in words. We point out repeating patterns of interaction -- in this case angry arguments -- and we try to figure out why they happen. As we work, we try to understand the symptom of an individual’s behavior as a repeating family-wide pattern that operates as a defense against something much worse that the family cannot deal with. This attitude creates a non-judgmental psychological space in which the family can join us to express previously unmanageable feelings and then to think about their situation. By containing anxiety and metabolizing it, we give back to the family their unthinkable anxiety and pain in a form that they can tolerate as a group so that it does not have to be expressed in crippling symptomatology affecting one of their members.

The task in a subsequent session

In a subsequent session, we would not be surprised to find some retreat from the intensity of this session. We might see some lateness, confusion about the time of the meeting, or just a general opaqueness. We would need to interpret the family’s reluctance to re-enter the emotional field and continue with their grief work and restructuring.

Since I was the one drawn to notice the ‘Rita’ tattoo, I would like to learn what that represents. Is it a memento of a previous relationship with a woman, and if so, what did she mean to Adrian and how does this reminder of Adrian’s previous loves affect Judy and Pam? David would want to renew his suggestion that the family make a visit to the grave and would help them toward that goal. If they had already done so, he would want to review their experience thoroughly. We would also ask whether any of them had had a dream, because working on a family’s associations to an individual’s dream gives us another way of reaching a deeper level of understanding.

We would ask for more history of Adrian and Judy’s families of origin, but not in a systematic enquiry. We tend to wait for a moment when it comes close to consciousness in association to an interaction that is occurring with feeling in the here-and-now. That way, the relevance of the family history to the emotional experience is clear, as the old experience penetrates the current relationship.
The main goal in work with this family is to help them resolve their highly ambivalent adherence to an oedipal triangle as a defense against differentiation which has become associated with loneliness, loss, and danger. To help Pam become more separate, we need to ask more about her as a single woman. How does she get along at work and in her social life? We would also need to attend to Adrian and Judy’s couple relationship by asking them about their shared activities. After some work in the family setting, we would hope to arrange a couple session without Pam present so that Adrian and Judy could focus on their intimate life, but we would not expect them to be comfortable with this suggestion yet.

Finally, we need to continue talking about Victor. What was he like at different ages? What kind of friends did he have? We bring to the family our capacity for tolerating pain and this is what helps them to face their experience and recall their lost child. Our aim would be to retrieve old memories of Victor in childhood as well as at the time of his suicide until Adrian, Judy, and Pam become less traumatized by their memories of shocking loss, more accustomed to its impact, and even comforted rather than anguished by good memories. Detoxifying this experience should free them to discover a new reality and move them as a group to a new developmental stage with differentiated roles appropriate to their family as it exists in its current membership and at the present ages of the individual members.

But our main goal at this opening stage of treatment is to secure the next session, and to make sure that Adrian, Judy, and Pam will have a place to bring the pain of loss and will find a therapeutic relationship in which they can trust. Adrian, Judy, and Pam need to have therapy until their mourning no longer interferes with their satisfactory progression through the life cycle.
Reaction Paper for Classes and Training

Video: Object-Relations Family Therapy with Jill Scharff, MD and David Scharff, MD

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.
- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards. Respond to each question below.
- **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

**What to Write:** Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about the Scharffs’ approach to Object-Relations Family Therapy? What stands out to you about how the Scharffs work?

2. **What I found most helpful:** As a therapist, what was most beneficial to you about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?

3. **What does not make sense:** What principles/techniques/interventions did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working?

4. **What I see differently:** What might you have done differently than either of the Scharffs in the session in the video? Be specific about what different approaches, interventions and techniques you might have applied.

5. **Other questions/reactions:** What questions or reactions did you have as you viewed the therapy session with the Scharffs? Other comments, thoughts or feelings?
Related Websites, Videos and Further Reading

WEB RESOURCES

Jill and David Scharff’s website
www.scharffmd.com

International Psychotherapy Institute, founded by Jill and David Scharff
www.theipi.org

Object-Relations Institute for Psychotherapy and Psychoanalysis
www.orinyc.org

RELATED VIDEOS AVAILABLE AT
WWW.PSYCHOTHERAPY.NET

Object-Relations Child Therapy with David Scharff, MD
Object-Relations Therapy with Jill Savege Scharff, MD
Bowenian Family Therapy, with Phil Guerin, MD (Note: features same family client as Scharffs’ session)
Structural Family Therapy, with Harry Aponte, LCSW (Note: features same family client as Scharffs’ session)
Solution-Oriented Family Therapy, with Bill O’Hanlon, LMFT (Note: features same family client as Scharffs’ session)
The Legacy of Unresolved Loss: a Family Systems Approach with Monica McGoldrick, LCSW
Tools and Techniques for Family Therapy by John Edwards, PhD
Family Secrets: Implications for Theory and Therapy by Evan Imber-Black, PhD

RECOMMENDED READINGS


Northvale, NJ: Jason Aronson.


Discussion Questions

Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

INTRODUCTION

1. **Change**: David Scharff responded to the question about change by saying, “Well, we don’t mind if they change. But we’re not actually trying to perform a specific change.” What did you think of this response? Did it surprise you that they’re more focused on trying to help the family understand why they can’t provide emotional holding for each other than on helping them make specific changes? How does their focus compare with your focus when you work with families? Do you tend to focus more on symptomatic change or deeper understanding and growth?

2. **Mutual caring**: How did you react to David Scharff’s assertion that the fundamental need for people is a mutually caring relationship, and that when that mutual caring is impaired, the family is impaired? Do you agree with him? Why or why not? When you think about families you’ve worked with (or your own family), does this assumption fit? What do you think about his belief that what organizes a family, in large part, is to provide a place where people can care about each other in a mutual way? How successful do you think he and Jill Scharff were in helping Adrian, Judy, and Pam care about each other?

3. **Joining together**: David Scharff said, “We value what the patients and the families say as much as what we say, because the idea is we’re joining together to understand.” How well do you think Jill and David Scharff joined with this family? Was it your impression that they valued what the family members said as much as what they themselves said? If not, what were some specific moments in the session where you felt they weren’t valuing what the family said? How might you have joined with the family differently?

4. **Following and holding**: What are your thoughts about the discussion on following the clients but also “holding them in
an affect that’s painful, that they’d just as soon leave”? How do you make sense of these potentially contradictory goals? What comes up for you in reflecting on your work with clients related to Jill Scharff’s point that, “we as therapists, we have defenses too, resistances to getting deeply involved in emotional material.” What are some experiences you’ve had with clients in which your own resistance to getting deeply involved has impacted the work?

**FAMILY THERAPY SESSION**

5. **Goals**: Judy stated that the family’s goal was for Pam to build her self-esteem, to be more cooperative at home, and to answer her parents when they talk to her. However, the Scharffs focused a lot on the importance of mourning the loss of Victor, even though the family had not intended to discuss that. What are your thoughts about the way the Scharffs balanced the family’s goal with their own goal of deepening growth and understanding? If you were their therapist, do you think you would have focused more directly on the family’s stated goal? Why or why not?

6. **Therapist stance**: What opinions do you have about how Jill and David Scharff related with this family? One thing they recommend is “Don’t try to do too much in order to make yourself feel effective.” Do you think they did enough to be effective with this family? Too much? Do you tend to err on the side of trying to do too much in order to feel effective with your clients? Do you think the Scharffs maintained a respectful, engaged, and following attitude? Why or why not? Were there any interventions that stood out to you as particularly helpful? Particularly unhelpful? Particularly odd or surprising? How would you describe your own stance as a therapist? In what ways does the way you interact with your clients resemble and differ from the way the Scharffs interacted with this family?

7. **Therapeutic alliance**

   a) **with Pam**: How successful do you think Jill Scharff was in connecting with Pam? How about David Scharff? What did you notice the Scharffs do or not do to create a “psychological holding environment”? What might you have done differently to
attempt to connect with Pam and create a therapeutic alliance?

b) with Judy and Adrian: How would you describe the therapeutic alliance between Jill Scharff and each parent? How about between David Scharff and the parents? In particular, what did you think of how David interrupted Adrian to tend to Judy’s suffering during the discussion about the loss of Victor? What was your reaction when David interrupted Adrian and Pam arguing and said, “I think you’re about to get mad at her,” and soon after challenged Adrian that his getting angry at Pam is a way to avoid dealing with the pain of the loss of Victor? What specific interactions in the session do you think contributed to or detracted from the strength of the therapeutic alliance with each of the parents?

8. Dealing with Loss: What was your emotional reaction when Adrian revealed that their son committed suicide ten years ago? What did you think of how the Scharffs encouraged the family to talk about the loss? Did you think they were too pushy or sufficiently respectful of the family’s ambivalence about talking about it? How did you react when Adrian denied that his anger at Pam had anything to do with the discussion about the loss of Victor? What emotional reactions did you have as each family member spoke about Victor and cried? Have you worked with any families or clients who have lost a family member to suicide? If so, what has been most challenging for you about this?

9. Interpretations: The Scharffs offered several interpretations. Were there any that you strongly agreed or disagreed with? For example, did you agree with the Scharffs’ interpretation that “Unless you could do that grieving and crying and talking, Pam won’t feel free to go ahead and have a life of her own, because right now, she’s decided that she’s going to be the child who stays home to take care of her parents.” Did you agree with their interpretation that Pam being at home is a way to hold onto Victor, but that it’s keeping them stuck? Did you agree with David’s interpretation that Adrian gets angry at Pam as a way to avoid dealing with the painful loss of Victor? What other ideas did you have about what might have been going on for Pam that leads her to act the way she does at home and in the session? Is it your style to offer
interpretations such as these to your clients? Why or why not?

10. **Countertransference:** As you watched this session, what countertransference reactions did you notice in yourself? What did you notice about how you were feeling throughout the session or about any fantasies that crossed your mind? What links can you make between your countertransference reactions and any themes you noticed from the session?

11. **Co-therapy:** What did you think of the way Jill and David Scharff worked together in this session? Did you think it was beneficial to have them both there? Why or why not? What was your reaction when Jill disagreed with David? Have you ever done co-therapy? If so, how has the experience been for you?

**DISCUSSION**

12. **Managed care:** David Scharff conjectured that it might take only a few months to help this family do the grief work he believes they need to do in order to get unstuck. This brought up a discussion about managed care. What came up for you during this discussion? What are your thoughts about brief vs. long-term therapy, particularly for working through grief? If you were this family’s therapist, how long do you think it would take for you to help them sufficiently mourn the loss of Victor and get unstuck in their development as a family?

13. **Understanding:** Jill Scharff ended the discussion by saying that they believe that “understanding is the source of insight that produces change and growth.” Different approaches have differing views on what produces change and growth. What do you believe creates change? How important do you think understanding and insight are for growth to occur? How do you think your beliefs about this impact your theoretical leanings and the interventions you make as a therapist?

14. **The model:** What are your overall thoughts about Object-Relations Family Therapy as discussed and modeled by Jill and David Scharff in this video? What aspects of their approach can you see yourself incorporating into your work? Are there some components of
this approach that seem incompatible with how you work? What in particular would you do differently from the Scharffs?

15. **Personal Reaction:** How would you feel about having Jill and/or David Scharff as your therapist(s)? Do you think they could build a solid therapeutic alliance with you? Would they be effective with you? Why or why not?
Role-Plays

After watching the video and reviewing *Summary of Object-Relations Family Therapy* in this manual, assign groups to role-play a family therapy session following the Scharffs’ Object-Relations Family Therapy model. Organize participants into groups of four, consisting of one psychotherapist and three family members. If time permits, rotate so each person has a chance to play the role of therapist.

Rather than conducting a full session, invite participants to choose one segment or theme of the session on the video to loosely reenact. For example, they may wish to reenact the discussion about Pam’s lack of communication with her parents, or the discussion about the loss of their son, Victor. The point here is not to try to resolve all of the family’s issues, but to use this role-play as an exercise in trying on the stance of an Object-Relations Family Therapist.

**INSTRUCTIONS FOR ROLE-PLAYERS:**

One person will start out as the therapist and the other three group members will decide amongst themselves who will be what family member. Do not attempt to follow the sequence of interactions for the scene that you have chosen, but rather use the clients and situation in the video as a jumping off point, and allow the role-play to develop spontaneously.

Therapists should focus more on monitoring their own reactions to the flow of the session, and less on what they say or do. Keep in mind these aspects of the therapist stance in Object-Relations Family Therapy:

- Maintain a respectful, engaged, following attitude.
- Listen to the unconscious themes by attending to words, gestures, and the quality of silences.
- Don’t try to do too much in order to make yourself feel effective.
- Tell yourself to relax and let the session happen without directing it.
- Track what has happened and how it might connect with
what is currently happening.

- Try to figure out how an individual is speaking for the family group.
- Let your mind wander so that your associations can be triggered by the family’s material.
- Connect with how you are feeling, notice any fantasies that cross your mind, observe any lapses in concentration, moments of anxiety, and experiences of physical discomfort, and then think about them and link them to the unconscious theme.
- Tell the family what you notice, and what you think might be going on, linking your comments to the group process.

After the role-plays, have the groups come together to discuss their experiences. What did participants observe about the stance of the therapist? Invite the clients to talk about what it was like to role-play this family and how they felt about the therapist’s attitude and interventions. Did the family members experience the therapist as providing a psychological holding environment in which they could display their repeating defensive patterns and eventually face their underlying anxieties? Did the family members experience understanding and growth? Then, invite the therapists talk about their experiences: How was it to pay so much attention to your own inner world while listening to the family members? How was it to let the session happen without directing it? How did it feel to conduct a family therapy session using an object-relations approach? Finally, open up a general discussion of the strengths and the challenges in implementing Object-Relations Family Therapy.

An alternative is to do this role-play in front of the whole group with one therapist and one family; the rest of the group can observe, acting as the advising team to the therapist. Before the end of the session, have the therapist take a break, get feedback from the observation team, and bring it back into the session with the family. Other observers might jump in if the therapist gets stuck. Follow up with a discussion on what participants learned about using the Scharffs’ object-relations approach to working with families.
Complete Session Transcript of
Object-Relations Family Therapy with Jill & David Scharff.

Commentary: As the session begins, there is jockeying among the family about who will sit where. Pam, the 30+ girl manages to get the seat between her parents to her father’s obvious annoyance.

David Scharff: Well, thanks for coming in, Adrian, Pam and Judy. You were saying just before we started that you have a different thing going than when you were...

Adrian: Well, I had turned around and figured, last time we had our interview, that my wife and I done 99 percent of the talking, done our airing, as you would call it. And I just thought that today would be a good time for Pam to do her airing on what she thought was wrong, or what we do wrong that she doesn’t like. I mean, I just thought it would be kind of fair for that.

Pam: [unintelligible**]

Adrian: I mean, I don’t know.

David Scharff: That was your idea about it.

Adrian: That was my idea.

David Scharff: You’re coming from a different place. Last time, you were ready to talk.

Adrian: Last time? Well, I can still talk, but it would be—it would be repetitious of what I had said last time. And for a while there, she was doing real good, but she had gone right back to the old ways again. So I would just like to find out what’s...

David Scharff: Real good means different from the old ways.

Adrian: Oh, yes. Different from what the old ways were.

Judy: Oh, we try once in a while. We give it a royal try, but it doesn’t continue.
David Scharff: What is giving it a—of course, we don’t know anything about what the trouble is.

Judy: Yeah, you don’t know what’s... Right. Well.

David Scharff: Apparently you’ve got some complaints about the way Pam does. What do they complain about?

Pam: Oh, I don’t do the housework when I come home from work. I just, all I want to do is come home, sit in front of the computer, and just stay on there. I don’t do anything.

[00:28:00]

I don’t clean house. All I want to do is sit on the computer. That’s their main complaint.

Adrian: No, no, no.

Pam: Yeah, yeah, yeah, yeah, yeah.

Adrian: No. That’s only one of the small things. No, that’s only one of the small things.

Pam: Yeah, yeah, yeah. Plus my attitude towards him is on the rocks.

Adrian: Mm-hmm.

David Scharff: On the rocks.

Pam: It’s shaky.

Adrian: Yep.

Judy: A bit.

Pam: That’s what I said, shaky.

Commentary: The family has arranged things so Pam “tells on” herself. She seems to do so with a certain amount of pride and pleasure, occupying the center of the interview just as she occupies the center of the camera’s view and the center seat between her parents.

David Scharff: What else?

Pam: I don’t know what else.

David Scharff: Well, so far you’re agreeing with what Pam’s saying.
Adrian: Oh, yeah.

David Scharff: You just think a little—it’s slightly understated.

Adrian: Slightly. She doesn’t answer when she’s talked to.

Judy: Well, what we came for was for Pam to build her self-esteem, to be more cooperative at home, and to answer us when we talk to her. She doesn’t give you an answer. One thing is, her and a friend went out to dinner the other night and they came back, and I said, well, “Where did you go?” Well, I think I finally did get an answer as to which restaurant they went to.

And then I asked, “Well, what did you eat?” You know, just idle conversation and trying to find out what they ate. She said, “Breakfast.” So I sat there and I looked at them, and I said, “All right, breakfast.” This was, you know, 6:00 in the evening. Fine. I mean, if you want breakfast, that’s fine. So, I asked again, “What did you eat?” and I got, “Breakfast.” I said, “Well I guess I’m not going to ask this question again.” I never did find out what they really ate. It was just “Breakfast.” And I don’t know what breakfast was.

Commentary: We have now already noticed that Pam seems to be quite immature. Even early in the interview we wonder if she is developmentally delayed. She is apparently acting like an adolescent at home, and here in her early 30s she is still living at home.

[00:30:00]

Jill Scharff: Well, one thing I noticed is that you, Judy and Adrian, when you talk about Pam and the way she’s difficult with you or brushes you off or tells you something that doesn’t make sense or whatever, you join in laughter about it. At the same time, I see Pam’s eyes filling with tears, like you’re really upset about—

Judy: She does this all the time. She does get very upset.

Jill Scharff: —the way they talk about you, or perhaps you’re upset about other things—

Adrian: Well, no…

Jill Scharff: —than the things that are being talked about.
Adrian: I would think that the reason why we are laughing at it is because it’s been going on for so long, for so many years, that at home we don’t do this. We are trying to stay calm.

Commentary: We have already felt this is a kind of act they put on for the world, or at least for us. We are now asking what emotions are under this kind of humorous presentation of the trouble with Pam. In this way we are thinking this is a defensive posture that we want to explore.

Jill Scharff: You mean…

Adrian: I am trying to keep my temper down. Because sometimes I do…

Jill Scharff: So you’re sort of laughing off tension, then.

Adrian: Tonight, yes.

Jill Scharff: Same for you?

Judy: Yeah, yeah. I would say yeah. Probably I didn’t laugh afterwards. But I did say, “Well, what did you have for breakfast? What did you eat?” And there was still no answer. So, when I…

Adrian: Like today to get here, 4:00 I asked her, “Pam, it’s 4:00. Time to take a shower.” She’s 30 years old. I shouldn’t have to tell her this, right? But I turned around and told her. I says, “Pam, it’s 4:00. Time to take a shower.” She doesn’t get into the shower until 5:00. So she doesn’t get out of the there until what was it, 20 to 6? So this puts me behind. At 5:00 I supposed to be taking my shower, not at 6:00. You have to tell her, and then she will put it off for as long as possible, without doing stuff. Now I got angry. But I’m trying to hold my temper here. Because I do get angry and I do yell and I do throw a fit. I mean, it’s…

Commentary: Although this is apparently a trivial example, we think that it is through such trivial daily interactions that the most important elements of family life are lived through and patterns established over and over.

Jill Scharff: You “throw a fit.” You mean hit as well?

Pam: No.
Adrian: Not anymore. Not anymore. I might—I think I would rather—

[00:32:00]
Jill Scharff: Will you hit the wall or something?

Adrian: —bang the wall or bang the table, or get up and leave, and totally leave for a while, than to hit her anymore. I’m not saying I didn’t do it when she was younger. Trying to get her attention to get things going. She still wouldn’t do it then.

Judy: It’s an ongoing thing. It’s an ongoing thing.

Adrian: I found out that a spanking wouldn’t help when she was younger.

David Scharff: I noticed you seemed to have tears in your eyes when your parents were laughing. When you dad started to talk about getting angry and how he was just controlling his anger, then you started to smile.

Commentary: Now we want to go for the emotion that underlies such moments as the one they have brought. This leads to an exploration of father’s anger and Pam’s fear of him, which continues even though he no longer hits her. Notice that we are tracking the emotions of the family as our primary way into their unconscious organization, even though these begin with a seemingly trivial example.

Pam: Because It used to hurt when he hit me and when he jumps.

Adrian: When I what?

Pam: When you jump.

Adrian: When I jump.

Pam: You know how you jump on me with anger.

Adrian: I don’t jump at you with anger any longer.

Pam: Yeah, you do.

Adrian: Well, okay, okay. I know what you’re talking about. She’s referring to when I really yell at her to get going. Now, I’m really angry again, and I’ll yell at her and I’ll maybe say “God damn it” or
something like that that. “Get moving.” Now that’s what she calls my jumping at her.

**David Scharff:** Is that what you mean, Pam?

**Adrian:** I think that’s what she means.

**Pam:** Uh-huh.

**Jill Scharff:** See, I thought she meant that you were jumping on her.

**Pam:** Oh, no.

**Jill Scharff:** And I can see you’re a really big person. Got a strong voice and probably pretty scary.

**Adrian:** I try to use the voice more than anything

**Jill Scharff:** Yeah. But even though you look big and strong and powerful, at the beginning of the session here I heard you telling Pam that she should move…

**Adrian:** Switch seats.

**Jill Scharff:** And not sit in the middle, and I thought, “Gee, maybe you learned that time or maybe you’ve been on this for a while,” but…

[00:34:00]

**Adrian:** No, no. I just… Go ahead, I’m sorry.

**Jill Scharff:** But you didn’t want her to sit there, but she’s sitting there, I see.

**Adrian:** Well, again. She’s 30 years old. And I still think she should respect us, and if I said she should sit at the end, I think she should have gotten up and sat at the end, because I wanted her closer to—Last time we only had one gentleman sitting at that seat. So I just thought that if she sat closer to the therapist or whatever, it might be a little bit easier for her. I don’t know.

**Commentary:** Now we seem to have an interaction within the session that echoes the typical events outside in their daily life. We think such in-session events are especially valuable, because they are in the here-and-now of the session where we can 1) experience them together, and then 2) explore them with immediacy.
Jill Scharff: Well, Pam...

Adrian: But I’m just trying to use my own psychology, my own...

David Scharff: But that was your idea, wasn’t it?

Adrian: Right.

Jill Scharff: Well, Pam, did you have a reason to stay away from me? Like to...

Pam: No.

Jill Scharff: Do you feel more protected with them?

Pam: I just like sitting in the middle.

David Scharff: I thought Pam was wanting to sit in the middle between her parents. I wondered if you were trying to have it so she wasn’t between you and Judy?

Adrian: Oh, no. Only that she would be closer to the therapist.

David Scharff: But Pam’s idea was to get in the middle between your two parents. What do you like about being in the middle?

Pam: I don’t know, I just like sitting in the middle. That’s my favorite thing.

David Scharff: And does that happen at home?

Pam: Mm-hmm, especially at the dinner table. Dad’s on the left. I’m right here. Mom’s in the, over there.

David Scharff: And that make’s you feel really that you’ve got a secure place? Now when you smile about that, it looks to me as though that makes you really happy.

Commentary: We can see this is important to Pam, and worth taking heat from her father. We have a description without, as yet, knowing why. But we will hope to explore that.

Pam: Mm-Hmm.

Jill Scharff: Even though they’re mad?

Pam: Yeah, even though they’re mad.

Jill Scharff: Or maybe because they’re mad. I realize that doesn’t quite
make sense, but it is the case. They’re both mad, and you’re in the middle. There must be a reason it’s better off in the middle if they’re mad, than off on your own somewhere where you don’t have to hear them being mad at you.

**Commentary:** Jill is trying an interpretation about unconscious motivation. Pam can’t quite relate to what she says, so we will wait and try other ideas.

**David Scharff:** You’re thinking about it.

**Pam:** Yeah.

[00:36:00]

**David Scharff:** What do you think?

**Pam:** I don’t know. It’s just I like sitting in the middle. I don’t know why, but I’m comfortable with it.

**David Scharff:** Have you been aware of that for...

**Pam:** No.

**Judy:** She does sit in the chair in the middle, because we’re both on each end.

**Adrian:** I’m on one end. She’s at the other end of the table, and she would be like in the middle.

**David Scharff:** Are there other kids in your family?

**Commentary:** We’d like to get some family description and history, but David is not quite sure where this question comes from. It’s a more intuitive question that seems to relate to Pam’s need to sit in the middle.

**Adrian:** No.

**Commentary:** But Adrian looks a bit startled by the question, and we use that non-verbal reaction as our clue that there is something to probe here. We are always on the look-out for such puzzling reactions as hints for a way in.

**David Scharff:** Pam’s it.

**Adrian:** Pam’s it.

**Jill Scharff:** Was that a decision that you just wanted one child or did
you suffer…

**Judy:** She’s adopted, so.

**David Scharff:** You looked upset or something as we asked about that.

**Jill Scharff:** Yeah.

**Adrian:** Okay. I’ll tell you why. We had a son and he committed suicide 10 years ago.

**Jill Scharff:** Oh.

**Commentary:** Both of us feel hit, but we sense that we are now below their initial defensive presentations.

**Adrian:** So. No. She takes it very hard but not as hard as I do. Excuse me.

**David Scharff:** Can you say more about it?

**Adrian:** No.

**Pam:** He won’t.

**Adrian:** Came home from work. Found him in the bedroom. Blew his head—blew his brains out. I don’t know what else to say. No rhyme, no reason, no note, no nothing. The coroner called up that evening. Turned around and says, “Please tell me that he was on dope. Tell me what kind of dope he was on.” Same question, the look in your eyes. Why would I want him to be on dope?

**Commentary:** Most serious family and individual difficulty involves painful loss. When such losses cannot be faced, the difficulty doing the mourning blocks further growth and development, keeps people from moving on. We begin almost immediately to wonder if Pam’s immaturity is related to this loss of her brother by inexplicable suicide and by the family’s reaction to the shared loss. We will have this question in mind for the rest of the session.

**David Scharff:** Well, you wanted a reason.

**Adrian:** That’s right. A reason. Give me a reason. There’s still no reason. I cannot visit his grave. It’s been 10 years, over 10 years. I cannot visit his grave. I cannot go there.
Jill Scharff: Because you’re tortured that you don’t know why.

Adrian: I would assume so.

Jill Scharff: And you’re angry at him for what he’s done to you.

Adrian: Oh, I would assume I am. I would assume I am. I would assume I can’t let go.

Jill Scharff: Because look how he’s left you hurting.

Judy: And I think that that’s part of her problem too.

[00:38:00]

David Scharff: Yeah. How?

Adrian: But it was going on before that. This has been going on before that.

Judy: Yeah, but I think a lot more is now.

David Scharff: Well, things were going on with Pam before that.

Adrian: Oh, yes.

David Scharff: But let’s stay with this. Judy, you’ve been—What do you figure?

Commentary: We want to see if we can understand the particular effect of the loss on Pam, but really we will want to know its effect on each of them and on them as a family group.

Judy: I just feel she’s hurt because she doesn’t have her brother to talk to and eat with all the time.

David Scharff: Were you close to your brother, Pam? What was his name?

Pam: Victor.

David Scharff: I didn’t hear.

Pam: Victor.

Jill Scharff: Peter?

Adrian: Victor.

Jill Scharff: Victor.
David Scharff: Tell me about Victor.

Commentary: The fact that we had trouble hearing Victor’s name meant that it got repeated four times – a signal of the centrality of his loss.

Pam: We were real close. We would confide in each other, and now it’s like I have no one to talk to.

Adrian: I told you, you could always talk to us.

David Scharff: Was Victor older or younger than you?

Pam: Younger by four years.

David Scharff: What was he like?

Pam: We would do so much together. So many things. That’s why I sit in my room.

Jill Scharff: Is that where you and he would talk together, do you mean? Yeah.

Adrian: Yeah, but you would sit in your room long before that. Long before Victor had done that.

David Scharff: Well, it may have been a favorite place of hers then but now it has a new meaning.

Adrian: Yeah, yeah. I understand that part.

David Scharff: Is the room like a place you feel Victor is for you? I wonder if that’s more important than the computer?

Pam: I don’t know.

Adrian: Well, that wasn’t the room he done it in. The room he done it is the room she decided to go to sleep in now.

[00:40:00]
And she used to spend—before the computer she used to go and spend a lot of time just sitting on the bed, and just sitting on her bed and playing with her toys, sitting on her bed. Now she does the same thing. She’s got these little hand games, you know. She plays with that, or she’ll sit down and play solitaire for hours on end.

David Scharff: In her room?
Adrian: In her room.

David Scharff: What are you thinking about when you’re there?

Pam: Oh, I just, I just really don’t think of anything. I just sit there.

David Scharff: Just sit there.

Pam: And now we have a dog, so.

Adrian: You’ve always had a dog.

Pam: Yeah, but still...

Adrian: We’ve had a dog since you were born.

David Scharff: Well, let’s hear what she’s got to say about it. The dog means something.

Pam: Yeah, it does.

David Scharff: What’s...

Pam: Get to play with her. She sleeps in my room when it’s time to go to bed. The dog keeps me company now.

David Scharff: When you’re really lonely for Victor.

Adrian: See, I didn’t want to really bring it up because—let me put it to you this way. Pamela will tell you what you want to hear.

Commentary: Now we see father’s attempt to keep us from exploring the loss and Victor’s importance to Pam and all of them. He can hardly stand it, so our job here is to help the family stay with the painful affect as the only way to begin the blocked mourning process.

David Scharff: Meaning what?

Adrian: Meaning that she’s very smart. When she sort of figures out—she’ll sit there—I mean she’ll sit there and just listen for a period of time and then she’ll tell you what you want to hear, to satisfy you. It doesn’t sound—I know it sounds, you know, but she is that way.

David Scharff: Now...

Adrian: Instead of telling you the truth, she will tell you what she thinks you want to hear.

David Scharff: What do you think...
Adrian: Which would appease you.

David Scharff: What would that be?

Adrian: Well, just like now, when she says it’s about the dog.

Pam: No.

Adrian: It’s her dog. She brought the dog home as a pup.

We said no dogs but she brought it home. I told her to get rid of it. She didn’t get rid of it. Well, what has it been, four years now, and we still got the dog. She still hasn’t gotten rid of that dog.

David Scharff: What are you thinking that she’d tell us that wouldn’t really be true?

Adrian: That she’s... Well, I’m not going to say, not that she doesn’t miss Vic, but that she thinks about him as much as she says she does.

David Scharff: You don’t think she’s thinking about Vic.

Adrian: No. Her mind is somewhere, totally somewhere else. It’s either on the computer, playing games on the computer, or in her room playing the games, and that.

David Scharff: Well, let me interrupt you a little bit, because Judy, I was noticing that you looked a lot like you were suffering as Pam was starting to talk about Victor.

Commentary: Despite Father’s diversionary talk, we can see that Mother is suffering too, so we move to include her emotional experience in the dialogue.

Judy: Very much so.

David Scharff: What can you say about it?

Judy: I can’t talk.

David Scharff: Is this true whenever you think about Victor?

Judy: Yeah. It’s hard to talk about it. Remember good times, it’s all right. I can’t bring up the other things about him. It’s hard.

David Scharff: You can remember the good times, and then there
were some times with him that weren’t so good that are really hard to talk about?

**Judy:** Well, you always have a kid that, you know, that’s—I mean, he wasn’t a bad kid. I mean he was never a bad kid.

**Adrian:** He was mischievous. He was, as you call him, I think a …

**Judy:** But he was a typical boy.

**Adrian:** Typical boy.

**Judy:** That’s all. I mean, he was not a bad kid.

**David Scharff:** So he could do stuff that was a little trouble.

**Judy:** He was…

**Adrian:** Yeah, I’d say a little—yeah, a little trouble.

**Judy:** He was a good kid.

**Adrian:** There was nothing that he would do really wrong.

**Commentary:** As a group, they are settling in now to the painful fact that they loved him and have lost him.

**[00:44:00]**

**Judy:** He was really helpful around the house and stuff. He loved to cook. He loved to help clean house. He’d get on her case about cleaning up the house and stuff. So, I mean he’d…

**David Scharff:** Give her a hard time?

**Judy:** Oh, yeah. All the time. Because he knew, because I worked, and he knew that the housework had to be done before I got home and dinner started or table set, and she wouldn’t do it. He’d get on her case about it and the two of them would work together on doing things. Now she doesn’t have him there to yell at her all the time, to do this or do that, so.

**David Scharff:** So she gets you to yell at her.

**Commentary:** This is an interpretation that expresses the idea that Pam gets her parents to yell at her in order to recreate the good times. This seems to meet with acceptance.
Judy: Yeah, more or less, yeah. I think they were fairly close together, yeah. It was a great shock to all of us.

David Scharff: Pam, what do you…

Pam: I would say fairly the same. Pretty darn close.

Judy: Yeah, you were very close with him.

David Scharff: Did you feel close to Victor?

Judy: To him? Oh yeah. He was mama’s little boy.

David Scharff: Was he adopted, too?

Judy: Yeah.

David Scharff: How old was he when you adopted him?

Judy: He was—oh, when he was adopted? He was just a baby. They were both babies. They were…

Adrian: She was a Christmas baby.

Judy: I think she was about two…

Pam: Oh, two weeks before Christmas.

Judy: She was about 2 weeks old when we brought her home and he was about a week old when he came home.

David Scharff: So presumably you hadn’t been able to have children?

Adrian: No.

David Scharff: How long had you been trying?

Adrian: Eight years, at least.

Judy: About eight years.

David Scharff: Before Pam.

[00:46:00]

Judy: Well, before Pam it was maybe five or six years.

Adrian: Yeah, about six, seven years. [unintelligible]

Judy: Yeah.

Adrian: Well, we had gone to doctors and everything else.
David Scharff: Sure. So then getting the kids was really important to you.

Judy: Oh yeah.

David Scharff: Because you’d already been—I assume you’d been under strain about not being able to have children?

Commentary: We are assuming, from experience with other families, that the period of infertility was a strain to Adrian and Judy, and therefore that the adoption of two loved children was all the more meaningful to them – but, therefore the loss of the loved child is all the more traumatic.

Judy: Well, I guess so. We wanted them, but, you know, not being able to. And she was our little Christmas baby. She was brought home on December 18th, so that was our Christmas present.

Jill Scharff: So, Pam was like a very wonderful gift, and I imagine Victor too, four years later.

Adrian: They both were. They both were. They both were.

Judy: Yeah, he was born in January, so. A little late for Christmas, but very special.

David Scharff: How did Pam react when you presented her with Victor?

Judy: Oh, she loved him. Yeah. She would help with him. Feed him. Hold him. She was really pleased with him.

Pam: Yeah. I didn’t get…

Judy: Hmm?

Pam: I didn’t get angry. I was—I was excited.

David Scharff: Well, I’m wanting to encourage you to tell us some more about Victor, because it sounds like you haven’t talked very much about him.

Commentary: So now we have a history of the enormous value of these two much loved children, and we can feel in great sympathy with the family.
Judy: This is true.

Adrian: No, we don’t.

David Scharff: Has that been true ever since his death?

Judy: Yeah.

David Scharff: You just don’t talk about it.

Adrian: Yeah. Oh, I guess, what do you say, it’s easier left alone. As I said, she used to go to the grave a minimum of once a week.

David Scharff: She is…

[00:48:00]

Adrian: I don’t know how often.

David Scharff: Judy?

Adrian: Judy. I says, I tried several times. Tried on my own several times. And I just…

Pam: Can’t do it.

Adrian: Can’t do it. My sister just passed away not too long ago, what, a couple months ago anyway.

Judy: A year.

Adrian: It’s been a year?

Pam: No.

Judy: Mm-hmm.

Adrian: Since Christine?

Judy: Mm-hmm. A year in February.

Adrian: Time flies. But she’s laid out and of course I actually go visit the rest of the graves, and I got there by him and I had to turn around and walk away because I was crying. How can I say, I’m very angry.

Commentary: We are also moved that Father has now settled into such a painful acknowledgement. We don’t say so; we are simply informed by our own feeling, and use that to inform what we say later on.

David Scharff: You did—you could visit…
Adrian: Because I’d say I lost one of my—my best buddy.

David Scharff: Was he your best buddy?

Adrian: Yeah, I considered him. Even though when he wouldn’t do stuff I’d get angry at him and holler at him and threaten him and everything else, you know, just like any—most fathers I guess do.

David Scharff: Did you hit him?

Adrian: When he was younger. When he was younger. What you would call a correctional spanking, you know. Take him and whack him across the back side and raise him up off the ground a little bit, you know. That type of thing, but nothing to injure him. Nothing to injure him.

Jill Scharff: What I notice about what you’re saying is that you can talk a bit about Victor. You’ve talked a little bit about Victor though it’s hard for both of you. But what you can’t do is go to his grave together.

Commentary: Now Jill is exploring the blocked mourning process directly, a direction that would be typical of one area of intervention around traumatic losses.

Adrian: No, I can’t.

Jill Scharff: And…

Adrian: I’ve tried.

Jill Scharff: You’ve tried alone.

Adrian: I’ve tried with her.

Jill Scharff: And you’ve tried together. You can’t do it together.

Adrian: I can’t do it. I just can’t do it, period.

Jill Scharff: And, I’m thinking that’s probably really hard for you that you have to do it alone, rather than have your husband with you to…

Mother: I’d rather be alone.

Jill Scharff: At this point.
Well, what I’m thinking, though, is that the loss of Victor, that is something that you two share. It’s a very deep pain, following a very great gift. And I have the feeling that Pam sits between you, to prevent that loss being dealt with. She sort of partly fills in for Victor.

**Commentary:** This is an interpretation of the family shared defense, in which Pam takes the lead, to ward off intolerable pain. Notice that now the family is on board, and helps the work go forward by elaborating on how Pam tries to rescue them from pain. This is a most productive phase of the interview. As they discuss how Pam fills in for Victor, they move to moments of humor that are not manic, as the opening humor, but that represent moments of remembering his wonderful qualities.

**Adrian:** Oh, she tried.

**Jill Scharff:** And partly she tries to be the opposite of Victor, because, of course, she isn’t Victor.

**Judy:** She tries to do a lot of things, I think, that—and she tries to mow—she’ll go out and mow the grass and, and take the garbage out and—she does, you know, she does her...

**David Scharff:** Those were his chores before?

**Judy:** Yeah.

**Pam:** Yeah, now I do.

**Judy:** So she does fill in for him.

**David Scharff:** Are you trying to be your father’s buddy?

**Pam:** Yeah, in a way.

**Judy:** Yeah, she likes to go out with him a lot. She doesn’t care to go with me that often.

**David Scharff:** Was that true before Victor died?

**Judy:** Yeah, I think so.

**Pam:** No.

**Judy:** No? You used to go with me too?

**Adrian:** The only thing is that with Victor, Victor and I would go
fishing, Victor and I would go hunting in the wintertime. It would be Vic and I. It would be, what would you call it, male bonding type thing. And I guess, maybe, call it selfish. I don’t know. I’m thinking that maybe it’s me that’s going a little goofy here or something. Because I lost and I’ll never be able to have what I did have with him. She tries. She used to go fishing with me quite a bit. Then all of a sudden she stopped.

David Scharff: When was that?

[00:52:00]
Adrian: I don’t even remember. I don’t remember when she stopped. I haven’t gone fishing in a long time either, so.
David Scharff: Did she go fishing with you after Vic died?
Pam: Yeah, couple times.
Adrian: Couple times, yeah.
Pam: Didn’t catch nothing, darn it.
Adrian: Never caught anything. Your father never could catch fish.
David Scharff: You can’t catch them.
Adrian: I can’t catch them.
David Scharff: You just go.
Adrian: I just go.
David Scharff: Could Vic catch fish?
Adrian: No, not really.
Pam: Yeah, a lot better than you could.
Adrian: Well. I just like to go out to the lake and sit there and what we call still fishing, with the—like the old bamboo pole, but we got the fiberglass poles, and just put them out there and just sit out there by the water and let the sun hit you and stuff like that, you know.
Judy: You just enjoy sitting there doing nothing.
Adrian: Yeah, okay. Sitting there doing nothing.
Judy: And not catching anything either. I mean after an hour of not
catching anything I’m ready to go home.

**Adrian:** An hour? 15 minutes.

**Judy:** The fish aren’t biting. You’re not going to sit there and wait for the fish to come to you.

**David Scharff:** Whereas for him, that’s a good day.

**Judy:** Oh yeah. That’s a terrific day for him, yes, yes. He could go out there at 6:00 in the morning and not come home till 6.

**Pam:** Hours. No, 4 o’clock. Four o’clock in the morning.

**Judy:** And enjoy sitting there and doing nothing.

**David Scharff:** Judy, when you go to the grave, you want to be alone?

**Commentary:** Now we turn to Mother to give her the space to express her mourning.

**Judy:** More or less.

**David Scharff:** What do you think about?

**Judy:** I just talk to him.

**David Scharff:** What about? What kinds of things do you have to say?

**Judy:** Just that I miss him. That I loved him. That’s all.

[00:54:00]

It’s gotten hard. It’s hard going there.

**David Scharff:** But you make yourself do it.

**Jill Scharff:** Do you feel in touch with him when you go?

**Judy:** Mm-hmm.

**Jill Scharff:** Do you feel he hears you or gives you any comfort?

**Judy:** I hope he does. Oh no, no. It’s hard out there.

**Jill Scharff:** And it sounds as if it’s not getting any easier, as the years go by, is it?

**Judy:** I haven’t gone that much. I was out there last week, I guess. I guess for Easter I went out there. I didn’t make it for his birthday. And I didn’t make it for Christmas this year.
Jill Scharff: Too hard?

Judy: No, it was just, just didn’t get the time to get out there, I guess. Things weren’t just gelling together all during the holidays.

David Scharff: Is it easier not to go, or do you feel bad if you don’t go? You feel you miss him?

Judy: I think I ought to, that I should have been there. Usually I take flowers for his birthday or for Christmas. I put a fresh flower out there for him. I guess I felt guilty this year. I just do.

[00:56:00]

David Scharff: It’s a hard question, but did you feel guilty about anything about his death?

Commentary: The guilt about losses like this is often a significant part of the reason the mourning gets blocked. Notice that there seems to be so little ground for guilt, but that it is a feature for both parents nevertheless.

Judy: Maybe I didn’t tell him I loved him after I got done talking to him that day.

David Scharff: The day he killed himself? Had you had a fight?

Judy: No, it was just that we were supposed to go shopping and I asked him, I had dinner on the stove and I asked him to cook it. And I thought, well, we were supposed to go to a Christmas party and I was going to take him out that night, maybe to buy him a new pair of pants, maybe a sports jacket or something. And I didn’t tell him that I was going to do this. He had been asking about getting a pool table, and naturally dad had said pool tables are too big for the basement, because our basement is finished and there’s not enough room. And I says, “Well, maybe we can find something smaller,” and I thought, “Well, if I take him out shopping we’ll look even though dad said no. We’ll take a look and maybe we could change dad’s mind.” But I never said that too him. So, maybe…

David Scharff: Maybe that had something to do, just in your mind as you think about it.

Judy: Yeah.

Jill Scharff: Well then, does that mean you’re angry at dad, as well?
Judy: No, no.

Commentary: We’re not so convinced here that there is not unconscious blame between Adrian and Judy, but we’re not going to press the point here. Something might well emerge in a longer treatment.

Jill Scharff: Maybe he set a limit that frustrated Victor.

Judy: No I don’t think—No. So. No, I just, it’s just a combination of, I guess, the things. And I know, one night he said something to me, and I looked up at him and I thought to myself, “Gee, you’re so handsome, and you’re such a good kid.” But I didn’t say that to him out loud.

[00:58:00]
But the thoughts were always there. Because he was taller than me and he always teased me about being taller than me, when he got that tall, so.

David Scharff: How old was he?

Judy: He was going on 17. He would have been 17.

David Scharff: Do you have any explanation for his killing himself?

Judy: No. I have no idea.

Jill Scharff: Well, she’s been saying she thinks that if he had known more clearly how much she loved him, maybe he wouldn’t. That’s what you’re tormenting yourself with, I think.

Commentary: Here Jill is directly clarifying the point on which Judy bases her largely unconscious guilt.

Judy: Well, I think he knew I loved him but it’s just, I didn’t tell him that day, you know.

David Scharff: That more love would have kept him alive. More…

Jill Scharff: Saying it more.

Adrian: See, the night before I was downstairs watching television. He came home, came downstairs and sat downstairs with me for about a half hour. Then he went upstairs and says, “Good night dad, I love you.” I says, “Good night, I love you too.” But it’s one of the things that he very rarely ever said to me, was that, “I love you dad.” And it struck
me real funny, but I didn’t think nothing of it. You know. So I just let it go. And the next day of course, I get up before he got up and I was gone to work and when I came home I paid no attention to where he was, or what was going on. And then I think she called and so I went and I looked for him, because she said he was supposed to have dinner on the table or something, or on the stove, getting it ready.

So I went looking for him and I tried the bedroom door and he had the bedroom door locked, because my father was living with us at that time, and he was about 85 then. So I finally got the door open. When I seen it, the first thing I did was call the paramedics.

**Commentary:** So now Father is elaborating on the work with his wife to add his own grounds for feeling guilty. Then he adds a more detailed description of the suicide. Such detailed descriptions are par for the course, because traumatized patients and families feel we cannot understand unless we visit the site of the trauma with them, and such a detailed story lets them feel we have begun to do this.

Jill Scharff: You’re the one who found him?

Adrian: Yeah.

Jill Scharff: That must have been a horrible sight.

[01:00:00]

Adrian: And the first thing I did was call the paramedics and then I moved everything out of the way so they could come in with the gurney. And made sure my father understood to sit on the chair and not move. Because at 85 he was sort of senile and I wanted to make sure. And then I turned around and called her and told her to “drop everything, drop what you’re doing.”

**Commentary:** While these details seem trivial, they convey the awful drama of this event that shaped the family ten years ago and ever since.

Pam: “Get home.”

Adrian: “Just grab your purse and come home immediately.” And she did.

Jill Scharff: And she didn’t know—but you didn’t know why?

Adrian: No. I wouldn’t tell her why on the phone. I wouldn’t tell her
why on the phone. And by the time she came home, her boss called and I told her. And it was only minutes later that she came home.

**Jill Scharff:** Where were you then, Pam?

**Pam:** I was at…

**Adrian:** She was at school.

**Pam:** I was at school.

**Adrian:** She was in college. Community college.

**Jill Scharff:** Oh, you were away. Away or commuting?

**Judy:** No, she was just at the school in the neighborhood.

**Pam:** South Suburban. At that time it was Thornton Community. And at that time I was a student worker, going to school, and then go to work right there. Didn’t have to go outside. I was on my way home, and I’m wondering, “What is the ambulance doing in front of my house? I don’t know.” So get in the house. No I didn’t get in the house.

**Commentary:** Now we hear Pam’s first-hand experience too, which we need to do for the whole family to be in on the process inside the session.

**Adrian:** No, I’d stopped you.

**Pam:** And I see my buddy, Mark, and then all of a sudden I see them pulling Victor out.

**Jill Scharff:** So you saw it before you knew, before you had been told.

**[01:02:00]**

Wow.

**Judy:** We have a little light in our bedroom that goes on automatically, so she used to say, “That’s Victor’s way of coming back at us.” He hasn’t come back lately, though, has he? The light used to go on every evening.

**Commentary:** Another touching family shared experience of how his memory is installed and renewed.

**Adrian:** Every once in a while by itself.

**Pam:** No. It was every night at the same time.
Judy: It hasn’t done it lately, though.

Pam: Nuh-huh.

David Scharff: Well, that’s a theme I heard from you, Judy, that it wasn’t as easy for you to find Victor lately, because you couldn’t get to his grave as easily. Is there a sense that it’s harder to hold on to him? To hold on to the memory?

Judy: Of him?

David Scharff: Yeah.

Judy: No. He’ll always be there.

David Scharff: What I’m hearing is that although you never talk about it, almost never, is that?

Adrian: Well, the other day I turned—A month ago or so I was dusting off the albums, and I started going through them. And of course, I turned around and told her, I says, “I went through those that had Victor’s pictures of him,” and I says, “I cried like a baby.”

Judy: Oh, we’ll talk about him if we’re at a family affair or something, and something comes up. You know, it’ll be casually mentioned—what he did, or things about him, or somebody says something.

[01:04:00]

But most of the kids know, nieces and nephews know that—It isn’t brought up as often, you know. Once in a while conversation might come up about him.

David Scharff: Well, what I was thinking was that, that it seems to me that the three of you as a family are doing something that’s a way of keeping Victor with you, by having Pam stay at home, be in the middle between you.

Commentary: This is an interpretation that integrates the opening moments of the session when Pam sat in the middle despite her father’s objections. It makes sense of her determination to do so, and of the idea of family-wide unconscious support for this behavior.

Jill Scharff: Fill the spot.

David Scharff: Fill the spot. Be in the bedroom. And that, in a way,
it has the three of you stuck, as though you have to be stuck in this pattern, fighting with Pam, for instance, to replace Victor, as though you’d lose him if you changed anything.

**Adrian:** I don’t feel that. I don’t feel that because she lives in the house. There are certain things that if you live in a house you have to do. You have to clean the house. You have to cook. You have to eat. You have to do things. There are things that have to be done in a house. And if I don’t get on her to do them, she won’t do them. She won’t do anything. Like today, I told her absolutely nothing, until 4:00, to take a shower.

**Commentary:** Father’s denial is back in full flood.

**Jill Scharff:** But see, those things you mentioned, the cooking and the cleaning, those are things that Victor did.

**Commentary:** Jill adds another family behavior as making unconscious sense and having family-wide support.

**Adrian:** Yeah, but so did she.

**Judy:** They done them together.

**Adrian:** They done them together. They done them together.

**Jill Scharff:** Yeah, but partly she’s doing things to stay close to Victor, like listening, being in the room, staying where he was, and partly she’s doing things to be the opposite of Victor, to not please you, to not clean, to not—

[01:06:00]

And I’m thinking, Pam, you must be in a struggle of wanting to join Victor and knowing that you must not do so, otherwise you’ll lose your life.

**Commentary:** Now Jill interprets one of the most painful aspects of the loss, the very common feeling of wanting to join the lost person.

**Pam:** Yeah.

**Jill Scharff:** So it seems to me you stick right close between your parents, pretty much to stay alive. To meet their needs to have someone there to take Victor’s place, and then to fight against it, by being obnoxious or dependent or unhelpful around the house. To be
different.

**Pam:** That’s what I want to change, though. I want to start...

**Jill Scharff:** You want to change that?

**Pam:** I want to change in a positive way. More cooperation at home.

**Adrian:** She’s usually—

**Pam:** I’m trying.

**Adrian:** She’s usually very negative.

**David Scharff:** But you say you’re trying, Pam.

**Pam:** Yup.

**Jill Scharff:** As a way of being yourself, then—to find out who your self is.

**David Scharff:** I was thinking. I just want to add to what you were saying, that it’s not just to stay alive, although that’s part of it, is it Pam? To keep yourself alive.

*Commentary:* *We are now on the track of the ways Pam has lost part of her self and her development in the attempt to hold on to Victor.*

**Pam:** Well, I wouldn’t do what he did.

**Jill Scharff:** You’d like to kill yourself, too?

**Pam:** No way.

**Adrian:** No, she said she won’t do that.

**Judy:** She wouldn’t do that.

**Jill Scharff:** You would not do that.

**Judy:** Nope. She has always said that, I mean, from day one. She has always said that.

**David Scharff:** But I’m saying, it seems to me being between your parents is like it keeps the love alive. You think so? So then you really couldn’t afford to leave the spot between them because it’s like the love wouldn’t be there.

**Pam:** No. It’s just, I just want to change my attitude, my anger.
**David Scharff:** What do you think you’re so mad about?

**Pam:** Well, I go to work. I come home. He’s sitting in front of the TV, watching TV. I’d like a break once in a while from cleaning the house. Why can’t he do it at least one day?

**David Scharff:** If he did it, then he’d be like Victor helping you.

**Commentary:** Pam wants the partner she lost. Each of them wants this and tries to get it in different ways.

**Pam:** Yeah.

**Adrian:** At least one day, why don’t I do it?

[01:08:00]

**David Scharff:** Yeah, but I don’t think you’re hearing what she’s saying. I don’t think it’s about whether you’re lazy or not.

**Adrian:** No, it’s not.

**David Scharff:** No, no.

**Adrian:** I understand that.

**David Scharff:** Well, wait, let me say it. She’d like you to join her like Victor used to.

**Adrian:** And if you ask her, the day I usually clean house is usually on Wednesdays. That’s the day we—I usually clean the house. Now, I would ask her—She’s off on Wednesdays, so I would ask her, “Can you vacuum the house and vacuum the floors?” And when she’s—she usually doesn’t get up until about maybe 10:30, 11:00.

**Pam:** No, not always.

**Adrian:** What time did you get up today?

**Pam:** Quarter to.

**Adrian:** Quarter to what?

**Pam:** Ten.

**Adrian:** Oh. Excuse me. Call me a liar for 45 minutes.

**David Scharff:** I think something’s happening right now that I’d like to talk about.
Adrian: Go ahead.

David Scharff: I think you’re about to get mad at her.

Commentary: David is going to try to explicate the way Father takes the lead in using anger to cover over the pain of the loss.

Adrian: Yes I am. Yeah, pretty close.

David Scharff: Now, you can usually find things to get mad at her about.

Adrian: Pretty close. Oh, I can always find something to get mad at her about.

Jill Scharff: She gives plenty.

Adrian: Because she doesn’t listen. She won’t hold a responsibility.

David Scharff: But wait a minute. Now it’s happening because we’re in very sore territory.

Adrian: Oh, no. No.

David Scharff: Well, think about it.

Adrian: You’re talking, no, no. If you’re saying it’s because of Victor, because of the territory that we’re talking about is because of Victor, no.

David Scharff: Well, it’s a way out, see.

Adrian: No. I don’t think so.

David Scharff: Well, let me say it and then you can think about it.

Commentary: David is pretty sure of his ground, but less sure that father can follow him in understanding it. His trying to get this clear, in this assessment interview, is an attempt to examine the strength of the family’s defenses and their potential for growth.

Adrian: Say it.

David Scharff: I think that this is so painful that it’s easier to get in a scrap with Pam, because she gives you lots of opportunity, than to stay with the pain of this loss. And Pam has actually, over the last few minutes, been talking a lot about trying to do things that would move beyond the stuck place.
Jill Scharff: Right. Now, see, I don’t agree with you, David. I don’t think this is about Victor. It’s about Pam. And Pam is saying, “I want to change. I want to improve my attitude. I want to become helpful,” and so on. I’m saying to myself, “Well, if you were successful, the next thing you’d do is leave the house. You’d be living in a group home.”

Commentary: When we do co-therapy (which is not our usual way of working) we will disagree respectfully with each other as a way of showing how we think together in attempts to better understand the family.

[01:10:00]
You’d live with other young people. You wouldn’t be with your parents.” And I think that would be, that would be another loss for you, even though you might wish for it. It would be a loss again, to get over. And for you, Pam, you wouldn’t have your parents there helping you to feel safe.

Commentary: Jill is on a better track here in understanding Pam.

Pam: Right.

Jill Scharff: And I think as soon as you go live in a group home with other young people, it raises the question, might you meet someone? Might you have a child of your own? That’s got to be something that you must be quite afraid of.

Pam: No. I wouldn’t live in a group home. I have a home now.

David Scharff: You want to stay there.

Pam: Yep.

Jill Scharff: You feel you want to stay with them and be their child forever, and never have a child of your own.

Commentary: This follows the theme of Pam’s difficulty with her own development, which is a theme for the whole family too.

Pam: Oh, I will eventually. But it’s going to take time.

Adrian: The problem is, you don’t got much—you don’t got—you don’t have much more time, Pamela.

David Scharff: Well, this means, Pam, that you can’t grow up, have a
sexual life of your own.

**Commentary:** For young adult development, it’s important to put this out there as one of the ordinary developmental areas, which we infer is also delayed as Pam has to remain the child at home. Pam now elaborates on this theme. As she does so, the humor comes back for the family.

**Pam:** I don’t know.

**David Scharff:** You can’t have one if you’re at home in your room with the computer.

**Pam:** I don’t know. I just don’t know.

**David Scharff:** And you feel that your parents need you to be their child at home.

**Pam:** They need someone at home.

**Adrian:** Why?

**Pam:** I don’t know.

**Adrian:** Why do I need anybody at home, other than your mother?

**Pam:** Well, you need me, too.

**Adrian:** Why?

**Pam:** I don’t know.

**Judy:** He’s teasing.

**Adrian:** Why? That’s right. I wouldn’t have anybody to say…

**Pam:** Someone to pick on.

**Adrian:** I wouldn’t have anyone to say, “Pam, get me a can of pop,” right?

**Pam:** Pick on me.

**Judy:** And she does go out. She goes out every night.

**Adrian:** Yeah, and I’m putting a stop to that.

**Judy:** Oh.

**Adrian:** Because of the work that is not getting done.

**Judy:** It is not that she stays home every night. She does go out, so.
David Scharff: What do you think?

[01:12:00]

Jill Scharff: Well, it seems to me we’re probably nearing the end of our time, aren’t we?

David Scharff: We have a few more minutes.

Jill Scharff: A few more?

David Scharff: Well, I think that the three of you just got, you seemed to get past the pain and kind of began joking together, in a very friendly, loving way.

Adrian: I usually joke around. I usually joke with her. Ninety-nine percent of the times.

David Scharff: I think what Pam was saying did relieve a lot of pain. When she said you need her. She’s going to be there, even though part of you says, “Pam, you got to go have a life of your own. You don’t have so much more time to have a child.”

Adrian: I tell her that all the time.

David Scharff: But even though when she says, “No, I’m going to stay home and be your child,” I think it relaxes the pain. And I think unless you could, together, all three of you, mourn Victor, who’s painfully no longer here—so that would mean when Pam had a life of her own, it would be just the two of you. And it might mean you would even miss him more again—that unless that could happen…

Jill Scharff: Because you’d be back to where you were before you got him, or Pam.

David Scharff: Yeah. Unless you could do that grieving and crying and talking, Pam won’t feel free to go ahead and have a life of her own, because right now, she’s decided that she’s going to be the child who stays home to take care of her parents.

Commentary: So now we have interpreted what we agree to be the central theme of the family’s presentation to us, and probably their unconscious reason for agreeing to this series of interviews.

Adrian: I’d rather her be the child to go out and give me
grandchildren.

**Commentary:** Here is a more progressive wish, the ordinary kind, that has been blocked in the interview just as Pam’s development is blocked by the blocked mourning for Victor.

**David Scharff:** I can hear that a big part of you would like that.

**Adrian:** That’s what I would like.

**David Scharff:** But I think about the three of you, it’s such a relief when she says, “Don’t worry, I’ll stay,” that everybody relaxes and you fall into the old pattern, even though it’s a problem. It’s such a relief that takes over.

You’re crying.

**Judy:** We keep telling her goodbye.

**David Scharff:** And she keeps saying, “Hello.”

[01:14:00]

**Adrian:** Keep telling her, “Don’t let the door hit ya.”

**Judy:** But no. I don’t know. I just want her to have a good future. She doesn’t have to be with us. She can move.

**Adrian:** And from where we can see, she can’t handle herself. She can’t do things for herself. She’s won’t—she won’t do things for herself to show us that she can handle it herself.

**Commentary:** We are still feeling that Pam may well have some constitutional reason for slow development, and this may be something the couple also has to mourn. We cannot complete the assessment of how much weight to give to constitutional reasons for her slow development, and how much to the psychodynamics of the family and Victor’s loss. That would take more time than this one interview.

**David Scharff:** Well, because as long as she can…

**Adrian:** And this is where I’m getting…

**Jill Scharff:** But you do have a job, don’t you, Pam?

**Pam:** Yeah, I have a job.

**Jill Scharff:** A full-time job?
Pam: No, part-time.

David Scharff: What’s your job?

Pam: I’m working at a grocery store, stock.

David Scharff: See, I wonder if, as long as you look like you couldn’t manage on your own, then your parents don’t have to feel guilty about your staying home and their taking care of you, while you’re taking care of them. And there’s kind of an idea that the three of you share, “Well, she needs it, after all.” So, it’s okay. But, it may be that the reason she acts as though she can’t take care of herself so much, is that if she grew up and could take care of herself, then she’d have to leave and leave you so terribly alone, and feel so lonely yourself, Pam.

Pam: Oh. I really don’t want to move out. In a way I do, but in a way I don’t.

Commentary: Here’s her ambivalence about growing up, which matches her parents’ mixed feelings about her leaving.

Adrian: Because you won’t have dad cooking your dinner for you no more.

Pam: No.

Judy: Cooking breakfast.

David Scharff: Which he likes to do, I guess.

Judy: He gets up every morning and he cooks breakfast for her. Every single morning.

David Scharff: Well, where else is she going to get that?

Judy: And makes her lunch. He gets her lunch ready and shoves her out the door.

David Scharff: Well, I think all three of you are very caring about each other and really devoted. Which is important.

[01:16:00:00]

The only problem part of this is that there’s a way in which you all agree Pam isn’t growing up and moving towards a life of her own. And to do that, you’d have to be able to take the loss of Pam as the person
who fills both spots, Victor’s and your own. And you’d have to take
that loss too, Pam, in order to have something else.

**Commentary:** *This is an interpretation about their worry about her
development and the role of loss and mourning.*

**Pam:** Yeah.

**Jill Scharff:** Well, we do, we leave her alone on weekends. We go away
on weekends, because we have a place in Michigan. So we go up there
and—

**Adrian:** Sure, well, that might be—That’s a way of starting it.

**Judy:** And she’s left alone, alone to be, do her chores. And I should say
she does do her chores when we’re, she’s alone.

**Jill Scharff:** When you’re away? Well, that’s really something to think
about.

**David Scharff:** That she’s able to do it.

**Jill Scharff:** Uh-huh.

**David Scharff:** And her reason for not doing it is the kind of thing
we’ve been talking about.

**Judy:** It may take her forever to do them, but she does get them done.

**David Scharff:** Well, I think is what we’d want to say to you at the
end of this time together, that Victor’s loss was such a great loss for
all three of you that in these ways it’s hard to get past it. But for Pam
to get on with her life, and for the two of you to get on with yours, of
being a couple again, you’d have to be able to talk about this loss, to
cry about it together, to maybe to get to where you can visit the grave.

**Commentary:** *We sum up the central point of the interview: the need
to mourn in order to help development resume. It is also the end of
the interview, and therefore the loss of further opportunity to explore
these things, at least with us. This also calls for a foreshortened kind of
mourning that has a role with every such assessment.*

**Adrian:** I don’t want to say yes or no to that.

**David Scharff:** I’m not trying to get you to do something tonight. I
don’t mean that.
**Adrian:** Oh, no. I mean, maybe another 10 years. I don’t know. Maybe next year. Maybe tomorrow. I don’t know.

**David Scharff:** And of course you say Pam doesn’t have that much time. Well. Okay. Well, we’ve given you some things to think about and you have given us some things to think about. We are very grateful that you came in to talk with us.

**Judy:** Thank you for…

**Adrian:** Thank you.

**Judy:** It’s been helpful too.

**David Scharff:** Okay.

**Pam:** Thanks.

**Commentary:** This family has been extraordinarily forthcoming in this interview. We leave feeling that we have had a deep and meaningful exchange from which we have learned a great deal. We are privileged to have shared in their opening up, and grateful to them. The end of the interview and of our encounter with them is a sad one for us as well, and this sadness informs our way of saying good-bye and expressing our gratitude to them.
Video Credits

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