Contemporary Psychoanalysis

ISSN: 0010-7530 (Print) 2330-9091 (Online) Journal homepage: www.tandfonline.com/journals/uucp20

The Interpersonal Legacy of Chestnut Lodge

Jay S. Kwawer Ph.D.

To cite this article: Jay S. Kwawer Ph.D. (2019) The Interpersonal Legacy of Chestnut Lodge, Contemporary Psychoanalysis, 55:1-2, 86-98, DOI: 10.1080/00107530.2019.1600330

To link to this article: https://doi.org/10.1080/00107530.2019.1600330

Contemporary Psychoanalysis, 2019, Vol. 55, Nos. 1-2: 86–98.

ISSN: 0010-7530 print / 2330-9091 online
DOI: 10.1080/00107530.2019.1600330

JAY S. KWAWER, Ph.D.

THE INTERPERSONAL LEGACY OF CHESTNUT LODGE

Abstract. This article addresses the context in which Chestnut Lodge Sanatorium evolved its legendary status. Early years of interpersonal psychoanalysis (1920s–1950s) locate the Washington, DC, and Baltimore areas as crucial contexts, both for the professional support they provided to the beginnings of an interpersonal viewpoint, and for the derisive, dismissive attitudes targeting the early proponents of the interpersonal perspective. Chestnut Lodge and the developing White Institute evolved along parallel organizational lines. The development of a compatible clinical sensibility is noted, conceptually linking those identifying as "interpersonal." Both organizations ("The Lodge" and "White") share a common intellectual ancestry and a comparable approach to clinical technique. Likewise, both organizations share an emphasis on rejecting dogma and managing to resist organizational pressures in favor of nonconformity and defiance of rigidity. Both organizations are shaped by theorists who are drawn to work intensively with "difficult" patients, as well as with facing powerful personal and political challenges and credible threats of professional exclusion.

Keywords: Chestnut Lodge Sanatorium, Freida Fromm-Reichmann, intensive psychotherapy, interpersonal psychoanalysis, Harry Stack Sullivan, treatment of schizophrenia

The intensely personal and self-disclosing threads of these memories and recollections of Chestnut Lodge, when woven together, create one of the most interesting and intriguing tapestries in the history of psychoanalysis—an engaging and revolutionary tale—of deviance, creativity, innovation, betrayal, and courage. I am aiming here to

Address correspondence to Jay S. Kwawer, Ph.D., 490 West End Avenue, Suite 1-E, New York, NY 10024. E-mail: kwawer@wawhite.org

set the prominence and uniqueness of Chestnut Lodge in the broader context of the psychiatric world in which "the Lodge" flourished, offering an entire generation of American psychiatrists an alternative to the increasingly rigid, classical mode of orthodoxy in the Freudian school, and a legacy reflected in the unique growth of "interpersonal psychoanalysis."

Psychoanalysis and psychoanalytic training (as Freud conceived it) came of age in the 1920s and 1930s, before the mass exodus of European émigrés fleeing the increasingly unwelcoming climate of national socialism, which targeted anything or anyone Jewish for murder. These émigrés brought their professional craft, their bona fides and their "society" and "institute" training models with them to urban U.S. centers with heavily Jewish inhabitants. The primary centers—notably Boston, New York, Chicago, Washington, DC, Baltimore, and Los Angeles—were increasingly populated by newly minted European psychiatrists. Armed (and armored) by their claims to have studied with, or of being close to, the founders of the discipline, they staked these claims to exclusive possession of a particular version of the revealed truth and infused the training institutes they settled into as pioneers in a new land. Many moved rapidly in theoretically dogmatic directions, clinically stale and personally autocratic and controlling. These psychiatrists had little use, and only contempt, for the more venturesome of their European colleagues (Sándor Ferenczi, as a notable example), and they defied the otherwise persuasive leadership of Freud in refusing to follow him in offering training to men and women who were not physicians. Once in the United States, they held firm to the conviction that psychoanalysis was a *medical* specialty, and even lobbied the New York State legislature to outlaw the *nonmedical* practice of the craft.

Then, there were—among the first generation of the American born analysts—a minority who were themselves "nonmedical" practitioners, or wise and prescient enough to follow Freud's encompassing intelligence that welcomed interdisciplinary training as a potential gain for the field. The more venturesome European colleagues and their American counterparts increasingly found one another, recognizing kindred spirits whose destiny included the creative development of psychoanalytic approaches that extended beyond the limits of Freud's clinical engagements. One of the White Institute's half dozen "founders," Clara Thompson, M.D., went to Budapest during the summers of 1928 and

1929, and then—for two full years from 1931 to 1933—for a personal analysis with Sándor Ferenczi, probably the best and the brightest of the inner sanctum of Freud's "Committee." Thompson's decision to go abroad to work with Ferenczi was encouraged and supported by Harry Stack Sullivan (also an M.D.), a close Baltimore colleague. Thompson worked with Ferenczi at a point in his career when he was probably at his most intellectually independent and vigorous and at his most clinically creative. It was also during the period of his open break with Freud, who had previously considered him his closest friend. Thompson was instrumental (along with Sullivan) in establishing the Washington-Baltimore Psychoanalytic Society, of which she and Sullivan were charter members and of which she was the first president. It is significant that both Thompson and Sullivan were receptive to working with so-called "nonmedical" clinicians, welcoming the fresh perspectives offered by an interdisciplinary professional scope.

The Washington-Baltimore Society established a formal training program in 1932, only 1 year after the New York Psychoanalytic Institute opened, and the same year as the Boston and the Chicago Psychoanalytic Institutes opened. As the fourth psychoanalytic society in the United States, Washington-Baltimore was admitted to the International Psychoanalytic Association (IPA) at the 12th International Congress in Wiesbaden in 1932, from which Thompson's IPA membership dates.

Although Clara Thompson moved to New York City in 1933 after Ferenczi died, she continued to conduct seminars and to offer supervision in Washington, DC. When Karen Horney, M.D., left the Chicago Institute to join the faculty of the New York Psychoanalytic Society and Institute (NYPSI), she successfully encouraged Thompson (in 1936) to join her as part of the NYPSI's faculty. Thompson left the Washington-Baltimore Society at this time, but rejoined in 1942, after NYPSI's first major split,[1] during which she resigned in a show of solidarity with Horney, who was stripped of her privileges as a training and supervising analyst. (This resignation placed her outside of the American Psychoanalytic Association [APsaA or "the American"], until she rejoined through the Washington-Baltimore group.)

[1] See Burnham (1978), Eckardt (1978), Eisold (1998), Frosch (1991), Mosher and Richards (2005), and Thompson (1958) about the "splits" in psychoanalysis during the 1940s and beyond.

Harry Stack Sullivan, another White Institute founder, one of the first American psychiatrists to become interested in psychoanalysis, was elected to membership in APsaA in 1924. He was elected to its Executive Council in 1927 and reelected to a second term 2 years later. In 1930, he served as a vice president of APsaA under A. A. Brill's presidency. Through the 1930s, Sullivan, who worked in innovative modes with young male schizophrenic inpatients at Baltimore's Sheppard-Enoch Pratt hospital, dared to extend psychoanalytic treatment to schizophrenics, a population that Freud, years earlier, concluded was not amenable to analysis because they could not develop the "transference," a sine qua non of the analysis itself.

Through his temerity in pursuing the long-term and intensive psychotherapy of schizophrenia and other conditions, widely regarded as intractable chronic illnesses, Sullivan's reputation grew quickly and dramatically. This endowed him with the same repute offered to Ferenczi, who—among the early Freudians—became known as "a haven for lost cases," an acknowledgement of Sullivan's legendary skill in working with patients who presented with severe psychopathology (and who are often currently regarded as "treatment resistant"). Such a "haven" also offered interpersonal psychoanalysis meaningful opportunities to explore in vivo the dynamics of ongoing long-term and intensive relationships with an engaged psychoanalyst.

Sullivan was also increasingly involved with the Washington, DC, professional community, and began to implement a dream of extending the boundaries of psychoanalytic inquiry and treatment well beyond the narrower Freudian approach. Toward this end, along with colleagues from the Washington School of Psychiatry (which shared many faculty members with the Washington-Baltimore Institute), he assembled an array of interdisciplinary faculty, representing cultural studies, anthropology, sociology, clinical and developmental psychology, linguistics, and sexuality. His growing reputation also derived from his wide lecturing, defining psychiatry as "the study of interpersonal relationships," delineating a professional scope of interest and practice that far outpaced the more traditional "medical analysts" engaged in clinical practice. This redefinition entailed the growing idea that the domain of psychoanalytic practice had widened to define the field of inquiry to include the "here and now" relationship with the analyst, a somewhat heretical notion to many of Sullivan's Baltimore

colleagues, notably Jenny Waelder-Hall, M.D., a Viennese émigré whose "continental" sensibilities were decidedly different from those of the more rough-hewn and homegrown American Sullivan's.

Throughout this period, Sullivan's reputation and stature grew dramatically, fueled especially by the growing demand for professional training in the post-World War II period (subsidized by the U.S. government's "GI Bill of Rights," which funded the exponential growth of enrollments at the Washington-Baltimore Institute and the Washington School of Psychiatry). Both institutions taught the increasingly popular "interpersonal psychiatry and psychoanalysis." Those trained during this postwar period almost universally report that there was no real difference between the two institutions, and that graduates of the Washington School of Psychiatry (who had clinical training and supervision identical to that prescribed for Washington-Baltimore Institute candidates) were considered graduates of the Washington-Baltimore Institute and were thus able to join APsaA on that basis upon graduation. During this period, also, Sullivan established his nonconforming and anti-establishment journal, *Psychiatry*, distinguished from the other serious scholarly journals in psychiatry and psychoanalysis by its yellow pages and cover. It became colloquially known as "the yellow pages."

In retrospect, it seems clear that from the 1920s through the 1930s and 1940s, there was a growing cleavage between the "Baltimore" group and the "Washington" group, a de facto organizational split that separated the conservative "loyalists" who sought to follow strictly in Freud's footsteps and those (including Sullivan, Thompson, Erich Fromm, Frieda Fromm-Reichmann, and David and Margaret Rioch) who joined collaboratively in giving birth, in the mid-1940s, to the William Alanson White Institute in New York.[2]

It was also during this period that Sullivan (and his cohort) claimed an increasingly influential presence at Chestnut Lodge Sanatorium, where the idea that disordered interpersonal relations and attachment difficulties had particular relevance to the treatment of schizophrenia, borderline states, and deeply schizoid patients. These were clinical entities Freud had warned were unsuitable for psychoanalysis. For some of Sullivan's followers on the Chestnut Lodge staff, maintaining a

[2] For a comprehensive and authoritative overview of the history of the Washington Psychoanalytic Institute and Society, see Noble and Burnham (1989).

steady, *personal* engagement (in contrast to the Freudian technique of neutrality and anonymity) —along with a sensitive attunement to the analyst's own feelings, regarding "countertransference" as valuable data for the exploration of "here and now" —was likely to facilitate a regression from which growth could blossom, that is, within a "real" or "nontransference" relationship. Regression was understood as providing opportunities for the integration of dissociated personality elements, and hence was not avoided, as it might be in classical treatment.

Chestnut Lodge acquired its reputation as a unique clinical treatment facility for severe, chronic mental illness, using psychodynamic principles in intensive long-term psychotherapy. The Lodge spawned, through this period of intellectual ferment in psychoanalysis, a wide array of intellectually sophisticated writing on the part of its staff and associated clinical teachers and supervisors. Among these were: Stanton and Schwartz's studies (Stanton & Schwartz, 1954) of mental hospital dynamics of patient ward behavior related to staff conflicts and splits; Burnham, Gladston, and Gibson's (1969) studies of *Schizophrenia and the Need-Fear Dilemma*; Frieda Fromm-Reichmann's *Principles of Intensive Psychotherapy* (1950); Harold Searles's *Collected Papers on Schizophrenia and Related Subjects* (1965); the vast canon of writing in the "yellow pages" of Sullivan's journal, *Psychiatry*; and Sullivan's own teaching and lecturing (transcribed and ultimately published by his students in several volumes).

In addition to the prodigious intellectual productivity in the realm of interpersonal psychoanalysis, Chestnut Lodge transformed the nature of inpatient treatment from custodial care to deep, intensive, exploratory psychodynamic intervention. Prior to the wide introduction in the 1960s of psychotropic medicine, the Lodge offered long-term immersion in a dynamically live setting, providing an unparalleled opportunity for chronically ill (and often severely regressed) patients to avail themselves of the therapeutic properties of the personal, human relationship. Even severely ill or assaultive patients were not subjected to punitive restraints; the closest the Lodge came to such interventions was the occasional use of "cold, wet sheet packs," long known to the nursing profession as akin to the calming experience of "swaddling," as practiced in infant care, facilitating recovery through a tranquilizing effect on panic or anxiety states. In these years before "managed care"

and its demand for "evidence-based data," Lodge patients were not threatened with premature discharge and, by contrast, often reported feeling that this was a setting they could use to be "as crazy as I needed to be" (as one former patient averred; see Silver and Greenberg, this issue, for more on the "packs"). Madness was tolerated, not avoided, in the hopeful expectation that madness provides unique opportunities for growth and development.

Sullivan remained actively involved in the training activities of the Washington-Baltimore Society, where he was (along with Thompson) a training analyst through the 1930s and 1940s, serving as a member of its Education Committee from 1933 to 1937.

Of the group around Sullivan (increasingly referred to as the "interpersonal psychoanalysts"), Frieda Fromm-Reichmann, M.D., was the one most deeply immersed in the Chestnut Lodge treatment model, thereby endowing the Lodge with the reputation of being an interpersonal facility. Anticipating the gathering storm of national socialism, she had fled from her native Germany in 1934, already a qualified analyst and a graduate of the prestigious and intellectually high-powered Berlin Psychoanalytic Institute. As a result of her training at the Berlin Institute (which included a training analysis with Hans Sachs, another member of Freud's Committee of his closest lieutenants), she was a member of the IPA.

When she emigrated, she had already separated from her husband, Erich Fromm, Ph.D., a fellow Berlin-trained analyst, fellow analysand of Hans Sachs, and fellow IPA member. Fromm helped her consider her professional options in the United States. Karl Menninger was evidently assembling a "world class" staff in Topeka, and she could have worked there. But, with Fromm's encouragement and intervention, she resisted Karl Menninger's recruitment efforts aimed at getting her to join the Menninger staff. Instead she contacted Dexter Bullard, Sr., M.D. (of the family that owned the Chestnut Lodge facility), who initially turned her down, but ultimately invited her to join the therapy staff there. When Menninger later attempted to recruit her, Bullard built her a house on the Chestnut Lodge grounds as an inducement to stay. Her intuitive grasp of madness, schizophrenic isolation, loneliness, and need made her a natural coworker both for the Lodge and for its expanding group of colleagues and students. She dramatically influenced countless interpersonal psychoanalysts, whose professional

development was nurtured by the clinical experiences of long-term inpatient treatment of Chestnut Lodge patients. These psychoanalysts—including Otto Will, Harold Searles, and Martin Cooperman—became major contributors to the development of the interpersonal sensibility.

Joining Chestnut Lodge in 1934, Fromm-Reichmann simultaneously joined the Washington-Baltimore Society and its training program, thereby acquiring her credentials as an APsaA member. She subsequently served as the Washington Society's president from 1939–1941, one of its most influential training analysts (along with Harry Stack Sullivan), and a long-time member of the Institute's Education Committee.

For some, the "culturalist" school of psychoanalysis became a derisive reference for interpersonal psychoanalysis, but the label was worn proudly by others because it affirmed that universal truths need to be adjusted for diversity and individuality (in contrast to "one size fits all"). Yet, a series of obstacles began to appear on the road to even wider professional influence and respectability, reflecting the increasingly obdurate stance of "the American," which clearly did not want the William Alanson White Institute in its midst because the conservative wing of the American regarded the interpersonal approach to psychoanalysis as substandard and misguided. The issues cited in the struggles for recognition of the White Institute (whose founders included Clara Thompson, Harry Stack Sullivan, Frieda Fromm-Reichmann, and Erich Fromm) were clearly discriminatory, despite the impeccable professional credentials of its founders and the quality of its training model. By 1949, the White Institute had been regarded widely as the "New York branch of the Washington School of Psychiatry," White was advised to dissociate from its Washington associations and colleagues, even though many of these colleagues were happy to have White's members. The White Institute's efforts to satisfy APsaA's ever-expanding requirements for approval and membership were clearly a deliberate effort to impose a "procrustean bed" with elastic requirements that became increasingly impossible to satisfy.

Recall that Horney and Thompson were stripped of their training analyst privileges and essentially voted out of the New York Psychoanalytic (1941). One year later (1942), another split occurred. Because of the imposition of repeated arbitrary and ex cathedra rules

and regulations, the White Institute eventually lacked a sufficient number of faculty, graduates, or candidates to permit an application to proceed routinely, despite several years of membership under the umbrella of the Washington-Baltimore Institute. A year later (1943), another group of "culturalists" from what is now the Columbia University Center for Psychoanalytic Training and Research split from the New York Psychoanalytic over the same issues.

Between 1946 and 1948, New York City (NYC) graduates from the New York branch of the Washington-Baltimore Institute were sponsored for membership in the American. When there were enough NYC members to enable enrolling the White Institute graduates as a society in its own right, the requirements were changed arbitrarily. In 1948, the Washington-Baltimore Institute, embroiled in its own internal struggles (seemingly having to do with Sullivan's influence in the group and the disfavor with which the conservative forces in APsaA looked upon Sullivan's work and personality), declined to accept students who were training at White as its own candidates. It was suggested that the White Institute apply for independent status as a training institute of the American Psychoanalytic, along with assurances that this was simply pro forma. The Washington-Baltimore Institute simultaneously declined to graduate any of the White Institute's students who had already been accepted.

Thus began—in 1948—a subsequent four-year process involving numerous misadventures, understandable only from the perspective of intentional discrimination. Good faith was demonstrated by the White Institute in submitting a new application seeking recognition by the American Psychoanalytic. The obstacles placed in the path of this application were stunning and irrational: rule changes, including new frequency rules, imposed ex post facto; a demand that "nonphysicians" be dropped from candidacy or graduation; Frieda Fromm-Reichmann being chastised publicly at an APsaA meeting panel discussion with the hostile question "how dare you call yourself a psychoanalyst?" after she took pains to refer to her work at Chestnut Lodge as "intensive psychotherapy"; a demand that Erich Fromm be dropped from the faculty because he wasn't a physician; endless exchanges of letters that served no purpose but obfuscation; and finally a face-to-face meeting in which White Institute representatives were told directly by a heroic, youthful committee member, Merton Gill, M.D. —who said what had

been inferred while the charade of repeatedly reconsidering revised applications continued—that the American does not think that what is taught at the White Institute is psychoanalysis and that the national organization does not want in its midst a group that deviates so widely from its own beliefs.

These battles ultimately prompted the White Institute to go its own way, although this determination did not fully insulate the Institute against ongoing, continuous struggles about exclusion/inclusion, both with the American Psychoanalytic and the International Psychoanalytic Association. It would lead readers astray to simply summarize the details or full extent of these struggles. Yet, it is tempting, on the basis of available facts, to consider that the isolation of the White Institute's Washington contingent (notably including Clara Thompson) represented a political victory within "the American" of the conservative elements (exemplified by the New York Psychoanalytic) over the more liberal factions within the Association, and in particular, that this isolation represented retribution against Thompson for her early rebellion.

Ruth Moulton, M.D. (personal communication, 1980) commented that the battles reflected in the White Institute's difficulties were the culmination of two decades of ongoing and persisting tangles, beginning in the 1920s, in American psychiatry. In Moulton's view, the Washington–Baltimore area became the center of American psychiatry during the 1920s and 1930s, spearheaded by the leadership of both Adolf Meyer and William Alanson White, at Sheppard-Enoch Pratt in Baltimore and St. Elizabeth's Hospital in Washington, respectively. The democratic, populist spirit of American psychiatry in the DC area, in this view, came into conflict with the NYC European émigré elitism embodied in the leadership of the New York Psychoanalytic Institute. This conflict culminated in "turf" struggles between the factions at the level of professional organizations. Donald Burnham, M.D. (1978) has echoed this speculation in considering the lengthy feud between Jenny Waelder-Hall and Sullivan as "literal personifications of Viennese orthodoxy and American elitism and of the difficulty, if not impossibility, of reconciling the two" (p. 102).

It seems clear, at least in retrospect, that the White Institute's decades-long struggle to reclaim and retain its place within the American Psychoanalytic Association suffered from its collaborative historical

roots in the Washington–Baltimore area on what some considered to be the "wrong side." Following up on Merton Gill's articulation of the truth about the White Institute's aura, Clara Thompson wrote to APsaA in 1952 to withdraw the aging 4-year old application for "approval," noting that such approval meant nothing in this circumstance.

More than 30 years later, in the context of the "Division 39" restraint of trade lawsuit that named both APsaA and the International Psychoanalytical Association, as well as NYPSI and the Columbia University Center for Psychoanalytic Training and Research, the lawsuit was settled with a promise that any "functionally equivalent" training program, such as the White Institute's, would be eligible without prejudice to join the IPA. Once active negotiations began, it became clear that the Institute was in a "time warp," with nearly identical issues cited as those raised in the Washington–Baltimore struggle three decades earlier. At this point, the White Society membership voted unanimously to discontinue negotiations, because they were clearly not being pursued in good faith. Affiliation with APsaA and IPA were achieved only a couple of decades later, when APsaA offered a credible invitation to join, with endorsement of the different training model and formal approval of the Institute.

Through all of these internecine struggles until it closed in 2001, Chestnut Lodge thrived, usually with a full census, even with growing beliefs in psychiatry about the necessity to utilize psychoactive medication in treating chronic, long-term conditions. The belief among professionals trained with the Chestnut Lodge model continued to be influenced by the idea that the use of psychoactive medication is not necessarily the treatment of choice for long-term, chronic patients with severe psychopathology. Otto Will, M.D., served as director of psychotherapy at the Lodge from 1954 to 1967. When Robert P. Knight, M.D., died, Will was recruited by the Austen Riggs Center to become medical director, a role in which he served from 1967 until his retirement in 1978. In 1968, he recruited Martin Cooperman, M.D., who had been director of psychotherapy at the Lodge since 1958, to become Austen Riggs's clinical director. Cooperman was promoted to associate medical director at Riggs and remained so until his retirement in 1986. Through the founders of Chestnut Lodge, its luminaries—such as Frieda Fromm Reichmann, Harold Searles, Harry Stack Sullivan; and

Drs. Will, Cooperman, and all those that followed—the legacy of Chestnut Lodge lives on.[3]

REFERENCES

Burnham, D. L., Gladston, A. I., & Gibson, R. W. (1969). *Schizophrenia and the need-fear dilemma*. New York, NY: International Universities Press.

Burnham, D. L. (1978). Orthodoxy and eclecticism in psychoanalysis: The Washington-Baltimore experience. In E. T. Carlson, & J. Quen (Eds.), *American psychoanalysis: Origins and development* (pp. 87–108). New York, NY: Brunner-Mazel.

Eckardt, M. H. (1978). Organizational schisms in American psychoanalysis. In E. T. Carlson & J. Quen (Eds.), *American psychoanalysis: Origins and development* (pp. 141–161). New York, NY: Brunner-Mazel.

Eisold, K. (1998). The splitting of the New York Psychoanalytic Society and the construction of psychoanalytic authority. *International Journal of Psycho-Analysis*, *79*, 871–885.

Fromm-Reichmann, F. (1950). *Principles of intensive psychotherapy*. Chicago, IL: University of Chicago Press.

Frosch, J. (1991). The New York Psychoanalytic civil war. *Journal of the American Psychoanalytic Association*, *39*, 1037–1064.

[3] For a stunning example, see Dr. Carol Pepper's memoir of treatment with Martin Cooperman (pp. 00 of this issue). She wrote this highly personal account because she was concerned that the kind of treatment Dr. Cooperman practiced at the Lodge—and subsequently at the Austen Riggs Center—would disappear.

Dr. Pepper, herself, was a stellar example of how the legacy of Chestnut Lodge has lived on. During her work as a psychoanalyst, trained in the interpersonal approach, she (as I wrote in my eulogy to her) eschewed the "lucrative lure of a high-end private practice and—reflecting her enduring social commitment—continued to work with often-catastrophically disturbed patients, engaging them with extraordinary empathic skill and technical virtuosity, and with patients whose lives were characterized by abject poverty, aching loneliness and alienation, and frank madness."

I also wrote, that much in the Lodge "tradition," "Carol developed a professional reputation for her ability to work effectively with people delicately referred to by most clinicians as 'difficult patients' but who most people would simply call 'impossible.' She also pioneered a subspecialty practice that she was especially proud of and committed to, involving vigorous advocacy, as a psychologist, for literally hundreds of families victimized and tortured, often by political persecution, and often for nothing more than the crime of loving people of the same gender—people who sought asylum in the U.S. and were now facing being separated from their families and children by a bizarre system that offered asylum only if they could prove that their families and their children were indeed vulnerable and at risk, as they faced the threat of deportation back to the homeland they had torn themselves away from in their hopeful search for the freedom to be themselves and to live their own lives. Carol amassed a magnificent track record and was soon deluged with requests to work with 'asylum cases.'"

In short, Carol exemplified the philosophy of the Chestnut Lodge model and an interpersonal approach to working with challenging patients.

Mosher, P. W., & Richards, A. (2005). The history of membership and certification in the ApsaA: Old demons, new debates. *Psychoanalytic Review*, *92*(6), 865–894.

Noble, D., & Burnham, D. L. (1989). A history of the Washington Psychoanalytic Institute and Society. In A. L. Silver (Ed.), *Psychoanalysis and psychosis* (pp. 537–573). Madison, CT: International Universities Press.

Searles, H. F. (1965). *Collected papers on schizophrenia and related subjects*. New York, NY: International Universities Press.

Stanton, A. H., & Schwartz, M. S. (1954). *The mental hospital: A study of institutional participation in psychiatric illness and treatment*. New York, NY: Basic Books.

Thompson, C. (1958). A study of the emotional climate of psychoanalytic institutes. *Psychiatry*, *21*(1), 45–51.

Jay S. Kwawer, Ph.D., is director emeritus of the William Alanson White Institute, where he is also a training and supervising analyst. Dr. Kwawer is on the Board of Directors of the American Board of Psychoanalysis and is co-chair of the American Psychoanalytic Association's Department of Psychoanalytic Education, Section on Institute Advisory and Consultation. He is also clinical professor of psychology, New York University Postdoctoral Program in Psychotherapy and Psychoanalysis.