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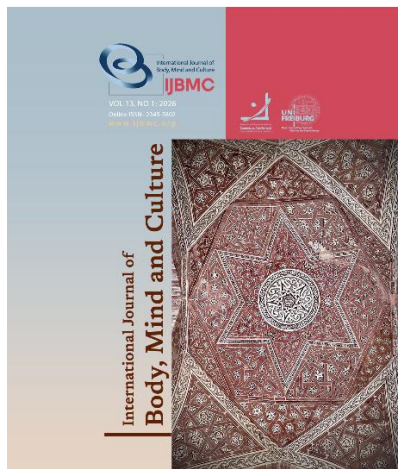
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Discourse Analysis of the Formation of the Superego in Mother-Daughter Relationships in Women with Psychosomatic Disorders

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ABSTRACT

Objective: To examine how women with psychosomatic disorders narrate mother-daughter relational patterns and how maternal moral authority is discursively internalized as punitive self-regulation consistent with psychoanalytic notions of the superego.

Methods and Materials: This qualitative study used Fairclough's Critical Discourse Analysis (three-dimensional model) to analyze semi-structured, in-depth interviews with 16 women receiving psychiatric care in Tehran (2024), purposively sampled. Interviews (60–90 minutes) were audio-recorded, transcribed verbatim, and coded using a hybrid deductive-inductive procedure focusing on moral language, modality, metaphors, guilt/shame expressions, and representations of maternal authority; rigor was supported through triangulation, member checking, and expert review.

Findings: Three themes emerged: (1) Internalized Authority (maternal voice as disciplinary power; internalized surveillance, guilt, and self-reproach); (2) Emotional Regulation and Punishment (ambivalence between care and punishment; emotional deprivation as psychological control); and (3) Gendered Ethics and Silence (imperatives of self-sacrifice and silence; loyalty to mother/family as binding moral obligation). These discursive patterns reflected early relational asymmetries and reinforced punitive self-monitoring.

Conclusion: Psychosomatic symptoms may function as embodied expressions of internalized moral conflict rooted in mother-daughter dynamics. Integrating psychoanalytic interpretation with discourse analysis highlights how harsh superego demands are linguistically constructed and culturally reinforced, underscoring the clinical value of addressing both relational history and moralizing discursive environments.

Keywords: psychosomatic disorders, superego, mother-child relationship, life experience.

Introduction

Psychosomatic disorders—physical symptoms that lack a clear organic cause—highlight the complex interplay between psyche, body, and culture. These disorders challenge traditional mind-body dualisms by revealing how unresolved psychological conflict can find expression through the body, particularly when affective states remain unprocessed or unnamed (Mucci, 2021). This study aims to investigate how punitive superego formations, particularly within mother-daughter relationships, contribute to the development of psychosomatic symptoms in women, integrating psychoanalytic, discursive, and socio-cultural frameworks.

The body is not merely a biological organism but a site of memory, trauma, and language. It registers early relational experiences in ways that may later bypass conscious awareness, especially when verbal or symbolic processing is insufficient. Mucci (2021) emphasizes that trauma in early caregiving can leave implicit epigenetic and affective traces, contributing to somatic symptoms when the connection between what is felt, thought, and articulated is disrupted. In such cases, the body “speaks at the borders of the mind,” expressing what cannot be consciously acknowledged.

From a psychoanalytic perspective, the superego emerges through early identifications with caregivers, shaping the moral and emotional fabric of the self. (Freud, 1917, 1923) theorized the superego as a psychic structure formed through the internalization of parental prohibitions, often manifesting as self-reproach or guilt. In *Mourning and Melancholia*, Freud (1917) described how aggression initially directed at a lost object turns inward, resulting in self-punishment. Later, in *The Ego and the Id*, Freud (1923) formalized the concept of the superego as a critical internal agency derived from parental identifications. He further elaborated on the ego-ideal and identification in *Group Psychology and the Analysis of the Ego* (Freud, 1923), defining identification as “the first instance of expressing an emotional bond with another person.”

Klein (1952) expanded Freud’s theory by emphasizing the infant’s innate aggressive drives and early object relations. She argued that the superego is not merely a moral filter but often a persecutory force born from the child’s internalization of hostile or inconsistent

caregiving. According to Klein, early splitting of good and bad objects in the paranoid-schizoid position leads to the development of a sadistic superego, especially when the child re-internalizes projected destructive impulses (Frank et al., 2009; Kolchin-Miller, 2015). This dynamic is especially pertinent when considering the emotional costs of disrupted mother-infant bonds, which shape the child’s early relational templates and contribute to later psychological suffering (Barnett, 2018; Holmes, 2011).

In parallel, contemporary discourse analysis offers a post-structuralist lens to examine how subjectivity, identity, and relational dynamics are shaped by language and social power. Discourse not only reflects individual psychic life but also constructs it. Drawing on Fairclough (2023) critical discourse analysis, this study explores how dominant social narratives—particularly those tied to motherhood, gendered morality, and sacrifice—are internalized and expressed through the formation of the superego. This perspective enables a reading of psychosomatic symptoms not just as intrapsychic defenses but as socially mediated expressions of suffering embedded in cultural scripts.

To avoid philosophical incoherence, this research holds psychoanalysis as a theory of psychic structure and applies discourse analysis to the interpretation of language use and social power. Rather than collapsing epistemological domains, the study recognizes that psychic life is formed within—and expressed through—social and linguistic systems. This integrative approach acknowledges both the intrapsychic mechanisms of guilt, repression, and identification, and the discursive conditions under which these mechanisms are legitimated and normalized.

Gender is central to this inquiry. Studies show that women are disproportionately affected by psychosomatic disorders (Fink et al., 2004; Hilderink et al., 2013; Honarmand et al., 2019), a fact often attributed to both cultural expectations and structural inequalities. The 2020 Catalonia Health Survey reported that the prevalence of psychosomatic disorders in women was 24.2% higher than in men (Alejandro et al., 2023). These disparities are often linked to gender-based violence, emotional repression, and the societal idealization of feminine self-sacrifice (Harbishettar & Math, 2014). In Iranian society, where traditional roles and religious norms shape expectations around motherhood and femininity, women may be particularly vulnerable to the

internalization of moralizing discourses that amplify guilt and suppress dissent.

Mothers, while not pathologized in this study, are considered key agents in the multigenerational transmission of relational templates and social norms. Their influence is shaped by both their own psychological histories and their embeddedness in dominant discourses. As the first object of attachment, the mother plays a central role in the formation of the superego. When this relationship is marked by emotional deprivation, excessive control, or inconsistency, it may contribute to the development of a punitive internal agency that manifests in psychosomatic symptoms (Khoshgoftar et al., 2022; Ostad-Mohammadali et al., 2025).

Previous research in Iran has largely taken quantitative or correlation-based approaches to the study of psychosomatic disorders. Few have adopted a qualitative, interpretive, or psychoanalytic-discursive framework.

This study addresses this gap by examining how women narrate their early maternal relationships, and how these narratives reveal the formation of punitive superego structures within a culturally specific context. Using (Fairclough, 1992) discourse analysis method, the study explores how dominant discourses on motherhood and femininity are internalized, resisted, or reinterpreted by women suffering from psychosomatic disorders.

By situating the superego within both intrapsychic and discursive domains, and by grounding the analysis in the Iranian sociocultural context, this research contributes to a more nuanced understanding of how psychosomatic symptoms are shaped by the intersection of early object relations, gendered discourse, and cultural power.

2. Objective

Objectives

This study aims to explore the formation and symbolic representation of the superego within mother-daughter relationships among women diagnosed with psychosomatic disorders. Specifically, the study pursues the following objectives:

To analyze how internalized maternal authority contributes to the construction of the superego in women with psychosomatic conditions, drawing on

psychoanalytic theories of intrapsychic development (Freud, 1923; Klein, 1952).

To identify symbolic expressions of the superego—including moral language, emotional regulation strategies, and bodily symptomatology—as they appear in participants' narratives and self-descriptions.

To examine how cultural and discursive norms about motherhood, femininity, and guilt are embedded in the language of women with psychosomatic disorders, using Fairclough (2023) critical discourse analysis.

To investigate the relational dynamics between mothers and daughters that contribute to the emergence of punitive or overly idealized superego structures.

To integrate psychoanalytic and discourse-analytic frameworks in order to understand how psychic conflict and social power operate jointly in the development of psychosomatic symptoms.

Methods and Materials

Participants and Sampling

This qualitative study utilized (Fairclough, 1992) Critical Discourse Analysis (CDA) within a psychoanalytic interpretive framework to explore the symbolic construction of the superego in mother-daughter relationships among women diagnosed with psychosomatic disorders. Sixteen women were purposively selected from psychiatric clinics in Tehran between July 2023 and May 2024.

Participants met diagnostic criteria for psychosomatic spectrum disorders as confirmed by a psychiatrist through clinical evaluation based on ICD-11 guidelines. Although Lacourt's questionnaire was initially considered, it was excluded due to its biomedical orientation, which conflicts with the interpretive and discourse-based aims of this study.

The sample size was determined based on data saturation, defined as the point at which no new meaningful themes emerged. This qualitative criterion supports depth over breadth, fitting the psychoanalytic and discourse analytic approaches used.

Data Collection: Semi-Structured Psychoanalytic Interviews

Data collection involved semi-structured, in-depth interviews designed to elicit rich narratives addressing maternal influence, moral development, and emotional regulation, all central to superego formation. The

interview questions aimed to explore participants' subjective experiences and the discursive construction of moral concepts, rather than simply gather factual data.

The key interview questions included: What do conscience and ethics mean to you? How have conscience and ethics influenced your life? What moral teachings from your mother have shaped your understanding of right and wrong? How strictly did your mother enforce these teachings? How did your mother respond if you did not follow these principles?

Demographic and psychosocial information (e.g., age, marital status, education, psychiatric history) was collected to contextualize the narratives. Interviews lasted 60–90 minutes, were audio-recorded with consent, and transcribed verbatim. Nonverbal expressions and emotional tone were noted to capture embodied meaning, consistent with psychoanalytic interpretation.

3.3 Data Analysis: Integrating Fairclough's CDA with Psychoanalytic Interpretation

Data were analyzed using Fairclough's three-dimensional model of Critical Discourse Analysis (Fairclough, 1992, 2023), which examines textual features (e.g., vocabulary, modality, metaphors), discursive practices (production and consumption of discourse), and social practices (ideological and institutional contexts). This method was selected for its focus on uncovering how ideologies become naturalized in everyday language, aligning with the psychoanalytic focus on internalized social norms.

The superego was conceptualized as a discursively constructed symbolic entity, revealed through moral language, expressions of guilt and shame, and narratives of maternal authority, shaped by sociocultural expectations and early relational experiences (Barnett, 2018; Freud, 1923; Klein, 1952).

The analytic procedure included:

Textual coding: Using a hybrid deductive-inductive approach, transcripts were coded for themes such as “maternal authority,” “internalized guilt,” “moral injunction,” and “emotional conflict.”

Symbolic interpretation: Linguistic elements like metaphor, modality, and narrative stance were examined to understand how participants symbolized maternal demands and superego functions.

Intertextual and ideological analysis: The findings were interpreted within broader cultural discourses on

motherhood, morality, and gender roles in Iranian society (Alejandro et al., 2023; Harbishettar & Math, 2014).

Thematization: Core themes reflecting psychoanalytic constructs—such as “the punitive mother” and “internalized self-blame”—were identified and contextualized within the lived experience of psychosomatic disorders.

This combined approach allowed the superego to be understood not as a fixed psychic structure, but as a dynamic, socially inscribed, and emotionally charged construct emerging at the intersection of discourse, culture, and embodiment (Barnett, 2018; Fairclough, 2023).

Rigor

To ensure the trustworthiness of the study, (Lincoln et al., 2011) criteria for qualitative rigor were systematically applied, encompassing credibility, dependability, confirmability, and transferability.

Credibility was established through prolonged engagement with the data, triangulation of sources, and member checking. After preliminary analysis, participants were re-contacted to review the interpretations of their interviews, allowing for validation or correction of emerging themes.

Dependability was maintained by keeping a detailed audit trail of all analytic decisions, including coding schemas and theme development, which was reviewed throughout the process to ensure consistency and transparency.

Confirmability was addressed by involving an expert panel consisting of three psychiatrists and two clinical psychologists, who were provided with anonymized transcripts and thematic summaries. These experts independently reviewed and critically evaluated the themes and interpretations to minimize researcher bias. Although the reviewers were not formally blinded to the study aims, efforts were made to maintain objectivity by focusing on data-supported evidence.

Transferability was supported by providing rich, contextual descriptions of participants' backgrounds and sociocultural settings, enabling readers to assess the applicability of findings to similar populations.

Additionally, the study findings were cross-validated through a comprehensive comparison with existing literature on psychosomatic disorders and

psychoanalytic theories of the superego, reinforcing theoretical coherence.

5.3 Ethical Approval

Ethical considerations were strictly observed, including maintaining the participants' confidentiality, and informed consent was obtained, with participants providing written approval for the recording and documentation of their interviews. The study was accorded Ethical Committee Approval vide Ethics Committee with number IR.IAU.TNB.REC.1401.007. The study was carried out in accordance with the ethical

principles of the American Psychological Association and the Declaration of Helsinki.

Findings and Results

Table 1 presents the participants' demographic data, including age, marital status, number of children, occupation, education level, birth order, parental status (alive or deceased), number of siblings, history of mental disorders, and substance use.

Table 1

The participants' demographic characteristics

Participant code	Age	Marital status	Number of children	Occupation	Education	Father	Mother	Birth order	Sister(s)	Brother(s)	History of mental disorders	History of drug/alcohol use
1	39	Separated	0	Teacher	Bachelor in painting	Alive	Alive	Second child	1	2	OCD	0
2	36	Single	0	Employee	Master of management	Alive	Alive	Second child	1	2	0	Smoking/ alcohol
3	37	Married	0	Salesperson	Bachelor in Accounting	Alive	Alive	Single child	0	0	0	Smoking
4	30	Married	0	Self-employed	Bachelor in psychology	Alive	Alive	First child	0	1	Bipolar disorder	0
5	35	Married	2	Housewife	Bachelor in Nutrition	Alive	Alive	Third child	2	0	Depression/panic disorder	Smoking
6	30	Single	0	Medical technician	Master of Nuclear Medicine	Alive	Alive	Second child	0	1	Depression	0
7	43	Single	0	Accountant	Bachelor in Accounting	Alive	Alive	First child	1	1	Depression/OC D/panic disorder	0
8	27	Single	0	Accountant	Bachelor in Accounting	Alive	Alive	Second child	1	1	0	0
9	27	Single	0	Unemployed	Bachelor's degree	Alive	Alive	Second child	1	0	0	0
10	41	Separated	1	Employee	Bachelor in management	Alive	Alive	First child	0	2	0	0
11	36	Separated	0	Barber	Associate's degree	Alive	Alive	Second child	3	1	Bipolar disorder	0
12	35	Single	0	Accountant	Bachelor in Accounting	Died	Alive	Last child	1	2	0	0
13	37	Separated	1	Software technician	Master of IT	Alive	Alive	Second child	1	0	0	0
14	44	Separated	2	Employee	Bachelor in Management	Died	Alive	Second child	1	1	0	0
15	45	Married	1	Housewife	Bachelor's degree	Died	Alive	Second child	1	2	Depression	0
16	26	Single	0	Barista	Diploma	Alive	Alive	First child	1	0	0	Smoking/ drug abuse

After analyzing the interview data of individuals with psychosomatic disorders, the superego was conceptualized through seven propositions across three main dimensions (table 2): morality and conscience.

Detailed Linguistic and Discursive Analysis of Key Excerpts

Excerpt 1: Maternal Authority and Gendered Moral Regulation

Participant #3:

"My mother always told me to be patient, especially as a woman. She would say, 'Never share household problems with anyone, don't trust people. If there's a dispute at home, don't speak about it outside. Respect your husband, respect your father.'"

Analysis:

Modality and Imperatives: The use of modal verbs and imperatives ("never share," "don't trust," "respect")

strongly asserts the mother's authority, positioning the speaker in a subordinate role expected to comply without question. This linguistic modality constructs an environment of obligation and prohibition, limiting the daughter's agency and promoting self-surveillance.

Gendered Subject Positioning: The explicit address "especially as a woman" discursively enforces gender roles, implying a differential moral standard based on sex. This gendered framing naturalizes female submission and silence within domestic power structures.

Interpersonal Power: The mother's voice is interpersonally dominant, exerting control through speech acts that serve as social regulation tools. The repetition of "respect" underscores patriarchal power embodied by male family members, which the daughter is expected to uphold.

Intertextuality: This excerpt echoes cultural discourses about the ideal woman's role, blending personal maternal authority with wider societal norms, thus illustrating how the superego internalizes social ideology.

Excerpt 2: Internalized Guilt and Emotional Impact

Participant #7:

"I felt worthless, like I wasn't a good daughter... I often felt rejected, afraid that my mother didn't love me and might abandon me."

Analysis:

Subjectivity and Affect: The language here expresses deep affective states — worthlessness, rejection, fear — revealing how the superego functions as an internalized emotional regulator. The first-person pronoun "I" anchors the narrative in personal experience, emphasizing internal conflict.

Psychic Structure: The fear of abandonment and rejection reflects internalized maternal judgment, consistent with psychoanalytic theories of the superego as both caretaker and persecutor. The superego emerges as a psychic agency that disciplines the self through emotional punishment.

Transitivity: Passive constructions ("I felt...") foreground the speaker's experience without naming an active agent, which linguistically isolates the self as the locus of guilt, reinforcing internal self-surveillance.

Power Dynamics: The mother's implied disapproval exerts symbolic power that permeates the daughter's

self-concept, illustrating how language mediates the internalization of authority.

Excerpt 3: Ambivalence of Maternal Punishment

Participant #8:

"She was very strict and would punish me... She used to hit me a lot, but afterward, she'd feel guilty about it."

Analysis:

- **Contrasting Clauses:** The conjunction "but" introduces a counterpoint, revealing ambivalence in the maternal figure — simultaneously an enforcer and remorseful caregiver. This ambivalence is a linguistic marker of complex relational dynamics central to superego formation.

Material and Mental Processes: The verbs "punish" and "hit" denote physical acts of discipline, while "feel guilty" signals mental/emotional processes. This juxtaposition highlights the dual nature of maternal authority as both harsh and vulnerable.

Repetition and Intensity: The phrase "used to hit me a lot" intensifies the physical dimension of punishment, underscoring the somatic impact linked to psychosomatic symptoms.

Narrative Positioning: The participant frames the mother's guilt as a mitigating factor, possibly as a discursive strategy to reconcile love and aggression, reflecting psychoanalytic notions of the ambivalent maternal object.

Excerpt 4: Ethics of Silence and Self-Sacrifice

Participant #6:

"She always said, 'No matter what others do, you must always be good to them.' On the surface, it seems like good advice, but over time, it becomes harmful because when someone seriously hurts you, you don't always have to prove you're an angel with two wings."

Analysis

Reported Speech: The use of direct quotation represents the mother's voice as a moral injunction, highlighting how discourse transmits normative ethics.

Concessive Clause: The phrase "on the surface... but over time" introduces a critical stance, contesting the dominant discourse of unconditional goodness. This reveals reflexivity in the participant's narrative and an emergent resistance to internalized superego demands.

Metaphor: "Angel with two wings" is a metaphor for moral perfection and self-sacrifice, symbolizing unrealistic ethical expectations imposed by maternal discourse.

Interpersonal Meaning: The participant negotiates power by acknowledging maternal authority but also asserting a counter-discourse, signaling a potential rupture in the superego's dominance.

Summary of Discursive Insights

Language as Power: Participants' narratives reveal that maternal discourse functions as a primary site of power, where imperatives, prohibitions, and moral judgments shape internalized subjectivity.

Superego as Internalized Other: The mother's voice, conveyed through language, becomes an internalized

"Other" that disciplines, punishes, and shapes the psychic self.

Ambivalence and Conflict: Language reflects the dual nature of maternal influence—nurturing yet punitive—producing ambivalence that manifests psychosomatically.

Emergence of Resistance: While dominant discourses prevail, participants also articulate moments of reflexivity and resistance, indicating discursive spaces for renegotiating the superego.

Table 2

Thematic Propositions from Discourse Analysis of Participants' Statements

Themes	Subthemes
Internalized Authority	1. Maternal voice as normative and disciplinary power 2. Internalization of surveillance, guilt, and self-reproach
Emotional Regulation and Punishment	1. Ambivalence between maternal care and punishment 2. Emotional deprivation as a form of psychological control
Gendered Ethics and Silence	1. Ethical imperatives emphasizing silence and self-sacrifice 2. Loyalty to mother and family as binding moral obligations

Summary of Discursive Insights

Language as Power: Participants' narratives reveal that maternal discourse functions as a primary site of power, where imperatives, prohibitions, and moral judgments shape internalized subjectivity.

Superego as Internalized Other: The mother's voice, conveyed through language, becomes an internalized "Other" that disciplines, punishes, and shapes the psychic self.

Ambivalence and Conflict: Language reflects the dual nature of maternal influence—nurturing yet punitive—

producing ambivalence that manifests psychosomatically.

Emergence of Resistance: While dominant discourses prevail, participants also articulate moments of reflexivity and resistance, indicating discursive spaces for renegotiating the superego.

In Figure 1, a discourse analysis tree diagram based on representations of the mother-child relationship in participants with psychosomatic disorders is introduced.

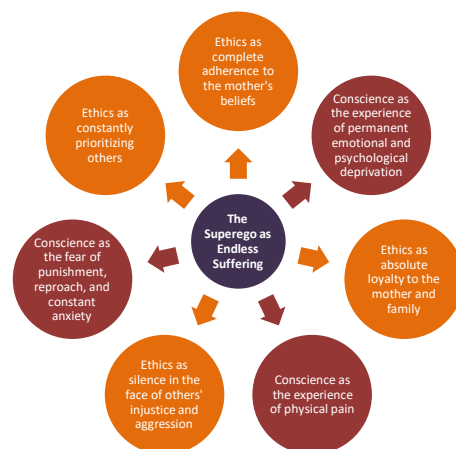


Figure 1

Discourse Tree: Representations of the Mother-Child Relationship in Participants with Psychosomatic Disorders

Construction and Theoretical Grounding

This discourse tree diagram was constructed based on recurrent patterns of meaning identified in participant narratives, specifically around the internalized maternal voice and its role in the formation of a pathological superego. The central concept — “The Superego as Endless Suffering” — functions as the diagram’s core node, reflecting the dominant psychic structure experienced by participants with psychosomatic disorders.

Each of the surrounding branches (nodes) represents one of two interconnected psycho-discursive categories:

Ethics: Social and moral imperatives instilled by the maternal figure

Conscience: Affective experiences and psychic responses (e.g., guilt, anxiety, pain)

These are drawn from psychoanalytic theory — particularly Freud’s concept of the punitive superego, Klein’s depressive position and internal object relations, and contemporary views on guilt, affect regulation, and somatization (Barnett, 2018; Lieberman, 2018; Simões & Passos, 2019).

The arrows indicate a cyclical relationship, where ethical demands (e.g., loyalty, silence, perfection) fuel painful emotional responses (e.g., fear, deprivation, anxiety), which in turn reinforce rigid moral standards. This circular dynamic reflects the feedback loop typical of a self-persecutory superego that uses guilt and pain to maintain control.

Analytical Value

This visual model helps:

Synthesize qualitative findings: It distills complex, layered narratives into a coherent structure reflecting both linguistic themes and psychic functions.

Highlight internal contradictions: The contrast between idealized ethics (e.g., “always be good,” “prioritize others”) and the conscience’s emotional toll (e.g., pain, anxiety) captures the ambivalence at the heart of superego formation.

Bridge discourse and psyche: The figure visually connects language (discourse) with psychodynamic structures (superego, object relations, death drive).

Support theoretical interpretation: It provides a concrete illustration of Klein’s concept of the internalized bad object, and the shift from external maternal control to internal psychic persecution.

Interpretive Summary of Nodes

Ethics as complete adherence to the mother’s beliefs: Reflects internalized dogma; language marked by modal imperatives (“must,” “never”).

Conscience as emotional and psychological deprivation: Emotional themes of abandonment, exclusion, silence.

Ethics as absolute loyalty to mother/family: Discursively realized through family-centered moral hierarchies.

Conscience as physical pain: Somatization as psychic punishment.

Ethics as silence in the face of injustice: Prohibitions against speaking out, passive constructions in narrative.

Conscience as anxiety and fear of punishment: Recurring theme in narratives; indicative of a harsh internal critic.

Ethics as prioritizing others: Guilt for asserting self; moral expectations of constant self-sacrifice.

Figure 1 provides a multi-level psycho-discursive map that captures how early maternal relationships shape the participants’ internalized moral systems and emotional suffering, as well as how these psychic structures are linguistically represented. By integrating psychoanalytic theory and critical discourse analysis, this diagram serves as a foundational analytic tool in understanding the etiology of psychosomatic distress through the lens of maternal introjection and superego pathology.

Discussion and Conclusion

Discursive Construction of the Superego in Female Subjectivity

The linguistic and discursive analysis of participant narratives reveals the maternal voice as a central medium for transmitting moral injunctions, internalizing societal expectations, and shaping female subjectivity through the superego. These findings align with psychoanalytic theory, particularly Freud’s and Klein’s perspectives, which frame the superego as both a psychic regulator and a source of internalized conflict. However, when distorted or intensified, the superego transitions from a guiding force to a punitive, sadistic structure — one that channels the death drive and contributes to psychological collapse.

The Superego: Normative Function vs. Pathological Formation

In its normative function, the superego facilitates adaptation within society, mediating instinctual drives through guilt and moral reasoning. This regulatory

capacity is foundational for social cohesion and ethical development. However, as (Barnett, 2018) highlights, a pathological superego emerges when guilt is not metabolized but instead amplified through internalized maternal severity. In this configuration, the superego becomes a primitive and destructive force — not merely restraining desires but actively seeking the ego's submission through self-punishment. This sadistic superego draws on the death drive, exerting pressure that overwhelms the ego's defenses, leading to psychological breakdown and, ultimately, a refuge in psychosomatic illness.

This transformation is evident in the narratives examined. For example, Participant #7's language of worthlessness and fear reveals an internalized persecutory voice — the maternal figure — whose disapproval is experienced as existential threat. This psychic state exemplifies what Klein and Freud recognized: that guilt arises from a split within the psyche, where the ego struggles under the superego's demands and the shame of violating internalized ideals (Simões & Passos, 2019).

Maternal Language as the Superego's Discursive Vehicle

The excerpts demonstrate that the superego's development is linguistically constructed, with maternal discourse operating as the primary vehicle. Commands such as “never share,” “don't trust,” and “respect your husband” (Excerpt 1) exemplify how the mother's speech embodies social and cultural norms, interpellating the child into gendered roles marked by silence, deference, and emotional containment. These moral imperatives — saturated with cultural intertextuality — not only define acceptable behavior but also establish a psychic economy where guilt and self-surveillance become internalized habits.

Participant #6's reflection introduces a critical rupture in this discourse. Her metaphor of the “angel with two wings” ironically critiques the moral perfection imposed by maternal teachings. The concessive clause (“but over time...”) signals a growing awareness of the harm caused by these expectations. Such moments of discursive reflexivity suggest that the superego's dominance is not absolute; it can be challenged and renegotiated through language and experience.

Object Relations, Internal Conflict, and Somatic Outcomes

Kleinian object relations theory deepens our understanding of these dynamics. As infants encounter

frustration from the primary object — often the mother — they defensively split the maternal figure into “good” and “bad” objects. The death drive is projected onto the bad object, while love is reserved for the good. Through internalization, these split objects become part of the psyche, forming the basis of the superego. Ideally, over time, the infant integrates these experiences, accepting the mother as a unified figure and forming a balanced superego that is both supportive and morally guiding (Frank et al., 2009; Weiss, 2020). However, where splitting persists or ambivalence remains unresolved — as in the case of harsh or inconsistent maternal care — the superego retains its punitive function, rooted in fear and projected aggression.

Participant #8's account of physical punishment followed by maternal guilt encapsulates this ambivalence. The contrast between material actions (“hit me a lot”) and mental responses (“feel guilty”) underscores the divided maternal object — both cruel and caring — and mirrors the psychic splitting Klein described. The speaker's discursive strategy of mitigation suggests a psychological attempt to unify this split, but the lingering somatic consequences (psychosomatic symptoms, anxiety, or internal conflict) reflect unresolved ambivalence.

Guilt as Affective Glue: Regulation, Control, and Collapse

Guilt emerges throughout the narratives as the affective glue that binds subjectivity to the superego's demands. Lieberman, (2018) emphasizes guilt as the superego's primary mechanism for enforcing idealized standards. In depressive states, guilt becomes an index of internalized aggression toward parental figures and the self. This is echoed in Participant #7's expression of rejection and fear, as well as in the broader empirical literature linking guilt with mental distress and somatization (Căndea & Szentagotai-Tătar, 2018; Quiles & Bybee, 1997).

Moreover, guilt functions as an inwardly directed form of control, analogous to how anger is projected outward (Önol & Engin, 2022). The inability to externalize conflict, particularly in women socialized into silence and self-sacrifice, heightens the risk of somatic outcomes. Numerous studies (Figueiredo-Ferraz et al., 2021; Geissner et al., 2022; Pineles et al., 2006) have established guilt's central role in disorders such as OCD, depression, and psychosomatic illness. For example, (Luck & Luck-Sikorski, 2021) reported that

37.4% of adults with major depression experience persistent guilt, suggesting its prevalence as a core symptom in internalizing disorders.

Psychosomatic Illness as a Refuge

Barnett, (2018) proposition that illness can serve as a “refuge” from the superego’s intolerable demands is crucial to interpreting these findings. When internal conflict reaches a psychological impasse — where the ego cannot reconcile maternal demands with personal desires — the body becomes the site of expression. Illness becomes a symbolic act: a non-verbal plea for relief, a strategy of withdrawal, and an escape from psychic persecution. Within this framework, the narratives reflect a consistent pattern: punitive maternal discourses construct an internal regime of guilt, leading to a psychic impasse, and ultimately finding resolution or reprieve through somatic suffering.

The detailed linguistic and psychoanalytic analysis of participants’ narratives illustrates the complex role of maternal discourse in constructing the superego. The findings affirm that the superego is not merely inherited or instinctual but formed and sustained through language, social norms, and emotional regulation. While its healthy function facilitates moral development and social integration, its pathological form — marked by excessive guilt, harsh internalized authority, and unresolved ambivalence — contributes to psychological suffering and psychosomatic illness.

Ultimately, these narratives reveal not only the dominance of maternal discourse but also moments of rupture, reflexivity, and resistance. Through metaphor, critique, and narrative positioning, participants show signs of renegotiating their relationship to the internalized maternal voice. These discursive fissures may represent pathways toward psychological healing — where the superego no longer functions solely as a punishing force but as a potentially reparative one, enabling growth, integration, and individuation.

4.6 Limitations and Suggestions for Future Research

One of the key methodological limitations of this study is the potential presence of epoché error, a common challenge in qualitative and psychoanalytic research. Although phenomenological methods emphasize the suspension of researcher preconceptions, this study did not explicitly employ strategies such as bracketing, reflexive journaling, or memo-writing to systematically control for subjective bias. The absence of

such measures may have led to unintentional interpretive distortions, including the misidentification of thematic patterns, overemphasis on emotionally resonant material, or projection of the researcher’s own unconscious dynamics onto participant narratives.

A related issue is the lack of attention to translation fidelity. If interviews were conducted in Persian and later translated into English, the absence of a detailed translation methodology raises questions about the preservation of semantic nuances, cultural idioms, and affective tone. This is especially significant in discourse and psychoanalytic analysis, where subtle variations in language carry symbolic and emotional weight. Without procedures such as back-translation or bilingual cross-checking, there is an increased risk of meaning distortion (Temple & Young, 2004).

Furthermore, the subjective nature of psychoanalytic constructs, such as the superego, unconscious conflict, or death drive, poses challenges for empirical rigor. These constructs are not directly observable and require interpretive inference, which may vary widely between researchers. As (Barnett, 2018) and (Simões & Passos, 2019) noted, the superego can manifest pathologically, particularly when dominated by guilt, resulting in somatization and psychological collapse—a phenomenon difficult to empirically operationalize.

Another limitation concerns the generalizability of findings. As with most qualitative research, this study relies on in-depth, contextually situated narratives that are not representative of broader populations. While rich in depth, the insights are not statistically generalizable and are better understood as theoretical generalizations grounded in psychoanalytic logic.

Suggestions for Future Research and Practice

Despite these limitations, the study identifies several productive avenues for future inquiry and intervention: Comparative Studies: Future research could explore differences in superego formation and maternal representations between women with psychosomatic disorders and those without. Such studies may clarify the distinct psychological and relational patterns associated with illness.

Cultural and Social Dimensions: Given the discursive emphasis on gender, obedience, and silence, further work should examine cultural and societal influences on superego development. Cross-cultural comparisons

could illuminate how different societies encourage or suppress certain affective and moral dynamics.

Collective Unconscious and Archetypes: Studies drawing on Jungian theory could explore how collective unconscious structures and cultural archetypes shape internalized maternal representations and guilt-laden dynamics contributing to psychosomatic symptoms.

Preventive Education: Klein (1952) as cited in (Frank et al., 2009; Weiss, 2020) emphasis on the early mother-child relationship, developing preventive parenting education focused on emotional regulation, attunement, and early object relations could mitigate the emergence of pathological superego configurations.

Clinical Training: Psychodynamic therapists and psychoanalysts would benefit from specialized training programs that teach how to interpret maternal representations in clinical narratives. This could improve treatment outcomes for patients with somatization or depressive guilt.

Integrated Treatment Approaches: Interdisciplinary therapies that combine psychodynamic psychotherapy, psychosomatic medicine, and emotion-focused modalities may offer more comprehensive care for individuals with somatic symptoms rooted in unconscious conflict.

Translation Transparency: Future research should explicitly document translation processes, such as back-translation, linguistic validation, or collaboration with bilingual psychoanalysts, to ensure conceptual integrity across languages (Temple & Young, 2004).

These recommendations underscore the need for methodologically rigorous, theoretically rich, and clinically applicable research into the psychodynamic underpinnings of psychosomatic disorders, particularly those rooted in maternal discourse and superego formation.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contribute to this study.

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