Terms

- **Etiological**: causing or contributing to the development or cause of a disease or condition / serving to explain something by reason--usually in myth
- **Efficacious**: successful in producing a desired result (inanimate or abstract)
- **Modus vivendi et dicendi**: way of life (and??)
- **Paroxysm**: sudden attack or violent expression of a particular emotion of activity
- **Raptus**: Latin for seized

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"Life-Lie and Responsibility in Neurosis and Psychosis: A Contribution to Melancholia" (1914)

1. All psychogenic diseases are symptoms of a higher kind and constitute the products of individual life-lines (235).
   a. This is an assumption to take into account, not to be proved in this essay.
   b. Owes debt to Raimann.
      i. Points out the connection between individuality and psychosis.
2. *Individual psychology viewpoint*: "the neurotic methods of life seize with an apparently unalterable regularity, based upon individual experiences, upon the means of a utilisable neuroses or psychoses, in order to triumph" (235)
   a. The patient constructs an inner world of his own on the basis of a defective individual perspective in contrast with reality which dictates his attitude toward society.
   b. The patient safeguards his neurosis with the etiological assumption that his neurosis is only due to heredity, experience, or the environment.
      i. "the patient who thus safeguards his neurotic or psychotic inference and with it the integrity of his disease" (236).
         1) Is compelled on his journey to an imagined final scene and thus can only think in this etiological manner.
         2) "However it is a categorical command of his life-plan that he should fail either through the guilt of others and thus be freed from personal responsibility, or that some fatal trifle should prevent his triumph" (236).
      ii. "The calming hypnotizing safeguarding currents of the life-lie permeate the while content of life" (236).
         1) Every attempt to tell the patient the truth of his irresponsibility is met with "violent resistance."
3. "safeguarding tendency": the patient resorts to tricks to avoid the "socially necessary decisions" that come up.
   a. "There are very few instances in which the attribution of guilt to others appears to be missing" (236)
4. "opponent":
   a. The patient wants to attain superiority or "feel his right in possessing it" (237).
      i. About dominating the environment.
      ii. Several cases are elaborated where patients take ill or become melancholic when their "prestige was threatened" (236-7).
      iii. "prestige-attainment": when someone’s authoritative position is threatened they can fall into neurosis.
         1) In this way, if everything goes wrong it is because of his condition and not his responsibility and if everything goes right despite the condition he will receive increased recognition (238).
         2) Falling into melancholia is "desire to force his own will upon others and in safeguarding his prestige by threats of becoming ill" (239).
            a) This is something that he develops from childhood.
      iv. Part of domination is removing yourself from responsibility thus forcing other to take care of you
Neurotically-diseased individuals attack whole groups more often than just one person; often the order of things.

i. "The complete withdrawal from the world which means, of course, at the same time the condemnation of it, is expressed in [schizophrenia]" (237).

ii. Paranoid accuses someone else while the melancholic feels guilty (240) [these are both aggressive and are a means to expressing superiority].

5. "Distance":
   a. The patient pushes himself to the background putting the neurosis forward, protecting his personality-feeling and ego-consciousness:
   b. "the maniacal idea commits no mistakes" (240).

6. From *The Neurotic Constitution* by Adler, the conditions necessary for developing mania (243).
   i. An intensified feeling of uncertainty and inability to face an imminent decision.
   ii. The mechanism is a marked deflection from and devaluation of reality (among other things this means a denial of value of rationality as a function of society).
   iii. Intensification of the guiding-line leading to the fictive goal of superiority.
   iv. Anticipation of the guiding idea.
   a. Psychosis always has a motive which differs individually (243) [another trait setting individual psychologists apart from their contemporaries],
   i. Only after the goal is discovered can it neurosis or psychosis be dealt with.

7. Melancholia:
   a. The complete 'hesitating attitude' and the 'progressive advance backwards' are both conditioned by a 'fear of taking a decision' (244).
   b. Melancholia is a contrivance for conducting the remnant and distance of the individual for the true goal of superiority.
      i. In all cases of neurosis and psychosis this is achieved by the "voluntary assumption of the 'cost'" (244).
         1) Thus melancholia resembles an attempt at suicide which is frequently terminated.
      ii. Body language communicates the "decreased community feeling" in the "hesitating attitude."
      iii. "Fear at all times serves the purposes of security, a weapon of defense and a proof of illness, and paroxysms of rage and the raptus melancholic break out occasionally in the expressions of a fanaticism of weakness, an indication of disguised emotions; maniacal ideas point to sources of purposive phantasies which both furnish and "arrange" the patients affects in the interests of his illness" (244).

8. The life-falsehood is a recoiling from responsibility and is a creation of their own weakness and leads to struggles against others (245).