

NATIONAL HISTORIC LANDMARK NOMINATION

NPS Form 10-934 (Rev. 12-2015)

OMB Control No. 1024-0276 (Exp. 01/31/2019)

FRIEDA FROMM-REICHMANN COTTAGE

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United States Department of the Interior, National Park Service

National Historic Landmarks Nomination Form

1. NAME AND LOCATION OF PROPERTY

Historic Name: Frieda Fromm-Reichmann Cottage

Other Name/Site Number: Fromm-Reichmann Cottage; Frieda's Cottage

Street and Number (if applicable): 19 Thomas Street

City/Town: Rockville

County: Montgomery

State: MD

2. SIGNIFICANCE DATA

NHL Criteria: 2

NHL Criteria Exceptions: n/a

NHL Theme(s): VI. Expanding Science and Technology
4. effects on lifestyle and health

Period(s) of Significance: 1936-1957

Significant Person(s) (only Criterion 2): Dr. Frieda Fromm-Reichmann

Cultural Affiliation (only Criterion 6): n/a

Designer/Creator/Architect/Builder: Walter G. Peter, architect
Franklin H. Karn, builder

Historic Contexts: XIII. Science
C. Biological Sciences
4. Psychology

Paperwork Reduction Act Statement. We are collecting this information under the authority of the Historic Sites Act of 1935 (16 U.S.C. 461-467) and 36 CFR part 65. Your response is required to obtain or retain a benefit. We will use the information you provide to evaluate properties nominated as National Historic Landmarks. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB control number. OMB has approved this collection of information and assigned Control No. 1024-0276.

Estimated Burden Statement. Public reporting burden is 2 hours for an initial inquiry letter and 344 hours for NPS Form 10-934 (per response), including the time it takes to read, gather and maintain data, review instructions and complete the letter/form. Direct comments regarding this burden estimate, or any aspects of this form, to the Information Collection Clearance Officer, National Park Service, 12201 Sunrise Valley Drive, Mail Stop 242, Reston, VA 20192. Please do not send your form to this address.

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3. WITHHOLDING SENSITIVE INFORMATION

Does this nomination contain sensitive information that should be withheld under Section 304 of the National Historic Preservation Act?

Yes

No

4. GEOGRAPHICAL DATA

1. **Acreage of Property:** 15,249 sf (less than one acre)

2. **Use either Latitude/Longitude Coordinates or the UTM system:**

Latitude/Longitude Coordinates (enter coordinates to 6 decimal places):

Datum if other than WGS84:

Latitude: -77.1622

Longitude: 39.0831

OR

UTM References:

Northing

Zone

Easting

3. **Verbal Boundary Description:**

As shown on Plat No. 23625, City of Rockville, Maryland, the boundary encompasses Block A, Lot 4 bounded by Thomas Street to the east, vacant land to the north and west, and single-family residential to the south.

4. **Boundary Justification:**

The boundary includes the entire lot encompassing the cottage and preserves the original open area immediately surrounding the building to the north and west, its location on Thomas Street to the east, and conveys its relationship to the Lodge that stood to the northwest. Vegetation on the south lot line separates the cottage from later residential development. (A conservation easement exists beyond the lot lines to the north and west.)

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5. SIGNIFICANCE STATEMENT AND DISCUSSION

INTRODUCTION: SUMMARY STATEMENT OF SIGNIFICANCE

The Frieda Fromm-Reichmann cottage has exceptional national significance under National Historic Landmark (NHL) Criterion 2 for its association with Dr. Frieda Fromm-Reichmann (1889–1957), a psychiatrist internationally renowned for her pioneering contribution to the treatment of schizophrenia, a serious mental illness that interferes with a person’s ability to think clearly, manage emotions, make decisions, and relate to others. She made history as the paramount figure of the unique and legendary mental hospital in Rockville, Maryland, Chestnut Lodge, the premier center for the psychoanalytically-oriented treatment of schizophrenia. She served as its director of psychotherapy and lived on the grounds of the institution in a cottage the Lodge built for her. The cottage housed her office where she saw the majority of her patients. The Lodge itself was destroyed by fire in June 2009.

The period of significance begins in 1936, when Fromm-Reichmann moved into the cottage and ends in 1956 when she left for California on a year-long sabbatical. Eight months after returning to the Lodge, she passed away in the cottage. Her residency in the cottage for two decades coincided with the “golden age” in interpersonal psychoanalysis, a distinctive period in the history of psychiatry in which a profound reworking of basic psychoanalytic ideas radically transformed what it meant to be a patient and redefined the posture of the therapist. During this era, Fromm-Reichmann crafted her technique for treating schizophrenia and set the standard for treating severe mental illness through the methods of interpersonal psychiatry.

Fromm-Reichmann grew up as a German Jew between the world wars, being trained in the developing fields of psychiatry and neurology before fleeing Nazi Germany, and eventually coming to the United States and settling at Chestnut Lodge. In the 1930s, she and other seminal figures in the interpersonal movement broke ranks with Freudian colleagues and the classical European model to create a new American psychology. They rejected somatic treatments (such as shock and lobotomy) and Sigmund Freud’s drive theory which held “that man’s essential nature lies in the deep recesses of his most private experience.”¹ Rather, interpersonalists held “that man could only be understood through his relations with others.”¹ They used a unique and intense clinical dialogue to better understand more severely disturbed patients through their network of relationships and they viewed psychological and social factors as the primary causes of psychoses. Fromm-Reichmann’s seminal work, *Principles of Intensive Psychotherapy* (1950), in which she lays out the paradigmatic shift of American psychiatry she championed, became reading for psychiatrists in training during the 1950s, 1960s, and 1970s. Its last printing in 2011 speaks to its enduring impact on the field.

The following historical narrative highlights the development of interpersonal analysis from its beginning in 1909 to the mid-1930s when the approach began to gain prominence in American psychiatry. Thereafter, the text traces Fromm-Reichmann’s background in Germany, her years at the Lodge, and her contributions to the dynamic understanding of the hospitalized mentally ill. The narrative concludes with an epilogue, a scholarly assessment of Fromm-Reichmann’s significance, and a comparison of properties. The subsequent physical narrative supports the cottage’s high degree of integrity despite minor interior alterations to the building and changes to its setting.

¹ Gary Schlesiger, “Attachment, Relationship, and Love,” in Marylou Lionells, John Fiscalini, Carola H. Mann, and Donnel B. Stern (eds.), *Handbook of Interpersonal Psychoanalysis* (Hillsdale, NJ: The Analytic Press, Inc., 1995), 63.

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PROVIDE RELEVANT PROPERTY-SPECIFIC HISTORY, HISTORICAL CONTEXT, AND THEMES. JUSTIFY CRITERIA, EXCEPTIONS, AND PERIODS OF SIGNIFICANCE LISTED IN SECTION 2.

PSYCHOANALYSIS: FROM CLASSICAL EUROPEAN TO AMERICAN, 1909–1930

The Emergence of a Movement

Interpersonal psychoanalysis in the United States used European psychoanalytic thought as its starting point. In the late 1890s, Sigmund Freud's new notions of therapy began to interest outsiders and his writings were earnestly received in America. He discarded the relevance of hereditary degeneracy, declared the ability to cure some neuroses (stress and anxiety), and expounded on the meaning and importance of the psychoses. Most importantly, he stressed the role of repressed sexuality as a cause of neuroses and he viewed the unconscious as a vessel of sexual impulses. The ability to comprehend and control these impulses was critical to revealing energies previously lost to repression. His theories complemented two utmost concerns in early twentieth century America: nervous and mental disorders and a crisis in sexual morality. In a time when Progressive social reform sought to rid America of prostitution and vice, Freud had developed a potent medical argument.² In 1909, Freud accepted an invitation from Clark University in Worcester, Massachusetts, to deliver a series of five lectures. These lectures launched a psychoanalysis movement in the United States.

The seminal figure in psychoanalysis then in the United States was Adolf Meyer, a Swiss-born American psychiatrist who began to explore psychoanalysis as a way of comprehending schizophrenia. He would go on to develop the Department of Psychiatry at Johns Hopkins Hospital in Baltimore, Maryland, and open an outpatient clinic at the hospital in 1913. In addition, psychiatrist William Alanson White, superintendent at St. Elizabeths Hospital in Washington, DC (NHL, 1990) from 1903–1937, began writing about psychoanalysis in 1909.³ The presence of Meyer in Baltimore and White in Washington aided in rooting the tradition of using psychoanalysis on patients with major mental illnesses firmly in the Washington-Baltimore area. Two private nervous clinics in Maryland, the Sheppard and Enoch Pratt Hospital (NHL, 1971) and the Chestnut Lodge Sanitarium “became the American flagship hospitals for applying psychoanalysis to gravely ill patients.”⁴ Sheppard and Pratt Hospital opened the Sheppard Asylum in 1891 in Towson, and Chestnut Lodge opened in Rockville in 1910 in the former Woodlawn Hotel, a four-story, forty-room resort hotel that had closed in 1906. The Lodge opened under physician Ernest Bullard, the former superintendent of the Wisconsin State Hospital for the Insane, who had wanted to open his own hospital.⁵

² Nathan G. Hale, Jr., *The Rise and Crisis of Psychoanalysis in the United States: Freud and the Americans, 1917–1985* (NY: Oxford University Press, 1995), 4–5. The official launch of Freud's doctrines in America came in 1906 when a professor of neurology at Harvard contributed a paper to the first issue of the *Journal of Abnormal Psychology*. The journal was founded by a professor of neurology at Tufts University and was later named the *Journal of Abnormal and Social Psychology*. Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (NY: John Wiley & Sons, Inc., 1997), 162.

³ St. Elizabeths was founded in 1855 as the Government Hospital for the Insane and renamed by Congress in 1916 to St. Elizabeths (without the apostrophe, this was the land's original name). It has historic, individual, and architectural exceptional national significance as the federal government's first mental hospital designed to care for the nation's mentally ill military personnel; for its association with both its first medical superintendent, Charles H. Nichols and social reformer Dorothea Dix, who collaborated to establish a model institution in the nation's capital; and as a “Kirkbride Hospital,” a facility that included architecture as a key component of recovery.

⁴ Shorter, *A History of Psychiatry*, 175–76. The Sheppard and Enoch Pratt Hospital and Gate House NHL is historically significant as the leading private institution for the treatment of the mentally ill in the mid-nineteenth century.

⁵ Chestnut Lodge initially primarily treated patients with senile dementia and alcoholism. Patricia Hoffmann Judd and Thomas H. McGlashan, *A Developmental Model of Borderline Personality Disorder: Understanding Variations in Course and Outcome* (Washington, DC: American Psychiatric Publishing, Inc., 2003), 52.

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Two years after Freud's lectures at Clark University, the American Psychoanalytic Association was founded in Baltimore on May 9, 1911, in a meeting arranged at Freud's request by Ernest Jones, a Welsh neurologist and psychoanalyst. The association was open to anyone in the country who had an interest in Freud's ideas and today is the oldest national psychoanalytic organization in the United States. Despite the interest in psychoanalysis in the region, by the 1920s the discipline of American psychiatry was bleak. Even the Association's standard for training, which required a medical degree, had no course in psychoanalysis. "[A] student was lucky," writes Fromm-Reichmann's biographer, "if he could tell a paranoid from a paretic by the time he finished training."⁶ Insanity still remained attributable to an organic brain disorder with little hope for a cure.

The Beginnings of the Interpersonal Tradition

The interpersonal theory of psychoanalysis had its beginning in the work of Harry Stack Sullivan. He received his medical degree from the Chicago College of Medicine and Surgery in 1917, and in November 1921, William Alanson White hired him as liaison between St. Elizabeths Hospital and the Veteran's Bureau. This position permitted Sullivan to spend time with patients and to develop his fundamental ideas.

After only a year at St. Elizabeths, Sullivan moved on to Sheppard and Enoch Pratt Hospital as assistant physician, and in 1925 he became the hospital's director of research. Sullivan and a minority in the analytical community challenged Freud's view that schizophrenics could not develop relationships. A connection could be made with schizophrenics, they reasoned, if one devoted the needed time and resources. Sullivan himself developed a theory of psychiatry based on interpersonal relationships where cultural forces are largely responsible for mental illness. Contrary to Freud, he stated that one had to pay attention to the "interactional," not the "intrapsychic." Sullivan put this theory to work. His "landmark ward" at the hospital created what later became known as milieu treatment in which activities and social interactions were controlled to prevent a patient's self-destructive behavior. He designed every element of the ward's organization for therapeutic effect.⁷ In the spring of 1930, after eight years at Sheppard and Pratt, Sullivan had become "a legend in both the clinical world and the world of the social sciences."⁸

From Towson, Sullivan went to New York and established his own practice in a townhouse. He became very active in furthering the professional stance of psychotherapy. In 1930, he joined with psychiatrist Ernest W. Hadley to found the Washington-Baltimore Psychoanalytic Society. Despite these inroads into psychotherapy, some psychiatrists remained steadfastly devoted to new somatic treatments such as shock therapy, electroconvulsive therapy, and lobotomy. Starting in the 1930s, others joined Sullivan in pioneering the school of interpersonal analysis. Chief among them would be Frieda Fromm-Reichmann.

⁶ Gail A. Hornstein, *To Redeem One Person is to Redeem the World: The Life of Frieda Fromm-Reichmann* (NY: Other Press, 2000), 93. Paretic refers to a slight or partial paralysis.

⁷ Dale H. Ortmeier, "History of the Founders of Interpersonal Psychoanalysis," in Lionells, et. al., *Handbook of Interpersonal Psychoanalysis*, 12; Mark J. Blechner, "Schizophrenia," in Lionells, et. al., *Handbook of Interpersonal Psychoanalysis*, 387. Overall, Sullivan viewed therapists and patients as equals in the clinical dialogue other than the therapist having expertise in getting patients to reveal their difficulties and understand themselves. Ortmeier, 12.

⁸ Hornstein, *To Redeem*, 126.

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FRIEDA FROMM-REICHMANN: FROM GERMANY TO CHESTNUT LODGE

Germany

Frieda Fromm-Reichmann was born on October 23, 1889 in Karlsruhe, Germany to a middle-class Jewish family. Her father, Adolf Reichmann, partnered in a metalworks shop where her mother, Klara Simon Reichmann, worked as a cashier. When Frieda was six, the family moved to Königsberg so her father could take a job at a bank where Klara's sister's husband was a bank director. Adolf ultimately became the bank's personnel director. When Frieda turned fifteen, Klara, who had been trained as a schoolteacher, tutored her at home because girls were not allowed to attend *Gymnasium* (a German secondary school).

In 1908, in accordance with her father's desires, Frieda entered the University of Königsberg medical school in East Prussia. She studied neurology and war-related brain injuries and graduated in 1914. During World War I, she ran the university's hospital for soldiers with brain injuries. Here she gained a solid foundation in the physiology and pathology of brain function under the guidance of Kurt Goldstein. He was motivated by the significant adaptations made by brain-injured patients, an essential shift in focus for the field of neurology. After the war, Frieda's interest in psychiatry and psychotherapy prompted her to write Johannes Heinrich Schultz, a physician who regularly used psychotherapy (not well), asking if she could train with him. She could, he said, if she followed him to Weisser Hirsch (White Stag), a mountain spa for the wealthy near Dresden, where he was planning to add psychotherapy to the program. Schultz's suggestion that she read Freud served as a turning point in Frieda's career. She decided to attend the Berlin Psychoanalytic Institute, first commuting from Weisser Hirsch in 1923 and in 1924 from Heidelberg. In Berlin, her thinking was highly influenced by Georg Groddeck, a pioneer of psychoanalysis and psychosomatic medicine.

Beyond her professional career, life in Heidelberg brought a personal change. Fromm-Reichmann established a private psychoanalytic sanitarium where she met and fell in love with a patient, Erich Fromm. Also a psychiatrist, Erich would become a central figure in the development of the interpersonal approach to psychoanalysis. The analysis was terminated and they married in 1926. The couple left Berlin and went to Frankfurt where they founded the Psychoanalytic Institute of Frankfurt. In 1930, Erich, having contracted tuberculosis, traveled to a Swiss sanatorium for treatment. Their separation grew longer when Hitler came to power. In fear of persecution of the Jews, Frieda first fled from the Nazis in 1933 to Alsace-Lorraine where she could continue the psychoanalyses of some of her German patients, and in June 1934 went to Palestine. In 1935, she immigrated to the United States and briefly stayed with Erich in his New York City apartment. He had gone to America a year earlier and was already well established. Separated for four years, the marriage had essentially ended but they would remain lifelong friends.

Chestnut Lodge Sanitarium

Dexter Bullard, along with his wife Anne, had taken over Chestnut Lodge after his father and the sanitarium's founder, Ernest Bullard, died in 1931. Dexter Bullard, who grew up at Chestnut Lodge, had graduated from the University of Pennsylvania Medical School in 1923 followed by an internship in Hawaii. In 1925, he began his psychiatric training as a resident at Boston Psychopathic. Two months into the program his father suffered a heart attack and asked Dexter to return home and help run the Lodge. Dexter became the facility's Assistant Physician and largely managed the Lodge for the next five years. In January 1931, Ernest died from another heart attack and Chestnut Lodge passed to his son. Dexter gave himself five years to decide its future. He

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considered that “the Washington-Baltimore psychiatric community had become a home for renegades,” as Gail A. Hornstein colorfully describes, “and experiments were taking place all over the region:”⁹

Adolf Meyer was at Johns Hopkins teaching medical students to sit by the bed of psychotics until they could make sense of what their patients were trying to tell them. Harry Stack Sullivan was at Sheppard Pratt...running a special ward for schizophrenics and claiming recoveries in an astounding 85 percent. William Alanson White was in his twenty-eighth year as superintendent of St. Elizabeths, rounding out a career as psychiatry’s most distinguished iconoclast by letting Edward Kempf try psychoanalysis with delusional patients.¹⁰

Some influential psychiatrists in the Baltimore-Washington area believed that schizophrenia might well be caused by distortions of the personality and not a disorder of the brain. Hope, therefore, existed that psychotherapy could improve patients’ lives and perhaps allow them to function normally. Even though most American physicians at the time did not believe psychotherapy worked with anyone, Bullard made the fateful decision to turn the Lodge into the only mental hospital in the world that specialized in psychoanalysis for psychotic patients.¹¹

Frieda at Chestnut Lodge¹²

In 1935, Erich Fromm contacted Bullard’s analyst, Ernest Hadley, to ask Bullard if he could use a German-Jewish refugee at Chestnut Lodge. Bullard decided to hire Frieda for the summer so that he and Marjorie Jarvis, a local psychiatrist with some analytic training he had hired, could each take a vacation. Frieda arrived on June 26, 1935, as a two-month summer replacement and moved into a room on the Lodge’s first floor.¹³ At summer’s end, she went to Topeka, Kansas, to give a talk at the Menninger Clinic, a long-term care facility founded in 1925. Here, Karl Menninger offered to build her a house, if she would work full time at his family’s clinic. Realizing the value Frieda brought to the Lodge, Bullard swiftly matched the offer, if she returned as a permanent staff member. As Hornstein describes:

Bullard could never have found an American with Frieda’s range of talents and experience. She had worked with every kind of patient—wealthy, neurotics, anguished young people, neurological cases, schizophrenics—and her training in Königsberg and Berlin was far superior to anything available in the United States. She had studied with some of the leading figures in German psychiatry and spent four years at Weisser Hirsch, a place whose clientele was much like that of the Lodge. And having designed and run her own sanitarium, she had indispensable insights into asylum management.¹⁴

The year 1936 was a stabilizing one for Frieda. She passed her medical boards, received her American license, and moved into the cottage. A town building permit from June 1935 through June 1936 shows: “D. M.

⁹ Hornstein, *To Redeem*, 93, 97.

¹⁰ *Ibid.*, 97. Kempf was a pioneer in the development of psychosomatic medicine at the Johns Hopkins Hospital in Baltimore and at St. Elizabeths.

¹¹ Theodore Lidz, “Joseph: A Psychoanalytic Exegesis,” in Ann-Louise Silver, M.D. (ed.), *Psychoanalysis and Psychosis* (Madison, CT: International Universities Press, Inc., 1989), 446; Hornstein, *To Redeem*, 98.

¹² Much of this section is based on Gail A. Hornstein’s biography of Frieda Fromm-Reichmann. A professor of Psychology at Mount Holyoke College, Hornstein’s exhaustive research, her unfettered access to the Lodge’s archives, and interviews with Frieda’s colleagues and students were of particular benefit in assessing the extraordinary significance of Fromm-Reichmann’s contribution to American psychiatry.

¹³ Hornstein, *To Redeem*, 102.

¹⁴ *Ibid.*, 83–84.

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Bullard.... Dwelling at Sanitarium 23x45 – 5 rooms Garage & B[ath], \$5000.”¹⁵ The original building plans show two floors with a basement, a garage, a tiny kitchen, living and dining rooms, an office on the main floor, and two bedrooms upstairs. Certain features were built into the cottage to accommodate Frieda’s work “like a narrow office near the entrance for a secretary-receptionist, and soundproof double doors on the consulting room. The cabinets on the first floor had special locks to protect their contents from unruly patients, and the front door had an extra device that could be fastened from the inside to deter unexpected ‘visitors’.” Frieda saw most of her patients in her office at the cottage with “the secretary typing away on the other side of a thin wall.” The Bullards eventually added a screened porch to the back of the cottage, which Frieda sometimes used for sessions on a hot day or just to be more comfortable. She went to the main building for therapy sessions when it proved physically unsafe to meet in the cottage or when patients abused the privilege of being at the cottage. From the time she settled into the cottage, Frieda’s career was exclusively and intimately tied to Chestnut Lodge. “Dexter and Anne let her do anything she wanted,” writes Hornstein, “and she repaid their generosity by turning their struggling enterprise into an internationally recognized institution.”¹⁶

The Technique of Therapy

Frieda became one of a small number of psychoanalysts who devoted themselves to working primarily with schizophrenic patients. She not only argued that schizophrenic patients could be treated with psychoanalytic methods, she claimed that no patient, however disturbed, was ever completely beyond the range of psychotherapy. Yet, Frieda never claimed she could successfully treat every patient. A patient had the potential to get well if he or she was able to participate fully in the treatment and had a doctor who could handle their craziness. Although psychotherapy took longer to work than every other method of treating psychosis in relieving a patient’s symptoms, it held the prospect of a much more complete recovery in the long run.¹⁷

The Lodge’s goal of expecting no less than radical recovery for a patient represented psychoanalytic ambition at its most impressive. To reach such a lofty goal, Bullard offered Frieda wide latitude within which to test psychoanalytic treatment of functional psychoses. She used whatever basis possible to establish a relationship with the patient, with a minimal use of drugs or physical restraints. To do otherwise, she felt, only encouraged patients to be violent and out of control.¹⁸

Beyond her stance on drugs and physical restraint, Frieda’s model of therapy differed from other forms of psychoanalysis in regard to respect for the patient, the role the patient played, and the importance of nonverbal communication. First and foremost, Frieda considered deep respect for the patient to be of paramount importance. It became the first requirement for successful psychotherapy. “Such respect can be valid,” she wrote, “only if the psychiatrist realizes that his patients’ difficulties in living are not too different from his own.”¹⁹ Secondly, patients often take the lead in sessions as opposed to taking the typical passive stance. This approach follows Frieda’s principle that psychotherapy is “a mutual enterprise, if not a mutual adventure,”

¹⁵ “PEERLESS PLACES: Frieda’s Cottage at Chestnut Lodge,” Peerless Rockville, November 2005, 3, Peerless Rockville, vertical file, #19 Thomas Street.

¹⁶ Hornstein, *To Redeem*, 84, 103–04, 129, 260, 256, 252. Frieda moved into the cottage as a renter. *Ibid.*, 103. According to Hornstein, Frieda’s comfort here aligned with the fact that psychiatrists in Europe were usually housed on hospital grounds, an arrangement that comforted patients. *Ibid.*, 103.

¹⁷ *Ibid.*, 124, 161, 321.

¹⁸ *Ibid.*, 168; Robert W. Gibson, “The Application of Psychoanalytical Principles to the Hospitalized Patient,” in Silver, *Psychoanalysis and Psychosis*, 198.

¹⁹ Frieda Fromm-Reichmann, M.D., *Principles of Intensive Psychotherapy* (The University of Chicago Press, 1967, 10th printing), xi. As a result the Lodge had a credo to “treat every patient with respect, no matter how bizarre the behavior.” Hornstein, *To Redeem*, 215.

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whereby she encouraged patients to “take her along into their experiences.” Lastly, Frieda’s ability to pay close attention to nonverbal communication served as an intrinsic aspect in her technique. She could verbally clarify a patient’s behavior and react nonverbally to gain understanding and trust with the patient.²⁰ These attributes can be seen in the summary of technique in Frieda’s classic paper, “Transference Problems in Schizophrenics:”

The patient is asked neither to lie down nor to give free associations; both requests make no sense to him. He should feel free to sit, lie on the floor, walk around, use any available chair, lie or sit on the couch. Nothing matters except that the analyst permit the patient to feel comfortable and secure enough to give up his defensive narcissistic isolation and to use the physician for resuming contact with the world. If the patient feels that an hour of mutual friendly silence serves his purpose, he is welcome to remain silent.²¹

Force was seldom used at the Lodge. This practice included not forcing patients to take sedation. Repulsive and offensive behavior was allowed as long as no harm came to others, and doctors simply adapted themselves to the patient. However, the Lodge did use one treatment, the application of cold wet sheet packs for containing agitated patients, whereby patients were wrapped for two hours in ice-soaked sheets. The treatment acted to both restrain and calm the patient. As the packs warmed up they created “a steam-bath cocoon effect.”²²

One rule was strictly enforced at the Lodge. No patient was allowed to forego their psychotherapy hour, also known as an interview. Patients at the hospital had four to six regularly scheduled interviews per week lasting one hour or longer. These were sacrosanct and could only be interrupted by a physician. All employed at the Lodge respected the psychotherapy hour. Even nonclinical staff learned of the interviews from Frieda. As one worker in the front office described: “We would gather on the grass behind the cottage and Frieda would sit on a little bench and talk to us about sick people and why they act the way they do’.”²³

Other institutions adopted the techniques formulated at the Lodge. Yet, the Lodge distinguished itself. It handled far more disturbed patients with intense individualized attention than other facilities and rejected shock treatments and lobotomies. Even Sheppard and Enoch Pratt Hospital, where Sullivan had founded interpersonal psychotherapy on his special ward for schizophrenics, was of a different ilk. Few patients there were offered psychotherapy, and during the 1930s and 1940s many patients received shock treatment.²⁴

Frieda’s technique placed her in high demand as a training analyst of the Washington-Baltimore Psychoanalytic Institute and made her a popular teacher at the Washington School of Psychiatry. The latter was founded in 1936 by Frieda, Bullard, and Sullivan as a post graduate institution for the training of mental health professionals, with branches in New York and Washington. Frieda outlined her technique in the classic book *Principles of Intensive Psychotherapy* (1950). According to her preface, the book is an elaboration on the lecture course she gave at the above institutions along with the William Alanson White Institute of Psychiatry in

²⁰ Hornstein, *To Redeem*, 141 for quote; Ortmeyer, “History of the Founders,” 21, 22.

²¹ Frieda Fromm-Reichmann, “Transference Problems in Schizophrenics,” in Dexter M. Bullard (ed.), *Psychoanalysis and Psychotherapy: Selected Papers of Frieda Fromm-Reichmann* (The University of Chicago Press, 1975, 7th printing), 123.

²² Hornstein, *To Redeem*, 92, 201; Ann-Louise S. Silver, “The Current Relevance of Fromm-Reichmann’s Works,” *Psychiatry* 63, Winter 2000, <http://psychrights.org/articles/AnnLouiseSilver/relevance.pdf>.

²³ Frieda Fromm-Reichmann, “Psychotherapy of Schizophrenia,” in Bullard, *Psychoanalysis and Psychotherapy*, 196; Hornstein, *To Redeem*, 200.

²⁴ Hornstein, *To Redeem*, 183–84. Similar facilities include Belmont’s McLean Hospital and Austen Riggs in Stockbridge, Massachusetts. Also, unlike the Lodge, Sheppard accepted some postoperative patients for follow-up care. Frieda had a rule to not admit postoperative cases. *Ibid.*, 184.

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New York. She had prepared the book at the request of her students and an invitation from the University of Chicago Press.²⁵

From Prosperity to Decline

By the mid-1940s, a decade after Frieda had arrived, Chestnut Lodge prospered nationally. Credit goes to Frieda's landmark contributions to the psychiatric literature along with seminars led by Sullivan, at Frieda's request, for Lodge staff. Between October 1942 and April 1946, Sullivan's twice weekly evening seminars "powerfully shaped the ideology of the hospital." Hornstein describes the seminars as "completely free-form" with Sullivan starting the session on whatever topic he chose and then everyone joined in the discussion. His theoretical brilliance combined with Frieda's clinical gifts gave the Lodge international recognition and drew amazingly talented young psychiatrists to its staff. The Lodge filled to capacity and applications for staff positions streamed in from remarkably talented and dedicated people. Chestnut Lodge, as Hornstein describes, evolved into "a kind of analytic think tank" in which Frieda and Sullivan urged and supported experiments. Psychoanalyst Alberta Szalita, who joined the staff in 1949, later conveyed the level of enthusiasm at the Lodge: "[The place] was bursting with the ideas and struggles of a group of sharp-minded, brilliant people totally devoted to the challenging and difficult task of the treatment of schizophrenia."²⁶

The Lodge's popularity was also attributed to the acceptance of American psychoanalysis at its peak. People thought psychoanalysis could remedy any problem they faced in the changing post-war world, and in turn, its popularity encouraged new doctors to pursue the field. Moreover, its popularity was even further enhanced by the availability of a liberal insurance benefit for federal employees covering eighty percent of the cost of extensive, years-long, psychotherapy sessions.²⁷

Business at the Lodge continued to flourish into the mid-1950s, but how to best treat schizophrenia remained an issue. A 1950 conference at Yale attended by Frieda and other major figures in the field concluded that schizophrenia was still psychiatry's "number one riddle." Drawn out psychotherapy treatments of months or years produced a limited number of detailed case reports on patients who had been successfully treated. Fortunately, these cases yielded immense research value in revealing how symptoms developed.²⁸

It was an old battle extending back to when Bullard first decided to open the hospital. For years the psychoanalytic movement could not come to an agreement on how to define or practice psychoanalysis. Back in 1947, the American Psychoanalytic Association struggled to resolve basic issues, ultimately concluding four years later that it was impossible for even a large group of its members to agree on a definition of psychoanalysis. And now, adding to the beleaguered history of psychiatric treatments were the new psychotropic drugs of the early 1950s, capable of affecting the mind, emotions, and behavior. The resultant ideological controversies were intense. Bitterness and controversy accompanied any discussion of the treatment of schizophrenia. Frieda and the Washington-Baltimore Institute were among the first to be branded as

²⁵ Fromm-Reichmann, *Principles of Intensive Psychotherapy*, vii. Frieda's other Washington School of Psychiatry course was "The assets of the mentally handicapped: The interplay of mental illness and creativity." She taught this course to therapists in training throughout the 1940s. Hornstein, *To Redeem*, 138, 193.

²⁶ Hornstein, *To Redeem*, 174, 178-81, 269. The seminars were held at Rose Hill, home to the Bullards on the Lodge grounds. Sullivan did not actually treat patients at the Lodge. Robert W. Gibson, "The Hospitalized Patient," in Silver, *Psychoanalysis and Psychosis*, 184.

²⁷ Hornstein, *To Redeem*, 177.

²⁸ Hale, *Rise and Crisis*, 264.

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“deviants,” by participants in the psychoanalytic movement. However, the psychodynamic view remained the dominant paradigm. Only since the 1970s has its power lessened.²⁹

Pessimism grew prevalent even within the Lodge itself. In the early 1950s, Dr. Albert Stanton of the Lodge and Chicago-trained sociologist Dr. Morrie Schwartz authored *The Mental Hospital*, a three-year study of a ward in the Lodge that became the classic study of interpersonal relations and social structure. Stanton and Schwartz determined that interpersonal patterns between patients and staff, disputes between staff, and tensions within the social structure deeply influenced the patients’ psychopathology. In sum, the study remarkably concluded that patients were reacting in a crazy manner due to problems on the ward. This finding directly challenged the psychoanalytic ethos. Did it mean that patients needed a changed environment over therapy? Ultimately, the study results, when combined with Sullivan’s writings on general theory and Frieda’s on psychotherapy, formed the basis for intensive milieu therapy and a reorganization of the patient’s social environment.³⁰

While coming to grips with the study in the mid-1950s, the Lodge became “a place of last resort,” notes Hornstein, “where mainstream psychiatry dumped its failures and forgot about them.” Nonetheless, in 1953, Frieda received the Adolf Meyer Award from the Association for the Improvement of Mental Hospitals in recognition of her “distinguished contributions to the understanding of schizophrenia.”³¹ In the spring of 1955, at the age of 66, Frieda accepted an invitation from the Ford Foundation’s Center for Advanced Study in the Behavioral Sciences in Palo Alto, California, for a year’s sabbatical to further study the nature of nonverbal communication in psychotherapy.³² In September of 1956, Frieda returned to Chestnut Lodge, but her health diminished her activities. Plagued by a hereditary form of deafness, sessions with patients were recorded and transcribed. She cancelled a speaking engagement, asking a colleague to take her place, and she rarely commented at the conferences with staff.³³ Eight months after her return from Palo Alto, on April 28, 1957, Frieda died at the age of 67 in her cottage from an acute coronary thrombosis. The *Washington Post* obituary said:

[t]he Washington area has lost one of its most distinguished residents with the death last week of Dr. Frieda Fromm-Reichmann, who was senior consultant in psychotherapy at Chestnut Lodge in Rockville. Dr. Fromm-Reichmann was internationally known for her pioneering work in the treatment of schizophrenia and since the death of Harry Stack Sullivan in 1949 was regarded as the leading psychotherapist in the area. She opened new avenues of hope for treatment by successfully using the techniques of therapy on patients once considered unreachable.³⁴

²⁹ Hornstein, *To Redeem*, 281, 283; Gerald Klerman, “Ideology and Science in the Individual Psychotherapy of Schizophrenia,” *Schizophrenia Bulletin*, vol. 10, no. 4, 1984, 609, <http://citeseerx.ist.psu.edu/viewdoc/download?jsessionid=6CAD7DBFA09A18DD08FB50D4AFDF3F5F?doi=10.1.1.616.1709&rep=rep1&type=pdf>.

³⁰ Klerman, “Ideology and Science,” 611; Hornstein, *To Redeem*, 27 1–73.

³¹ Hornstein, *To Redeem*, 292, 320. According to Edward Shorter, the psychoanalytic movement climaxed in the 1960s. Shorter, *History of Psychiatry*, 154.

³² The research project was called “The Natural History of an Interview.” Frieda stayed in a carriage house adjoining the home of a former Lodge analyst. Hornstein, *To Redeem*, 319.

³³ Silver, “Current Relevance,” 312. Ms. Silver was a member of the medical staff at Chestnut Lodge for twenty-four years beginning in 1976.

³⁴ “Frieda Fromm-Reichmann,” *The Washington Post*, May 7, 1957, Peerless Rockville, vertical file, Fromm-Reichmann, Frieda.

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Epilogue

As a fitting tribute to Frieda's life, psychiatrist Otto Will suggested that a compendium of her selected papers be compiled in a book. Will had arrived at the Lodge in 1947 and following Frieda's death became its director of psychotherapy. *Psychoanalysis and Psychotherapy* (1959) succeeded in illuminating Frieda's ideas to a broad professional audience. Furthermore, like *Principles of Intensive Psychotherapy*, it remained in print for decades. Both books appeared in the standard curriculum in psychiatry, clinical psychology, and social work, and generations of students could immerse themselves in Frieda's methods from these works.

Ultimately, it was not her own writing that introduced masses of people to Frieda's concepts. Rather it was a book written by her patient, Joanne Greenberg, as a fictionalized account of their work together. Greenberg was admitted to the Lodge as a patient at the age of sixteen with a diagnosis of schizophrenia. After four years of treatment under Frieda, Joanne became a college graduate, a writer, and had a family. Published in 1964, *I Never Promised You a Rose Garden*, "proved anyone could go insane and sometimes, heroically, resume a normal existence."³⁵ A film based on the book was made in 1977, ironically the same year as *One Flew Over the Cuckoo's Nest*. The latter won the Academy Award for best picture.

After Bullard retired in 1969, his eldest son, Dexter Bullard Jr., M.D., a psychiatrist and psychoanalyst, directed the institution until his death in 1995. In 1997, the Bullard family sold a portion of Chestnut Lodge to CPC Health which ran the hospital until the company went bankrupt and closed the facility in 1999. CPC Health sold the facility to Washington Waldorf School in 2001. Thereafter, a real estate development firm purchased the property in 2003 with plans to build single-family housing and luxury condominiums in the Lodge building. The 2008 recession halted plans, and on June 9, 2009, a fire destroyed the Lodge. The developer offered the cottage to its current owner, Peerless Rockville, a nonprofit, community-based organization founded in 1974 to preserve buildings, objects, and information important to Rockville's heritage. Following Frieda's passing, the cottage had served as a residence for families of Lodge patients and later as an office for staff.³⁶

By 1989, psychotherapy ceased to be the ultimate treatment at the Lodge or other private hospitals that had been centers of this approach.³⁷ The facility's closing ended a distinctive period in the history of the residential treatment of mental illness. Its demise, according to two professors of psychiatry, is attributed to "[t]he sweeping changes in pharmacotherapy, the emphasis on least restrictive settings for treatment, and the application of managed care strategies."³⁸ As Hornstein concluded: "Thousands of research studies and decades of work can still be summarized in one phrase: no treatment works for everybody, and every treatment works for some."³⁹

³⁵ Hornstein, *To Redeem*, 344, 346.

³⁶ Nesa Nourmohammadi, "A year later historic Chestnut Lodge still mourned," *The Gazette*, June 17, 2010, Peerless Rockville, vertical file, Fromm-Reichmann, Frieda. Following Frieda's death, a cohort took Frieda's desk and contents including "Frieda's private papers, correspondence, manuscripts, and financial records." At Hornstein's insistence, these materials were donated to the Library of Congress in 1996 and will remain under seal until 2021. Hornstein, *To Redeem*, 334-35, 436, n. 13. This collection also contains Hornstein's tape recordings and verbatim transcriptions of all interviews (except two that had detailed notes only). *Ibid.*, 391. Other various personal mementos were taken never to be seen again.

³⁷ Hale, *Rise and Crisis*, 331.

³⁸ Judd and McGlashan, *Developmental Model*, xi.

³⁹ Hornstein, *To Redeem*, 390.

Scholarly Assessment

In the two decades after World War II, individual psychotherapy of schizophrenia was a major concern of American psychiatry. At Chestnut Lodge—under the leadership of its director Dexter Bullard, the technique of Frieda Fromm-Reichmann, and the theory of Harry Stack Sullivan—a new paradigm of psychiatry developed. This paradigm asserted that schizophrenia was caused by interpersonal factors and that the preferred treatment was intensive individual psychotherapy. The systematic approach to the theory and practice of individual psychotherapy of schizophrenia, developed at the Lodge, substantially impacted American psychiatry and was adopted by many influential psychiatric treatment centers.⁴⁰ In sum, “the Lodge set the standard for treating people suffering psychoses.”⁴¹

A review of the literature reveals Frieda’s exceptional significance in the field of interpersonal psychoanalysis from both her former trainees and contemporary scholars. She is particularly recognized for her innovative view on treating schizophrenics as “a pioneering effort not often replicated”⁴² and as pioneering “in terms of the genuine respect she felt for her patients, and her ability to empathize with their fears and horrors.”⁴³ Although her concept for a cure is no longer viable, it does not diminish Frieda’s revolutionary contribution to the treatment of schizophrenics: “In many ways she legitimized the idea of ‘psychoanalytically oriented psychotherapy,’ now the most widely used form of treatment in the Western world.... [T]oday we have proved Fromm-Reichmann correct, but we now know that psychotherapy must be augmented by a whole host of auxiliary methods if it is going to prove reasonably effective.”⁴⁴

Frieda’s writings on psychotherapy became standard in most residency training programs, the most prominent being the compilation of her method in *Principles of Intensive Psychotherapy*. This publication is recognized as “a major contribution to dynamic psychiatry,” in both the United States and abroad, and “constitutes the foundation of psychodynamic psychotherapy, the most common form of psychosocial treatment practiced in the world today for all varieties of mental and emotional disorders.”⁴⁵ Overall, Frieda’s work at Chestnut Lodge “provided the major impetus to the organized and systematic application of psychoanalytic principles to the hospitalized patient.”⁴⁶

Lastly, her entry in a biographical dictionary for notable American women gently and eloquently captures the essence of Frieda’s technique: “an extraordinarily gifted therapist, Fromm-Reichmann had the capacity to listen closely, to wait out a patient’s silences or rages, and ultimately to make extremely disturbed patients aware that she understood and accepted them as they were.”⁴⁷

⁴⁰ Klerman, “Ideology and Science,” 609. Klerman specifically mentions McLean Hospital in Belmont, Massachusetts, and the Austen Riggs Center in Stockbridge, Massachusetts as adopting the Lodge’s systematic approach.

⁴¹ Silver, “The Current Relevance,” 311.

⁴² Ortmeyer, “History of the Founders,” 22.

⁴³ Gerard Chrzanowski, “Frieda Fromm-Reichmann (1889–1957),” “Transference problems in Schizophrenics,” in Donnel B. Stern, Carola H. Mann, Stuart Kantor, and Gary Schlesinger (eds.), *Pioneers of Interpersonal Psychoanalysis* (Hillsdale, NJ: The Analytic Press, 1995), 30.

⁴⁴ John P. Fort, “Present-Day Treatment of Schizophrenia,” in Silver, *Psychoanalysis and Psychosis*, 252.

⁴⁵ Ortmeyer, “History of the Founders,” 22; Thomas W. McGlashan, M.D. and Wayne S. Fenton, M.D., “Frieda Fromm-Reichmann, 1889–1957,” *American Journal of Psychiatry*, 155:1, Jan 1998, https://www.researchgate.net/publication/287630286_Frieda_Fromm-Reichmann_1889-1957.

⁴⁶ Gibson, “Application of Psychoanalytical Principles,” 197–98.

⁴⁷ Robert C. Powell and Sylvia G. Hoff, “Fromm-Reichmann, Frieda,” in Barbara Sicherman and Carol Hurd Green (eds.), *Notable American Women: the Modern Period: A Biographical Dictionary* (Cambridge, MA: Belknap Press of Harvard University Press, 1980), 254.

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Comparable Properties

Two other properties are known to be associated with Frieda and the individual contributions made by Frieda and Harry Stack Sullivan. Because Frieda's career in the United States is exclusively associated with Chestnut Lodge, the Lodge itself, since demolished, is the only other property known to have had the same associations and significance with Frieda and her nationally significant activities as the cottage. Ironically, even if the Lodge still existed today, it is the cottage, as the location of her office, which best represents Frieda's nationally important contributions to American psychiatry and the treatment of schizophrenics. As she once told Bullard, she spent an average of 18 out of 24 hours in her office. The cottage became, as Hornstein states, "the place that patients, students, colleagues, and friends most associated with Frieda."⁴⁸

Frieda also had a home in Santa Fe, New Mexico, the only property she ever owned in America. It was a small adobe residence that reminded her of Palestine, and where she had taken a close friend and associate to recuperate in a drier climate. She spent two months there every summer for twelve years. The property is not noted for any professional association with Frieda except for small seminars she arranged for those who might send referrals or make donations to the Lodge.⁴⁹ In comparison to the cottage, Frieda's Santa Fe home lacks the close association with her work, which was centered at Chestnut Lodge and her cottage in Rockville.

Both Frieda and Harry Stack Sullivan exceptionally impacted the history of interpersonal psychotherapy. Their contributions are complimentary yet distinct. While Sullivan is widely regarded as the founder of the interpersonal theory of psychoanalysis, Frieda is strongly recognized for her pioneering contribution to the revolutionary techniques applied to intensive psychotherapy. This distinction is particularly demonstrated in the evening seminars at Chestnut Lodge led by Sullivan over a four-year period, which succeeded based on his theoretical brilliance and Frieda's clinical gifts. Frieda's analytical skills are borne out in her work with patients at the Lodge, the training she conducted at the Lodge and other institutions, and the overwhelming success of her publication *Principles of Intensive Psychotherapy* that psychiatrists in training used as a reference between the 1950s and 1970s. Sullivan never treated patients at Chestnut Lodge. However, Sullivan's individual exceptional significance under NHL Criterion 2, as the founder of interpersonal analysis, could be illustrated by Sheppard and Pratt Enoch Hospital where Sullivan successfully tested his interpersonal theory on a ward during the 1920s.

⁴⁸ Hornstein, *To Redeem*, 191, 103.

⁴⁹ *Ibid.*, 114, 116, 193. In the early 1950s, Frieda sold the home to an architect who enlarged it.

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6. PROPERTY DESCRIPTION AND STATEMENT OF INTEGRITY

Ownership of Property

Private: X

Public-Local:

Public-State:

Public-Federal:

Category of Property

Building(s): X

District:

Site:

Structure:

Object:

Number of Resources within Boundary of Property:

Contributing

Buildings: 1

Sites:

Structures:

Objects:

Total: 1

Noncontributing

Buildings:

Sites:

Structures:

Objects:

Total:

PROVIDE PRESENT AND PAST PHYSICAL DESCRIPTIONS OF PROPERTY

(Please see specific guidance for type of resource[s] being nominated)

The Colonial Revival style cottage is located in a historic area of Rockville, Maryland, now a suburb of Washington, D.C. It sits substantially back from a primary road in a park-like setting in the midst of single-family residences. The 2,050 square-foot modest, two-story, wood frame building has a basement, a slate side-gabled roof, double-hung multi-pane windows, a rear screened porch, and a carport.

Exterior

The cottage foundation is concrete with a brick veneer. The wide weatherboard siding has a shallow dentil course. Along the main façade a wavy design extends below the eave.

The symmetrical front (north) façade has four six-over-six double-hung windows, with louvered wood shutters featuring decorative urn-shaped cutouts on the first floor, along with three six-over-six gabled dormer windows on the second floor. An integral shed roof porch extends over the façade’s center bay and is accented with a slightly curved underside supported by paired square columns and segmental arches. The porch shelters two entries: a centered primary door with 4-light side lights and a secondary door to the left (east side).

The cottage’s west elevation has a brick chimney, wooden steps with a railing leading to a door into the kitchen, and a basement access. Windows flanking the chimney on the first floor are six-pane casements and there is a six-over-six double-hung window on the second floor to the left (north side) of the chimney.

The nonsymmetrical rear (south) elevation has a screened porch with two windows to the left (west side) of the porch and one window to the right (east side). Unlike the front second floor gabled dormer windows, the three rear second floor dormer windows have shed roofs. All of the windows are six-over-six double-hung windows. The center window is a wall dormer that extends as part of the shed roof over the screened porch where Frieda occasionally met with patients sent over from the Lodge building. Within the porch, the rear door is decorated

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with a fan light. A screen door on the porch's south side leads out to the lawn. A concrete terrace extends through and beyond the porch.

The east elevation facing Thomas Street is dominated by four windows and a carport. Two of the windows are six-over-six double-hung windows, one on the first level to the left (south side) of the carport and the other on the second floor centered in the gable. The carport, located on the elevation's northern end, is made up of a gable roof with the same alignment as the gable of the house. The roof is supported by eight wooden posts and a small extension of the house's east wall. Of note are the building's only square-shaped windows, located under the carport, which appear to be the top half of the original double-door entrance for the garage, once housed within the cottage's principal mass.

Interior

The cottage has a simple massed plan with a central interior hall on the first floor. The hall's east wall has one entry to the former garage and another to the office. The hall's west wall has one entry to the dining room and kitchen, a second to the living room, and a third to the basement. The doors are wood paneled, and wood floors extend throughout.

When the garage was converted to a room, it housed the secretary-reception area for patients and could be accessed from the secondary door on the front porch.⁵⁰ Changes to this room include the addition of the closet and the door leading to the hall that, according to the plans, originally led to a closet from the hallway. Behind the former garage, Frieda's office (now a bedroom), where she did her writing and saw patients, appears intact. Privacy in the office was created by a "double door" entry with one door at the hallway and a second door opening to the office. In the small area between the two doorways is a closet. The dining room, kitchen, and living room on the west side of the hall were not accessible to patients and therefore are not as strongly associated with Frieda's work and significance at the property.

On the hall's west side, beyond the doors to the dining and living rooms, a stairway with a mid-level landing leads to the second floor, which contains a full bath and two bedrooms. The bathroom is situated at the top of the stairway with one bedroom to its west above the dining room, kitchen, and living room; and one bedroom to its east above the former garage and office. As with the first floor's west side, rooms on the second floor were not used by patients and therefore are not as strongly associated with Frieda's significance at the property.

Integrity

In 2007, Chestnut Lodge Properties conveyed the land and house to Peerless Rockville for preservation.⁵¹ The restoration the organization undertook in 2009 is based on historic photos and interviews with those who knew

⁵⁰ Regarding the garage's existence, Frieda once said to a visitor as they were passing her garage, "Would you like to see my new car?" The visitor was attending a show of the paintings by Frieda's longtime friend, Gertrud Jacob in her home. The show took place after Jacob died in April 1940. He then talks of "later after World War II," potentially placing the interior garage in existence most likely before America entered the war. These statements are consistent with the carport being built in 1945. Theodore Lidz, "Joseph: A Psychoanalytic Exegesis," in Silver, *Psychoanalysis and Psychosis*, 444. Hornstein notes the showing at Frieda's home. *To Redeem*, 114.

⁵¹ Mellissa J. Brachfeld, "Five months after fire at Chestnut Lodge, life goes on," *The Gazette*, Nov 4, 2009, A-4, Peerless Rockville, vertical file, #19 Thomas Street, Frieda's Cottage. The organization also donated \$100,000 to go towards the restoration. An easement is held with the Maryland Historical Trust and the property is opened five days a year to the public.

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Frieda. Work included restoring original materials, fixtures, and the plank flooring. Repairs were made to the slate roof, wood siding, and chimney.⁵²

The cottage retains a high degree of integrity in location, workmanship, feeling and association. Most importantly, Frieda's office remains intact on the southeast side of the cottage facing Thomas Street and the rear yard. Otherwise, the aspects of setting, design, and material have experienced some alteration. The original setting was characterized by two physical aspects. First was the monumental Lodge hospital building located just northwest of the cottage at the front of the property facing the main road. The loss of the Lodge building has impacted the historical setting of the cottage. However, the Lodge's open surroundings are undisturbed, thus preserving the route Frieda and her patients traveled between the cottage and the Lodge building. Second was the overall campus-like setting south of the Lodge where several buildings, originally constructed out of public view, housed Lodge staff and ancillary services. Three of these buildings are extant west of the cottage. The setting is now dominated by a single-family development south of the cottage. Large two-story homes in this subdivision are oriented in an east/west direction. The cottage's orientation to the north, along with its modest size, uniquely sets it apart from any perceived association with the later residential construction.

According to the original plans, the cottage's design is minimally affected by the closet added to the front room (former garage) that housed the secretary and the replacement of the hall closet for a door leading from the hallway into the front room. These changes may have occurred during the period of significance (1936-1956), since the carport was added in 1945.⁵³

The cottage's materials are compromised at the screened-in rear porch. The porch has been changed from wood panels on the bottom and windows above, to all screen. Despite this change, the porch retains its original dimensions, open feeling, and intended use. The slate roof may have originally been covered with asphalt shingles as shown in the original roof plans. These materials have a similar appearance in size and color, and once again, the change may have taken place during the period of significance.

Overall, the cottage's association conveys where Frieda's work took place up to 18 hours a day and reflects the open setting that once characterized the Lodge property when Frieda occupied the cottage.

⁵² Contessa Crisostomo, "Restoring History at Chestnut Lodge," *The Gazette*, January 14, 2009, A-4, Peerless Rockville, vertical file, #19 Thomas Street, Frieda's Cottage.

⁵³ Peerless Rockville, "90% Completion of the Restoration: Frieda's Cottage at Chestnut Lodge," October 2008, 11, Peerless Rockville, vertical file, #19 Thomas Street, Frieda's Cottage.

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NATIONAL HISTORIC LANDMARK NOMINATION

NPS Form 10-934 (Rev. 12-2015)

OMB Control No. 1024-0276 (Exp. 01/31/2019)

FRIEDA FROMM-REICHMANN COTTAGE

United States Department of the Interior, National Park Service

National Historic Landmarks Nomination Form

Previous documentation on file (NPS):

Previously listed in the National Register (fill in 1 through 6 below)
[X] Not previously listed in the National Register (fill in only 4, 5, and 6 below)

- 1. NR #:
2. Date of listing:
3. Level of significance:
4. Applicable National Register Criteria: A B X C D
5. Criteria Considerations (Exceptions): A B C D E F G
6. Areas of Significance: Health/Medicine

Previously Determined Eligible for the National Register: Date of determination:
Designated a National Historic Landmark: Date of designation:
Recorded by Historic American Buildings Survey: HABS No.
Recorded by Historic American Engineering Record: HAER No.
Recorded by Historic American Landscapes Survey: HALS No.

Location of additional data:

State Historic Preservation Office:
Other State Agency:
Federal Agency:
Local Government: City of Rockville, Maryland
University:
Other (Specify Repository): Peerless Rockville, Historic Preservation, Ltd.

NATIONAL HISTORIC LANDMARK NOMINATION

FRIEDA FROMM-REICHMANN COTTAGE

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