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The Body Becomes the Last Ethical Space When Internalized Moral Discourse Prohibits Speech

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ABSTRACT

The influence of internalized maternal moral discourse on the superego and psychosomatic symptomatology in women has been examined, conceptualized according to DSM-5 criteria for somatic symptom disorder. Building on previous collaborative research, it was observed that the body often becomes the final ethical space when verbal expression and emotional articulation are constrained by rigid, internalized moral imperatives. Using a Kleinian psychoanalytic framework, early mother-daughter relational asymmetries—characterized by ambivalence, emotional deprivation, and punitive moralization—were identified as fostering a pathological superego that imposes guilt, anxiety, and somatic manifestations. Maternal moral imperatives were found to be linguistically encoded, creating internalized norms that limit speech and enforce ethical self-discipline. Consequently, psychic conflicts are often expressed somatically when verbal negotiation is inhibited. Clinical implications indicate that psychosomatic symptoms function not merely as physiological disturbances but as symbolic enactments of unresolved relational and moral conflicts. Integrative psychodynamic and discourse-informed interventions have been shown to facilitate recognition, verbalization, and restructuring of internalized moral imperatives, enabling the renegotiation of superego demands and the restoration of psychic and somatic equilibrium. These findings underscore the necessity of addressing relational histories, moralized discourse, and embodied symptom expression in the assessment and treatment of somatic symptom disorders.

Keywords: Internalized moral discourse, maternal moral discourse, superego, psychosomatic symptoms, somatic symptom disorder.

Somatic Symptom Disorder: Clinical and Diagnostic Context

In alignment with DSM-5 criteria (American Psychiatric Association & American Psychiatric Association, 2013), SSD is characterized by the presence of one or more somatic symptoms that are distressing or significantly disrupt daily life, accompanied by excessive thoughts, feelings, or behaviors related to these symptoms. While the DSM-5 emphasizes subjective distress and functional impairment rather than the absence of medical explanation, it has been observed that SSD frequently emerges in contexts where early relational dynamics—particularly punitive and moralizing maternal discourse—have constrained verbal articulation of internal conflict. In this framework, psychosomatic expressions are conceptualized not merely as symptomatic phenomena but as symbolic representations of unresolved ethical and affective tensions internalized during formative mother–daughter interactions (Ostad-Mohammadali et al., 2025).

Psychoanalytic and Kleinian Insights

Freud's conceptualization of the superego (1917, 1923) positions it as a psychic agency that internalizes parental prohibitions, regulating behavior through guilt and self-reproach. Observations indicate that when maternal authority is experienced as rigid, ambivalent, or punitive, the superego may assume a sadistic quality, imposing severe internalized moral obligations. Klein's (1952) object-relations framework further elucidates this dynamic: the maternal object is split into 'good' and 'bad'; aggression is projected onto the bad object; and prohibitions and love are internalized onto the good object. Where these dynamics remain unresolved, the superego may become persecutory, eliciting internalized punishment that can materialize somatically (Barnett, 2018; Frank et al., 2009).

Discourse-analytic investigation revealed that maternal moral imperatives are linguistically encoded, shaping ethical consciousness and constraining speech. Modal verbs, imperatives, and culturally embedded moral discourses were found to generate internalized norms of silence and self-sacrifice, particularly among women socialized to prioritize familial or maternal loyalty. Resistance to these norms reportedly evoked guilt, fear of disapproval, or self-reproach, illustrating the superego's function as a disciplining agency (Ostad-Mohammadali et al., 2025). Consequently, verbal channels for ethical or emotional negotiation were limited, and the body emerged as the remaining medium through which internalized conflict was enacted.

The Body as the Last Ethical Space

Psychosomatic symptoms were conceptualized as a form of embodied ethical expression, representing a corporeal negotiation of moral tension when language fails. Experiences of chronic pain, gastrointestinal distress, or somatic anxiety were frequently associated with internalized maternal commands to remain silent, deferential, or self-sacrificing. These somatic manifestations were interpreted as ethical statements, embodying moral and relational imperatives that could not be verbally expressed due to superego prohibitions (Ostad-Mohammadali et al., 2025).

From a Kleinian perspective, the body is regarded as a canvas onto which unresolved aggression and guilt from the internalized bad object are projected. Guilt functions as an affective mediator between unfulfilled drives, internalized prohibitions, and the ego's defensive capacities (Lieberman, 2018). When the internalized maternal voice morally proscribes speech, somatic symptoms serve as a nonverbal language through which psychological and ethical conflicts are enacted, revealing the intersection of psyche, body, and sociocultural norms.

Discourse Analysis and Psychoanalytic Integration

Using Fairclough's (2023) critical discourse analysis, three primary themes were identified in participants' narratives: (1) internalized authority, reflecting maternal voice as disciplinary power; (2) emotional regulation and punishment, illustrating ambivalence between care and control; and (3) gendered ethics and silence, emphasizing self-sacrifice and loyalty as binding moral obligations. These discursive patterns were closely linked to somatic presentations, suggesting that psychosomatic disorders may operate as somatic enactments of punitive internalized moral codes.

The integration of psychoanalytic theory with discourse analysis was found to enrich the clinical understanding of SSD. While psychoanalysis elucidates intrapsychic processes, discourse analysis situates these

processes within socio-cultural frameworks that reinforce maternal authority and gendered moral expectations. Through this dual lens, the persistence of somatic symptoms, even when external stressors are minimal, can be understood as maintained by internalized ethical constraints, linguistic constructions of morality, and early relational imprints (Barnett, 2018; Ostad-Mohammadali et al., 2025).

Clinical Implications

Several implications for psychodynamic and integrative clinical practice were observed. First, treatment must address both symbolic and somatic dimensions of distress. Interventions such as psychodynamic psychotherapy, body-oriented therapies, or emotion-focused modalities facilitate articulation of internalized prohibitions and renegotiation of the moralized superego. Recognition of embodied ethical discourse allows patients to translate somatic symptoms into verbalizable experiences of internal conflict and moral tension.

Second, Kleinian object-relational concepts indicate that attention should be directed to the internalized maternal voice as a split object. Exploration of ambivalence, guilt, and internalized authority supports therapeutic integration, transforming the superego from persecutory to reparative. Patients may thereby develop tolerance for affective conflict, internalize less punitive standards, and re-establish a balanced moral framework permitting ethical reasoning without somatic enactment (Frank et al., 2009; Klein, 1952).

Third, socio-cultural norms must be considered. In contexts with prescriptive gendered moral expectations, internalized silencing and self-sacrifice exacerbate somatic manifestations. Clinicians are encouraged to contextualize psychosomatic presentations within these discursive environments, acknowledging that ethical constraints are socially constructed and internalized, rather than solely intrapsychic phenomena (Alejandro et al., 2023; Harbishettar & Math, 2014).

Methodological Reflections and Theoretical Extensions

Methodologically, the qualitative, discourse-analytic, psychoanalytic approach demonstrates the value of integrating narrative, linguistic, and theoretical analysis to elucidate somatic manifestations of ethical constraints. By combining inductive coding with psychoanalytic interpretation, symbolic and affective dimensions of SSD were captured, offering insights inaccessible through purely quantitative methods. Cross-cultural extensions may examine how internalized moral discourse shapes somatic expression in diverse socio-cultural contexts.

Theoretically, the superego is reconceptualized as a socially mediated ethical agency. When internalized moral imperatives inhibit speech, the body assumes the role of ethical negotiator. This framework bridges psychoanalytic, discourse-analytic, and psychosomatic paradigms, providing a richer understanding of SSD as a phenomenon at the intersection of relational history, internalized morality, and embodied expression.

Conclusion

In conclusion, psychosomatic symptoms in women with internalized maternal moral discourse were observed to function as the body's final ethical articulation. When punitive superego formations constrain speech, the body serves as a medium for unresolved ethical and relational tensions. Integration of psychoanalytic theory, particularly Kleinian object-relations perspectives, with discourse analysis elucidates the linguistic, relational, and socio-cultural scaffolding of the superego. Recognition of somatic symptoms as embodied ethical discourse can guide interventions that restore verbal agency, renegotiate internalized moral authority, and alleviate psychosomatic suffering. Viewing the body as an ethical space when speech is constrained advances both theoretical understanding and therapeutic strategies for somatic symptom disorder.

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