

**Chapter 1 : MEET DR. FREUD - Adjusting The Brain**

*Meet Dr. Freud Does psychoanalysis have a future in an authoritarian state? The tenor of those meetings, after months or years of Skype analysis, can be difficult to predict. "It was.*

Comments 0 Dear Dr. People might think it strange that I address myself to a dead person, casting the living as overhearers. Yet my letter is precisely about that subject, so this mode of address seems uncannily appropriate. And I think that this type of intimacy, which I hope does not seem inappropriate to you, will allow me more freedom to explore connections between two quite different sites that have opened up issues of grief and mourning for me. Your essay helped me think through poetic and acoustic features of the laments, the demands they made on listeners, and what they can tell us about the work of mourning and anthropology. I think that you and other psychoanalysts might discover new lines of thinking in how these parents, some of whom lost nearly all their children to an undiagnosed illness, displayed collective and critical ways of producing knowledge and placing it in circulation. A letter will, I think, provide a more open space to explore insights that got lost in translation, literally. I want to further open up this space of indeterminacy and draw attention to its productivity. I think that listening to laments will deepen our understanding here by drawing attention to some acoustic, bodily, and material dimensions of this contradiction. Other readers have distanced themselves from how they see you as projecting the temporality of mourning. Julia Kristeva extended your thinking about the pervasiveness and persistence of melancholia, depicting it less as pathology than as a painful but productive force. Anne Cheng, Angela Garcia, and other writers have reflected on the complex ways that melancholia gets woven into the fabric of racial inequalities and vice-versa, a point I want to discuss with you shortly. I agree that casting mourning in linear and functionalist terms as a process that reestablishes a psychic status quo would be problematic. That exercise, admittedly long overdue, convinced me that this projection of a unilinear temporality in your essay partially emerges through problems of translation. This sense of open-endedness and indeterminacy prompts you to a stunning admission: I have always been perplexed, however, by the absence of an element that is prominent in *Jokes and Their Relationship to the Unconscious* and *The Interpretation of Dreams*. The anthropologist Vincent Crapanzano suggested that you regard language as a referential apparatus. There I think that you will find an eerie resonance with your call to attend to the specificities of struggles and compromises, of hyper-cathexis and reality-testing. The doorway, flooded with sunshine, led to a darkened interior that would confront us with our first direct encounter with death. But this is what we saw: First our eyes were directed to the right side of the house, where a wisidatu a particular type of healer with graying hair and a kind face was treating a young man in a hammock. His song, which called on hebu pathogens treated by the wisidatu to leave the body, was drowned out by the voices of five women and one adolescent who became visible as we took another step forward along the dock. Standing directly opposite the doorway, we also saw a young man lying in a coffin, bringing visual and auditory senses into disconcerting alignment. The exhaustion that would have ordinarily weakened their voices by this time had been overpowered by the realization that they would soon take Mamerto to the cemetery. In retrospect, witnessing that scene seems both accidental and overdetermined. Our relationship to the Delta and its residents has been long and intense. I began working there in , learned the language Warao , and studied healing, narratives, indigenous legal practices, gender relations, and the racialization of citizenship. Given the precariousness of health conditions, I witnessed numerous wakes and documented several; after a couple of years had passed and people wanted to hear my recordings, I sat with women for extended periods, transcribing their words and discussing performances. She served as the assistant epidemiologist and the state director of health education. After collaborating with indigenous communities to establish nursing stations and prevention programs, we researched the underpinnings, bureaucratic as much as epidemiological, of such extensive death from a preventable and treatable bacterial infection. After years of working elsewhere in Venezuela, it was the book that documented this epidemic, *Stories in the Time of Cholera*, that brought us back in . Nevertheless, other than the creation of two larger facilities, the revolution had brought few changes to Delta health conditions. More than a quarter of children still died, mostly as infants from treatable diarrheal

and respiratory infections. Then an epidemic started in Mukoboina, a community of about seventy-five residents, in July ; by January, eight children had died. Then children started dying in neighboring communities. When strange symptoms appeared, parents took their children to healers and the local doctor, but neither could save them. Patients were referred to metropolitan hospitals, but all died. As the president of the Health Committee, Conrado Moraleda observed the patients in the local clinic; parents and leaders pressed him to demand that public health officials take firmer steps to diagnose the disease and stop the epidemic. Cuban and Venezuelan epidemiologists visited, but they could not sort it out. Conrado appealed to the regional legislature, but the public meeting that resulted infuriated health officials. When a third wave of deaths began in June and the regional government seemed to have given up, Conrado and Enrique decided to form their own team to investigate the epidemic and take the results directly to officials and journalists in Caracas, the national capital. The investigation began in Muaina. Each explored the specificity of the process of resurrecting Erinnerungen, memories, investing them with tremendous poetic, musical, and psychic energy. His grandmother remembered that he sometimes slept in her house and brought her fish. Infusing our consideration of mourning with attention to poetic detail can provide insight into complex issues of temporality. Although Warao grammar can rival German in the complexity of nominal constructions, the poetic action in laments lies in the verbs: Lamenters attached the present-tense marker "ya and the durative aspect form "ha to verb stems, sometimes both in the same word, to make images of the deceased seem as if they were unfolding at that moment and would continue indefinitely into the future. Performers created tiny imagist poems that placed listeners in the middle of actions, as if we were currently sharing these experiences with the performers. At the same time, a struggle ensued within each voice through verb endings marked as past and punctual, particularly " n ae; here reality-testing took each image and burst it apart. Mano, oko daobasa serebuya makina eku, My brother, we were making boards together in the sawmill, ama ihi mamoe diana. Ihi yakerakore aniaokawitu karamuyaha hatanae, When you were well you used to get up right at dawn, planta aida esohoyaha gasoi hatanae tatukamo, you were filling the large generator with diesel, oko yaotaya yoriwere dao sepeyaha, we were working alongside one another planing the wood, ihi mate yakerakore, wabanahakore, while you were still well, before you died. Ama ihi momi wabae. Now you died apart from me. In lines 1 and 3 to 6 we stand alongside Melvi as he is watching Mamerto get up at dawn and fill the generator and as the two brothers are milling lumber. Melvi uses grammatical features that suspend time, placing Melvi, Mamerto, and listeners in the middle of these scenes. Lines 2 and 7 contrastively place these memories and expectations in a past that has been sealed off from presents and futures. These features thus created the sort of struggle between multiple temporalities"lingering pasts, anticipated futures, and a harsh reality of temporal rupture"that you depicted. There is nothing either gradual or linear here. The presents that each performer constructed were not bounded points in a linear trajectory but sites in which shifting, violent, and unavoidable juxtapositions of multiple temporalities emerged. Struggles and compromises also became apparent in how these words were sung. Refrains, on the other hand, are associated with reality-testing; here narrative elaboration gives way to bald statements about the finality of death. These moments of reality-testing provided resting spaces in which lamenters listened to other performers. The performance thus made this struggle explicit from moment to moment through both poetics and the musical materiality of voices. Putting poetics and acoustics into the equation could enable us contribute to how psychoanalysts have extended your discussion of mourning. I think Melanie Klein added a great deal to our language for talking about mourning. She suggested that young children build internal images of external objects particularly of mother and father , thereby possessing them inside their bodies as internal objects. This world of internalized objects is not static but changes continually through the incorporation of new people and experiences, real and fantasized. Klein echoed your insightful comments on the terrible pain of mourning, arguing that it is produced by losing the person in the real world, which induces distrust of the external world in general and a shattering of this carefully constructed internal world. Klein thus productively left room for iterability, arguing that grief moves in waves, much as we saw in the laments. The poetics of lament are crucial here in suggesting how mourners repeatedly took images from a shattered external world and imbued them with wholeness, immediacy, and a sense of the real, as Jacques Lacan might put it. The lament verses were like vines that extended

simultaneously into the performer and into Mamerto, tracing how these experiences linked them psychically, thereby resulting in intense pain and disorientation when they suddenly seemed to have been severed. Psychoanalytic accounts of mourning and these laments similarly point to how we lose parts of ourselves as we lose an other. She famously embodied her mourning for Odysseus by weaving a shroud for his father, frustrating her suitors for three years: Laplanche used this metaphor to disagree with your account: Despite his genius, Goffman was given to anecdotal examples. In laments, pain adopts the acoustic features of crying, of moans and wails, yet at the same time it is stylized. These features are not read as consciously stylized, as in storytelling, but as involuntary, transparent embodiments of internal, affective states. I found previously that if women use the same poetic structure but do not invest their words with these acoustic features, particularly the special timbre, they elicit a different response in listenersâ€”they can be accused of faking it. Kristeva, given the depth of her explorations of psychoanalysis, language, and poetics, unsurprisingly has much to teach us about how we are constantly providing iconic, in Charles S. The subject does not enter into the semiotic process with a clearly defined identity shaped prior to and independent of the discourse; it is rather emergent through semiotic features. Poetics enters into both semiotic and symbolic processes; through the semiotic, poetic dimensions intersect with acoustic ones in providing extensive modes of constituting and voicing selves. Freud, that given how referential content, poetics, grammar, bodies, music, and other acoustic dimensions come together in laments, they provide one of the contexts in which semiotic and symbolic processes come closest to merging. This, I think, constitutes part of the tremendous affective and social power of laments, and it suggests why they have interested anthropologists concerned with the relationship between acoustics and embodiment. Taking lamentation for a model of language in mourning would leave such binaries behind by linking symbolic to semiotic dimensions, to the specificities and materialities of bodies, acoustics, and poetics. Although Goffman seemed to view response cries as pointing to broader dimensions of speech and social interaction, he framed them as accidental, unusual features. Reflecting on spirit possession, Vincent Crapanzano suggested that such outbursts can be therapeutic when their expression is structured. Elaborately and multiply patterned, laments are prolonged performances of response cries that provide seemingly unmediated reflections of internal states and yet simultaneously model how listeners should hear them and what they should feel. Kristeva characterized semiotic process as a ubiquitous dimension of everyday speech, and her concept pointed in the direction of broader acoustic, poetic, and musical patterns. Goffman suggested that the projection of internal states is social and interactional, always more than an internal splitting of the self. Here I hope you will find a powerful similarity between lamentation and psychoanalysis. Lacan defined psychoanalysis as practices of listening. The locus of performativity and the possibilities for transforming the subject lie in listening as much as in speaking, in an interactive setting in which psychoanalysts are listening too. The lamentation process similarly requires performers to listen closely to their own voicesâ€”as echoed in the words and acoustic features of the voices of their fellow performers. What I am suggesting, Dr. Freud, is that the effects of lamentation in splitting subjects and doubling processes of listening impact overhearers powerfully as well, pointing to crucial collective as well as individual and intrapsychic dimensions of the work of mourning. One person took the lead at any given moment, contributing themes that were then taken up by others. The remaining lamenters did not voice the same words or sing at precisely the same time or with identical pitch or voice quality; rather, other singers transposed these lines, reflecting their own relationship with Mamerto and the most affectively charged aspects of their experiences. In musical terms, this relationship is called polyphony. Voices were coordinated in terms of pitch, volume, affective intensity, and timbre, as well as content, but these features never precisely coincided:

**Chapter 2 : Sigmund Freud and Carl Jung**

*Mark St. Germain's Freud's Last Session, the two-character "what-if" play about the imagined meeting of atheist psychoanalyst Sigmund Freud and Christian author C.S. Lewis, makes its New York City.*

The case of Dr. Sigmund Freud Through the centuries since Columbus, countless millions of smokers the world over have tried to stop smoking. Some have succeeded, many have failed. One of those who failed was Dr. The account of his failure that follows is drawn from the three-volume biography of Freud by Dr. In , when Freud was thirty-eight, Dr. Jones reports, his best friend, Dr. Wilhelm Fleiss, informed Freud that his heart arrhythmia was due to smoking, and ordered him to stop. Freud tried to stop, or to cut down his cigar ration, but failed. He described these symptoms vividly: Soon after giving up smoking there were tolerable days. Then there came suddenly a severe affection of the heart, worse than I ever had when smoking. The organic disturbances have lessened in the last couple of days; the hypo-manic mood continues. It is annoying for a doctor who has to be concerned all day long with neurosis not to know whether he is suffering from a justifiable or a hypochondriacal depression. On a later occasion, Freud stopped smoking for fourteen very long months. Jones reports, "the torture being beyond human power to bear. In a letter to Dr. Jones he remarked on "the sudden intolerance of [my heart] for tobacco. Karl Abraham that his passion for smoking hindered his psychoanalytic studies. Yet he kept on smoking. In February , at the age of sixty-seven, Freud noted sores on his right palate, and jaw that failed to heal. I am still out of work and cannot swallow," he wrote shortly after this first operation. In addition to his series of cancers and cancer operations, all in the oral area, Freud now suffered attacks of "tobacco angina" whenever he smoked. He tried partially denicotinized cigars, but even these produced anginal pains and other heart symptoms. Yet he continued to smoke. At seventy-three, Freud was ordered to retire to a sanitarium for his heart condition. Then he started smoking one cigar a day. Then three or four In , at the age of seventy-nine, and in the midst of his endless series of mouth and jaw operations for cancer, Freud had more heart trouble. Jones writes, "since it was relieved as soon as he stopped smoking. Yet at the age of eighty-one, Freud was still smoking what Dr. Jones, his close friend at this period, calls "an endless series of cigars. All smokers who try to stop smoking do not, of course, stiffer the anguish Freud suffered. Even some chain cigarette smokers who have smoked two packs or more a day for many years are able to stop when they decide the time has come. In retrospect at least, some of these exsmokers report that "breaking the habit" was easy, or was difficult for only a few days or weeks. Indeed, we shall cite evidence below which suggests that the great majority of smokers are, like Freud, unable to stop smoking. Even those most highly motivated to stop, moreover, are among the failures. If a patient with this condition continues to smoke, gangrene may eventually set in. First a few toes may have to be amputated, then the foot at the ankle, then the leg at the knee, and ultimately at the hip. Somewhere along this gruesome progression gangrene may also attack the other leg. Patients are strongly advised that if they will only stop smoking, it is virtually certain that the otherwise inexorable march of gangrene up the legs will be curbed. Much the same is true of patients who suffer a heart attack, or stroke, or the onset of high blood pressure. Chest specialists similarly tell of men and women with progressive emphysema, whose breathing becomes increasingly difficult until eventually death occurs from respiratory failure. Even during the last months of their ordeal, when they must breathe oxygen intermittently instead of air, some of them go right on alternating cigarette smoke and oxygen. These and other lines of evidence have led Dr. Dole of the Rockefeller University, a leading authority on heroin addiction see Part 1 , to conclude: The confirmed smoker acts under a compulsion which is quite comparable to that of the heroin user. Prior to May , the New York Times reported in , 11 almost all Synanon residents were heavy cigarette smokers. In May , Charles E. Dederich, founder and head of Synanon, decided not only to stop supplying cigarettes without charge but also to ban smoking on Synanon property altogether. In addition to the saving in money, Dederich was motivated by the fact that an X-ray of his own chest showed cloudy areas in the lungs, and that some young people under fifteen living in the seven Synanon centers were learning to smoke there. The most common reactions reported were depression, irritability, and weight gains ranging from seven to thirty pounds. After a year, the reporter stated, "most of the trauma of withdrawal is

over. The majority say the thought of a cigarette is rare, although some admit to an "occasional urge" or fluctuating weight. It was much easier to quit heroin than cigarettes. Tamerin, director of research, and Charles P. Neumann, medical director presented some relevant data on "Casualties of the Anti-Smoking Campaign. Tamerin and Neumann divided the casualties into major and minor. Minor casualties include "the pansymptomatic individual with a history of repeated failure who again fails in an attempt to quit smoking, producing intensified feelings of worthlessness. She was under much pressure from her family, to quit smoking but had been unsuccessful in repeated attempts to quit on her own, and prior involvement with other cessation programs had failed After several meetings in which others in the group announced they had stopped smoking, this woman claimed that she, too, had stopped completely. It was later discovered that she was still smoking, but concealing it within the group. She did, however, admit to extreme anxiety associated with attempting to quit and was given tranquilizers to assist her briefly during the withdrawal phase. This unfortunate experience was clearly producing guilt and shame, and anger at a program that was supposed to be helping her. Eventually she did admit that she was sneaking cigarettes. It became apparent that she was not a candidate, at least at this time in her life, for the program, and it was suggested that she withdraw. Furthermore, in order to prevent the emergence of even more severe psychopathology, she was given brief supportive psychotherapy. In the therapy, a particular effort was made to help her feel that her continued smoking did not mean that she was deficient, inadequate, or inferior to those who had been able to quit. Like their predecessors, the hidden drinkers, they have been pressured into a pattern of secrecy and deception. Eventually the need to smoke returns. The individual, however, feels too guilty to reinitiate the habit at home. Consequently, he may smoke at work while denying at home that he smokes at all. This he may eventually reach such proportions that his coworkers, attending a social function in his home, are pressured into collusion with him. This pattern, of course, must be humiliating to the smoker himself and highly uncomfortable for the other people who are drawn into this new form of marital deception. Equally unfortunate variants of this species are those individuals who work for organizations which have become heavily committed to and identified with the antismoking campaign. Such individuals may even be members of the higher echelon. Such individuals are, of course, under enormous pressure to stop smoking and their inability to do so fills them with feelings of guilt, shame, and anger. Certain of these individuals may be able to curtail their smoking in public, but they are unable to stop completely and it is not unusual to hear reports of those who still sneak smokes in bathrooms and empty offices. One might suggest that an organizational attitude or policy which in any way fostered this type of behavior regression might benefit from constructive reexamination. Tamerin and Neumann continue, are "compulsive overeating, an impairment of intellectual integrative capacity, social discomfort, anxiety, depression or even depersonalization. Tamerin and Neumann do not, of course, suggest that antismoking campaigns be terminated in order to prevent such casualties. Daniel Horn, director of the National Clearinghouse for Smoking and Health, estimates that no more than 10 or 15 percent of smokers are better off continuing to smoke rather than risking the deleterious psychological consequences of quitting.

**Chapter 3 : Dear Dr. Freud – Cultural Anthropology**

*Over 20 years of teaching and practice experience come together in Dr. Freud's lectures. Clear, informative, practical and inspiring, his seminars combine the best of chiropractic science, philosophy and art into a truly memorable learning experience.*

Alfred Adler have been central to psychology and psychotherapy since at least As will be seen, his ideas and methods appear in the theory and practice of nearly all psychologies and counseling approaches used in the present time. The modern era of interest in psychological ideas is connected in the public mind with Sigmund Freud, and there can be no doubt about his influence. Two specific events are key to ushering in that era: Freud was the founder of Psycho-Analysis and psychodynamic theory. The Ansbachers note that: Indeed, Adler made many original contributions to what was then an emerging field. It could be argued that nearly everything he did became the foundation for what would come later: Rollo May is generally considered the official "founder" of existential psychology and therapy; Abraham Maslow is generally considered the official "founder" of Humanistic psychology and therapy. It has been suggested that these might better be called "neo-Adlerians. The inclusion of social forces on personality by neo-Freudians seem to come more from Adler than Freud. Indeed, the similarity of "neo-Freudian" ideas and those of Adler has led to the observation that, "A graduate student would run the risk of being accused of plagiarism if he were to approach another writer so closely. We are all plagiarists, though we hate to confess it. Meerloo, Ego Psychology: This expansion of psychoanalysis and stressing of the Ego contains much that Adler first discussed. The minutes of the meeting of the third "debate" in have Freud complaining that Adler presented an "ego psychology" rather than a "psychology of the unconscious. Therapists themselves may not realize how "Adlerian" they really are. Yet more than any other, Adler seems to be behind what they do and why they do it. As psychiatrist Joseph Wilder put it, "The proper question is not whether one is Adlerian but how much of an Adlerian one is. Both claim, however, to have come upon their approaches independently, and look at Adler as a forerunner, not a direct influence. So while practitioners may not know that Adler pioneered the ideas that guide their work, methods, or modalities group therapy, family therapy, marital therapy, for three examples , they use them all the same. This fundamental idea is basic to most therapies practiced today, from Gestalt Therapy and Transactional Analysis to the "cognitive" therapies of Ellis, Beck, and Bandler. We turn now to look at Adler himself. This is a rather long and detailed biography of Dr. Some time in s or s he moved to Penzing, a rural town outside Vienna, Austria, where he met and married Pauline Beer. They and their children were citizens of Hungary. Alfred gained Austrian citizenship in Adler always believed that his older brother over-shadowed him. Then came two girls. One brother died in infancy. He could run, jump, and move about quite effortlessly, while for me movement of any sort was a strain and an effort. Everyone went to great pains to help me, and my mother and father did all that was in their power to do. At the time of this recollection I must have been about two years old. A second physician advised a treatment just the same, and in a few days I became well again. From that time on I recall always thinking of myself in the future as a physician. This means that I had set a goal from which I could expect to end my childhood distress, my fear of death. So I came to choose the occupation of physician in order to overcome death and the fear of death. As a six-year-old boy, [Adler] was gripped with a horrible fear on the way to and from school because he could not avoid going past a cemetery. This fear became more unbearable when he saw that other children who took the same route remained fearless and uninhibited. One day he decided to come earlier than usual and forced himself to climb back and forth over the cemetery wall, and so rid himself of his fear. Years later he met an old schoolmate who had lived in the neighborhood and taken the same path. Adler reminded him of the cemetery and spoke of his own fear of it. However, the schoolmate, a perfectly reliable witness, informed him that the cemetery had never existed and that the memory Adler returned to the spot and was forced to concede that his heroic deed had indeed been a fantasy. For from this self-deception he had drawn a multitude of conclusions. However, people believe what they believe, and act as if their beliefs are true. So even fabricated ERs serve a purpose as ways a person views self, others, and the world. In cases where clients cannot recall an early recollection, the therapist may suggest

that they make one up. Adler believed that, invariably, such fictive recollections will still accurately reflect some early lesson about life. Adler says his mother pampered him until a brother was born. When she transferred her attention to the new-born, Adler said, "I felt dethroned, and turned to my father, whose favorite I was. He substituted some leavened bread for the matzos in the cupboard, and later said "I was not altogether surprised when the angel did not turn up. School Years In , Adler attended the Sperlgynasium where Freud had been a student in and, when the family moved to Hernals in , he attended the Hernalser Gymnasium until he was For eight years, the students were drilled in Latin, Greek, German language, German literature, history, and geography, mathematics, physics, and religion. The dominant teaching method seems to have been pointing out student mistakes, and entirely lacking in positive encouragement. Also, Adler entered his school career a year younger than his classmates, and always felt a little behind and, therefore, always needing to catch up. Doubtless there is something here which is related to his later idea of "inferiority" and the need to move from a "minus" to a "plus" position in life. The goal of middle-class Jewish families of that time freed from anti-Semitic laws and restrictions of the previous century was to assimilate into the dominant culture in order to get ahead both economically and socially. As a young married man, Adler joined a Protestant church to ensure his children some sort of religious education. He encouraged his children to read the Bible "for its psychological wisdom and insights into human nature. Thus his schooling took the academic rather than trade-school track. Young Alfred began his schooling aimed at medicine, which became more important when his older brother had to drop out of school to help with the family business. When Adler did poorly in mathematics, his father threatened to apprentice him to a cobbler, which apparently had an effect, since Adler led his class in math from then on. In the Fall of , Adler entered the Faculty of Medicine at the University of Vienna, to become a practicing physician. He completed his first of three qualifying exams in , and then fulfilled the first half of a year-long military obligation. After two more qualifying exams, he received his medical degree in , completing his internship as a volunteer at the Viennese Policlinic. He then did the second half of his military obligation, and returned for two years of postgraduate training in psychiatry. In he opened a private practice as an internist, then turned to the specialties of neurology and psychiatry. He and his new wife, Raissa, set up an apartment in the same building as his office, in a lower-middle-class neighborhood with a large Jewish population. Indications are that Adler worked hard, often with little sleep, to build his medical practice. A word about medical education in Austria at the time: Emphasis was on diagnosis, rather than treatment or patient care. The Austrian approach was called "therapeutic nihilism" by the rest of the European medical community. The poor feared going to the hospital because chances were great they would die there; incoming patients had to pay in advance! Patients were treated as teaching experiments rather than for their illness. All who died were autopsied to advance diagnostic skills, not medical treatment. It was at such a meeting that he may have met his future wife. December 23 the same year, they married in Smolensk, Russia. He was 27, she Raissa, the second daughter of affluent Jewish parents, was born in Russia in As a female, she was not allowed to enroll in Moscow University, so went to the University of Zurich, where she was discovered socialism, an interest that continued when she moved to Vienna in According to Hoffman, Adler "felt immediately exhilarated by her intelligence, idealism, and life-minded commitment to world betterment through socialist activity. Valentine , Alexandra , Kurt , and Nelly Nelly remained in Vienna to pursue an acting career, and eventually moved to the US.. In , Adler published his Health Book for the Tailoring Trade, in which he not only pioneered a psychological approach to problems in the work place, but also introduced some of the ideas that would later appear in Individual Psychology. He urged the medical establishment to look at how illness among workers in this "cottage industry" could be traced to working conditions. He suggested that treatment should include social factors and changes in working conditions. In , Adolf Joffe, a journalist with the exile socialist newspaper Pravda whose editor was Leon Trotsky , came to Adler for treatment of a morphine addiction. The two men met and for the five years the Trotskys lived in Vienna, the families were close friends. Kurt Adler recalls that the two men would play chess or take the children to the park on weekends, while the wives, Nathalia and Raissa, stayed home to discuss socialism and their Russian homeland. Raissa became a dedicated Trotskyite, and even more dedicated to social change in her homeland. Alfred and Raissa were happy the first several years, but tensions developed as it became clearer that they had

different ideas about what was important. Adler sought to establish himself as a major contributor to psychological theory and psychiatric practice. Raissa became increasingly political active in socialist circles. By the differences were enough that Raissa took the children to Russia for "an extended vacation," actually a marital separation. In , with war imminent, Adler wrote asking her to return. But now, as a Russian, she was technically an enemy of her Austrian husband! With typical direct action, she gained an audience with the Czar and swore she was a loyal Russian who had been forced to marry an Austrian. Of the change in Raissa induced by this separation, the novelist Phyllis Bottome wrote:

**Chapter 4 : Freud's last patient recalls meeting 'that saved my life' - Telegraph**

*Sigmund Freud (/ f r ɛ ˈ f r oɪ d / FROYD; German: [ʃiːkmɛʃnt ɛˈfɛːt]; born Sigismund Schlomo Freud; 6 May - 23 September ) was an Austrian neurologist and the founder of psychoanalysis, a clinical method for treating psychopathology through dialogue between a patient and a psychoanalyst.*

Their first child, born in , was a boy named Paul who survived only a few days. Preiswerk was antistes , the title given to the head of the Reformed clergy in the city, as well as a Hebraist , author and editor, who taught Paul Jung as his professor of Hebrew at Basel University. Emilie Jung was an eccentric and depressed woman; she spent considerable time in her bedroom where she said that spirits visited her at night. He reported that one night he saw a faintly luminous and indefinite figure coming from her room with a head detached from the neck and floating in the air in front of the body. Jung had a better relationship with his father. Later, these early impressions were revised: I have trusted men friends and been disappointed by them, and I have mistrusted women and was not disappointed. The relocation brought Emilie Jung closer into contact with her family and lifted her melancholy. Known in the family as "Trudi", she later became a secretary to her brother. From childhood, he believed that, like his mother, [12] he had two personalitiesâ€”a modern Swiss citizen and a personality more suited to the 18th century. As a boy, he carved a tiny mannequin into the end of the wooden ruler from his pencil case and placed it inside the case. He added a stone, which he had painted into upper and lower halves, and hid the case in the attic. Periodically, he would return to the mannequin, often bringing tiny sheets of paper with messages inscribed on them in his own secret language. Years later, he discovered similarities between his personal experience and the practices associated with totems in indigenous cultures , such as the collection of soul-stones near Arlesheim or the tjurungas of Australia. He concluded that his intuitive ceremonial act was an unconscious ritual, which he had practiced in a way that was strikingly similar to those in distant locations which he, as a young boy, knew nothing about. Jung later recognized that the incident was his fault, indirectly. They suspected he had epilepsy. He fainted three more times but eventually overcame the urge and did not faint again. This event, Jung later recalled, "was when I learned what a neurosis is. But, studying a psychiatric textbook, he became very excited when he discovered that psychoses are personality diseases. His interest was immediately capturedâ€”it combined the biological and the spiritual, exactly what he was searching for. Barely a year later in , his father Paul died and left the family near destitute. Bleuler was already in communication with the Austrian neurologist Sigmund Freud. In he published Diagnostic Association Studies, and later sent a copy of this book to Freud. It turned out that Freud had already bought a copy. For six years they cooperated in their work. Consequently, their personal and professional relationship fracturedâ€”each stating that the other was unable to admit he could possibly be wrong. After the culminating break in , Jung went through a difficult and pivotal psychological transformation, exacerbated by the outbreak of the First World War. Jung worked to improve the conditions of soldiers stranded in neutral territory and encouraged them to attend university courses. Rauschenbach was the owner, among other concerns, of IWC Schaffhausen â€” the International Watch Company, manufacturers of luxury time-pieces. Upon his death in , his two daughters and their husbands became owners of the business. She eventually became a noted psychoanalyst in her own right. They had five children: Agathe, Gret, Franz, Marianne, and Helene. His alleged affairs with Sabina Spielrein [26]: The two men met for the first time the following year and Jung recalled the discussion between himself and Freud as interminable. He recalled that they talked almost unceasingly for thirteen hours. This marked the beginning of an intense correspondence and collaboration that lasted six years and ended in May Group photo in front of Clark University. Front row, Sigmund Freud , G. Stanley Hall , Carl Jung. Jung had become interested in psychiatry as a student by reading Psychopathia Sexualis by Richard von Krafft-Ebing. Preceded by a lively correspondence, Jung met Freud for the first time, in Vienna on 3 March The conference at Clark University was planned by the psychologist G. Stanley Hall and included twenty-seven distinguished psychiatrists, neurologists and psychologists. It represented a watershed in the acceptance of psychoanalysis in North America. This forged welcome links between Jung and influential Americans. Freud would come to call Jung "his adopted eldest son, his crown

prince and successor". While he did think that libido was an important source for personal growth, unlike Freud, Jung did not believe that libido alone was responsible for the formation of the core personality. In these tensions came to a peak because Jung felt severely slighted after Freud visited his colleague Ludwig Binswanger in Kreuzlingen without paying him a visit in nearby Zurich, an incident Jung referred to as "the Kreuzlingen gesture". Shortly thereafter, Jung again traveled to the United States and gave the Fordham University lectures, a six-week series, which were published as *The Theory of Psychoanalysis*. Another primary disagreement with Freud stemmed from their differing concepts of the unconscious. According to Jung, Freud conceived the unconscious solely as a repository of repressed emotions and desires. Freud had actually mentioned a collective level of psychic functioning but saw it primarily as an appendix to the rest of the psyche. While Jung spoke, Freud suddenly fainted and Jung carried him to a couch. Jung gave a talk on psychological types, the introverted and extraverted type in analytical psychology. This rejection caused what Jung described in his posthumous autobiography, *Memories, Dreams, Reflections*, as a "resounding censure". Everyone he knew dropped away except for two of his colleagues. Jung described his book as "an attempt, only partially successful, to create a wider setting for medical psychology and to bring the whole of the psychic phenomena within its purview. London" [edit] Jung spoke at meetings of the Psycho-Medical Society in London in and His travels were soon interrupted by the war, but his ideas continued to receive attention in England primarily through the efforts of Constance Long who translated and published the first English volume of his collected writings. He saw visions and heard voices. He worried at times that he was "menaced by a psychosis" or was "doing a schizophrenia". He decided that it was valuable experience and, in private, he induced hallucinations or, in his words, "active imaginations". He recorded everything he felt in small journals. Jung began to transcribe his notes into a large red leather-bound book, on which he worked intermittently for sixteen years. Up to mid-September, fewer than two dozen people had seen it. She wrote, "The book is bombastic, baroque and like so much else about Carl Jung, a willful oddity, synched with an antediluvian and mystical reality. There followed a decade of active publication, interspersed with overseas travels. England, , , [edit] Constance Long arranged for Jung to deliver a seminar in Cornwall in Another seminar was held in , this one organized by Helton Godwin Baynes known as Peter , and another in United States" [edit] Jung made a more extensive trip westward in the winter of '5, financed and organized by Fowler McCormick and George Porter. On the voyage to Africa, they became acquainted with an English woman named Ruth Bailey, who joined their safari a few weeks later. The group traveled through Kenya and Uganda to the slopes of Mount Elgon, where Jung hoped to increase his understanding of "primitive psychology" through conversations with the culturally isolated residents of that area. Later he concluded that the major insights he had gleaned had to do with himself and the European psychology in which he had been raised. In India, he felt himself "under the direct influence of a foreign culture" for the first time. In Africa, his conversations had been strictly limited by the language barrier, but in India he was able to converse extensively. Hindu philosophy became an important element in his understanding of the role of symbolism and the life of the unconscious, though he avoided a meeting with Ramana Maharshi. He also admitted that his field of psychology was not competent to understand the eastern insight of the Atman "the self". Jung became seriously ill on this trip and endured two weeks of delirium in a Calcutta hospital. After , his travels were confined to Europe. *A Modern Myth of Things Seen in the Skies*, which analyzed the archetypal meaning and possible psychological significance of the reported observations of UFOs. Archetypal images "universal symbols that can mediate opposites in the psyche, often found in religious art, mythology and fairy tales across cultures Complex" the repressed organisation of images and experiences that governs perception and behaviour Extraversion and introversion "personality traits of degrees of openness or reserve contributing to psychological type. Extraversion and introversion Jung was one of the first people to define introversion and extraversion in a psychological context. These two psychological types Jung compares to ancient archetypes, Apollo and Dionysus. The introvert is likened with Apollo, who shines light on understanding. The introvert is focused on the internal world of reflection, dreaming and vision. Thoughtful and insightful, the introvert can sometimes be uninterested in joining the activities of others. The extravert is associated with Dionysus, interested in joining the activities of the world. The extravert is focused on the

outside world of objects, sensory perception and action. Energetic and lively, the extrovert may lose their sense of self in the intoxication of Dionysian pursuits. Jung regarded the "persona-mask" as a complicated system which mediates between individual consciousness and the social community: Based on his study of Christianity , Hinduism , Buddhism , Gnosticism , Taoism , and other traditions, Jung believed that this journey of transformation, which he called individuation , is at the mystical heart of all religions. It is a journey to meet the self and at the same time to meet the Divine. After working with the patient for some time and achieving no significant progress, Jung told the man that his alcoholic condition was near to hopeless, save only the possibility of a spiritual experience. Jung noted that, occasionally, such experiences had been known to reform alcoholics when all other options had failed. He also told other alcoholics what Jung had told him about the importance of a spiritual experience. The influence of Jung thus indirectly found its way into the formation of Alcoholics Anonymous, the original twelve-step program. The above claims are documented in the letters of Jung and Bill Wilson, excerpts of which can be found in Pass It On, published by Alcoholics Anonymous.

Chapter 5 : Carl Jung - Wikipedia

*The last living patient to have been treated by Sigmund Freud has talked for the first time about the minute session with the father of psychoanalysis that changed her life.*

His father, Jakob Freud , a wool merchant, had two sons, Emanuel and Philipp , by his first marriage. He proved an outstanding pupil and graduated from the Matura in with honors. His research work on the biology of nervous tissue proved seminal for the subsequent discovery of the neuron in the s. His research work in cerebral anatomy led to the publication of an influential paper on the palliative effects of cocaine in and his work on aphasia would form the basis of his first book *On the Aphasias*: Over a three-year period, Freud worked in various departments of the hospital. His substantial body of published research led to his appointment as a university lecturer or docent in neuropathology in , a non-salaried post but one which entitled him to give lectures at the University of Vienna. The same year he married Martha Bernays , the granddaughter of Isaac Bernays , a chief rabbi in Hamburg. The couple had six children: From until they left Vienna in , Freud and his family lived in an apartment at Berggasse 19 , near Innere Stadt , a historical district of Vienna. The close relationship she formed with Freud led to rumours, started by Carl Jung , of an affair. The discovery of a Swiss hotel log of 13 August , signed by Freud whilst travelling with his sister-in-law, has been presented as evidence of the affair. He believed that smoking enhanced his capacity to work and that he could exercise self-control in moderating it. Despite health warnings from colleague Wilhelm Fliess , he remained a smoker, eventually suffering a buccal cancer. Brentano discussed the possible existence of the unconscious mind in his *Psychology from an Empirical Standpoint* Although Brentano denied its existence, his discussion of the unconscious probably helped introduce Freud to the concept. Freud had a lithograph of this painting placed over the couch in his consulting rooms. He was later to recall the experience of this stay as catalytic in turning him toward the practice of medical psychopathology and away from a less financially promising career in neurology research. Once he had set up in private practice in , Freud began using hypnosis in his clinical work. He adopted the approach of his friend and collaborator, Josef Breuer , in a use of hypnosis which was different from the French methods he had studied in that it did not use suggestion. Described as Anna O. In the course of talking in this way these symptoms became reduced in severity as she retrieved memories of traumatic incidents associated with their onset. By he was using the term " psychoanalysis " to refer to his new clinical method and the theories on which it was based. He then sets out the theoretical model of mental structure the unconscious, pre-conscious and conscious on which this account is based. An abridged version, *On Dreams*, was published in In works which would win him a more general readership, Freud applied his theories outside the clinical setting in *The Psychopathology of Everyday Life* and *Jokes and their Relation to the Unconscious* Both men saw themselves as isolated from the prevailing clinical and theoretical mainstream because of their ambitions to develop radical new theories of sexuality. Fliess developed highly eccentric theories of human biorhythms and a nasogenital connection which are today considered pseudoscientific. His first attempt at a systematic theory of the mind, his *Project for a Scientific Psychology* was developed as a metapsychology with Fliess as interlocutor. According to Freud her history of symptoms included severe leg pains with consequent restricted mobility, and stomach and menstrual pains. Eckstein nonetheless continued her analysis with Freud. She was restored to full mobility and went on to practice psychoanalysis herself. Stanley Hall , Carl Jung ; back row: The title "professor extraordinarius" [59] was important to Freud for the recognition and prestige it conferred, there being no salary or teaching duties attached to the post he would be granted the enhanced status of "professor ordinarius" in His conversion to psychoanalysis is variously attributed to his successful treatment by Freud for a sexual problem or as a result of his reading *The Interpretation of Dreams*, to which he subsequently gave a positive review in the Viennese daily newspaper *Neues Wiener Tagblatt*. Kahane had attended the same secondary school and both he and Reitler went to university with Freud. Adler, regarded as the most formidable intellect among the early Freud circle, was a socialist who in had written a health manual for the tailoring trade. He was particularly interested in the potential social impact of psychiatry. The gatherings followed a definite ritual. First one of the members

would present a paper. Then, black coffee and cakes were served; cigar and cigarettes were on the table and were consumed in great quantities. After a social quarter of an hour, the discussion would begin. The last and decisive word was always spoken by Freud himself. There was the atmosphere of the foundation of a religion in that room. Freud himself was its new prophet who made the heretofore prevailing methods of psychological investigation appear superficial. In 1907, reflecting its growing institutional status, the Wednesday group was renamed the Vienna Psychoanalytic Society. Both women would go on to make important contributions to the work of the Russian Psychoanalytic Society founded in 1909. There were, as Jones records, "forty-two present, half of whom were or became practicing analysts. Freud turned to Brill and Jones to further his ambition to spread the psychoanalytic cause in the English-speaking world. Brill founded the New York Psychoanalytic Society the same year. In February 1911, Adler, then the president of the society, resigned his position. At this time, Stekel also resigned his position as vice president of the society. Adler finally left the Freudian group altogether in June to found his own organization with nine other members who had also resigned from the group. In the period after World War I, Adler became increasingly associated with a psychological position he devised called individual psychology. To distinguish his system from psychoanalysis, Jung called it analytical psychology. Max Eitingon joined the Committee in 1911. Each member pledged himself not to make any public departure from the fundamental tenets of psychoanalytic theory before he had discussed his views with the others. After this development, Jung recognised that his position was untenable and resigned as editor of the *Jarhbuch* and then as president of the IPA in April 1914. Abraham and Jones became increasingly forceful critics of Rank and though he and Freud were reluctant to end their close and long-standing relationship the break finally came in 1914 when Rank resigned from his official posts in the IPA and left Vienna for Paris. His place on the committee was taken by Anna Freud. Early psychoanalytic movement[ edit ].

**Chapter 6 : Freud's Last Session, a Meeting of C.S. Lewis and Dr. Freud, Opens in NYC | Playbill**

*The next copy you write for a listing, or to reach your sellers, keep Dr. Freud and Dichter's theories in mind. Reach the client where they feel it, instinctively.*

Edit He first appears in "The Island of Dr. He uses hypnosis on most of the townspeople, believing that they are happier that way. When he meets Tuddrussel, Freud sees that he suffers from a superego. Freud then hypnotizes Tuddrussel to believe he is "as happy as a chicken," which makes Tuddrussel behave as a chicken. A town meeting was held to decide how to deal with the animalistic citizens, where Freud reveals that he was the cause of everything, expecting a Nobel Prize. When Freud is chased to his house, Otto convinces him to call his patients to defend against the angry townspeople. Freud then realizes that his patients feel like freaks, being half human and half animal. He releases them by snapping his fingers. Before Time Squad leaves, Freud analyzes their relationships with each other, making them feel very depressed. He would later re-appear in "Horse of Horrors". He is then called upon by Otto to help Paul Revere overcome his fear of horses. When Time Squad becomes scared of horses too, Freud hypnotizes Paul into thinking he is a horse, and Freud himself is forced to ride Paul through Boston yelling, "The British are coming! Appearance Edit Freud is a skinny old man with white hair. He wears a white shirt under a green vest, which in turn is covered by a long green coat. He wears a red tie, green slacks, and brown shoes. He has a round white beard covering his chin. When going out, Freud is seen putting on a small brown hat and carrying a brown umbrella. Freud is also seen with a cigar in his mouth, though he never does anything with it. Personality Edit Freud is a man fascinated with the mind, and has mastered understanding it. He hopes to help people by being a psychiatrist and using only the most effective methods for them. He seems to think that hypnosis is the most ingenious method used to cure people, shown when he reveals his plan to the townspeople at the city meeting hall. It is proven in "Horse of Horrors" that Freud still keeps his pocketwatch that he uses to hypnotize people when he hypnotizes Paul Revere. Freud seems to have a large ego, but continues to work to help people, who he wants to please. He developed theories on the unconscious mind, which led to his studies of dream analysis. Trivia His appearance in the show makes him look like an ape.

**Chapter 7 : Sigmund Freud | Breaking Through Depression and Anxiety**

*Meeting Freud's Family by Paul Roazen (review) Meeting Freud's Family is a good work of Dr K.R Eissler, an influential training analyst at the New York.*

The discussion is facilitated by a moderator who asks questions for each of you to answer according to your different theories of personality development and change. How would you and each of the other four panel members answer the following questions? Construct the answers for the other panel members based on your understanding of their theories. The panel was finally assembled on that wet cold day in December. I was feeling a bit sheepish to be in the company of such great scholars. However, I believed that my opinion was just as important and plausible as their own. I was just reaching for my water glass when the moderator called us to order and begin immediately with the first question. Question 1 How would you explain the differences in persons regarding their reactions to authority? Why do some persons appear to follow all the rules of others, while other persons appear intent on living by their own sets of rules? The human being is essentially a sophisticated energy system. That energy is channeled, flows, or is blocked by a number of different behaviors. The goal of all these behaviors is of course pleasure. Energy will always find the path of least resistance that leads to pleasure. When this energy is constrained or rerouted by societal demands, such as rules and taboos, that energy must be vented in some way. Some individuals are more apt at releasing this energy in a positive manner, while others are more confounded by it. Some individuals forfeit their pursuit of pleasure and lead guilt ridden and often miserable lives although they appear to be socially compliant. Others allow their natural propensity to pursue pleasure to guide their lives and are normally much happier, although society may feel they are living by their own rules. I beg to disagree with what my colleague Dr. His theories are often rooted in sexual drives and motivations. However, the greatest human drive is the single goal towards self-actualization. It is not necessary to postulate on which particular pleasure principle an individual is seeking to understand why they buck authority. Those individuals that resist authority have simply grown from a less complex being into a more complex one. The less complex we are, the more authority we may feel we need. As an individual matures and develops, they become more complex and may seek to break the bond of authority for a greater life experience. Those who go along with the status quo perhaps see their lives in the light that they have achieved what they can and there is no need to push further. We all simply seek to maintain and improve who we believe we are and the life experience in general. Self-efficacy has a great affect in self-development, perseverance in the face of resistance, resilience to trauma, and decision choices at crucial junctures in life. The rejection of authority is no greater than it is seen among adolescents and young adults. The ability to control and regulate self-efficacy is core to the ability to self-manage one's motivations, desires, and responses. When other individuals feel as if their self-worth is low they are less likely to respect authority and will live as they see fit because of their standing in society. Self-evaluation leads to depression and repression, and avoidance of change. The best thing for human health is that we should stop evaluating ourselves altogether. There is often concern for individuals because of their self image and societal pressures. These two are more likely to be in agreement than in conflict. The key is to see behaviors for what they are. Is there anyone who likes authority? Of course not we all have some disagreement with being told what to do by someone else. However true this may be it is not the authority that causes problems for most individuals it is the irrational beliefs that adherence or rejection of this authority will lead to some dire consequence. This in itself may cause individuals to have one reaction or the other to the rule makers. Some may choose total compliance in hopes that life remains stable, or what appears to be total anarchy and disrespect for any authority because it has no affect. In another church I went to

Article Summary: Emerging Giants Many local companies lost their market shares or sold off their businesses when global or multinational companies from developed markets such as US, Germany, and Japan

A Strange Meeting Pages:

*In a small group of doctors, writers, and critics began meeting on Wednesday evenings in Freud's residence to discuss his ideas and plans. These meetings were the beginnings of the Vienna Psychoanalytic Society.*

Clear, informative, practical and inspiring, his seminars combine the best of chiropractic science, philosophy and art into a truly memorable learning experience. With the somewhat intimidating task of being in front of pre-med students many of whom were older than me! Based on the reputation I had established tutoring, I was recruited by a chiropractic board review company before I even graduated. My job was to help condense 15 to 30 hour courses taught in chiropractic school into an engaging few hours of lecture. My subjects included biochemistry, anatomy, physiology, pathology, radiology, physical examination, differential diagnosis, neurology, orthopedics, chiropractic history, chiropractic philosophy, and chiropractic techniques. This experience taught me the art of summarizing large quantities of information. Happily travelling across the US, I am proud to have assisted over students from 11 colleges to successfully obtain their licenses. To this day, I continue to pursue my passion for teaching. I also regularly give keynote speeches and full-day lectures to large chiropractic audiences on a variety of topics including brain development, the neurology of the subluxation, the neurology of the adjustment, the neurological exam, neurology-based adjustment techniques, and concussion management. I believe that the relationships we build with our patients is what makes our job so rewarding. Whether a patient comes to us with skepticism, fear, lost hope, or simply to continue enjoying previously experienced benefits, we embark on a unique journey together, aimed at reducing their suffering and improving their health. My earliest experience with this phenomenon came with my very first patient when I was an intern. I remember Mark as a jovial man with chief complaints of back and knee pains. First, the stories I had heard through school were true, remarkable things CAN happen with chiropractic. Probably more than any other profession, chiropractic is renowned for producing life-changing results. All this with just the use of our hands. He told me that after he had excitedly explained to his physician what happened, his doctor immediately told him that this was impossible, that there was absolutely no connection between the spine and the nose. Indeed, from the very first chiropractic adjustment to the hundreds of millions that have been delivered since, neurology has always been at the heart of explaining our benefits. Just as our forefathers employed the neuroscience of the day, as science evolves, so must we. Modern neurology not only offers us a plausible rationale for the far-reaching effects of our adjustments, but provides an opportunity to better examine and treat our patients. This in turn leads to the most important factor that contributes to a successful practice and confidence in what we do:

**Chapter 9 : The Seven-Percent Solution by Nicholas Meyer**

*This website offers a dedicated overview of the well-documented friendship between Carl Jung and Sigmund Freud. Many of their theories about the unconscious mind still serve as the basis for psychoanalysis and our understanding of human behavior.*

In Freud sent him his first didactic case. Bernfeld later completed his training analysis in Germany with Hanns Sachs. Bernfeld wrote a number of articles on adolescence and childhood. He opposed the views of Wundt. He is particularly remembered for his outstanding students, among them Stumpf, Husserl, von Ehrenfels, and of course, Sigmund Freud. Brentano wrote widely in philosophy, on history, psychology, logic, and ethics. He held a positions at the Faculty of Medicine as chair of pathologie externe, professor of clinical surgery , and surgeon of the Central Bureau. He was later elected life member of the French Senate, representing science. Psychoanalytic Quarterly 13, no. Ehrenfels, Baron Christian von , German philosopher, introduced the term Gestalt into psychology; chief work, System der Wertheorie 2 vols. Ferenczi, Sandor , Hungarian neurologist, psychiatrist, and psychoanalyst; prolific writer and inspiring lecturer in Hungarian and German on neurologic and psychiatric problems. Vienna ; chief neurologist, Elizabeth poorhouse ; psychiatric expert to Royal Court of Justice, Berlin Thirty-three articles referred to by Freud. Fliess, Wilhelm , longstanding friend of Freud, although the friendship eventually dissolved. Fliess was a Berlin otolaryngologist with medical and scientific interests. His importance in certain respects turns on his relationship with Freud during the early part of his career. For example, he published an early work on the relation between the nose and the female genitals and For all that, the influence and importance of Fliess on Freud and infantile sexuality is difficult to over estimate. Flourens, Marie Jean Pierre , French physiologist; long a professor at the College de France; demonstrated the respiratory center in the medulla and the function of the cerebellum in muscular coordination and studied bone structure. His great work The Golden Bough, a study of cults, myths, rites, and so forth, their origins and importance in the historical development of religions , revised , revised and expanded with further studies in 12 volumes , and a one volume abridgement with a supplement Aftermath See the WebSite devoted to Anna Freud Gegenbauer, Karl , German anatomist; professor at Jena and Heidelberg ; an influential teacher, he emphasized the value of comparative anatomy in the study of evolution and of homologies. Gratiolet, Louis Pierre , French anatomist, made comparative studies of human and primate brain lobes. Stanley, , American psychologist and educator, has been called the father of Genetic Psychology and the father of Adolescent Psychology. Hall was professor of psychology and pedagogics at Johns Hopkins and later founded the first psychological journal in America, American Journal of Psychology in Also, see Peter Gay. Helmholtz, Hermann Ludwig Ferdinand von , physicist, physiologist, physician, mathematician, and philosopher; formulated the law of conservation of energy mathematically; invented the ophthalmoscope ; professor of physics at the University of Berlin from and director of the Physicotechnical Institute, Charlottenburg, from Henle, Friedrich Gustav Jakob , German anatomist and pathologist; greatest histologist of his day; professor at Gottingen ; worked on the microscopic structure of organs and tissues, especially of epithelium and hair; propounded a theory of microorganisms as the cause of infectious diseases and made a special study of sharks and rays; wrote Handbuch der systematischen Anatomie 3 vols. Huth, Henry , English banker and bibliophile of German descent; collected early English, Spanish, and German books; published works include Ancient Ballads and Broad-sides Inedited Political Miscellanies, , and Fugitive Tracts, Jacksonian, or partial, epilepsy: James, William , American psychologist and philosopher; Harvard, M. Jelliffe, Smith Ely , New York neurologist and psychiatrist, pioneer in psychosomatic medicine; Brooklyn Polytechnic ; M. College of Physicians and Surgeons; maintained relationships with both Freud and Jung after the two split; managing editor of The Journal of Nervous and Mental Disease , coauthor with William A. White of two-volume Diseases of the Nervous System: A Text-Book of Neurology and psychiatry in six editions between and , and with Louise Brink of Psychoanalysis and the Drama Significantly, Jones wrote the first authorized biography of Freud in three volumes, Jones met Freud in and became a zealous defender and advocate for psychoanalysis in Britain, Canada, and the United States. Among his publications are: But he broke with

Freud in , six years after they had met. Jung was also among the first to emphasize the adult phase of psychological development. Among his many publications are: Kant lectured in philosophy and various sciences at University of Konigsburg from and was professor of logic and metaphysics in Versuch ueber die Krankheiten des kopfes and Anthropologie in pragmatischer Hinsicht abgsflasst referred to by Freud in The Interpretation of Dreams Kraeplin, Emil , German pioneer in modern psychiatry; divided mental diseases into dementia-praecox and main-depressive groups; investigated fatigue and influence of alcohol on mental processes. Lichtheim, Ludwig , German physician; Lichtheim disease: Loewenstein, Rudolph Maurice , Polish-born New York psychoanalyst and third member of the fruitful postwar collaboration with Hartmann and Kris with produced the series of classical papers that extended and integrated the newer developments of psychoanalytic theory. Selected Papers ; editor, Drives, Affects, Behavior Ludwig, Karl Friedrich Wilhelm , German physiologist, world famous as professor and head of the Physiological Institute at the University of Leipzig; pioneered the study of physiology as related to the physical sciences and improved laboratory methods and apparatus. Nageli, Carl Wilhelm , born near Zurich. Professor of Botany at Freiburg in Breisgar , Munich Basic Books, ], p. Secretary of the Vienna Psychoanalytic Society Rutimeyer, Ludwig , Swiss naturalist known for work in craniology and investigations in the mammalian paleontology of Switzerland. Author of many philosophical works. Vichow, Rudolf , German pathologist and political leader; worked also in archeology and anthropolgy; professor and director, Pathological Institute, Berlin, from ; founded cellular pathology; made sanitary reforms in Berlin; member of the Prussian National Assembly from and the German Reichstag ; author of Die Cellularpathologie and Handbuch der Speiellen Pathologie und Therapie 6 vols. Wagner von Jauregg, Julius , Austrian neurologist-psychiatrist; Nobel Prize for discovery of maldaia therapy for general pareses, known as Wagner Jauregg treatment. Wundt, Wilhelm Max , German physiologist and psychologist. Wundt founded the first laboratory for experimental psychology at Leipzig , where he was professor ; believed that psychology must be based directly on experience; correlated the mathematical, psychophysical, physiological, and experimental principles in psychology; author of books on physiology, psychology, and ethics. A Life for our Time, W.