

The Relevance of Family Interviewing for Psychoanalysis

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FAMILY INTERVIEWING, or family therapy as some prefer to call it, is by now a well-established, fashionable modality of psychotherapy and, for analysts engaged in such work, one of the many branches of applied psychoanalysis. As yet there is no adequate formulation of the meaning of "applied psychoanalysis," for it is difficult indeed to define what psychoanalytic training adds to the practice of social and community psychiatry, and to what degree and precisely why a psychoanalyst may contribute more to such programs than analogous professionals without such training.

The recent interest in family development and family life, as well as the sprouting up of various forms of group therapy, seems to reflect a trend against isolation and loneliness, deeply felt by a large segment of the population, young and old. Some view this as a trend against individualism, which, I think, is a misconception. Stress is placed on independence in the sense of living alone as soon as one is out of school, or before finishing college, and on earning a living; but, important as that might be, it does not necessarily develop individuality. All too often it contributes to isolation and a kind of pseudo-independence.

Major patterns of contemporary social change seem to reflect a reaction to this pseudo-individualistic trend of recent decades. And I am not certain that we, as psychoanalysts, were not caught up in the same process and have not contributed to this social malaise rather than helping to cure it.

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The individual is shaped by and emerges from the social and group matrix, which initially is the family organization. Subsequently he is reshaped by peer experience, and by the reactions he develops toward the various influences that directly affect his life (Freud, Glover, and others). I believe that it is only when one can be comfortable with *the other* that one can be comfortable with oneself as a discrete individual different from other people. In other words, one can easily be different when one possesses a sufficient degree of similarity to one's contemporaries. Concern about the degree of similarity and difference stems from the fact that those who seek help have failed to achieve a satisfactory balance between their needs and those of the people in their environment on whom they depend, in a relationship of reciprocal dependency, to secure the satisfaction of their respective needs.

Of interest in this connection is the following statement by Philip Slater (1970). Among other things, he suggests that three human desires are deeply and uniquely frustrated by American culture:

1. The desire for *community*—the wish to live in trust and fraternal cooperation with one's fellows in a total and visible collective entity.
2. The desire for *engagement*—the wish to come directly to grips with social and interpersonal problems and to confront on equal terms an environment which is not composed of ego-extensions.
3. The desire for *independence*—the wish to share responsibility for the control of one's impulses and the direction of one's life.

... *In every case it is fair to say that we participate eagerly in producing the frustration we endure—it is not something merely done to us.* (p. 5)

All these desires are even more frustrated when family ties are fragile, tenuous, or dissolved—as they often are for those who turn to us for treatment.

Psychoanalysis and psychoanalytically oriented psychotherapy, it is fair to admit, have excluded the family and focused protectively on the individual patient and his personal pursuits. Only recently has the family come into focus with the patient; we have begun to deal with them as a unit, with appreciation of their mutual needs, and interest in the impact that a person in treatment has on the family as a whole. This new trend may be seen as reparative action motivated by better understanding of the problems of individuation and greater tolerance for difference within the family and society at large.

Family interviews offer the richest and most rewarding opportunity for understanding of the emergence as well as the thwarting of individuality.

When I first sat down to organize my thoughts for this occasion, I asked myself: What have I actually learned from my work with families that has helped me in my work as an analyst? Out of my head came forth a disconcerting but simple answer—nothing! Nothing that I shouldn't have known to begin with! It was almost like asking: What have I learned from life? The task seemed to be overwhelmingly difficult. Whatever I touched upon escaped the confines of description or definition and pointed to those well-known generalizations about the attitudes an analyst is supposed to possess—generalizations which have by now become slogans, such as "benevolent neutrality," "participant observation," "listening with the third ear" and the like.

I became more aware than ever, after many years of reflecting on the subject, that the answer boiled down to what I term the *quality of presence*. This quality can be achieved through ceaseless efforts to develop those attitudes and improve those skills that our exacting profession requires. And it can be argued, with considerable justification, that anything one learns from family interviews can or should have been learned in the practice of individual analysis. But from what I have observed, this knowledge often is not acquired.

But whatever thoughts I came up with I shall share with you now, with the hope that this will stimulate fruitful discussion.

What prompted me to expose myself to systematic family work at Jewish Family Service, even though I was family-oriented from the start (Szalita, 1968b), was the desire to find out more of what I was not hearing and not seeing while conducting individual analysis. This desire was precipitated by numerous occurrences that cast doubt on my predictive ability and also led me to ponder over my share of the responsibility towards families in which divorce was one outcome of treatment. I have been repeating for years (it almost became a sort of catechism) that each communication consists of *intention, content, form, and effect* (Szalita, 1968a). Naturally, these distinctions apply to our interpretations. The question then arises—one of crucial importance—to what degree can we be responsible for the effect of our interventions on the situation of the individual under analysis and on members of his family? Joseph Conrad, for example, claims that

it is only for their intentions that men can be held responsible. The ultimate effects of whatever they do are far beyond their control (1968, p.xii).

Are we entitled to take such a stand? Can we always be sure that we know our intentions? Can we rely on our knowledge of them?

I also became more aware of the limitations in our knowledge of the patient. Even though we know that one never manages to explore every aspect of the patient's personality and potential during his analysis, don't we sometimes claim deeper knowledge than is warranted?

For instance, when I met one of my former analysands, himself an analyst, in a social situation, I was greatly surprised to find that his social behavior was quite at variance with my so-called intimate knowledge of him, derived from listening to him in his sessions. Socially, he was charming, outgoing, spontaneous, and colorful. On the couch, he was tongue-tied, unable to extricate himself from endless obsessive ruminations, doubts and perseverations, communicated in meaningless phraseology, such as that so well described by Gogol in "The Overcoat." Gogol writes of his hero:

It must be noted that Akaky Akayevitch for the most part explained himself by apologies, vague phrases and particles which have absolutely no significance whatever. If the subject were a very difficult one, it was his habit indeed to leave his sentences quite unfinished, so that very often after a sentence had begun with the words, "It really is, don't you know ..." nothing at all would follow and he himself would be quite oblivious, supposing he had said all that was necessary (1966, pp. 27–28).

It goes without saying that this patient's difficulties in communication could be characterized as a transference problem. Patients often relate differently to different members of their family and may reenact only one of these modes of behavior in their transference relationship with the analyst. But what intrigued me was the fact that I never anticipated such behavior from him—it was as if I had never known this person. This social confrontation deepened the realization of how fragmentary our work is and how exaggerated at times our claim that we do a thorough job simply by listening attentively to the patient, leaving the choice of material to him, and confining ourselves to the limited arsenal of interpretations and free talk (often confused with free association).

The success of this venture in self-discovery largely depends, of course, on the decision the patient makes on what he can or wants to uncover, and how far he wants to go. But assuming that one wants to expand the scope of the patient's involvement, how can the analyst know what questions to ask? Can he activate what Freud calls "latent conflicts"?

Our analytic training does not provide for sufficient experience with problems of living. An analyst has to actively search for ways of exposing himself to first-hand experiences in a variety of areas in order to remedy this deficiency in our training, and to narrow the hiatus between our conceptual framework and our concrete experience. It was to answer these questions, as well as to improve the method of teaching psychoanalytic techniques, that I undertook work with families, studied group relations, and investigated the development of responsibility on a kibbutz.

Among the various ways in which family interviewing can be useful for psychoanalysts, I might have singled out for comprehensive discussion the following:

1. Such interviews *conducted during training* may help the candidate avoid many countertransference problems, such as siding with children against parents or with husband against wife, and have the particular value of exposing the candidate to a kaleidoscopic variety of human interactions.
2. Family interviews as an *adjunct to individual psychoanalysis* may serve to shorten the lengthy process of analysis and correct the distorted impressions one may get from the biased individual account.
3. It is advisable at the beginning or early in treatment, *for diagnostic purposes*, to conduct routinely conjoint interviews with the analysand and the spouse. Observations of the couple in action tend to augment the analyst's understanding of the individual dynamics, and may prove time-saving.

But my foremost interest on this occasion is to share with you some of the thoughts that occurred to me when I asked myself whether the experience of family interviewing has in any way changed my practice of individual psychoanalysis, that is, without seeing the spouse or other members of the analysand's family—without "contaminating the procedure," as we often say.

I have had the opportunity to see a considerable number of couples. In some instances, both spouses were analyzed; in other instances, only one of them was analyzed; and in still other instances, neither had been exposed to any sort of therapy. In the present paper I shall focus on the first two groups.

In interviews with two analyzed marital partners, it does not take long to notice how easily they use so-called free associations on each other with an unshakable certainty that that is the thing to do—say whatever comes to one's mind. And usually these are accusations and invectives; seldom is anything positive said. This points to the sorry fact, of which we are all aware, that expression of hostility is encouraged and fanned at the expense of exclusion of other feelings. Being able to get angry and abusive is still considered to be the most important aspect of self-assertion. The result is an "addiction to adrenalin"—an addiction to anger—and a feeling that one is oneself only when one is angry, because that is authentic. Affection is assumed to be dubious in its origin and therefore suspect at best; usually it is interpreted as manipulative.

Time and time again, I asked these couples if they were as free with the analyst as they were with each other. The answer was *no*; they were scared of the analyst. But wasn't that what they were supposed to do, they asked—to tell each other what was on his (or her) mind?

The surprise came when the other responded in kind, returned the abuse, that is, did not behave as an analyst would. "If I am honest," said one spouse, "why should I be punished for it?" And if I asked, "What do you want with it? What is your intention?" bewilderment was the response. "If I am not candid," one person said to me, "then it is contrived."

Many assume that candor has to be rewarded even if it hurts. Usually two standards are implied; that is, the spouse who "dishes it out" doesn't accord the same privilege to the other one. The latter is expected to "take it," rather than vituperate in kind.

It is commonplace for a very critical husband or wife to have a masochistic partner. When the masochist reveals his other side—his sadism—instead of his usual cheek, there is an explosion that often brings the couple to therapy. The masochistic partner is the more bewildered by the unbalance, feels hurt and misunderstood; the hitherto critically sadistic partner feels mistreated and helpless. A masochist, when taunting the partner, feels taunted. He doesn't feel his rage, nor does he take himself seriously, so it is not easy to convince him that he can hurt anybody.

When I say to a couple or an individual patient that *complete candor means complete irresponsibility* when indiscriminately exercised, the reaction is often that of shock, as if I were advocating hypocrisy. It is a laborious process to sort out what happens between the marital partners and to help them achieve *spontaneity with purpose*—that is, spontaneity that is tempered, to a degree, with consideration for others and regard for its effect, and is synchronized with the intent of the verbalizations.

One may also observe a *scientific battle of wills* based on the analytic model. The spouses compulsively interpret each other's behavior. Each has a stock of assorted interpretations and hits the other with them instead of resorting to invective and four-letter words. Their notion of intimacy is an analytic caricature. They analyze each other. From these couples, one learns to pay attention during individual analysis to the patient's capacity to engage in and cultivate conversation with members of his family and with his friends.

Some issues related to transference emerged from interviews with partners who had completed their respective analyses with very competent analysts distinguished in the field.

Transference, a concept that is crucial for our work and ranks as Freud's major discovery, applies, let us bear in mind, not only to those feelings the patient has for the analyst that are a repetition of the past, but also to the repetition-compulsion of all his attitudes that are irreversible and maladaptive in a given situation. In essence, "analysis of the transference" encompasses the transformation of these attitudes, that is, the rendering of the rigid, automatic trends into reversible ones.

But from what I have observed in interviewing those couples, what often happens is that, even though each individual did work through his transference with his analyst, and even if he was aware that he was repeating some attitude from his past, the interaction with the spouse canceled the benefits of transference analysis owing to some automatic releaser¹ which might have escaped the analyst's and the analysand's attention. It can be seen that, while transference analysis might have usefully resolved the attitude in relation to the analyst, the operation of certain releasers in the interaction with other people, precipitated by some gesture or glance or word, indicates that the analytic work did not make all of the transference reactions reversible. The analyst thus becomes aware that the analysis of transference in the analytic situation does not encompass the full range of such possible releasers that may precipitate the operation of the original repetition-compulsion; in other words, the analysand may revert to one of his old patterns under special circumstances.

¹A term borrowed from biology. Julian Huxley (1964) states that "Patterns of sensory awareness are called *releasers*, because they conduct the flow of excitation through the brain, to release a specific pattern of behavior; they are keys to unlock certain doors of action. ... Releaser mechanisms are built into the animal by heredity; and they can only relate to its environment in rather a crude way, and one which can easily become misleading. It is no accident that the only definite releaser known in man is the pattern made by a mother's smile to her infant. For more accurate adjustment, the animal must build up its patterns of awareness out of its own individual experience." (pp. 83–84)

Analysis, we have to bear in mind, is predominantly an auditive process which deals with concepts. In human interactions, responses are evoked more easily by facial expressions and glances, which are more immediate and less reflective in nature. A telling gesture may convey more than hundreds of words. For the analyst, body language is often, to a considerable degree, a forgotten language.

To return to my interviews with spouses who had both been analyzed: I was impressed by the fact that they treated each other like bickering and rival siblings. In most cases, their relationships with siblings was not sufficiently worked through in their respective analyses. I would venture to say that, even when considerable attention had been given to the interactions between the siblings in their respective nuclear families, some of the various manifestations of such interactions remained unknown to the couple. These were carried over unconsciously and often dominated the marital scene. Insufficient recognition is given to the part that siblings play in the choice of a marital partner; most of the attention is given to the patient's relations with his parents. In the sexual sphere, the role of siblings as seducers is neglected. In connection with sibling and peer rivalries, and perhaps as an extension of them, the male-female rivalry and power struggle in all its protean forms appears to be unresolved or even to have been exacerbated by analysis.

Self-assertion and attending to one's needs are desirable goals of analysis, and a natural outcome when it is successful. However, these goals are often achieved at the expense of other members of the family. The importance of compromise and a sense of justice and equality in living together tends to be overlooked.

I have seen many couples who were seeking help after having been successfully analyzed. Each partner claimed to have benefited a lot from his individual analysis, yet their relationship to each other did not improve. Each learned to take better care of himself, became more successful in work, and more competent at home. Nevertheless, these marital partners reported great difficulties in living together. The common denominator in these cases was a mutual desire to resolve these difficulties and preserve the marriage. With some of these couples—seven such cases in my own practice—it was possible, after seeing them together for a limited series of interviews, usually from ten to twelve, to remedy some deficiency and thus set them on a "new course of life."

I was greatly puzzled by this outcome. Why should they need *me* to accomplish something meaningful between them; why couldn't they do it for themselves or by themselves? I asked some of them what I had done to make it possible. The only answer I got was that I was direct and impartial. In these cases, with a stronger family orientation and minute examination of their interactions, I believe that they could have accomplished the same results during their analyses. That is one more reason why I advocate a few conjoint interviews. Seeing the couple together would have helped the analyst recognize the kind of releasers that operated between them, evoking the automatic reactions that drove them apart.

I noticed in a number of cases that the patient stopped his analysis when he learned to take care of himself. To be able to take care of another was conceived as a loss, not a gain. Psychoanalytic theory is often drawn upon to justify such an attitude. It is assumed that gratitude is an unnecessary obligation, that generosity is due to guilt, and that *other*-oriented empathy is masochism; all are globally described as reaction-formation that needs to be "analyzed away."

Most of the problems I have already discussed were also manifest in cases where only one of the spouses was in analysis or had been analyzed. But what can be singled out especially in that group is the frequent use of analysis to intimidate the spouse who has not undergone it. The analyzed one assumes himself to have superior knowledge and this is inflicted on the rest of the family. Utilized and communicated in many different ways, it may paralyze

Numerous precipitating factors prompt such couples to seek help. Usually they do so at a time of crisis. Sometimes the situation is so pathetic that one doesn't know whether to laugh or to cry. What is most puzzling is that the situation can at times be remedied with relatively little help—a circumstance that supports my view that much can be gained by seeing the couple together.

The most frequent complaint is fashionably referred to as *lack of communication*. I shall detail one such complaint in a case that illustrates the intimidation of a husband by an "analyzed" wife.

*A couple arrived for an interview, he an engineer, she a teacher. She—petite, good looking, well groomed—brought her husband, so to speak, who was supposed to do something about the marriage, save it. He, with a record of considerable professional accomplishment, and a man of sturdy appearance, sat by her side with his head down. As she recited her list of complaints, he listened subserviently or compliantly, rather like a boy being scolded by a teacher, and nodded his head to whatever she said. She complained that she couldn't stand it any more, that she was at her wits' end. He had the habit of falling asleep in the living room when guests were around, and also in the theater. He didn't have gracious manners. She was analyzed and considered herself the arbiter of elegant behavior, almost like Petronius in *Quo Vadis*. She knew how people should behave, and he did not heed her remonstrances. He thought that she must be right. "After all, she was analyzed." I saw that she was too self-absorbed, too much preoccupied with appearances and very little concerned with him.*

I undertook individual psychotherapy with him—a total of fifty weekly sessions—and saw them together ten times. I found out that this sober man had to read poetry aloud to the sound of music before they went to bed to create a mood appropriate for sexual intercourse. When his wife was exasperated with him, she assaulted him physically, scratching him and trying to strangle him. He behaved towards her as he did towards his mother: He took care of the garbage, woke her up in the morning, and served her coffee in her bedroom. He was generally subservient to her whims or withdrew. He was afraid to go home when he had forgotten to do something she had asked him to do. They had two sons in college, away from home. They had both reached the age of fifty, and they had to learn to live alone with each other after the children left.

I saw the whole family once. This was an occasion for the three males to tell her off and explain to her that everybody was afraid to contradict her, how upset and self-righteous she would become when she didn't get her way, how afraid they were of disturbing her, and how intimidating they found her.

I was rather pessimistic about the outcome of therapy and the future of their marriage. But contrary to my expectations, as my patient began to assert himself, and succeeded in verbalizing his feelings, the whole relationship between them changed. He stopped reading poetry, and he doesn't fall asleep any more, either at home or at the theater. "Now she does," he reported.

He used his time in therapy to examine his attitude to life, work, and his wife, asking questions that were quite in keeping with his age. He displayed a sensitivity that one could not have expected of him, and that he had not recognized in himself. The positive transference which he developed made him a cooperative patient, even though he dealt with me in a rather impersonal manner. I was the doctor, not a person, when he was in my office; but he led countless imaginary conversations with me outside the sessions.

This case illustrates how treatment is often shortened by acquaintance with the family. But the husband's extravagantly subservient behavior cleared up only after he was able to come out from under the intimidating behavior of his wife and start to trust his own judgment. Dynamically she worked through her relationship to her younger brother, among other things.

Participant-observation is a faculty that is often taken for granted, as if each analyst were graced with this gift at the cradle. The development of this faculty can be enhanced through the practice of family interviewing. Such interviews are of necessity different from those based on the psychoanalytic model. The latter places emphasis on the ultimate reality of inward experience, neglecting to some extent the social context in general and the dramatic conflicts in marital relations in particular. In addition, we pay more attention to the characters acting upon our patient than to the influence he exerts upon others. To show convincingly how these forces act on one another, the interaction has to be seen in the context of living. The analytic model, if strictly adhered to, is incapable of elucidating these reciprocal influences.

The term *participant-observation* was coined, as you so well know, by Sullivan. In singling out this quality as the epitome of the therapist's skill, Sullivan (1949) stated:

The expertness of the psychiatrist refers to his skill in participant observation of the unfortunate patterns of his own and the patient's living, in contrast to merely participating in such unfortunate patterns with the patient.

Sullivan also stressed the importance of the interpersonal communication as an addition to the dynamic principle of transference analysis—not in lieu of it, as many of his followers have assumed. Be this as it may, *interpersonal* means *interactions*, which are the focus of conjoint or family interviews. It is worth noting that investigation of the interpersonal interactions in the twosome relationship, as I have already stressed, is more difficult than has been assumed. It is contaminated more or less, but almost always by mutual projections from which both participants have a hard time in extricating themselves. This difficulty is frequently discussed in terms of meeting a defense with a counter-resistance.

As is often the case, I became aware of that limitation to my own powers of observation by accident—during my work with schizophrenics at Chestnut Lodge. The late Herbert Stavern became very much intrigued at that time with Whitaker's multiple therapy, in which several therapists treat one patient simultaneously. Stavern infected most of us with his enthusiasm; that was about twenty years ago.

I experimented with a variety of ways of applying this sort of interview to all of my patients. As a part of this experimentation, I conducted a series of interviews with a very disturbed patient in the presence, and with the participation, of the floor nurse and the attendant. I was struck by how differently I saw my patient under these conditions. I was able to take turns, being more of an observer at one moment, more of a participant at the next. I then came up with a formula for measuring mental competence, expressing this as the ratio of one's ability to be an observer and an operator at the same time. I did not specifically relate this to Sullivan's term, but participant-observation may verywell have the same meaning.

Since then, I have become aware that our training does not offer any guidance on how to develop or increase the capacity for inward and outward ability to observe, even though such guidance is implied in manuals on psychoanalysis. There may be many other ways in which a therapist may sharpen his capacity for concentrated attention and observation, which add up to what I call the *quality of presence*. But family therapy and conjoint interviews with spouses offer that opportunity and even more, for they allow the patient or patients to look at each other and at their therapist as if for the first time and in a new light.

I have, in a number of cases, seen my analytic patients and their spouses in one or several conjoint interviews; occasionally I've seen the whole family. I can recall only one case in which this practice hasn't proved useful. Most of the time my analysands derived a sense of relief from the experience and became less afraid of me. But when I first say to a patient that I would like to see him with his wife because I seem to sense her to be a different person than he describes her to me, the usual response is one of fright. And such a request may not be fulfilled immediately. I tell the patient to take his time and bring his wife along when he is ready.

As I have already reported, one such patient, who was in reanalysis and whose wife had also been analyzed, told me that his wife refused to come. When I asked how he had presented my request to her, he said, "I wanted to have sex with my wife and she refused. So I said, 'By the way, my analyst wants to see you.'" He subsequently came in with her one day, and we had a number of sessions, at her request, and with his consent. What occurred in these interviews indicated, as it does only too often, that they were afraid of each other, had never learned to take into account the other's point of view; they had taken each difference of opinion as a rejection, and each complaint as a reproach. Moreover, for them specifically, each sexual act was a test of the wife's responsiveness.

A conjoint interview, even when both participants were analyzed by very competent analysts, is sometimes, if not often, the first opportunity to take into account each other's point of view, and to become aware that the same thing is seen differently by the husband and the wife. Whether owing to biological or cultural differences, men and women differ in their values and in the way they view or interpret certain actions. Each has a different version of an event in which both were involved.

Consequently, unless the analyst makes an effort to inquire in detail about the nature of interactions and examines them in slow motion, so to speak, he and his patient cannot work through and integrate more than what emerges from the here-and-now of the analytic situation. I want to stress again that in twosome participation, one's powers of observation are usually diminished. It requires a great deal of training and practice to achieve a sufficient degree of participant-observation—with the emphasis on observation, as Sullivan postulated—to learn to look so as to see. *Looking* is movement towards experience; *seeing* leads to insight.

The relationship between theory and practice has preoccupied philosophers from time immemorial. It has haunted me through my years of practicing psychoanalysis and, particularly, of teaching it. The relation between reliving the past and intellectual insight is still unknown. Whether an affect can be modified by another affect or only by an idea is another of such unanswered questions.

Freud's theoretical interest in etiology markedly outweighed his therapeutic aims. In referring to this, one revives the old controversy between Plato and Aristotle over theories of learning. Plato maintained that we learn through logical insight, Aristotle that we learn through practice.

George Boas (1961) has succinctly reformulated this dilemma:

For if rational discourse is a simplification and purification of what people see and do, science cannot be experience even when it is experimentation. The moment when a man passes from experience to generalization, from history to logic, from time to eternity, he has rejected experience in favor of something more perfect, more unified, and more intelligible than experience. And the moment he moves in the other direction, the most he can hope for is something which will approximate more or less what it ought to be. What it ought to be is what it would be if scientific laws were historical descriptions, or if experience were logic. Insofar as there is a gap between the two realms, reason is incapable of bridging it. (p. 40)

What family interviewing adds to the work of a psychoanalyst might be described, in essence, as an opportunity to narrow this gap between theory and experience. It helps to develop responsiveness, increases one's powers of observation and empathy. The closest we come to bridging the realms of theory and practice is through empathic understanding. Empathy is the meeting-place of experience and thought.

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