

Frieda Fromm-Reichmann, Loneliness and Deafness

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This paper explores the rôle that Fromm-Reichmann's parents' adult-onset severe familial deafness may have played in the development of Fromm-Reichmann's career choice and of her charismatic style. She, too, became deaf. Her final paper, "Loneliness" is perhaps her most emotionally evocative work. Perhaps her own increasingly severe experience of loneliness motivated her writing on this theme. Just as she expected self-honesty from her Chestnut Lodge colleagues, this paper demonstrates that she held herself to this same standard. The author urges the deaf community to seek out the newly deaf and to encourage their learning to sign, thus ameliorating the newly deaf individual's loneliness.

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Studying Frieda Fromm-Reichmann's life and works, I have found that familial deafness played an important rôle in her career development. This was clearest for me on November 17, 1989, when I participated in a one-day conference sponsored by The State of Maryland, "A Sign of the Times in Maryland: Issues in Mental Health and Deafness," held at The Maryland School for the Deaf. Joanne Greenberg, Fromm-Reichmann's famous patient and author of *I Never Promised You a Rose Garden*, (1) also spoke. I discussed Fromm-Reichmann. It was a new experience for me to be flanked by interpreters and to address a predominantly deaf audience. Before the meeting began, there were countless signing conversations conducted at short and at longer distance. I had no clue what they were saying to each other. My ability to hear deafened me to their talk. Fromm-Reichmann never learned sign language. She experienced her world closing in as she had observed her parents' communications abilities decline.

The meeting occurred just three weeks after the centenary of Frieda Fromm-Reichmann's birth, on October 23, 1889. Among the most influential women in American psychiatry, she provided hope for patients and therapists alike, promoting psychodynamic interpersonal therapy as a valid treatment for schizophrenia. Additionally, she helped found The Washington School of Psychiatry, The American Academy of Psychoanalysis and The William Alanson White Institute in New York. By the time of her death at age 67, she was quite deaf. Her final paper was "Loneliness", (2) posthumously

published. She had delivered an early draft of this paper on March 2, 1955 at the first Chestnut Lodge Symposium, about two years before she died.

Some of us from Chestnut Lodge Hospital, where she lived and worked from 1935 until her death, commemorated the centenary by making a trip to her grave at the Mt. Lebanon section of the George Washington Cemetery in Adefphi, MD. It was October, sunny and warm as June. We planted a rose bush for the doctor who never promised us a rose garden. It is a red and yellow floribunda called "Matador", since she was a fighter. At the grave, psychohistorian Gail Hornstein recited the kaddish. Mabel Peterson, long-time executive secretary of The Lodge, read from *I Never Promised You a Rose Garden*, and I read from *Principles of Intensive Psychotherapy* (3). We then recited a poem by Joanne Greenberg which is printed in both the Conservative and the Reform Jewish prayer books for the High Holy Days (4):

Self-deceit is a strong fort;
It will last a lifetime.
Self-truth is a lightning bolt lost as I grasp it.
And the fires that it strikes can raze my house.
You ask me to yearn after truth, Lord,
But who would choose to be whipped with fire?
-Unless in the burning there can be great light,
Unless the lightning that strikes terror
Lights enough to show the boundaries
Where terror ends,
And at the limits, still enduring and alive,
Shows me myself
And a hope no longer blind.

(J. Greenberg)

Fromm-Reichmann and Familial Deafness

These two events, the conference and the centenary, converged and convinced me that this extraordinarily dynamic woman was motivated in part by knowing that her hearing years were numbered. She had a ravenous appetite for communication, and a fierce desire to demonstrate that those who seemed hopelessly cut off from communication still could be reached. Fundamentally fearless, she craved such reassurance for herself as well.

A year before her death, she had said,

I feel so very strongly that the Americans are different from Europeans in that for them there is no {tragedy} and no fate. You *are* a success and you *are* a failure and it's your fault if you are a failure and if you try hard you can be a success, including {being} the President of the United States. And there isn't such a thing as fate or energies outside of yourself {influencing things}.... Therefore, Americans say, "I *am* a success," and "I *am* a failure." In every other language, it is "I have success" or "I have failure." (5:481).

Her own fate included familial deafness. Mabel Peterson told me that Frieda began wearing hearing aides in 1950 at age 61. She added that Frieda sat next to (not behind) her analytic patients due to her hearing difficulties. In the year before her death, Frieda told Mabel that she was unable to find hearing aides that worked for her.

Theodore Lidz has written,

One of the last times I had a long talk with Frieda was a year or two before her death ... We were attending a meeting in Atlantic City ..., and we set off for a long stroll on the boardwalk. To my surprise, Frieda, who seemed a bit depressed, spoke of her recent appreciation of the importance of loneliness as a psychiatric problem because of a pervasive sense of loneliness that had come over her. I wondered why a person, beloved and sought after for help and who had helped so many patients thought to be beyond help, would be lonely Frieda's thoughts had turned to her native land and the relatives and friends who had been annihilated.(6:445).

At the time of her sudden death at age 67, she was working on the paper entitled "On Loneliness". This paper is so evocative that it has drawn many psychiatrists and other mental health workers, myself included, to seek employment at Chestnut Lodge. As I re-read this paper, I was astounded by the relevance of the opening two

paragraphs to the topic of Fromm-Reichmann's deafness:

I am not sure what inner forces have made me, during the last years, ponder about and struggle with the psychiatric problems of loneliness. I have found a strange fascination in thinking about it—and subsequently in attempting to break through the aloneness of thinking about loneliness by trying to communicate what I believe I have learned.

Perhaps my interest began with the young catatonic woman who broke through a period of completely blocked communication and obvious anxiety by responding when I asked her a question about her feeling miserable: She raised her hand with her thumb lifted, the other four fingers bent toward her palm, so that I could see only the thumb, isolated from the four hidden fingers. I interpreted the signal with, "That lonely?," in a sympathetic tone of voice. At this, her facial expression loosened up as though in great relief and gratitude, and her fingers opened. Then she began to tell me about herself by means of her fingers, and she asked me by gestures to respond in kind. We continued with this finger conversation for one or two weeks, and as we did so, her anxious tension began to decrease and she began to break through her noncommunicative isolation; and subsequently she emerged altogether from her loneliness. (2:1).

Perhaps this primitive signing gave Frieda hope that her worsening deafness did not mean an irretrievable loss of ability to communicate. This hope may then have strengthened her pursuing the topic of loneliness. Fromm-Reichmann does not seem to have had contact with the Washington, DC deaf community. I wonder even now, as the deaf community rapidly gains cohesiveness and autonomy, if there is yet a reaching out to the newly deaf older adult such as Fromm-Reichmann. As hearing aides fail the current Fromm-Reichmanns, are they guided in beginning to learn signed English or American Sign Language? I enthusiastically recommend Oliver Sacks's *Seeing Voices: A Journey into the World of the Deaf* (7). He articulately depicts the deaf community. I believe that Fromm-Reichmann suffered the sort of isolation Sacks describes. Just as she had not complained about childlessness, she did not complain about deafness, but tried valiantly to continue her previous style of enthusiasm.

My experience with signing began when my family was on a ski trip to Colorado. My daughter, Jean, and I left the slopes to visit Joanne Greenberg and her husband, Albert. Jean had studied American Sign Language in her first year of

college. Joanne and Jean silently conversed in sign through most of lunch. Albert and I became acquainted. And I became acquainted with the experience of isolation from the ongoing chatter, and the resentment which one must politely mask, the sort of tension which I realized deaf people experience every moment in the hearing world.

The tension between hearing impairment and psychoanalysis forms an intriguing thread winding through Fromm-Reichmann's life. I will excerpt from the transcript of an autobiographic tape Fromm-Reichmann made a year before her death, while she was a scholar-in-residence at Stanford University's Center for Advanced Studies in the Behavioral Sciences:

I was born to be a psychiatrist because beginning at three, ... I knew all the secrets in the family and I took care of them not to disappoint them. And I always played the game that I didn't know. When I was nine, my mother got deaf after the birth of my youngest sister, and I heard her talk with my father about it in the next room, how terrible it was and would she be able to bring us up right, and now she had to stop having children. She wanted six more and she wanted a boy. And there were three girls. And I was crazy about my mother and miserable - oh, to die! But, for five years, she kept in pretty good contact with people and nobody knew that I knew. She could hear somewhat better than I can without a machine so she got along. I knew when she went to the otologist and I knew where she had her medicine, which didn't help. And finally, when I was 14, she was standing behind me {as} she did my long, long braids and she couldn't hear me. I have always to think about that now when I can't hear somebody behind me ... I can't describe what a psychiatric job I did, beginning with my third year.(5:470).

Her father, she was quite sure, had suicided. An intriguing coincidence, he was almost exactly the age she was when she herself died. (The evidence is very clear that Fromm-Reichmann herself did not suicide).

He was very deaf. He was 65 and so they wanted to retire him from his position at the bank because, since he didn't know anything about money, they made him chief of personnel and he couldn't understand {the other employees} finally. He had, God, telephones and reinforcing telephones and extra enunciators on his desk so his desk looked like a machine house. It didn't help. They didn't yet have good machines and also, we were still all unmarried and he did think that if he wore machines, we wouldn't get husbands. Mother felt that wasn't so important. But, well, that was not such a wrong idea in these circles: two deaf parents and

a deaf aunt. Well, anyway, he had to be retired anyway and he was terribly hurt and terribly miserable. He had no reason really. They all loved him. He was the kind of person whom everybody loved and it just did no longer work. (5:471-2).

He would have had no reason to be on the upper floors of the bank, where he fell to his death, down an elevator shaft. Frieda, the oldest, was then 35. She said, "God knows what he had in mind. I think that—well, he was a man who never on God's earth would have committed suicide. It was entirely out. I still think he did it. He was very deaf...." (unpublished quotation from autobiographic tape.)

Earlier, when she was 17 and had graduated from the university, her father had, over his wife's resistance, encouraged Frieda to become a doctor rather than a teacher of languages. She began medical school in Koenigsberg, and almost became an obstetrician, as she passionately loved delivering babies. But she felt her short stature of 4 feet 10 inches precluded her being able to pursue this career. Of her internship in 1915 Fromm-Reichmann said, "Nobody knew what psychotherapy was. But I knew it could be done. I had read very little about it and I knew it could be done. And so what I did was sit with the psychotics. God! Day and night and night and day and *listen* to them and just say a few kind things so that they went on." (5:474; italics mine). She was to be in psychiatry for twelve years before discovering Freud's writings. In those years, she had discovered for herself that people suffering from psychosis could be treated, and she recognized but had not defined transference, that "something funny with the doctor-patient relationship".

In that interval, Fromm-Reichmann had become a Major in the Prussian Army, running a hospital for brain-injured soldiers during World War I while collaborating with Kurt Goldstein, a pioneering psychobiologist best known for his classic text, *The Organism* (8). Intriguingly, she mentions an anecdote from the time she ran the hospital for brain-injured soldiers, in which a teacher from a school for the deaf came to her conferences at the hospital for brain-injured soldiers, collaborating in studying techniques for rehabilitation of language functions. She does not seem to have published anything on their work together.

Of discovering Freud's writings, she said,

Oh, what an experience this was – here was a psychiatrist who knew {about transference} and talked about it! It was really tremendous in that he said you can only fully understand it if you get analyzed, and so it was settled. I had to get analyzed to fully understand that. (5:479).

She was analyzed first by a Dr. Wittenberg and later by the training analyst Hanns Sachs.

Fromm-Reichmann at Chestnut Lodge

Fromm-Reichmann arrived in The United States in 1935 by way of Alsace-Lorraine and then Palestine, at age 46, fleeing Nazi Germany. Before emigrating, she had become a training psychoanalyst, and had run her own mental hospital in Heidelberg. She had funded her husband Erich Fromm's study of clinical psychology and had arranged his obtaining the required clinical experience which allowed him to move from sociology to psychology. Erich was ten years her junior. They had fallen in love while she was his analyst, this in the year following her father's death. I imagine this love affair connected intimately with her father's probable suicide and her yearning to have been married as a belated effort to keep her father alive.

She took a job as summer help at Chestnut Lodge, in 1935, the interview having been arranged when Erich called Ernest Hadley, Dexter Bullard, Sr's analyst. What was initially to be another brief stay stretched to include her remaining lifetime. She traveled every other weekend to New York City to teach and supervise at The William Alanson White Institute which she and colleagues at the Washington Psychoanalytic Institute had founded. Fromm-Reichmann drank lots of strong coffee, smoked heavily, and kept an extremely heavy work schedule. She was to die suddenly of a massive heart attack at age 67, having suffered a flu-like illness in the preceding weeks, which perhaps was undiagnosed congestive heart failure.

Her colleagues say she had seemed tired since her return from her year in California. During that year, she helped organize the project entitled "The Natural History of an Interview." and suggested that they focus on non-verbal communication (9). The group studied, frame by frame, footage of a

movie of a couple being interviewed, noting, for example, how an act which brought them literally closer together, the husband lighting the wife's cigarette, was the pivotal turning point in their dialogue. It was *after* this act that the two stopped arguing, and began reaching agreement. Again, Fromm-Reichmann was turning her attention to *silent* forms of communication.

Marianne Marchak has published her impressions of Fromm-Reichmann:

In the lunchroom of the Center, Frieda sat at a small table near the entrance. The buzz of voices in the more crowded part of the room, she explained, was picked up by her hearing aid as a confused, distressing noise. Her hearing had become worse recently, so that she could not follow a general conversation in a living room. Yet she would respond to an amusing topic with a smile on her face, in order not to dampen the spirits of the group. In a face-to-face conversation her fine hands would move gracefully and freely in a dance-like fashion, somewhat at variance with her small, slightly stocky build. (10:305-6).

Fromm-Reichmann's Therapeutic Style

In her last year at the Lodge, the formerly ebullient woman was usually silent in the staff conferences she attended (11). She died on April 28, 1957, in her cottage on the Lodge grounds. On the evening of her death, she had visited with Otto Will's family (12). She had said at the close of her autobiographic tape recording, "If you want to know something for my epitaph, then I think we could say I wasn't lazy and I had lots of fun, but of another type as compared with many other people. It was a special type of fun". (5:481).

Treating Joanne Greenberg was that kind of fun, an adventure Joanne immortalized with fictional adaptations, in *I Never Promised You A Rose Garden*. (1) Frieda is Dr. Fried. Joanne wrote,

Doctor Fried got up from her chair and went to the window. It faced away from the hospital buildings and over a small garden beyond which lay the grounds where the patients walked. She looked at the report in her hand. Against the weight of three typewritten pages were balanced the lectures she would not be able to give, the writing she would have to neglect, and the counseling of doctors that she would have to refuse if she took this case. She liked working with patients. Their very illness made them examine sanity as few "sane" people could. Kept from loving, sharing, and simple communication, they often hungered for it with a purity of passion that she saw as beautiful. (1:17).

Joanne aptly summarized the core of Fromm-Reichmann's efforts with her patients when she wrote, "Looking at {Deborah}, drawn away from words or reasons or comforts, Dr. Fried thought: The sick are all so afraid of their own uncontrollable power! Somehow they cannot believe that they are only people, holding only a human-sized anger"! (1:46).

When they were working together in the early 1950's, Frieda was going deaf. She was about 60 years old, overweight and animated. John Fort (13), the Lodge's Clinical Director, spent his entire professional career there, from residency on. He recalled how Fromm-Reichmann used her hands when speaking. I speculate that she learned at a very early age to use her hands to facilitate communication, since both her parents were struggling to hear.

Dexter Bullard, Sr., the then Medical Director of the Lodge, wrote, (14:xi), "The mobility of her features, her smiles, her frowns, her mimicry, her mixture of humor and seriousness, were all part of a superb showmanship". For me, they are a vital part of communication with the deaf, and I speculate that this, too, developed in her formative years with her deaf parents.

I am astounded that she chose a listening profession, and also, that her patient, Joanne Greenberg, has made such a significant impact in calling the attention of the hearing world to that of the deaf world. Greenberg's novel, *In This Sign* (15), which was produced for television by Hallmark as the highly acclaimed, "Love is Never Silent", depicts the emancipation of a hearing adolescent from a mutually stifling interdependency with her deaf parents. I wonder: are there echoes of Joanne's completing her work with Frieda?

The Lodge has evolved dramatically over the half century since Fromm-Reichmann's arrival. In fact, Fromm-Reichmann put the place on the map, developing a training program which made Lodge staff positions highly prized. Chestnut Lodge became the world-renowned center for the psychoanalytically-oriented treatment of the severely mentally ill. The Fromm-Reichmann years at The Lodge are vividly depicted in Stanton and Schwartz' still timely classic, *The Mental Hospital* (16).

Not long ago, the hospital underwent its routine inspection by a representative of the Joint

Commission on Accreditation of Health Care Organizations. That psychiatrist said she was eager to see Chestnut Lodge, since when she was in training, all the ideas that were new and worthwhile originated there. Mostly, these ideas centered on brutal honesty with oneself, owning one's passions and hatreds - one's murderousness and suicidality. If we lie to ourselves, we weaken ourselves and then inevitably we weaken *our* abilities to treat our patients. This is precisely the message of Joanne Greenberg's poem.

The chronically mentally ill are most sensitive to our lies; they spot them, and react by further withdrawal from us. Fromm-Reichmann was courageous both in self-exploration and in her tenacity with sometimes very dangerous patients. As the Director of Psychotherapy at the Lodge, she expected that same courage from her colleagues. Phony politeness, unwarranted compliments, or withholding criticism out of supposed concern about hurting the colleague's feelings found no home in her conferences or supervision. Fromm-Reichmann, a former Major in the Prussian Army, was later to do battle with the classical Freudian analysts who held that schizophrenics are not capable of forming transferences with their doctor, and so, they said, were not amenable to treatment.

Frieda Fromm-Reichmann asked, in her still popular *Principles of Intensive Psychotherapy*, "What, then, are the basic requirements as to the personality and the professional abilities of a psychiatrist? If I were asked to answer this question in one sentence, I would reply, 'The psychotherapist must be able to listen.'" (3:7). She emphasized, "The nonverbal interplay experienced between patient and doctor which accompanies verbalized interchange also plays an integral part in all intensive psychotherapy. Therefore, verbatim statements of patient and doctor are quoted not only because of the logical contents which they convey but equally because of their interpersonal affective connotations." (3:x.). At Chestnut Lodge, she brought Marion Chase to work with mute psychotic patients. Thus, dance therapy began, because Fromm-Reichmann knew the value of communication through motion, having worked with Mary Wigman at I.H. Schultz' Dresden sanatorium, Weisser Hirsch.

Fromm-Reichmann's Final Paper "Loneliness"

I am returning now to Fromm-Reichmann's posthumously published paper, "Loneliness". After describing her interaction with the patient who held up one thumb of a clenched fist as a sign of her loneliness, Fromm-Reichmann emphasized that the psychiatric profession was avoiding dealing with the problems of loneliness. She said, "Loneliness seems to be such a painful, frightening experience that people will do practically everything to avoid it. This avoidance seems to include a strange reluctance on the part of psychiatrists to seek scientific clarification on the subject. Thus it comes about that loneliness is one of the least satisfactorily conceptualized psychological phenomena, not even mentioned in most psychiatric textbooks". (2:1).

She then enumerated the sorts of loneliness she was *not* addressing: the culturally determined loneliness of people in industrial societies, a condition which, though painful, can be put into words. The solitude of someone experiencing the infinity of nature, and the constructive aloneness inherent in the creative process are also differentiated from this paper's focus. (I heartily recommend Annie Dillard's *The Writing Life* (17) for some magnificent descriptions of creative solitude.)

Fromm-Reichmann stressed that she was not addressing the temporary aloneness of someone isolated from family and friends because of a temporary illness, or the isolation one feels in situations of pseudo-companionship, nor the loneliness of mourning the death of a loved one, nor the loss after a broken-off love affair (2:2-3).

She said, "The kind of loneliness I am discussing is nonconstructive if not disintegrative, and it shows in, or leads ultimately to, the development of psychotic states. It renders people who suffer it emotionally paralyzed and helpless." She implied "that the human being is born with the need for contact and tenderness" and that "the longing... stays with every human being from infancy throughout life." (2:3). She then reviewed the then current evidence of the centrality of this need for intimate contact, emphasizing the contributions of her colleague, Harry Stack Sullivan. The current culmination of this research is documented in Daniel Stern's *The Interpersonal World of the Infant* (18).

Fromm-Reichmann emphasized that

the lonely child may resort to substitute satisfactions in fantasy, which he cannot share with others. Thus his primary sense of isolation may subsequently be reinforced if ... he does not sufficiently learn to discriminate between realistic phenomena and the products of his own lively fantasy. (2:4).

She added parenthetically that she felt the emphasis on science in our current culture had a tendency to over-emphasize objective reality, tending to train even healthy children "to give up prematurely the subjective inner reality of their normal fantasy life". (2:4). She concluded her review of the literature saying, "the person who is isolated and lonely in his present environment has anachronistically held on to early narcissistic need fulfillments or fantasied substitutive satisfactions". (2:5).

This loneliness, in its quintessential form, is of such a nature that it is incommunicable by one who suffers it. Unlike other noncommunicable emotional experiences, it cannot even be shared empathically, perhaps because the other person's empathic abilities are obstructed by the anxiety-arousing quality of the mere emanations of this profound loneliness. (2:5).

She connected "the extremely uncanny experience of real loneliness" with that of panic.

People cannot endure such states for any length of time without becoming psychotic", although the two states can be concomitant. She suggested that "the experiences in adults usually described as a loss of reality or as a sense of world catastrophe can also be understood as expressions of profound loneliness. (2:5).

It is a euphemism, she said, to categorize this as a sort of depression. (2:6).

She commented that the person suffering severe loneliness cannot talk about it. It is too terrifying, and once resolved, the memory of it remains so terrifying that to speak of it seems to bring it actively back. The resultant isolation brings with it a hopelessness that anyone else has ever experienced such a thing or could ever comprehend it. She said, and I believe this is an autobiographic statement, "Most people who are alone try to keep the mere fact of their aloneness a secret from others, and even try to keep its conscious realization hidden from themselves". (2:6). I believe she felt that she *was* acknowledging this fact to herself, and to some extent to certain friends, but this was a small measure of her actual experience of deepening loneliness.

Regarding psychotherapy with the lonely, Fromm-Reichmann commented,

I think that this great difficulty of patients in accepting the awareness of being lonely, and their even greater difficulty in admitting it to the therapist in so many words, explains the relief with which some lonely mental patients respond if the psychiatrist takes the initiative and opens the discussion about it The doctor should offer his presence to the lonely patient first in the spirit of expecting nothing but to be tolerated, then to be accepted simply as a person who is there The psychiatrist's specific personal problem in treating lonely patients seems to be that he has to be alert for and recognize traces of his own loneliness or fear of loneliness, lest it interfere with his fearless acceptance of manifestations of the patient's loneliness. (2:14).

I find myself imagining readers who are deaf reaching out to the newly deaf, the otolaryngologist bringing the two individuals together. I imagine the formerly hearing adult as somewhat like Fromm-Reichmann, being forced to leave the homeland of the hearing world, and needing to come to realize that communication is possible through signed language. While it seems unlikely to me that these adults would become highly fluent, I imagine that these therapist-instructors would be able to bring these newly deaf people together. The loneliness of deafness could be mitigated, and the attributes, talents and knowledge of these newly deaf individuals could gradually enrich the deaf community.

Conclusion.

Fromm-Reichmann inspired countless mental health professionals to reach out to chronically schizophrenic patients, to endure the long phases of isolation, and to use scant clues creatively to bridge the loneliness between themselves and these patients. She had described herself as a therapist beginning at age three, emphasizing first her mother's and then her father's deafness. She anguished over the probability that her father died suicidally when his deafness left him profoundly lonely, anxious and unable to continue working, and then feeling unable to go on living.

Fromm-Reichmann chose a career almost totally dependent on listening. As she herself became deaf, she wrote creatively about loneliness,

struggling to understand her patients' and her own dilemma. This inspirational paper resonates with the author's efforts at addressing her own deep needs. As we read this paper, we not only experience the intensity of her therapeutic fervor, but we catch a glimpse of her efforts to persuade herself and to create a verbal self-portrait. Just as when the viewer of a painted masterpiece passively empathizes with the painter's emotional state, so do we readers receive the active empathic strivings which imbue Fromm-Reichmann's final paper.

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Summaries in German and Spanish

Silver A-L. Frieda Fromm Reichmann. Taubheit und Einsamkeit

Welche Rolle spielt in Frieda Fromm-Reichmanns Entwicklung und Berufsweg und in ihrem charismatischen Arbeitsstil die Taubheit ihrer Eltern? Sie wurde selbst taub. Ihre letzte Arbeit über die Einsamkeit ist die emotional wohl ansprechendste in ihrem Werk. Sie ist wahrscheinlich von ihrer eigenen zunehmenden Einsamkeit angeregt. Frieda Fromm-Reichmann erwartete Ehrlichkeit und Offenheit von ihren Kollegen in Chestnut Lodge; diese Arbeit zeigt, daß sie sich auch selbst an diese Forderung hielt.

Silver A-L. Frieda Fromm-Reichman. Sordera y Soledad

Este artículo explora el papel que el acceso de grave sordera en la familia de Fromm-Reichmann pudo haber jugado en el desarrollo de la elección de la carrera de esta autora y de su carismático estilo. Ella también se volvió sorda. Su último trabajo, "Soledad" es quizás el más emocional y evocador de sus trabajos. Quizás su propia experiencia severa de soledad motivó el trabajo sobre este tema. Exactamente como ella esperó de la honestidad de sus colegas del Chestnut Lodge, éste trabajo demuestra como ella pudo mantener el mismo nivel. El autor insta a la comunidad de sordos a que busquen a los nuevos sordos y les animen al aprendizaje de los signos, para así poder aminorar la soledad personal.