

To Redeem One Person
Is to Redeem the World:

*The Life of
Frieda Fromm-Reichmann*

Gail A. Hornstein

THE FREE PRESS

New York London Toronto Sydney Singapore

To Redeem One Person
Is to Redeem the World:

*The Life of
Frieda Fromm-Reichmann*

Gail A. Hornstein

THE FREE PRESS

New York London Toronto Sydney Singapore



THE FREE PRESS

A Division of Simon & Schuster, Inc.

1230 Avenue of the Americas

New York, NY 10020

Copyright © 2000 by Gail A. Hornstein

All rights reserved,

including the right of reproduction

in whole or in part in any form.

THE FREE PRESS and colophon are trademarks
of Simon & Schuster, Inc.

Visit us on the World Wide Web:

<http://www.SimonSays.com>

ISBN 0-7432-1569-9

Contents

PROLOGUE	xi
ACKNOWLEDGMENTS	xxviii
1 The Daughter	1
2 The Student	16
3 The Psychiatrist	38
4 The Woman and the Jew	52
5 The Exile	74
6 Asylum	83
7 Improvising Method	122
8 Creating Chestnut Lodge	173
9 Joanne Greenberg	223
10 The Unredeemed	239
11 The Luxury of Guilt	269
12 Public Acclaim	297
13 Private Decline	323
14 Rose Garden	345
EPILOGUE: THE AMBIGUITY OF HOPE	383
NOTES	391
WORKS OF FRIEDA FROMM-REICHMANN	445
GENERAL BIBLIOGRAPHY	448
INDEX	465
PHOTOGRAPHIC CREDITS	479

Prologue

There are no goals, only the goal . . . to lift up the fallen and to free the imprisoned . . . to work toward the redemption of the world.¹

September 28, 1948. The evening was mild. The air, misted with the memory of rain, smelled of catalpa and breeze. Paths through the grounds at Chestnut Lodge were deep in shade, the broad-brimmed trees thick with birds and leaves. A family-owned asylum in the Maryland countryside, the Lodge was often mistaken for a country estate. No fences or gates enclosed the sweeping grounds, but patients did not try to leave. Those not on locked wards walked aimlessly along the paths, watching offices in the main building flare to light in the sudden dusk. It was the first evening in weeks that no one needed seclusion or restraint, and the hallways echoed with the sound of nurses unclenching their teeth.

From the heavily screened porches at the south end of each floor, a white clapboard cottage was visible just across the path. A lamp at its side window illuminated a figure at the desk. Frieda Fromm-Reichmann sat heavily in an old leather chair, a half-smoked Chesterfield in one hand, black coffee in the other, drafts of the book she was struggling to finish scattered like leaves across her desk. In less than a month, she would be fifty-nine. It had been thirteen years since she had come to work at the Lodge, and on nights like this, she could imagine herself still in Heidelberg. War and the ironies of psychoanalytic history had made her—a woman, a Jew, a refugee—the most distinguished member of Chestnut Lodge's staff, but no American ques-

tioned her place. For three decades, she had chosen to work primarily in hospital settings and with the most disturbed patients. She still spent hours each week with people considered beyond reach by most psychiatrists, although seniority now permitted her to treat only those who particularly interested her. For the first time in six months, she had taken on a new patient, a young woman who was, at that moment, sitting silently on a locked ward pretending not to be terrified, unable to imagine the relationship that would transform her life.

At sixteen, Joanne Greenberg was one of the youngest patients ever admitted to the Lodge.² Her diagnosis of schizophrenia did not distinguish her from most others; every mental hospital in America was filled with schizophrenics in the late 1940s.³ She had been seriously disturbed since the age of nine. Her behavior had the oddness we find so unsettling in mental patients—an embarrassing attentiveness to rules unknown to anyone else. Having finally become too strange to stay in school, she had been sent for an indeterminate stay at Chestnut Lodge.

There was little pattern to the strangeness, which frightened Greenberg's parents as much as the symptoms themselves. The pieces didn't seem to fit together. She refused to let anyone stand behind her, making for a slinking walk and a suspicious air. She claimed to smell odors and heard whispering from people who weren't there. She spoke aloud to them sometimes, in a language no one could recognize. She ate bits of paint or wood, pieces of string, movie tickets, unprepared gelatin. Lightning petrified her. Sudden stomach pains made her double over in agony, but doctors could find no physical cause for the attacks. The plodding gait and stringy hair gave her a dull awkwardness, which seemed at odds with the biting sarcasm that took the place of ordinary talk. There was no family history of mental illness, no obvious trauma in childhood. Yet when people met Joanne Greenberg, they knew something was terribly wrong with her, even though the look on her face made them want to leave before they found out what it was.

Hidden behind the flatness, however, were unmistakable sparks of someone still present. These were rare in a schizophrenic, except in one still a teenager. Psychosis is unrelenting anguish, a torment beyond most people's endurance, and those who end up as mental patients instead of suicides have found a way to blunt the edge. They pay a high price for this. As the lattice of lies, woven more and more tightly, blocks out the light, defenses turn parasitic, destroy the few remaining healthy parts, and then there is no way out.

Joanne Greenberg was too young to have reached that burned-out stage, but she was well on her way. Her absent stare had the look of someone "be-

ing beaten to death from the inside.”⁴ What made her different from a typical schizophrenic was that the battle was still taking place. Trickle of feeling seeped through the brittleness and appeared as expressions on her face. Her indifference had a studied quality, as if she weren’t quite sure of it herself. People had yet to become interchangeable objects in her mind.

Frieda Fromm-Reichmann had built her reputation on the claim that no patient, however disturbed, was beyond the reach of psychotherapy. Even as a medical student, listening to wildly hallucinating patients as they screamed or raved, or sitting quietly by the beds of those who lay mute and unresponsive for days, she had been convinced that buried inside the avalanche of illness was a terrified person crying out for help. Her job was to do whatever was necessary to get that person out. She did not think of this as heroic or even particularly worthy of note; a physician’s responsibility was to help patients, and she had chosen to do that work.

Frieda—almost everyone, even some patients, called her by her first name and it would be odd to refer to her in any other way—was legendary for her ability to gain the trust of even the most disturbed patient. But even she acknowledged that psychotherapy can work only if a person can stay present to the panic, at least a moment at a time. There has to be a tiny part of the mind that can separate itself from the terror long enough to see what it looks like. People who have reached the point of psychosis usually can’t tolerate this; it feels too much like being in a collapsed mineshaft, told to crawl straight toward the danger just to see how bad it is. Literally paralyzed from years of fear, they choose the lesser evil, retreating to a place no one can reach.

Joanne Greenberg didn’t end up like this. She began treatment with Frieda a week after arriving at Chestnut Lodge. Four years later, she was successfully attending college at nearby American University. Despite months on the disturbed ward, ripping her arms to shreds with jagged tin cans and crushing lighted cigarettes into the wounds, Greenberg made a recovery so complete she was able to marry, have children, and become an accomplished writer of novels and short stories.

It was highly unusual for a schizophrenic patient to recover at all, and the fact that Greenberg had been treated solely with psychotherapy—no drugs, shock, or any other biological methods—made her cure even more remarkable. But few people outside Chestnut Lodge knew of these events or would have believed them if they had. Frieda presented the case in disguised form in her book, *Principles of Intensive Psychotherapy*, and in various lectures to professional groups, but it was one among many clinical illustrations she used in the early 1950s, and she called no special attention to it. The success-

ful outcome was satisfying to be sure, but it was also perplexing, and Frieda, always given to understatement, didn't endow it with any of the dramatic qualities it would later come to have.

In 1964, Greenberg published a "novel," *I Never Promised You a Rose Garden*, which presented a thinly fictionalized account of her illness, treatment, and cure. Frieda was dead by that point. Joanne used a pseudonym ("Hannah Green") to protect her family, but neither that detail nor the fact that the story portrayed real events was anywhere evident in the book. To the considerable surprise of Greenberg and her publisher, *Rose Garden* gained a huge following and has been continuously in print for thirty-five years. It has sold 5.7 million copies, been translated into a dozen languages, and been transmuted into a movie, a pop song, and a cultural cliché.

Mental patients hailed *Rose Garden*, psychiatrists denounced it, and it became the lightning rod for controversy about schizophrenia and its treatment. Eventually Joanne's and Frieda's identities were revealed, and they became one of those couples—like Freud and Dora, Breuer and Anna O., or Ferenczi and R.N.—that psychoanalysts revere like martyred saints.

Their story posed two fundamental questions, questions we still cannot answer today: Can relationship heal severe mental illness? and Why are psychiatrists the people fighting hardest against this idea?

Frieda Fromm-Reichmann would have been astonished by the adoring attitude that Greenberg's readers have taken toward her fictional incarnation, "Dr. Fried." She never saw herself as having special gifts as a therapist; she attributed her success with patients to commitment and diligence. Frieda always told people she had been a psychiatrist since earliest childhood. The eldest of three daughters in an Orthodox Jewish home, she had taken on responsibility for illusions of family harmony and was brilliant in the role. Like a simultaneous translator, listening past words to murmur, to the half glance, the tonality of a room, she interpreted everything everybody did with a grace that seemed effortless. Even as a toddler, she could execute this *pas de trois* so perfectly that neither of her parents knew she was doing it, and her vigilance transformed a thousand potentially incendiary moments into minor misunderstandings. Gliding back and forth between the sensitivities of her father and her mother's fierce control, Frieda learned to intuit a person's need the way dogs sense danger—with her whole body. Her own neediness went unnoticed, a sacrifice so complete it seemed deliberate.

From her earliest days as a psychiatrist, long before she had ever heard of

Freud, Frieda had insisted that no matter how bizarre a patient's behavior, it had an unconscious meaning that could potentially be deciphered. This might take months, even years, but if the doctor could stand the uncertainty, the pattern would emerge. Interpretation wasn't the key, especially with psychotic patients, already prone to imbuing their actions with too much symbolic significance. Frieda's main technique was waiting, a method she deployed so skillfully it looked like magic.

Waiting was her forte, although this was sometimes hard to realize. Her indifference to politeness could seem impatient, but mainly she just couldn't stand to lie. This didn't always endear her to friends or colleagues, for whom her matter-of-factness could have too blunt an edge. But psychotics appreciated her directness more than they could say, and they rewarded her patience by revealing themselves.

Frieda's capacity to wait had been honed as a child, when she trained herself to expand to infinity the time she gave her parents to tire of misunderstanding. Medical school in Königsberg was one long act of patience, designed to prove that she and the handful of other women deserved to be there. Later, working at a Prussian army hospital during World War I, she learned from brain-injured soldiers what it was like to have a shell explode in your face and still be alive. Their muteness became her measure. When she took up treating schizophrenics in the 1920s, they seemed so intact by comparison that she found the work a pleasure. Most psychiatrists, accustomed to treating the "worried well," find the unbearably slow pace of therapy with psychotics intolerable. But Frieda could wait cheerfully through years of infinitesimal gain; the knowledge that recovery was anatomically possible was enough to keep her going. She could tolerate any behavior, no matter how disgusting or bizarre, so long as it seemed necessary to protect a vulnerable person. It was only when symptoms became ruses or habits that she started badgering patients to give them up and get better.

People were sometimes surprised to hear of Frieda's lack of pretense with patients, given how presumptuous she could be with everyone else. She would think nothing of calling colleagues on an hour's notice, announcing that she needed to be driven to a meeting or felt like playing with their child. She took for granted that her wishes would simply take precedence over whatever else was going on in their lives. But with patients she never pulled such stunts. To act willful or superior would risk mocking their pain. Frieda had an unerring eye for exploitation, and never used patients for her own ends.

She was willing to try practically anything that might help them, which was a great deal more than most other psychiatrists were willing to do. She saw one patient at ten o'clock at night because that's when he was most

likely to talk. She took others on walks around hospital grounds, or to symphony concerts, or to country inns for lunch. Those too distraught to leave at the end of an hour were permitted to stay for two. If a patient was violent and couldn't be let off the ward, she went to his room or saw him in restraints, if necessary. "She would have swung from the chandelier like Tarzan if she thought it would help," Joanne Greenberg later observed. A colleague remarked, not admiringly, that Frieda's patients got better because she simply gave them no other choice.⁵

From earliest childhood, Frieda had been imbued with a deep sense of responsibility. No event, however insignificant, occurred in isolation; every act had implications for the lives of other people. The worldview of her Orthodox upbringing was embodied in this story, told by the great sixteenth-century rabbi Isaac Luria:

During the process of creation, God's divine emanations were gathered together and stored in sacred vessels. But the vessels, unable to contain the light pouring into them, shattered, fragmenting the divine sparks, which fell to earth. The world became chaotic; nothing was in its proper realm. The task of human history and the responsibility of every Jew is to rescue the divine sparks and restore order to the world. This is the work known as *tikkun*. When it is fully accomplished, redemption will come to everyone.

Tikkun is a collective task; no one person can perform it on his own. A divine spark is attached to each prayer, each charitable act, each moment of goodness. If a person fulfills her duty and strictly follows the ethical path, that spark is restored to its source in the divine realm. To assist another is to do God's work. To redeem one person is to redeem the world.⁶

Fields of medicine define themselves by the cases they take as prototypes, and psychiatry's hopelessness is painfully evident in the poor choices it has made. Perversely claiming only disorders that defy understanding or can't be treated, it has ended up with whatever has been seen as least curable in every historical period. For two centuries, psychiatrists have felt themselves unable to do much but pity their patients' deterioration.⁷

Yet a vocal minority has always opposed this nihilism. Frieda was one in a long line of rebels who refused to give up on patients, no matter how sick they were. There was William Tuke, the English Quaker, whose pioneering approach, “moral treatment,” embodied the Quaker values of respect for the individual and the right of each patient, no matter how disturbed, to have the “spark of reason cherished within him.” Tuke’s asylum, the Retreat, founded in the northeast England town of York in 1796, became a model for humane treatment of mental patients across Europe and the United States. There was Philippe Pinel, the French physician, whose three decades of work at the Salpêtrière, the huge public hospital for women in Paris, brought the ideals of the French revolution to the treatment of mental illness. Pinel’s personal, trusting relationship with his pauper patients and his rejection of all forms of coercion and restraint helped to define psychiatry as a field of medicine and recast insanity as a curable illness. A century later, Eugen Bleuler turned Zurich’s Burghölzli clinic into an internationally recognized center for the treatment of psychosis. Introducing the term *schizophrenia* to highlight the splitting and dissociation he saw as fundamental to psychosis, Bleuler dedicated himself to developing psychotherapeutic approaches that could help even the sickest patients. Ernst Simmel, who in 1926 founded the first psychoanalytic hospital in the Berlin suburb of Tegel, demonstrated that even physical illnesses and addictions could be treated with psychotherapy. Historians have paid too little attention to these many dissenters, giving us a distorted image of psychiatrists and their work. Painting the rebels into the picture makes the whole field look radically different.⁸

For Frieda, treatment of mental illness was like physical therapy after stroke: a painstaking exercise in hope. Improvement was unpredictable, and was often followed by relapse or deterioration. Recovery, to the extent it was present, proceeded at an agonizingly slow pace. It was natural for the doctor to have periods of discouragement, even real despair, but he couldn’t afford to give up, no matter how many setbacks there were. A patient had to have at least one person who could imagine the possibility of his getting well. Frieda thought the reason most psychiatrists failed at their work wasn’t because their methods were ineffective, but because they gave up too soon. Their belief in their own potential to cure was so weak that as soon as they encountered a serious setback, they declared the illness “chronic” and abandoned the treatment. Unlike surgeons, who often do their best work when a patient is gravely ill, or oncologists, who pride themselves on creatively adapting their methods to the uniqueness of each case, psychiatrists tend to try one thing, which either works or doesn’t.

Frieda accepted the fact that psychosis is often incomprehensible, but did

the best she could with what she had. She neither promised miracles nor gave up on people who pleaded for her help. Instead, she improvised, like a doctor on a battlefield who has to keep going no matter what.

In praising a biography of Thomas Edison, one reviewer said it “de-mythologized the man and left the genius bigger than life.” For Edison, who called genius “one percent inspiration and 99 percent perspiration,” this is fitting praise.⁹ It’s equally descriptive of Frieda, a woman others called “gifted” but who thought of herself as simply “not lazy.” With Edison, it doesn’t make much difference whether we give the larger role to talent or to struggle; his successes can be measured in material terms. But for someone like Frieda, the question of genius becomes a moral one: if psychiatrists could cure psychotic patients by working harder, we’d have to start asking why they don’t.

It sounds flattering to call a person gifted, but it’s often a way of discounting what she does. If only “gifted” psychiatrists are successful, then nobody is to blame for the failures of the discipline. Psychiatrists can excuse their inadequacies the same way priests leaving seminary do: they can say they just weren’t “called” to the work. But this dooms the field to impotence, a fact psychiatrists never seem to realize. By taking responsibility for her failures, Frieda claimed the right also to succeed; when a patient did well, she could attribute his improvement to their hard work together, not to some “spontaneous” cure.

This is not to say that talent doesn’t exist. A person with perfect pitch isn’t someone who just listens exceptionally hard. Natural abilities are clearly evident in fields from mathematics to track, and it’s silly to pretend on grounds of democracy that they aren’t. Frieda’s intuitive ability was the psychic equivalent of perfect pitch. Reading transcripts of her sessions with schizophrenic patients or listening to tape recordings of her work, we stand amazed as she asks precisely the right question or says something exactly on the mark. There is an elegance to her creativity that sets it apart. Yet she herself insisted that any psychiatrist who worked as hard as she did could accomplish as much.

No one knows what causes mental illness or why some patients recover. At every point in psychiatry’s history, there have been competing theories, each seen by its advocates as having stronger support than the others. Since most theories have held that psychotic patients are untreatable by any method, psychiatrists have increasingly avoided them, partly because they don’t know how to help them and partly because they are frightened. It’s comforting to

think of therapists as less terrified by madness than the rest of us are, but in fact, people often embrace psychiatry as an amulet against their own fears, and nothing about the work reassures them. Most flee into private practice, to spend their days, as Freud once said, transforming neurotic suffering into ordinary unhappiness. The remaining few work in hospitals, facing an unending wave of patients so ill that it is difficult to conceive what might be done to help them.

Psychiatry's despair is so profound the field can scarcely be imagined without it, and it remains the only branch of medicine that discounts even the few successes it has had. There are scarcely any mental disorders with agreed-on causes or treatments, but those that do exist are no longer within psychiatry's purview. Some kinds of disturbance—like Alzheimer's disease or brain tumor—have been appropriated by the neighboring fields of neurology and neurosurgery. Others were abandoned by psychiatrists themselves—hysteria is an obvious example—when the politics surrounding their origins made them too risky to hold onto. Inexplicable disorders like schizophrenia stay a part of psychiatry's domain, but patients who manage to get better are called “spontaneous remissions,” not treatment successes. The standard view of Greenberg's apparent “recovery” was that she had been misdiagnosed in the first place or would eventually relapse.

What psychiatrists don't realize is how often their failures result from their own fears. Patients whose therapists aren't afraid of craziness can risk being fully themselves. They don't need to sabotage the treatment. They can say what they need. They can let their doctors unwind the bandages and see the real wounds underneath.

Frieda's family were Orthodox German Jews, the kind who typically looked down on their uncultivated brethren from the *shtetls* of Eastern Europe. But she often heard Hasidic tales as a child, and was so taken by these stories—which, as Martin Buber says, use “the recital of a single incident to illuminate an entire destiny”—that she recounted her own clinical cases as if they were legends. A tale told of Rabbi Israel of Koznitz, famous for his “cures of the possessed,” illustrates the simple power of improvisation that Frieda liked best:

A woman came to the rabbi and told him, sobbing, that she had been married a dozen years and had yet to bear a child. “What are you willing to do about it?” he asked her. She did not know how to reply. So the

rabbi told her this tale. “My mother,” he said, “was aging and still had no child. She heard that the Baal Shem Tov, the great Hasidic master, was stopping over in Apt in the course of a journey. She hurried to his inn and begged him to pray that she might give birth soon. “What are you willing to do about it?” he asked her. “My husband is a poor book-binder,” she replied, “but I do have one fine thing that I shall give to the rabbi.” She went home as fast as she could and fetched her good cape, which was carefully stowed away in a chest. But when she returned to the inn with it, the Baal Shem had already left for Mezbizh. She immediately set out after him. Since she had no money to ride, she walked from town to town with her cape until she came to where he was staying. The Baal Shem took the cape and hung it on the wall. “It is well,” he said. “My mother walked all the way back,” said Rabbi Israel, “from town to town, until she reached Apt. A year later, I was born.” The woman who had come to see him cried out: “I, too, will bring you my best cape so that I may have a child.” The rabbi shook his head. “That won’t work. You heard the story. My mother had no story to go by.”¹⁰

Part of the reason it has been so easy for Frieda Fromm-Reichmann to be displaced by Greenberg’s fictional Dr. Fried is that there are so few sources documenting what she actually did. Indeed, for a person who lived practically her whole life in the twentieth century, astonishingly little is left of Frieda. Certain letters survive, along with some of her unpublished manuscripts and perhaps thirty photographs. There is a fragment of a recording where she reminisces to friends about life in Germany, taped the year before her death. There are scattered legal records—her medical license, divorce papers, last will and testament, death certificate. Notes and tape recordings of her treatment of certain key patients remain in the files at Chestnut Lodge. But practically everything from the first two-thirds of her life was erased by Nazis and exile, like tracks on a beach when the wind is blowing hard. What remains is hearsay, from the decades-old memories of her one surviving relative or the mythmaking of her friends. A dozen would-be biographers, uncertain how to pick their way through this scattered landscape, have crisscrossed each other’s tracks so often that whatever path may once have existed has long since worn away.

Frieda had her share in obscuring the trail, remaining close-mouthed with everyone during her lifetime and making friends promise to burn files at her

death. Morrie Schwartz, the sociologist who practically lived at Chestnut Lodge during the years he spent studying it in the 1940s, said he and his wife once spent a whole evening trying to get Frieda drunk to “get something out of her.” It didn’t work. “She wouldn’t drink enough,” said Schwartz, shaking his head.¹¹

Relics of Frieda’s life remain carefully preserved in homes all over the United States. Some—a painting that hung over her desk, the clock from her bedroom, chairs from her summer house in Santa Fe—are treated like ritual objects and proudly displayed. Others, like the emerald ring and the set of champagne glasses, are shown off only on special occasions, to the few still able to grasp their significance. It’s as if Frieda herself has been dispersed, the fragments too charged to be kept all in one place. Even her cottage at Chestnut Lodge was still being described, forty years after her death, as a “magic, shrine-like place” in the minds of European psychiatrists.¹²

In some disciplines, it’s an honor to become an icon, but in medicine, it’s cause for suspicion. Doctors who seem larger than life do not inspire others to follow their lead. Their talents seem more like magical gifts than skills to be passed on to the next generation. This is particularly true in psychiatry, a field whose most powerful images come not from real events but from paintings or fiction: Pinel striking the shackles from the madwomen of Paris, Charcot hypnotizing a hysteric as if they were actors in a play. These aren’t pedagogical examples; they are feats of amazement.¹³ When Frieda’s admirers depict her as St. Catherine, able to heal the afflicted with the power of her gaze, we lose sight of the woman whose fundamental commitment in life was simply to hard work.

Once *I Never Promised You a Rose Garden* appeared, the real-life Frieda became even further obscured. Published in 1964, seven years after Frieda’s death, Greenberg’s story became a source of inspiration for people all over the world who had no idea that serious mental illness could be cured. They didn’t know Dr. Fried’s real name, but it hardly mattered; the portrait was so accurate that even Frieda’s sisters, reading the novel in translation, instantly recognized her. *Rose Garden* is a beautiful memorial to Frieda and an extraordinary testimony to her work, but by turning her into a fictional icon, it has made her seem even less real, a character in a novel, not a doctor with a systematic approach.

Biographers often struggle for a fresh view of subjects about whom much has been written, but trying to describe someone who vividly exists for most people as a fictional character is even more of a challenge. *Rose Garden* is based heavily on fact but it’s also a novel, one written by a patient who was

astounded at her own recovery and needed to reassure herself that it had actually happened.

That Frieda emerges as a saint in this narrative is unsurprising; the problem is to see beyond the glow of Greenberg's prose. The real Frieda did some extraordinary things, and they need to be appreciated for what they were. But she has been Dr. Fried for so long—even to those who knew her best—that her life already seems too invented to have happened. To reconstruct her now as a more complicated figure strikes her admirers as disloyalty or appropriation. Yet it is precisely because she was a real person that Frieda captures our attention and deserves broader interest.

I first read *Rose Garden* in 1966, in a cheap reprint with a mysterious Janus-faced figure on the front. I was fifteen years old. I had no idea that people weren't supposed to recover from schizophrenia or that there was anything controversial about treating them with psychotherapy. Ten years later, as a graduate student in psychology, I read *Principles of Intensive Psychotherapy* for a class. It seemed so humane, so pragmatic. I was impressed by Frieda's quiet confidence, her insistence that every patient was potentially reachable, her refusal to overstate her own accomplishments. A fellow student casually mentioned that Frieda was the one who had treated Greenberg. I read *Rose Garden* again, astonished that a patient could present her therapist's method with such accuracy and insightfulness.

Fifteen years later, when the very idea of psychotherapy with schizophrenics had been made to seem preposterous by a mental health establishment addicted to drug treatment, I became curious as to why so "absurd" a method would have been taken so seriously by someone as sensible as Frieda. I set out to recover the history of psychotherapy with schizophrenics, a topic strangely missing even from exhaustive accounts of psychiatry's development. I was completely unprepared for the outpouring of intense feelings this project immediately began to provoke from the historians and psychiatrists I contacted—people taking weeks to decide whether to let me interview them, insisting that the tape recorder be switched off at key moments, or whispering revelations and unearthing boxes of materials they had kept secret for forty years. Discussions of Frieda as a person seemed especially charged. There was an odd absence of any of the ordinary sorts of source materials and a constant, unnerving sense of erasure of most of the details of her life and work. People who had known her well were so protective of even the most innocuous facts that it was hard not to feel they were hiding some terrible secret about her; those who knew her only by reputation spun out elaborate speculations filled with spite and innuendo. The overly

emotional response by both groups seemed far in excess of what was called for by a historical debate. I knew that the issue of treatment in psychiatry was controversial, but this didn't explain the air of mystery that seemed to surround even the most routine queries about Frieda's approach.

In no sense did I set out to write a biography. Indeed, for most of the ten years I worked on this project, I fought against the idea even of attempting one.¹⁴ As I traveled across the United States and Europe, searching through archives and poring over hospital records and conducting interviews, I said over and over again that I wasn't interested in the details of Frieda's life so much as the historical significance of her work. I wanted to understand how an approach like hers had come to exist and why it had been repudiated and then literally expunged from the history books.

What I didn't understand was that when the very possibility of an idea ceases to seem believable, it becomes very difficult to talk about. I would tell people that I was studying the history of psychotherapy with schizophrenics, and they would give me a bewildered look and ask: "Is there one?" I was finally forced to the realization that the only way to get this idea taken seriously was to bring back the person who had embodied it most vividly.

But Frieda Fromm-Reichmann is a hard person to write about. Most people know her as a fictional character and would prefer her to remain one. A dozen prospective biographers had already given up when I began my work. Erich Fromm, Frieda's former husband, who outlived her by twenty years, rebuffed every researcher seeking information about their relationship. Most of her correspondence and other records were spirited out of her house the day after her death and remained locked in an attic in Richmond, Virginia, off limits to researchers. Those still alive who knew her personally had extraordinarily complicated memories about who she was. For a person who died more than forty years ago, Frieda still manages to exert powerful control over the lives of a surprising number of people.

So I cannot be the "courier" of a story that exists in fragmentary form in the written record, as Elisabeth Young-Bruehl describes herself in the preface to her biography of Anna Freud. Frieda did not leave neat parcels of correspondence, coded by year, the way Freud's methodical daughter did. Nor did she leave diaries from her youth like Karen Horney, or the draft of an autobiography as Melanie Klein did. I couldn't sit down with her for long talks over glasses of scotch the way Deirdre Bair did with Simone de Beauvoir.¹⁵

To write this book, I had to construct the story of Frieda's life, not simply assemble it from what was already there. I have had to depend on people's memories far more than most other biographers do, both to fill gaps in the

written record and decipher the meaning of what does remain. If I had adhered to rules like not using information presented orally by only one source, Frieda's life would remain the secret it has been for all these years.

However, despite my oft-repeated insistence that no biography of Frieda was possible given the paucity of standard sources, and even if it were, I wasn't writing one, I did end up doing precisely those things a biographer would have done. Although I had to make a number of subjective judgments about what information was trustworthy and what was not, I exhaustively sought out all possible sources and tried to balance them judiciously against one another in what I wrote:

- I located every surviving letter, draft, note, record or tape recording written or spoken by Frieda or sent to her, and read all material not currently under seal.
- I read every secondary source that discussed, referred to, or even briefly mentioned Frieda or her work, including those filled with inaccuracies, lies, or diatribes.
- I searched every archive in the United States and Germany that could logically be expected to include correspondence or other material, however tangential, related to her life or work.
- I went to every place where she regularly spent time or lived (except Königsberg, too heavily destroyed by wartime bombing to be of use), locating whenever possible the specific buildings or neighborhoods relevant to the story and traveling the specific routes she took.
- I interviewed or corresponded with every person who knew her well enough to add substantive detail to my account, making a point to seek out those who disagreed with her ideas as well as those who supported them.
- I invariably gave priority to official records where they contradicted people's recollections or less reliable secondary sources (e.g., I took the date of Frieda's marriage from the legal transcript of her divorce proceedings rather than from Erich Fromm's biographer, who cites no source).
- I carefully evaluated the position of each participant in the events I describe, tried to balance it against other perspectives, and constructed accounts of very complex events like Frieda's death from a dozen vantage points.
- I got to know all the people who provided extensive oral recollections well enough to evaluate their particular weaknesses and strengths (e.g., some people's clinical insights were more trustworthy than their memory for dates; others gave reliable accounts only of events in which they themselves had participated).

- I took very seriously the fragmentary set of autobiographical reminiscences that Frieda taped the year before her death, both because the nuances of her phrasing and intonation allowed for a subtle understanding of the significance she accorded particular events, and because every detail that could be independently corroborated checked out.
- Similarly, I took the extensive information about Frieda's family provided to me by her niece (and only surviving relative) to be reliable because her memories were detailed and proved accurate whenever they could be checked against written sources (such as genealogies, published accounts of family reunions, and photographs, many of which she offered to me as documentation).
- Since there were many instances in which the details of Frieda's clinical work were preserved in multiple forms—progress notes as well as tape recordings, verbatim transcripts of therapy sessions or case conferences—and these demonstrated that Frieda was able to recall accurately a patient's precise words, in cases where only her notes existed, I took them as a reliable record of the dialogue. (In the one crucial instance where Frieda systematically changed the details of what had happened—the case of Mrs. E.—I analyze these variations in considerable detail.)
- Frieda's key role in the creation of Chestnut Lodge as the only hospital ever to specialize in the psychotherapy of psychotic patients is amply documented in hundreds of written records, so for this part of the story, I used interviews only to interpret more fully the primary source materials.
- The patients I discuss in detail all had extensive written records documenting their treatment: Frieda's clinical notes, correspondence, verbatim transcripts of case conferences, and in two key instances, tape recordings or verbatim transcripts of the therapy hours themselves. I have, of course, concealed or disguised the identities of these patients according to standard clinical practices, but all quoted statements are taken directly from tapes or transcripts.
- The one patient who is identified, Joanne Greenberg, talked with me extensively, and gave me access to all notes, drafts, and correspondence relevant to the writing of *Rose Garden*, as well as to its subsequent reception by patients, psychiatrists, and general readers over three decades.

Despite the paucity of written records concerning Frieda's youth and life in Germany, I did have access to an extraordinarily rich archive of her clinical work, including dozens of tape recordings and verbatim transcripts of her therapy hours with schizophrenic patients. Just as with any other case notes or physician records, scrupulous ethical standards govern my use of these mate-

rials. But their benefit cannot be overstated; they offer a rare glimpse of an artful therapist hard at work. No biographer of a psychoanalyst has ever had the advantage of literally being able to listen in on what was happening in the consulting room. In writing about an analyst like Frieda, known primarily for her clinical gifts, listening to the sessions themselves is a powerful experience.

I also had the benefit of being given completely free rein to wander into any office, basement, attic, or storeroom at Chestnut Lodge over a five-year period and read whatever I found there. Because the Lodge's archives were being created during precisely these years, I was allowed the pleasure of reading each manuscript, listening to each tape, and studying each photograph within a few months of its discovery. This is every biographer's dream: being handed the keys to a room filled with treasures and told simply to turn out the lights at the end of the evening. (Since I was on the grounds of a still-vibrant mental hospital, I was also told that if I wanted lunch or dinner in the cafeteria as a break from working, I should simply sign myself in under "guests.") Researchers who must rely on archives constructed according to someone else's plan have to spend a lot more time searching for what they need than I did.

I was fortunate as well in having gained the trust of so many of Frieda's colleagues and students as to become a general repository of memory for the group. People would start to recount stories from the 1940s, a time before I was born, and I would be so familiar with the details from what others had told me that we would end up reminiscing together. Because no one who knew Frieda in her youth was still alive when I began this work, I had to piece the story together from dozens of sources—some contradictory, and all partial. But because those I did interview were mostly psychoanalysts themselves—people who spend every day of their lives making sense of stray bits, moments of coincidence, subtleties of voice and tone—I had constant help in reaching that elusive goal Donald Spence calls "narrative truth."¹⁶

Frieda belongs to many people, and not all of them will find their preferred version highlighted in what I wrote. Nor is this a close chronological record of her daily life, partly because no diaries or appointment books have survived, but mostly because Frieda spent the bulk of her life behind the closed doors of her consulting room, treating patients.

The lives of psychoanalysts have become a source of fascination in a culture where therapists have replaced priests, and stripping away the layers of silence in which they have shrouded themselves seems tantalizing. But Frieda Fromm-Reichmann isn't like other psychoanalysts, especially the women. She wrote about schizophrenia, not femininity or children. She lived in mental institutions, not elegant apartments, and she devoted herself to pa-

tients who smeared feces or muttered incoherently or tried to attack her. Her formative intellectual experiences took place on a ward for brain-injured soldiers, not in Freud's living room. She acted as if men and children were distractions, with no real place in a life like hers, dedicated to serious work. She was an Orthodox Jew at a time of assimilation. In a field famous for "excommunicating heretics" and given to interminable "civil wars," she took pains never to disparage even her sharpest critics. And she had no interest in the theoretical disputes that obsessed most of her analytic colleagues; curing patients was her consuming goal.

So here we have the life of a woman who denied that she had accomplished much, who most people think is a fictional character, whose intellectual legacy is ambiguous, and whose work stands in contradiction to everything contemporary psychiatry believes in. Yet the ideal that guided her life and work remains intensely powerful even in our jaded lives: "To redeem one person is to redeem the world."

Psychologist Mary Gergen says we must "play at the shores of understanding" to tell the story of a life, building coherence gradually from the detritus we find, sticking memories together with bits of shell from photographs, struggling to keep ahead of the tides.¹⁷ "The absence of the dead is their way of appearing," said one biographer, and perhaps by closing our eyes we can see beyond the lines.

Acknowledgments

Upon rereading one of her early books of essays, Janet Malcolm said they made her “think of someone trying to cut down a tree who has never done it before, isn’t strong, has a dull axe, but is very stubborn.” As I look back on my ten years of work on this project, her statement precisely describes my feelings. I started this book when I had neither the skill nor the background to finish it. At each step, I found talented, generous people who taught me what I needed to know, or steered me in a different direction, or patiently listened as I thrashed about. The book itself has had three completely different incarnations, so there are a great many people to thank for their help.

Abby Stewart first encouraged me to write about Frieda, and when I insisted that there were no source materials documenting her life or work, Abby told me to look harder.

My brilliant, imaginative colleagues at the Bunting Institute of Radcliffe College believed that I could learn to write in a way that did justice to the courage and complexity of the people I was studying. Verlyn Klinkenborg whacked away at the flaccid prose I had acquired from twenty years of social science writing until it shaped up. The members of the Women Writing Women’s Lives seminar in New York inspired me to envisage biography as part of feminist work.

Flip Brophy of Sterling Lord Literistic and Susan Arellano, then of The Free Press, took a chance on me when none of us could say what kind of book this would turn out to be, and they stuck with me through years of uncertainty until I figured it out.

Mabel Peterson, who at the time I met her had just retired after forty years on the Chestnut Lodge staff, single-handedly created the archive on which most of the research is based. Without her painstaking efforts, this book would never have come to exist. I treasure the months we spent in those cramped basement storerooms, scrambling through attics, and piecing together lost stories. Her photographic memory, absolute integrity, and fascination with psychiatric history inspired me at every turn. I am deeply saddened that Mabel did not live to see this book in print.

No written acknowledgment can express my gratitude to Frieda's niece and only surviving close relative, Alisa Jacobson Fuchs, for helping to restore so much of Frieda's lost life in Germany, or to Joanne Greenberg, for so vividly recreating the feel of Frieda's clinical work. I am humbled by their trust and their generosity in sharing even very painful memories, and I hope that in some small measure, this book can repay the debt I owe to them. I also thank Joanne for allowing me to read and quote from the extraordinarily moving letters sent to her by readers of *Rose Garden*.

Sylvia Hoff Collins, Ann Silver, and Ursula Engel, whose earlier biographical efforts proved invaluable to my work, shared their ideas and materials, providing crucial—in some cases irreplaceable—sources and insights. I have deeply appreciated their generosity and encouragement, and although I don't agree with certain of their key ideas, my thinking has been powerfully shaped by the trail they blazed. I also gained a great deal from reading the dissertation on Frieda by Barbara Petratos.

Rusty Bullard gave me access to his father Dexter's papers and permission to use the Chestnut Lodge archives, with no questions asked, no drafts reviewed, and with a degree of trust and encouragement rarely seen in a private institution. His mother, Anne, in her nineties when I began my work, was unfailingly gracious, helpful, and supportive, and I am saddened that neither has lived to read this book. I thank Tony Bullard for granting permission to use the photographs of Frieda currently stored at the Lodge and for sharing his perspective on the issues I discuss. I am also extremely grateful to many, many members of the Lodge staff, too numerous to name, for their warmth and generosity during my many research trips. From clerks in the record room to library staff to groundworkers, I never met a person there who didn't offer to help. I especially appreciated the many forms of assistance Elyce Brown provided after Mabel Peterson's death. Although I cannot personally thank the patients whose stories are told here, I am awed by their courage and fortitude in struggling with the agonies of mental illness.

The long list of people who graciously allowed me to interview them is included in the Notes, so I will not enumerate them here. I am deeply grateful

for their trust and willingness to participate in lengthy and emotionally complex conversations, and for the many kindnesses they extended during my visits. One of the most moving parts of this research was meeting so many therapists who devoted their lives to treating schizophrenic patients. I shall never forget the power of their presence. The desire to pass on their stories before they were forever lost was one of the sustaining impulses of this work.

A number of people provided me with important sources, correspondence, documents, or access to the holders of such materials. I particularly thank Marvin Adland, Joanne Hatch Bruch, Don Burnham, Bob Cohen, Hannah Decker, Alisa Jacobson Fuchs, John Fort, Larry Friedman, Rainer Funk, Martin Niemöller, Sabine Richter, and Jane Weinberg.

My senior colleagues in the history of psychiatry and medicine—Barbara Rosenkrantz, John Burnham, and Gerry Grob—provided consultation, thoughtful critique, and invaluable suggestions over many years. Even though this has turned out to be a very different kind of book from the one they envisioned, I have welcomed their advice and learned a great deal from it. I am also extremely grateful to them for helping me to secure the many grants and fellowships that enabled the research. Gene Black, Danny Czirom, Margaret Hunt, and Fran Malino also provided crucial advice regarding the interpretation of historical materials. Don Burnham used his blend of historical interest and Lodge experience to offer unique insights into the world of Washington psychiatry, and Lyndy Pye sensitively interpreted some of the complex clinical material.

Conversations with Karen Remmler and Holger Teschke allowed me to come to grips with my complicated feelings about Frieda's German origins, and I deeply appreciate their patience and gentle encouragement to visit Heidelberg and Berlin and become fascinated with a world that had long intimidated and frightened me. I am pleased to thank Bettina Brand-Claussen in Heidelberg for spending hours showing me the treasures of the Prinzhorn Collection and Harald Hahn for taking me through Frieda's house.

Karin Obermeier, Suzanne Owen, and Ilse Andrews translated many essential German sources, often under tight deadlines. I am grateful for their ingenuity in deciphering Frieda's impossible handwriting, and for the spirit of excitement they conveyed about the materials as they worked on them.

I could never have traveled to archives across the United States and Germany and sustained years of writing without the generous financial support of many organizations and institutions. With the deepest appreciation, I thank the National Library of Medicine for NIH Grant LM 05067; the National Endowment for the Humanities for a summer stipend and a year-long fellowship; the American Council of Learned Societies for a grant-in-aid of

research; the American Philosophical Society for a research grant; and the Bunting Institute of Radcliffe College, the Marion and Jasper Whiting Foundation, and Mount Holyoke College for generous fellowships. I am very grateful to the Office of the Dean of Faculty and the Psychology and Education Department at Mount Holyoke for additional support, and to Janet Crosby and Gayle Higgins, in the department office, for dozens of forms of assistance with the research.

Halfway through this project, I developed a partial disability of my arms that prevented my typing or even writing in long-hand, and there is no way to convey my gratitude to the many physicians, physical therapists, and massage practitioners who made it possible for me to continue to work. For their extraordinary generosity, encouragement, and care, I thank Marilyn Pike, Dennis Pronowicz, Paula Murphy, Olga Broumas, Lenore Grubinger, and Michelina Craft. And without Marie Maes, Joan Dwight, Debbie Palmer, Joan Haddock, and Leela Sundquist, who transcribed interviews and typed hundreds of pages from my dictation and scribbled notes, this book simply could not have been written.

With great pleasure, I thank the staffs of the many archives and libraries where I was privileged to work: in Washington, the American Psychiatric Association, the Library of Congress, the National Archives, and the Washington Psychoanalytic Society and Institute; in New York, the Rare Books and Manuscripts Department and Oral History Research Office at Butler Library, Columbia University, the New York Psychoanalytic Society and Institute, the Manuscripts Division of the New York Public Library, and the William Alanson White Institute; in Rockville, Maryland, the Montgomery County Historical Society, Peerless Rockville, and the Rockville Public Library; in Boston, the Schlesinger Library at Radcliffe College, the Department of Special Collections, Mugar Library, Boston University, and the Countway Library of Medicine, Harvard University; in Houston, the Texas Medical Center Library; in Chicago, the Department of Special Collections, Regenstein Library, University of Chicago; in Baltimore, the Alan Mason Chesney Medical Archives at Johns Hopkins University; and in England, the Cambridge University Library. I also acknowledge with gratitude the special assistance of the interlibrary loan staff at Mount Holyoke College and Linda Callahan in the slide library, Marianne Duchardt at the Monroe County Public Library in Key West, Charles Niles at Boston University, and William Baxter at the American Psychiatric Association.

I have been extremely fortunate to have an enthusiastic, tireless, creative, and enterprising group of Mount Holyoke students as research assistants, and it is a pleasure to thank Jean Talbot, Leela Sundquist, Catherine Orland, Kris-

ten Langworthy, and Winifred Connerton for the dozens of contributions, large and small, that they made to the project.

Many parts of this book were emotionally painful to write, and it helped a great deal to be in places filled with beauty as I worked. I thank the Rockefeller Foundation and the staff of the Villa Serbelloni in Bellagio, Italy, Tonie Strauss in Truro, Massachusetts, Judy Jack in Key West, and the Governing Body of Clare Hall, Cambridge University, for enabling my extended stays in these locations.

Lee Edwards, Barbara Rosenkrantz, and Elisabeth Young-Bruehl generously read previous drafts of the entire manuscript, and I am deeply indebted to them for their advice and recommendations, not all of which I heeded, but which were of unquestionable help in improving the quality of the final version. Philip Rappaport at The Free Press also made incisive suggestions at key moments, and his efficient colleagues have guided the publication process with good humor. I especially appreciated the attentive care Celia Knight and Will Morrison gave to the final preparations, and Joan Davis's thoughtful approach to constructing the index.

By precisely embodying Winnicott's definition of the good-enough analyst—"reliably there, on time, alive, breathing, preoccupied with the patient, and free from temper tantrums"—Ellen Keniston taught me things I could never have learned from any book.

Finally, for crucial conversations over many years and encouragement when I needed it most, I thank Lyndy Pye, Leigh Star, Ginny Valian, Andi Weisman, Alberto Sandoval, Cathy Riessman, Lee Edwards, Karen Remmler, Patty Pisanelli, Fran Malino, Gene Black, Bob Shilkret, Meryl Fingrutd, Sally Sutherland, Barbara Ehrenreich, Carole DeSanti, and my sister and brother, Lyn and David.

1

The Daughter

“When you come to a place where you have to go left or right,” says Sister Ruth, “go straight ahead.”¹

Frieda was born on October 23, 1889, the same year as Hitler, a coincidence of fate that would have deep irony for her decades later. Kaiser Wilhelm I had just died at the age of ninety, having ruled Prussia and the newly unified German empire for her parents’ entire lifetimes. His thirty-year-old grandson, Wilhelm II, was about to make his mark by driving the aging Bismarck from power. In the words of one observer, “Germany stood at perhaps her highest relative moment of political importance in the eyes of a respectful world.”²

Pasteur was in his sixties, Lenin was nineteen, Einstein nine. Darwin and Marx had recently died. Queen Victoria had just celebrated a half-century on the British throne, and North and South Dakota were being welcomed into the union. Brahms was finishing his third symphony. Jane Addams was starting Hull-House. In no country in the world could women cast a vote.

Frieda spent her first eight years in Karlsruhe (“Karl’s Retreat”), a small city just north of the Black Forest, near the border with France. Originally the hunting lodge of Karl Wilhelm, margrave of Baden-Durlach, the town had expanded after Karl built a castle for himself and turned his former hunting grounds into parks and gardens. As Germany’s newest city (founded 1715), Karlsruhe was one of few to be explicitly planned. Its elegant layout in the shape of a fan—a design of “sublime simplicity and peculiarity”—had fourteen broad avenues radiating from the castle. By the nineteenth century,

Karlsruhe was flourishing, famous for its liberal atmosphere and “exquisite reputation in the fine arts.”³ Home to Germany’s oldest technical institute (where Hertz discovered radio waves) and capital of Baden, it housed the state supreme courts and was known all over the region for its opera, theater, and first-rate museums.

Jews had flocked to Karlsruhe soon after its founding, attracted by the margrave’s promise of equal privileges to anyone willing to settle there. By 1725, a synagogue, hospital, ritual bath, and burial ground had been built in one corner of the city; in 1783, declared no longer to be serfs, Jews began settling throughout the area. The edict of 1809 made Baden the first constitutionally accepted Jewish community in Germany, allowing far greater freedom and self-determination. The factional conflicts that plagued German Judaism throughout the nineteenth century were, however, clearly evident in Karlsruhe, and after a Reform temple with an organ and choir was built, the Orthodox members seceded in 1869 and founded the congregation where Frieda was named. At the time of her birth, Jews accounted for about 3 percent of the city’s 80,000 inhabitants.⁴

No record survives of her parents’ meeting, and descriptions of their marriage are tantalizingly incomplete. They were, however, both from deeply middle-class backgrounds. Adolf’s family could trace its origins to 1555, the year Jews had been expelled from the town of Feuchtwangen in central Germany. Some had fled to Fürth, near Nuremberg, the closest Jewish community, and Adolf’s grandfather, Seligmann Feuchtwanger, was born there in 1786. A successful silver merchant, Seligmann had little interest in business, and worked only as many hours each week as were absolutely necessary to keep his wife and children fed. Then he locked the doors of his shop and returned with joy and relief to studying the Talmud. According to family legend, on a particularly good week he was able to close on a Tuesday afternoon; a young couple who arrived to buy a wedding ring just as he was laying out his manuscripts were told: “Come back next Monday.” Since Seligmann and his wife, Fanny Wassermann, had eighteen children, the family’s lifestyle was necessarily modest. Fanny wore the black silk dress that had been part of her dowry to every festive occasion for decades, and some of the children slept in drawers pulled out each evening from a huge chest in the bedroom.⁵

Sophie Feuchtwanger, the ninth of these eighteen children, was Frieda’s grandmother. Little is known of Moritz Reichmann, her grandfather, who died in 1869 at the age of forty-seven, leaving Sophie alone in Fürth with five young children. Frieda’s father, Adolf, was ten at the time, and as the oldest boy, he was expected to leave school and go to work to help his mother. A

a ride on a boat. Adolf said no; he had to watch expenses. Urging him toward his best boat, the man cried out: “Do you think I would take a pfennig from the person who gave me his shoes still warm from his own feet? With those shoes, my whole life changed!”¹⁰

Frieda was a deeply wanted first child, remembered as “adorable, warm-hearted, friendly, clever, and always good—everything a mother could wish for!” Practically from birth, she demonstrated an extraordinary sensitivity to nuances of behavior, seeming always to know what was happening in the family without anyone telling her. One night, at the age of two, asked who should give her a bath and put her to bed—her mother or the young maid—she chose the maid. When Klara came in later to kiss her goodnight, Frieda whispered: “Mommy, naturally I wanted you to do it. But we must not hurt Ella’s feelings!” From early in life, as Frieda’s relatives were invariably to say, “she was understanding and responsible and saw to it that everyone was happy.”¹¹

Her primacy remained unchallenged by her younger sisters. Frieda was two and a half when the Reichmanns’ second daughter, Grete, appeared. According to a story repeated for decades, Grete was so ugly that Klara told the wet nurse she ought to give her declarations of sympathy; the nurse suggested that Grete be baptized so she could later enter a convent. Shy, awkward, and lacking in confidence, Grete proved a poor second to her beautiful, talented older sister. “I was everything mother wanted,” Frieda acknowledged matter-of-factly years later. Sturdy, resilient, and energetic like Klara, Frieda was clearly the favorite.¹²

Grete seemed resigned to her fate (“she knew how things were, and that was that”) and retired to Frieda’s shadow with good grace. She had a single, famous moment of rebellion, when seemingly without provocation, she slapped Frieda hard, right across the face. When Klara and Adolf demanded to know why she had done such a thing, Grete said she was fed up with Frieda’s always being so perfect. (This event, much talked about over the years, was supposed to have been the only time in the history of the Reichmann family that one person ever hit another.)¹³

In 1895, when Frieda was six and Grete three, the Reichmanns moved to Königsberg, the farthest point in the sprawling German empire, more than 600 miles away. Klara’s older sister, Trutta, had married a wealthy bank director there, and in the hope of enticing Klara to keep her company in lonely East Prussia and improve the Reichmanns’ fortunes, Trutta had persuaded her husband to offer Adolf a position.

Königsberg was strikingly different from other parts of Germany. Perched on the shores of the Baltic Sea just south of Lithuania, its culture was far

more similar to surrounding areas of Russia and Poland than it was to the German mainland. Founded in 1255 as a fortress of the Knights of the Teutonic Order, Königsberg was a major seaport, two and a half times the size of Karlsruhe, and for centuries Prussia's most important city.

Jews had been excluded from the region until the seventeenth century, and the first synagogue wasn't built until 1756, when about 300 Jews lived in the area. But a steady stream of Russian immigrants swelled the community to more than 5,000 by 1880, and its liberal intellectual traditions made Königsberg one of the centers of Jewish Enlightenment. There were Jewish students at the university as early as 1712, and later many became pupils of Kant. The city had a vibrant Orthodox community, and since George Marx, Klara's brother-in-law, was one of its most influential members, Adolf quickly rose to prominence within its ranks, becoming especially active in Marx's efforts to aid Jews fleeing the bloody pogroms in nearby Russia.¹⁴

In 1898, when Frieda was eight and a half and Grete was six, the youngest of the Reichmann daughters, Anna, was born in Königsberg.¹⁵ Frieda, ever alert to events in the family, had figured out that Klara was pregnant but sensed this was one of those things children weren't supposed to know about. At the moment of Anna's birth, the girls heard a cry, and Grete exclaimed: "I think we have a new baby!" Considering it "the privilege of the parents to inform children of such a major event," Frieda responded: "Oh, no. You probably just heard some neighbor's child."¹⁶

Klara had a deep commitment to the principle of primogeniture, and throughout their childhoods, Grete and Anna were never allowed to contradict anything Frieda said. "Don't argue with her, she is the oldest," Klara would warn at the first sign of any dispute. She made similar outfits for the three girls, but Frieda's dresses always had an extra ruffle or an additional piece of embroidery or lace to mark her specialness. Frieda later claimed that she tried to prevent these inequalities—"God! How I tried to hinder my mother to make me a favorite"—but she clearly benefited from her advantaged status. Besides the extra privileges she was accorded, she also developed that confident sense of entitlement oldest children often gain from successfully outpacing their rivals. But her acute sensitivity made her painfully aware of the price Grete and Anna had to pay—"those two sisters of mine suffered terribly because I worked out to the dot exactly the way mother had dreamt it should be"—and in later life, Frieda clearly felt guilty for her special treatment. At the same time, she accepted without complaint the increasingly heavy responsibilities she was given. As one biographer put it: "Being always somewhat set apart as an authority figure became a way of life for Frieda from early on."¹⁷

She was, however, deeply protective of her sisters, especially Anna, who enjoyed her role as “papa’s little pet” but needed a stronger defender than Adolf. In a story told over and over with many embellishments, Frieda and Anna were out on a walk one day somewhere in the country, when two large, angry goats suddenly started running straight toward them. Frieda grabbed each one by the horns and held them safely back from Anna until the farmer got there. (In another version, the animals are dogs, and Frieda throws herself between them and Anna, declaring: “You don’t need to be afraid!”)¹⁸

In photographs of the Reichmann girls as children, Frieda gazes directly at the camera, with sometimes the barest hint of a smile. She has clearly embraced her part as the adored child, eager to reflect her parents’ pleasure back through her own eyes. Grete, by contrast, looks startled or dismayed, as if she realizes there is no way to win with Frieda there. In the one surviving picture of the three girls together—Frieda looks about fourteen, Grete perhaps twelve, Anna about six—Frieda is at the center, in front of the others. She and Grete are dressed identically; Anna’s outfit is unclear. Frieda’s face has the look of total determination she was to show in every photograph for the next fifty years. Grete looks retiring, seemingly satisfied to be behind. Anna’s eyes are wide, as if she cannot quite grasp her place in that world.

Frieda’s confidence and ambition were intensified by the many disappointments her parents had faced. Adolf, a man drawn to people and to learning, was forced by economic hardship into a career in business for which he was ill suited. Klara shared his love for music and the classics, and had trained as a teacher but was too conventional to work after marriage. With both her parents openly mourning their lost opportunities, their intense need for Frieda to succeed where they had not, coupled with her own devotion to their happiness, strengthened her desire to become whomever they most wanted.

The move to Königsberg at first did little to improve the family’s fortunes. Adolf was installed in a position of financial responsibility at the bank owned by his wealthy brother-in-law, and failed miserably at his duties. Eventually, however, he was shifted to the job of personnel director, and for the first time in his life, found himself doing work that fit his natural talents. Attentive and warm to employees at every level, Adolf was respected and admired by the whole staff, and continued in this position for the rest of his life, to the satisfaction of everyone.¹⁹

The Reichmanns initially lived on the same street as the Marxes, and the two families saw each other constantly. As the bank became more influential, the Reichmanns moved to a comfortable seven-room apartment in a better neighborhood on the Glückstrasse, and the large Marx family took up resi-

dence in an elegant villa, complete with gardens, on the banks of the Pregel River. The children loved their ferry trips across the river, walks through the twisting, narrow streets of the old city to the castle, and games in the Königs-garten or the meadows along the Pregel. The Reichmann girls each had a “twin sister” about her age among the Marxes, as well as various “big brothers,” famous for their teasing. Both sets of parents were close to all the children, providing to some extent a counterweight to the excesses of a nuclear family upbringing. Adolf is remembered especially for his “good hands,” with countless children running to him at family gatherings clutching broken toys and pleading, “Uncle Adolf, fix this!”²⁰

Thanks to George Marx’s influence, the Reichmann family was catapulted to a position of respect in the Jewish community far beyond anything they could have achieved in Karlsruhe. As owner and manager of one of the largest banks in Königsberg, Marx was a *Kommerzienrat*, a business magnate, who played a decisive role in the development of the city’s trade and industry. He was also one of the founders of the Adass Jisroel Orthodox synagogue and for years was a member of its governing body (to which he appointed Adolf as well as various other relatives). In addition to administering most affairs of the Jewish community—a huge job, involving supervision of synagogue officials, teachers in the religious school, kosher butchers, and cemetery inspectors, as well as the arbitration of whatever problems arose among members—Marx led a Talmud study group and arranged the financing of everything from the Jewish hospital to the summer synagogue in Cranz, a nearby Baltic sea resort where he and many of his fellow worshippers vacationed.²¹

It was in Königsberg that Emma Branies, then in her early twenties, joined the Reichmann household as maid, a position she was to hold for the next four decades. Anna, the baby, always thought of Emma as “hers,” but the whole family adored her and treated her almost as one of them. In addition to caring for the children and the apartment, Emma also prepared the meals, a relief to everyone. (One of Klara’s unconscious expressions of resentment at housewifery was to burn whatever she cooked.)

“Dear darling Emma,” as she was always called, was hired just before Klara’s last pregnancy. When Emma discovered a baby was on the way, she announced she was leaving; diapers and midnight feedings hadn’t been advertised as part of the position. She was somehow persuaded to stay, and later always said that had she known the baby would be Anna, she wouldn’t even have considered quitting. She treated Anna like her own child, confiding all her secrets to her, and molding her life to fit Anna’s needs. It was Emma who made sure Anna did her homework and said her prayers before bed. It was

Emma who walked her to synagogue carrying her belongings on Shabbat. One day, Anna came home from school to find Emma sobbing in the kitchen. Pleading to know what was wrong, Anna finally got Emma to admit that she had just turned down an offer of marriage from a local tradesman. Asked why, she had cried out: “How could I leave you and the family?” Emma was careful to reproduce the Reichmanns’ symbolic hierarchies. When she made toast in the mornings, she gave the first piece to Klara or Frieda, the best piece to Anna, “and if a slice got burned, she gave it a scrape and a wipe and that was for Adolf or Grete.”²²

Even with Emma’s help, running an Orthodox household was a huge job, especially for a pampered youngest daughter like Klara. In addition to making all their own clothing and linens, women in turn-of-the-century Germany had to shop, cook, bake, preserve, and can. Coal stoves created constant grime and needed endless tending. Once made, clothing had to be mended and socks knitted. Keeping a kosher kitchen was practically a full-time job in itself. Cooking, baking, and cleaning for Shabbat could take a full day, and housecleaning for Pesach might begin in January. There were as well the myriad tasks of child rearing, after-school lessons, cultural education, and “emotional housework” always assigned to women.

In addition, the crucial job of maintaining family and social networks required elaborate handwritten letters and formal visits. Keeping household account books was also women’s responsibility, with every cent of savings going directly to funds for children’s lessons or daughters’ dowries. When Klara helped Adolf in the shop in the early years of their marriage, this was on top of all her other duties.²³

The family’s daily life embodied the peculiar intensities of the middle class in late nineteenth-century Central Europe. What Freud was later to call the “oedipal drama”—the constant scrutiny of emotion, the rivalries, the enmeshed relationships between parents and children—formed the basic fabric of Frieda’s upbringing (and that of every other psychoanalyst of her generation). Except during the hours when the children were in school and Adolf was at the bank, the family was together, typically in the same room. Evenings were spent with Adolf reading aloud from his large collection of German classics as Klara embroidered, or with the parents sitting contentedly as the girls sang and played the various musical instruments they were required to learn. (“Our children will be musical,” Klara had told Adolf before any of them were born. “How do you know?” he asked. “They will be, I promise you that,” Klara had replied firmly.) Frieda studied piano, Grete, the violin; Anna danced and sang and played a number of instruments. Frieda was sometimes out of tune, but her sisters “were never allowed to say a word

more assimilated co-religionists, who formed the bulk of Germany's Jewish population. Perhaps because of this insularity, the Reichmann girls experienced little overt anti-Semitism. Only once, on New Year's eve, did they recall a frightening moment. They had waited, full of excitement, to open the windows at midnight to hear the bells throughout the city. Everyone else on the block was joining in the same ritual. Suddenly, amid the shouts of "Happy New Year," came a drunken voice yelling, "Death to the Jews." They knew it wasn't directed at them personally, but it was unnerving nonetheless.²⁷

The narrow social world of the German Jewish middle class made family ties even more important than they would already have been. In the evocative phrase of poet Heinrich Heine, the family was "the portable homeland" of the Jew. With no history of permanent membership in any regional or national group, Jews learned from an early age that the only people they could totally depend on were their relatives. This was especially true in Frieda's family, since Adolf was more emotionally involved in the daily lives of his children than men who had to travel extensively or work long hours in their businesses. His psychological sensitivity, coupled with his secure position in a family-owned bank, allowed Adolf to spend much more time at home than was typical even of Jewish men.²⁸

The intensity of families like the Reichmanns was partly a reflection of broader social forces shaping German culture during this period. Compared to other European countries like France or England, industrialization had come very late to Germany, and as a consequence, had an unusually rapid and compressed character. Between the unification of the country in 1871 and World War I, the daily lives of most Germans—especially those living in cities, like the Reichmanns—were completely transformed. Adolf's shop in Karlsruhe was barely one generation removed from the work of the itinerant Jewish peddler, traveling from town to town, carrying his goods on his back. During a period of so much change, the family was imbued with even greater significance as a haven for men from the alienated world of business and as a crucial place of preparation for children about to enter a society utterly different from the one their parents had grown up in. Although these transformations were disturbing to formerly dominant groups like the Junkers of the Prussian aristocracy, they brought hope to the Jews, who saw the opportunity for greater integration into the broader society.²⁹

Still, the dictates of Orthodox culture made for a circumscribed social world, especially for girls. In decided contrast to the artist Käthe Kollwitz, for example, who was born in a nearby Königsberg neighborhood two decades earlier, Frieda would never have been allowed to wander alone along

the waterfront, watching the Russian and Lithuanian workers, their feet wrapped in rags, unloading the giant grain ships in the harbor. During the hours Kollwitz sat near taverns filled with drunken sailors, patiently sketching while knife fights went on inside, Frieda was ensconced behind the grilled partition of the women's section of Adass Jisroel synagogue, quietly learning her prayers under Klara's watchful gaze.

Years later, Frieda would laughingly remark that she had been a psychiatrist since the age of three. She didn't know this consciously until she entered analysis, but listening to people's secrets was something she had done since earliest childhood. Klara and Adolf had both begun confiding in their sensitive eldest daughter almost as soon as she could speak, and Frieda could absorb conflicts swirling around her without even realizing what she was doing. She recalled an emblematic moment, from about age four:

My mother had surprised my father by having a friend of hers do a portrait of me. I looked quite cute. This was supposed to be a great treat for my father. But when he came home from work with a migraine, and went to lie down, he didn't notice the picture. [Mama] was miserable. Later on, he saw that he had disappointed her, and he was miserable, since he thought Klara came right behind the Lord. I explained them to each other. I explained to her that he was sick, what could he do? I explained to him that she would understand, and couldn't he look at it now? . . . That was how my psychiatric career began.³⁰

When Frieda was nine, Klara became seriously deaf, an inherited condition that had worsened during her pregnancy with Anna. She was terribly worried about being able to bring up her daughters as attentively as she planned, and was horrified at the doctor's order that she have no more children. (She said she wanted six more, including at least one boy.) Overhearing her parents' anxious conversations from the next room, Frieda found it agonizing to see them suffering. Yet she also sensed their embarrassment and need for secrecy. For the next five years, as Klara struggled (through skillful lipreading) to maintain appearances, Frieda pretended not to notice which days her mother went to the otologist or where she hid the medicines that did her no good. The charade finally ended one day when Frieda was fourteen, as Klara, standing behind her daughter braiding her waist-long hair, had to admit she couldn't hear a word Frieda was saying. By then Frieda had totally

mastered the art of knowing things without anyone's sensing what she was doing.

Dutiful to his wife and his religion, Adolf had occasional moments of rebellion, which Frieda also knew about but didn't reveal. Like every other Orthodox man, Adolf wore an *arba kanfos*, a small fringed prayer shawl, beneath his clothing. For some reason, he found this requirement "a little boring" and often ignored it. "He and the Lord had a very good relationship," Frieda recalled, and to Adolf, these lapses weren't important. Klara, however, enacting the traditional role of the Jewish wife as enforcer of piety, constantly worried about what would happen if Adolf were to be found improperly attired in the event of an accident. In general, Adolf had such strong principles that Klara nicknamed him "Zip," short for *Prinzip* ("principle"). Years later, when Frieda was in analysis, she decided that "Zip" had really been Klara's (unconscious) abbreviation of *Zipfel*, slang for "little penis."³¹

It was then that Frieda realized she had always seen Adolf through her mother's eyes. "I treated him as though he were a little dumbbell, which he wasn't," she said with embarrassment decades later. In public, Klara was deferential, like any good middle-class German Jewish wife; privately, however, her affection was tinged with contempt at Adolf's financial failures. Although Frieda was critical of her mother's standards, she was still insisting to friends in her sixties that Klara had "made it the most harmonious marriage you have ever seen. She did everything right, and it was the luckiest family you could think of."

This is an extraordinary statement for a psychoanalyst to make about her upbringing, but Frieda seemed oblivious to the ways she idealized her mother. She treated Klara's perfection like some kind of law of nature, simply part of the landscape of family existence. To have questioned her mother would have been tantamount to challenging her power, a possibility too foolish even to contemplate. "If my mama went with her forehead toward a wall," Frieda declared with wonder at the age of sixty-six, "the wall would give in." Even if Adolf had been brilliant, he couldn't have competed with this.³²

Contemporary family therapists sometimes ask people to array their siblings and parents on a blank page, positioning them so as to indicate their relative psychological distances. Those who feel close are put near the center; those more distant displaced to the edges. Patterns suddenly fall into place, as people become stars in constellations, no longer individuals but parts of larger configurations. As unspoken alliances are revealed and estrangements made apparent, a child's siding with one parent against the other, or favoritism among siblings, emerges in stark relief on the page.

A diagram like this drawn in Frieda's hand would show Klara without

question at the center. Adolf would be at one side, with Frieda occupying a jagged orbit in between them. Grete and Anna would be off somewhere in outer space. Every time Frieda rotated closer to Klara, she would occupy a bit more of the central sphere. When their combined intensity threatened to overwhelm Adolf completely, Frieda would float over in his direction and temporarily balance things. Her alliances with her father, although infrequent, provided an essential counterweight to Klara's power, creating a degree of harmony in the family that wouldn't have been possible otherwise. In later life, Frieda's colleagues would wonder how she managed to be on everyone's side and get what she wanted at the same time. They didn't understand that having mastered the art of wrapping her father around her little finger while embracing her mother with the other hand, Frieda could endear herself to people at cross purposes without even noticing what she was doing. No one in her family had the slightest idea that this would prove ideal training for a psychiatrist.

What stands out most powerfully about Frieda's childhood is the way she enacted the Orthodox Jewish values of obedience, study, and reverence for one's parents while simultaneously serving as the trusted adviser to all the adults. Acutely sensitive to the feelings of others, utterly devoted to her parents and protective of her younger sisters, Frieda became a person whose own needs were invisible and whose greatest desire was to heal.

2

The Student

The purpose of technique is to free the talent.¹

Frieda was a brilliant student from an early age, and the more she excelled, the more she fueled the ambitions of both her parents. At age fifteen, however, her educational opportunities evaporated, as girls were still barred from *Gymnasium* in Königsberg, preventing her from further schooling. Insistent that her daughter not be thwarted by her sex as she herself had been, Klara appointed herself Frieda's tutor. Friends sent their daughters to join the sessions, and a virtual high school for girls was created in one room of the Reichmann apartment.²

Klara took for granted that Frieda would follow her path and train as a teacher, perhaps specializing in languages, a subject in which she had special talent. But Adolf, pouring his own stifled love of study into the eager mind of his eldest child, decreed that Frieda should prepare for medical school. He had an intuition that she would be good at such work, and a medical degree would prove to the world that his daughter had a full university education, not just a course of teacher training like her mother. (It would also ensure a steady income, should her lack of a dowry and family history of deafness limit her marriage prospects.) Klara, equally ambitious for Frieda but competitive with her in a way that Adolf simply wasn't, bitterly opposed this plan. She didn't want Frieda to end up a "revolutionary" like her Aunt Helene (Klara's older sister), who supported herself by writing books on socialism, traveled alone to England and Italy, and refused to marry.³ Klara also clearly found it threatening to have a daughter who was smarter than she was.

their white uniforms looked too much like nightgowns and might distract the men. So, decades before air-conditioning, when male students did dissections in a cellar of the hospital in January, the women were forced to wait until summer vacation. “The stench was horrible,” Frieda later admitted in the tone of a war-weary veteran, “but we survived somehow.”¹¹

Even examinations glorified the culture of men. Frieda never forgot one particular question concerning the esophagus, which could be answered correctly only by knowing the slang word for a Prussian fraternity ritual in which students drank themselves into a stupor and cut their faces with broken beer bottles.¹²

Frieda got her revenge for these indignities the way she always would: by quietly outdoing the men. Studying quickly and effortlessly, she excelled in every course and still had time for boyfriends and dances. Relatively free of Klara’s control for the first time in her life, she plunged into a social world outside the family. This sometimes got her into trouble. When a friend of one of her professors saw her at the beach in Cranz a week before an examination, he was so enraged by her arrogance that he tried to bar her from taking the test. (Besides being a woman, at seventeen, Frieda was the youngest in her class. With her hair still in braids, clipped in neat rows behind her ears with tortoise-shell pins, she looked even younger, which seemed to incense her male colleagues further.)

In a photograph from that time, she sits at a table, appearing to read the thick book open before her, but clearly aware of the camera’s glance. She is wearing a uniform that looks like a cross between a lab coat and a nurse’s outfit. Her face seems small and plain; her hair is unstyled. She appears to be trying to occupy as little space as possible, the modesty of her downward glance studious rather than female.

Frieda’s decision on a specialty provoked renewed debate in the family. She didn’t want to do pediatrics, like “a nice little girl.” She had so adored obstetrics that she irritated the nurses; unlike other medical students, who performed the delivery and left, Frieda wanted to stay and take care of the infants. (Even in her sixties, she was still bragging to friends about delivering forty-four babies in her first month’s rotation.) But obstetrical work was physically awkward for a person as short as she, given the extensive reliance on forceps and other mechanical instruments.

She took up psychiatry after two dramatic events convinced her she had a knack for the work. One took place in her final year of medical school. Frieda was sitting with the other women in the back row of a huge amphitheater. A manic-depressive patient was being led down the aisle for that day’s demonstration. (Turn-of-the-century medical instruction featured hapless pa-

tients forced to perform their symptoms on demand before hundreds of students.) As the man passed Frieda's seat, he blurted out excitedly to her: "*Bertchen, Bertchen, hab ich dich endlich wieder!*" ("Bertie, Bertie, at last I find you again!") Frieda, who described herself as "extremely shy," was as astonished as everyone else by this outburst. But without realizing what she was doing, she turned to the patient.

All shyness was gone. "It" said out of me—not I said, "It" said: "Yes, that's fine. I'm very glad too, but you know now the professor wants to talk to you. I'll come and see you later." I assure you "It" said this. I had no idea what to do.

Everyone gasped and pointed at her. They were even more amazed when, at the end of the lecture, Frieda stood up and declared: "I must go and see that man, I have promised him." Treating the ravings of a mental patient as meaningful communication was unheard of. "Who would say something to a crazy man, and then do it?" mused Frieda, stunned by her own iconoclasm. For so outrageous a thought to have come "from that little girl, that good daughter of her parents, that good niece of her uncles and aunts, I can't describe it. It was just amazing." She had been brought up with a deep respect for authority. ("Who was I, as compared with a great teacher?") Yet at the same time, she was overwhelmed by an intense feeling, which seemed to come out of nowhere and was entirely discrepant with her conscious experience, that said out of her mouth: "This I could do better!"¹³

The story made the rounds, eventually reaching Klara, who met Frieda at the door one day demanding: "Why didn't you tell me about that big stunt you made there?" Frieda had no answer. She had behaved literally without thinking. The experience remained so vivid for the rest of her life that she could tell people exactly what the patient had looked like and what words they had said to each other.

Something similar had happened a year earlier, during the externship medical students did after their sixth semester. In Munich for the term, Frieda had gone to a lecture by Emil Kraepelin, the most eminent psychiatrist in Europe. She was younger and even more in awe of authority than at the time of the Bertchen incident. Kraepelin was presenting an epileptic patient to a room of worshipful students. Frieda listened to him go on and on about "epileptic character" and the man's odd behavior, as though the patient weren't standing right there. Outraged by Kraepelin's insensitivity, she had suddenly heard those same words in her head: "This I could do better!"¹⁴

Later, as an intern at the University of Königsberg hospital, before psy-

chotherapy was even taught in medicine, Frieda took to sitting by the beds of psychotic patients, just listening to them.¹⁵ Sometimes she stayed all night. She couldn't understand their ravings but was absolutely convinced they meant something. (One of those she likely sat with was Hannah Arendt's father, Paul, who had been committed to that ward in 1911 with paresis, the insanity that resulted from tertiary syphilis. He died there, totally deteriorated, two years later.) Among Frieda's strongest memories of that period was the day a patient failed to remove his cap as the physician in charge approached his bed. Asked why, he said: "I can't. There are birds under my cap and they will fly away if I do." The whole ward erupted in laughter, but Frieda was horrified. "I was so mad I could have killed them. I knew it meant something. But at that time, one didn't yet know this. Kraepelin had said you can't treat schizophrenics because you can't understand the meaning of what they say. We only learned that later on, after Freud." But patients deeply appreciated Frieda's interest. "A prima donna couldn't [have left] with more gifts, more flowers, more things," she laughed years later, insisting that whatever success she had came solely from diligence.

When Frieda passed her medical boards, the whole family celebrated. At the party her parents held in her honor, her uncle George Marx toasted her. Then he turned to Adolf: "It's fine that she is now a physician. But how can you permit her to become an insane doctor?" To Frieda's astonishment, her father, who had never before stood up to his wealthy, powerful boss and brother-in-law, responded calmly: "I should have thought of that earlier. Once I agreed to let her study medicine, I gave up the right to decide for her what specialty to pursue." (Eventually Uncle George became one of Frieda's strongest supporters, loaning her the money to open a sanitarium and helping her to get started in private practice.)¹⁶

Frieda was in her mid-thirties before she understood that everything good that happened to her in life wasn't indirectly Klara's doing. Her mother's power seemed so absolute it was easy to believe in an invisible hand guiding her actions. Learning to rely on her own talents while simultaneously denying their existence proved a boon in Frieda's dealings with men; she could do whatever she wanted without threatening them.

She perfected the art of running things without being in charge during World War I, when she became administrator of a hospital for brain-injured soldiers, a position no woman could formally have held. Having completed psychiatric training, such as it was, in 1914, she was hoping to leave Königsberg for postgraduate study, perhaps in Berlin, where Aunt Helene lived. But when war broke out in August of that year, the head of the university's psychiatric hospital asked Frieda if she would stay on, to work at a neurological

clinic he was hurriedly planning. An unprecedented number of brain injuries were resulting from the artillery fusillades and shell splinters of industrialized warfare, and physicians were scrambling to cope with casualties totally different from anything they had trained for.¹⁷ “Now, I knew as much about brain injury as the man in the moon,” Frieda recalled years later, “but I thought, well, if the director thinks I can do it, why, it might be very interesting. I’ll learn it.” So as brigades of singing soldiers marched through the streets of Königsberg on their way to battle, Frieda set off on visits to the two such clinics already in existence. On her return, she was installed as the unofficial head of the Königsberg unit. As a woman, Frieda could not be given an appointment in the Prussian military, so she was made an associate of the hospital and paid by the university. She started out with twenty beds in a converted schoolhouse and within a year was running a hundred-bed hospital for neurological patients of every description.¹⁸

Her position presented no problems until the day the military authorities announced they were planning an inspection. Frieda called her male supervisor, who was supposedly in charge of the unit, and said: “For heaven’s sake, don’t come in today.” He had no idea what procedures were being used with any of the patients, and she didn’t want him to be embarrassed in front of his superiors. When the tall, goose-stepping officers arrived at the gates, each a perfect specimen of the anti-Semitic, patriarchal Prussian army, they were greeted not by a young medic clicking his heels but by the tiny, Jewish Frieda in her white service outfit:

Just poor little me, still with my braids over my ears and my tortoise-shell combs in my hair. I said to them: “The professor has asked me to apologize for him; he had to go to the Front. He has asked me to escort you around.” Then I said: “Before I take you around, your Excellency—I had learned all the military ranks and did not make mistakes—I said, your such and such, won’t you first come into the office? I would like to explain to you briefly what we are doing here.” When I had talked long enough to make sure that they didn’t understand a thing that was going on, I said: “Now, if you wish, we can make rounds.”

Earlier in the day, in classic Frieda fashion, she had gone through each ward, telling the soldiers: “Boys, we have inspection today. You know it’s a little problematic that I as a woman am working here for the Prussian army. It’s up to you whether you want me or not. If you want me, then this hospital has to look as though you have the greatest disciplinarian in the world. If you don’t want me, well . . . you know what to do.” Frieda wasn’t talking about a little

straightening up; she was talking about the formal inspection of a Prussian military installation. Beds had to be straight enough to line up with a ruler. Patients had to be sitting with their arms folded in a certain way, dressed in their hospital uniforms, every button perfectly aligned, their slippers positioned at a ninety-degree angle to their beds. The blackboard above each bed listing the patient's condition had to have letters printed in exactly the same size. Apparently, "the boys," as Frieda liked to call them, were as fond of her as she was of them. "I don't think you could have found in the whole of Prussia a hospital which looked as reeking of good discipline as that one," she proudly told friends for the rest of her life.¹⁹

Frieda's satisfaction had little to do with her own accomplishments; she was focused solely on the welfare of her patients. She spent days memorizing the manual of psychiatric and neurological conditions until she could recite the disposition for each kind of case. ("I wanted to do right by my soldiers.") When her superiors made rounds, she would intone: "This man here suffers from category Z-25. According to Article 7-B, he will need hospitalization for three to six weeks," and so on down the line. Apparently this strategy worked. She later told colleagues, "I got everything I wanted for every man."

Even in that autocratic, masculine system, Frieda quietly found a way to adapt the rules to her needs. As an Orthodox Jew, she refused to hold clinic hours on Saturdays, thereby making hers the only army hospital in Prussian history where patients weren't treated on Shabbat. Eventually—she held this job for two years—everyone found out that Frieda was in charge, but as she recalled with amusement decades later: "You can go over the excellent records of two years and you will not find my name anywhere. It wasn't me. If you knew Prussia, and if you knew what I looked like, you would know how incredibly funny this was."²⁰

She was determined to let nothing impede her work. When the Russian army surrounded Königsberg in the buildup to the famous battle of Tannenberg, women and children were ordered to evacuate. The trains were packed with panicked people (among them, Hannah Arendt and her mother) fleeing the city in advance of the ravaging Russian soldiers who had left a path of burned and plundered villages to the east. Adolf insisted that Frieda leave. She refused, furious at his overprotectiveness. "What! I'm in charge of a hospital for brain-injured soldiers. Suddenly I'm supposed to remember that I'm a poor female? No. That can't be done!" Later, when she was off on an inspection somewhere, the city came under siege. Her family was terrified. No trains were running, and communications were completely cut off with the rest of Germany. Then suddenly, plucky as ever, Frieda appeared. She had marched

Most neurologists took just the opposite view, casting their patients as rigid and stereotypic. Goldstein thought this was because they were so distracted by the strangeness of the symptoms they couldn't see past them to the person underneath. By focusing on those capacities that remained intact even after severe injury, he embraced a flexible biology whose main characteristic was adaptation to change.

Searching for subtle abilities that might not be evident in ordinary behavior, Goldstein continually individualized his assessments. Observing the same patients for months, even years, sensitized him to minute variations. He examined every patient on many kinds of tasks, carefully noting whatever he said or did. "He never forgot that he addressed an individual, not a brain," remarked one appreciative student.²⁸ It was up to the physician, Goldstein insisted, to figure out what a patient could or couldn't do, not the patient's job to fit his symptoms to standardized measures.

He noticed, for example, that even minor variations in stimulus presentation could produce striking differences in response. With a tachistoscope (a device that limited exposure to a fraction of a second), the patient might show deficits not apparent under normal conditions. This made sense: longer exposures allowed the use of substitute methods; only with the T-scope would the underlying defect be revealed. Variations in instructions also proved significant. A patient suffering from apraxia (the inability to perform purposeful movements) might not be able to purse his lips when asked to do so, but could often whistle a tune (a meaningful action, well integrated into his behavioral repertoire). Like the Swiss psychologist Jean Piaget, who evolved a whole new theory of intelligence by analyzing *how* children solved problems, instead of counting the number of questions they correctly answered, Goldstein thought that brain injury was best understood by examining the totality of a patient's reaction, not simply whether he succeeded at an assigned task.

Normal as well as abnormal reactions ("symptoms") are expressions of the organism's attempt to deal with demands of the environment. . . . Symptoms are *answers, given by the modified organism, to definite demands*: They are attempted solutions to problems derived on the one hand from the demands of the natural environment, and on the other from the special tasks imposed on the organism in the course of the examination.²⁹

This approach led Goldstein to revise standard views of brain and mind completely. Analyzing a patient's response to his injuries instead of simply labeling his defects highlighted the central role of adaptation in neurological

functioning. Even severely impaired patients found alternative solutions to problems, so long as they weren't overwhelmed by the "catastrophic anxiety" that kept them from experimenting. Patients were integrated organisms with goals and plans, not simply bundles of reflexes or automatons. They had a fundamental drive toward "self-actualization," leading them "to maintain a performance capacity on the highest possible level . . . and to use this new way of proceeding with great virtuosity."³⁰ Just because a patient's behavior was difficult to understand didn't mean he couldn't be treated. It was the physician's responsibility to meet the patient where he was and help him to confront the obstacles that now faced him.

Sickness cannot be understood correctly if one assumes that it is something that befalls the individual from the outside. Our task is not simply to eliminate the disturbance or fight the effect of the sickness. Sickness seen from a higher aspect has to be considered as a disturbance of the relation between man and world, a disorder involving both.

Goldstein's nuanced observations made him skeptical of theory. "We may not be aware of the degree to which our preconceptions do violence to the facts we observe," he cautioned students. "Medicine is a kind of artistic enterprise mirroring the nature of man, which requires risk-taking and courage." Goldstein had an active interest in theory and drew heavily from Gestalt, psychoanalysis, and phenomenology, but "he was nobody's unconditional follower or apologist. . . . His approach was deliberately naive, setting the patient in the limelight and [casting himself] in the role of a teachable audience." Reflecting years later on this way of working, Goldstein remarked: "The holistic approach did not originate from any idea. It was forced upon me by concrete experience."³¹

This fascination with patients gave his Frankfurt clinic a unique vibrancy. Most neurological hospitals were depressing, hopeless places, where staff, horrified at the extent of their patients' injuries, spent as little time as possible on the wards. Goldstein's clinic, in contrast, was like a big family, where "patients, physicians, relatives, friends, and many citizens actively participated in the realization and maintenance of a serene and relaxed outlook." His warm supportiveness extended to his relationships with students and colleagues; for years, Goldstein teased Frieda about the "striking agraphia" that afflicted her only on Saturdays (when the dictates of Orthodox practice prevented her from writing notes).³²

Frieda's whole approach to treatment emerged from her research with Goldstein, and it is impossible to understand her later work with psychotics

without appreciating this fact. Years of daily contact with brain-injured patients accustomed her to so wide a range of symptoms that schizophrenia never seemed especially bizarre to her (as it did to most analysts, trained solely in work with outpatient neurotics). Goldstein's insistence that there was no such thing as "*the* brain-injured patient" made Frieda highly sensitive to individual differences, and his ingenuity at locating strengths in even the most severely impaired person taught her never to regard any one technique as sacrosanct. And because the patients in Goldstein's clinic had experienced traumas about which there was no ambiguity—unlike the many shell-shock victims being treated elsewhere, the "reality" of whose symptoms was contested both by physicians and military authorities—she never doubted that even the most mysterious behaviors had identifiable causes.

Goldstein's psychological approach to brain injury also taught Frieda to see past symptoms to the anxieties that lay underneath. Mutism or withdrawal might be ways to avoid fear; regression could be a desperate measure to feel more safe. However incapacitating these symptoms, they had to be understood as active attempts by an "integrated organism" to master his situation, not as meaningless reactions or "faulty wiring." Goldstein clearly saw the brain as hugely significant in mental functioning, but insisted that mechanistic ways of conceiving its functions were oversimplified.

The focus on gradual rehabilitation at the Frankfurt Institute also taught Frieda the importance of breaking long-term treatment goals into manageable units. She understood the patient's need to keep from feeling overwhelmed, and concentrated on building up his repertoire of normal behavior bit by bit. Goldstein's active, empathic response to patients, based on his nonverbal understanding of their needs, taught Frieda to trust her own instincts as a healer instead of hiding behind the persona of the dispassionate physician. If a patient felt hopeless and despaired of ever getting well, it was her responsibility to offer a "loan of conviction" that improvement might eventually occur.³³

At a deeper, more personal level, Goldstein's emphasis on searching out the healthy parts of each patient, no matter how buried they might be, resonated with the Jewish view of redemption that had been instilled in Frieda since her youth. The notion of *tikkun*, hailed by ethicist Joseph Dan as "the most powerful idea ever presented in Jewish thought," ascribed responsibility to each individual to do her part to repair the rupture between God and human beings. Even the most mundane act had symbolic significance. As Dan explains: "Every deed (or misdeed) may decide the fate of the world. . . . There is no neutral ground. . . . If a man is idle for an hour, he has missed an opportunity to uplift a [divine] spark."³⁴

So when Goldstein taught Frieda that even patients shot in the head could be helped by a doctor determined enough, she saw how she could perform her share of this redemptive work. Her responsibility was to aid the patient's struggle; whether he ultimately recovered was up to God. As a doctor, she could do only so much. Failing to take up the task, however, would have been morally irresponsible. There was a divine spark present in every act, and through the patient she could do her part to repair the world.

On a more unconscious level, Goldstein's idea of self-actualization allowed Frieda to see a force outside herself as bringing about the patient's cure. There were two simultaneous parts to this: the patient's drive to actualize himself fueled the work, and her assistance reflected God's hand, not her grandiosity. By attributing her striking early successes with patients to an external power rather than to her own talent, Frieda could avoid competing openly with her parents (especially Klara) while still confidently acknowledging that her patients had recovered.

After two years of work in Goldstein's clinic, Frieda was ready to practice medicine on her own. In 1920, she returned to Königsberg, both because it was near her family and because the leading Jewish psychiatrist there had died in the war. Beyond her enthusiasm for the work itself, she needed the income of a private practice. Her morphine addict friend was finding it increasingly difficult to care for her daughter, and Frieda had volunteered to take the child in until her friend was in better shape. There was a long tradition in her family of caring for those in need, and temporarily adopting a ten-year-old child didn't seem unusual. Klara, as always, arranged the details: "My mother found me a nice home and an office and a maid, in a nice part of the city where I could live with this girl and where I liked to work, and everything was hunky-dory," Frieda recalled.³⁵ The only problem was that she had no training in psychotherapy, a method that seemed more relevant to work with outpatients than the Kraepelinian diagnostics she had learned in medical school. One of the few physicians in Germany known to use psychotherapy on a regular basis was Johannes Heinrich (I. H.) Schultz, a professor at the University of Jena. Frieda wrote to Schultz, asking if she might train with him for two or three months. He agreed, but said he was leaving Jena to work at Heinrich Lahmann's sanitarium near Dresden; she would have to come there. Weisser Hirsch ("White Stag") was a famous spa in the mountains where wealthy people went to lose weight or follow Lahmann's natural healing methods. The treatment involved a combination of diet, massage, mineral

baths, vigorous walks, and cutting wood in the fresh air; Schultz felt that psychotherapy would be a useful addition and was planning to introduce his approach, called autogenic training, into the regimen.³⁶

Life at Weisser Hirsch was elegant and stylish, with theater, dances, and formal teas on the grounds. (It was a huge place as sanatoria went, with room for more than 300 patients.) Frieda was put off by the excess, but intended to stay only long enough to learn Schultz's method. (She had left the child with a friend in Frankfurt and promised to return within a few months.) However, shortly after her arrival, Schultz, like every other person Frieda was ever to work for, offered her a regular position on his staff. Frieda didn't especially like Schultz; he had "an anti-Semitic look," she thought, and later, in fact, he became a Nazi (a bit tricky, since his first wife was Jewish).³⁷ Besides, she had the child to think of. She couldn't very well live in that environment with a ten-year-old girl who wasn't her daughter. To her surprise, Schultz retorted, "Why not?" Frieda, still dubious, said she wouldn't fit in with the fancy clientele. And she kept kosher, which created yet more complications. "Tell them in the kitchen what you want, and they'll do it," Schultz insisted. (Lahmann had invented a special diet, and the sanitarium's wealthy patients were accustomed to having their whims catered to, so kosher cooking was easy to arrange.) Frieda was astounded—"here I was, a little girl, not at all elegant like them"—but she agreed to stay provided that the child could live with her, the food was kosher, and she didn't have to escort patients to the opera. For a person who had just spent six years with brain-injured soldiers, it was quite a change in atmosphere.

Years later, Frieda laughingly described Weisser Hirsch to friends in America:

The patients had little blue books in which it was recorded how many baths they took each week, how many mornings they were to spend cutting wood, how many walks they were to take, how many times they were to see the doctor, etc. And everybody got a tip. The bathing master got a tip, and the masseuse got a tip, the head of the woodcutting machinery got a tip, and the doctor got a tip. The only difference was that the tip for the doctor was a little bigger. This was during [the terrible postwar] inflation and lots of people came from Hungary and Bohemia where they were better off. They also gave real gifts. I got a hat and dresses and all kinds of things.³⁸

Having spent much of her childhood at the Marxes' villa, Frieda felt comfortable with wealthy people, so despite her contempt at the excesses of

Berlin Institute. It had been the refuge for many in Ferenczi's circle forced to flee Budapest because of postwar anti-Semitism (Michael Balint, Franz Alexander, Sándor Radó), and it was attracting a gifted group of students from Britain (Alix Strachey, James and Edward Glover). Frieda learned a great deal from the classes, but the personal analysis she had begun with Wilhelm Wittenberg in Munich the year before had far more influence than the training analysis she was forced to undertake with Hanns Sachs. Abraham had introduced the rule that every candidate had to be analyzed by a member of the institute staff, and Sachs was responsible for all new students. (Originally a lawyer, he couldn't see patients at the hospital, so his colleagues made him the primary training analyst to augment his income. As one of Horney's biographers remarked, Sachs analyzed so many students in the 1920s "it sometimes seems impossible that [he] was only one person.")⁴⁴

Many of the core tenets of Frieda's approach to psychoanalysis, especially her assumption that it could be successfully used with psychotic patients, were powerfully shaped by her training in Berlin. But she was never an active member of the institute community, probably because she commuted throughout the period of her studies, first from Weisser Hirsch and then, starting in 1924, from Heidelberg. Her extensive background in neurology also set her apart. Having already worked full time as a physician for a decade before beginning analytic training, she lacked the wide-eyed excitement of candidates fresh from medical school or converts from other disciplines. She wasn't looking to psychoanalysis for a new identity; it was a technique she saw as complementing what she had already learned in other settings.⁴⁵

Frieda seems to have barely tolerated Sachs, a man who impressed people in such strikingly different ways as to be variously described as "gifted," "loquacious," an "intellectual monstrosity" and a "silent presence." His image as a *bon vivant*—with the love of good wines, witty conversation, and aesthetics that befit his Viennese upbringing—couldn't have been more at odds with Frieda's self-abnegating diligence. (In America years later, when she chose to live in a cottage on the grounds of a mental hospital, he bought an elegant home on Boston's Beacon Hill and kept an English butler.) She must also have found Sachs's worshipful attitude toward "the master" ridiculous; he had arranged the furniture in his Berlin consulting room so that patients lying on the couch "faced a portrait bust of Freud, standing on a high wooden pedestal."⁴⁶

Sachs seems mostly to have taught Frieda how not to behave as an analyst. She frequently got migraines during their sessions, a symptom rich with potential significance (evoking her identification with her father, who had suffered from migraines throughout her childhood, as well as her transference hostility toward Sachs, neither of which seemed to attract his interest). On one particu-