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ABSTRACT

This article presents a new model of superego organization that is dissociation-based. Clinicians often work intuitively with the harsh superego as if it were a dissociated internal persecutory fragment or self-state, even though theory has not provided a clear conceptual basis for this kind of approach. Despite differing theoretical understandings of the nature and origins of the harsh superego, there appears to be consensus that the harsh superego is best approached therapeutically with the aim of softening its hold.

Although the term superego is commonly used, its meanings are not always clear. Superego is understood both as a source of psychopathology and as a moral agency. Understood as psychopathology, the meaning of superego is problematic, as the theoretical model of superego frequently differs radically from the clinically observed phenomena. Understood as morality, the meaning of superego is also unclear in that it can be relativistic and subject to corruption (Kohlberg, 1971; Sagan, 1988). In addition, the interrelationships of these two meanings can be confusing.

This article begins by describing some of the problems in the superego construct. It then recasts this construct in terms of attachment theory and dissociation. It is proposed that in many cases harsh superego may be understood more usefully in terms of dissociation than in terms of the structural model and the Oedipus construct. There may be reasons in the history of psychoanalytic theory that have obscured this possibility. The role of attachment in superego and moral development (Schore, 1997; Lewis, 1981, 1983; Wilson, 1983) is emphasized. It is proposed that it is the attachment, not the rule-following in itself, that is moral. The implications of this model for working more effectively with self-punitive and self-critical behaviors are addressed.

PROBLEMS WITH THE SUPEREGO CONSTRUCT

Regarding the psychoanalytic literature's "troublesome" treatment of the superego, Helen Lewis, a noted scholar on the topic of shame and guilt, stated, "The superego, although formally acknowledged to be a theoretical construct, was nevertheless treated as an established fact or explanatory system" (Lewis, 1990, p. 239). This was also true of the Oedipus complex.

The superego construct involves identification and introjection in response to the oedipal conflict. The child attempts to solve the conflict presented by incestuous and murderous oedipal wishes and consequent fear of punishment (counter-aggression, such as castration or loss of love from the parent) by identifying with the parents. The authority of the parents is introjected into the ego and forms the kernel of the superego. Actual or anticipated parental punishment for transgressions is internalized as guilt and shame which become prime motivators of moral behavior. The child's superego takes the place of the parents' superegos in the delivery of proscriptions and prescriptions; in this way, the normative values of the culture are preserved across generations.

However, the superego can become overly harsh and hostile, causing excessive guilt and/or self-punishment in response to conflict over wishes or deeds of transgression, generating neurosis and psychopathology. This notion, that the same agency which motivates morality also causes psychopathology, is highly problematic. This hypothetical connection between morality and neurosis has profound implications, including both the potential legitimization of abuse of self and others as inherently moral, and the potential trivialization of morality itself.

THE PATHOLOGICAL HARSH SUPEREGO

The pathological harsh superego, rather than always holding the individual to higher moral principles, can cause a person to do terrible, even immoral things. It can make people sabotage their own success and behave punitively toward those they love. The functioning of the harsh superego can be seen as compellingly similar to that of a dissociated, aggressive, internal persecutor self-state. In describing the dissociative aspects of (moral) masochism in earlier work, I (Howell, 1996) suggested that the self-punishment in masochism originates in a self-fragment that has become organized around protecting the individual from further trauma. The self-torture of masochism involves the action of one part of the self against another, as dissociated self-states. This
self-organization is similar to that of a severe superego.

The dissociated fragment of self, the self-critical piece, may be the mediating mechanism of self-criticism in both masochism and some types of depression....In fact, Cameron and Rychlik (1985) note that the depressive’s superego behaves “as if the two parts were two persons.” (p. 301) Perhaps the all-too-vague notion of “aggression turned against the self” may in some cases best be described by this psychic organization, involving dissociation. (Howell, 1996, p. 437)

How does such a self-organization come about? I propose that it originates in a trauma-laden attachment. Bowlby (1969) has presented evidence and theory that the human infant is hard-wired for attachment in the service of survival. Proximity to an attachment figure serves survival by providing the infant protection against predators. Therefore, the child whose parent or caretaker is the predator faces a dilemma. How does the child handle the risk of separation when the parent or attachment figure is overly punitive or is predatory? To maintain attachment in the service of survival, the child may employ a dissociative solution which aims to prevent any behavior that could provoke attack or abandonment from the attachment figure.

Unless the child is otherwise threatened, attack or frightening separation will normally elicit anger (Bowlby, 1973). Under conditions of severe threat, the child’s ability to stay attached may depend upon the dissociative compartmentalization of anger and aggression. The intolerable rage at being abandoned and/or abused may be dissociated, developing into a protector/persecutor self-state which holds the aggression and vigilantly monitors the child’s behavior. Now the child perceives his or her own angry behavior, rather than that of the abuser, as the threat (Beahrs, 1983; Blizard, 1997b; Blizard & Bluhm, 1994; Goodman & Peters, 1995; Howell, 1997). The harsh persecutory aspect of this self-state arises from the facts that 1) it holds the aggression and 2) the execution of cruelty can be self-reinforcing. In many ways this functions like the harsh superego.

What is the nature of the harsh superego? Is there value in thinking of it as a dissociated structure? Although superego may be thought of as an abstract source of ideals, prescriptions, and proscriptions, when harsh – it has often been observed to be more or less personified as if it were a dissociated self-state. One patient has named it her “Silencer.” Others speak of “the Critic” or “the Censor”. Watkins and Watkins (1997) refer to a patient with a “super-ego entity” ego-state called “the Old One” which “demanded that he constantly study and do everything ‘rational’ – no foolishness.” (p. 88)

CASE HISTORY

The following is a case description of person who is plagued by a very harsh superego. Clearly a highly moral, thoughtful, sensitive, considerate, intricately conscientious, and high-functioning person, John is also extremely judgmental of himself. He projects this judgmental quality onto significant others. In a way that feels inescapable to him, he feels that he must meet his own and others’ standards and demands perfectly. As a result, he works himself like a dog, frequently feels exhausted and resentful, and sometimes feels suicidal.

John is married with two children, both boys; he works hard as the business manager of a new car dealership. He is a very conscientious son, husband, father, and employee. It seems to him that everybody wants more than “their share” of him, and he over-functions to provide it. Recently, conscious resentment and rage has erupted along with intense suicidal ideation and impulsivity.

As a child, John was terrified by the verbal and physical abuse he received and witnessed from his father. He saw his one sibling, an older brother, being chased around the house and beaten by his father with an aluminum baseball bat. While enacted in the name of discipline, his father’s abuse was inconsistent and usually little more than an outlet for his amorphous rage. The father’s only addiction was to this cruelty. In John’s family of origin, it was his father’s wish that children were supposed to have big ears and no mouths. As a result, the injuries and humiliations that he suffered in the family were, as Freud described his hysterics’ sufferings, “suffered in silence,” (Breuer & Freud, 1955, p. 8), and the longings and rage that he felt were “strangulated” (Breuer & Freud, 1955, p. 17). As a child, John learned to stay out of his father’s way as much as possible and developed a highly inhibited but eager-to-please style of interaction. Not surprisingly, by the time he reached adolescence, he had begun elaborating suicidal fantasies. Despite a few conflict-ridden failures as an adult, John has been able to please almost everybody with a claim on him, more or less, because of a combination of extraordinary intelligence and high self-discipline, until the occurrence of recent triggering events.

The clinical presentation is of two co-existent, self-states. The normal, usual, conscious and conscientious self would not dream of hurting anyone. This self has very high and firmly articulated moral standards, as well as intense conscious self-restraint and guilt about causing harm to others. The other self-state has only recently become spontaneously expressive of intense, violent, destructive rage, which is at times amorphously homicidal, sometimes Kamakazi-like, sometimes simply suicidal. While the first self-state is highly solicitous of all the significant, resented or hated others, the second self-state says things like “When I feel like this, nothing else and no one else really matters to me... I’ll really show them by killing myself,” with a smile on his face. On
the one hand, this person is terrified of displeasing his parents, boss, or wife; on the other hand, he has such a head of fury and triumphant rage that he is willing to hurt them in the most powerful way he can. Clearly, the self-state that is joyfully murderous does not understand that killing the conscientious John would also be the end of him as well. Clearly the conscientious John is being held hostage in the service of the "mad" John that furiously wants to get back at and "show" others what he needs. Both self-states have their own delimited experience of the situation: the first feels helpless, and the second feels omnipotent.

It took highly potent stressors, as well as the advantage of already being in therapy, to allow the spontaneous emergence of the "mad" John, but clearly he has been in existence and quite active all the time. From a perhaps caricatured classical framework, one would work with John to soften his harsh superego, by working with the transference of the patient, as he usually presents himself, tracing his history, etc. His compulsion and his masochism would probably be seen as neurotic. In the view of this author and according to the proposed formulation, splitting along good/bad lines is not his predominant problem. However, pathological dissociation, involving the sequestering of self-states from each other, is a major problem. This distinction will be discussed later.

The conscientious but cruel self-state, which in our current lexicon of concepts would be called "superego," is also not part of a unified self. The important thing to notice is that this harsh, pathological "superego" state has a different experience from John's usual self. It smiles when it talks about doing incredible violence, violence that the ordinary conscious self would find unthinkable.

Because of this violent rage it has been necessary for treatment to be multifaceted, involving safety checks, cognitive components, sometimes medication, as well as transference analysis. But the most important difference is in the underlying theoretical focus. Instead, of trying to soften, a harsh, by implication unwanted and "bad" superego, the therapist can welcome this harsh, dissociated "mad" self-state, along with its own very important message which it needs to communicate.

CASTRATION ANXIETY, CHILD ABUSE, AND DISSOCIATION

Is this "superego" of John's, replete as it is with high moral standards, more usefully thought of as a protector/persecutor self-state than in terms of the oedipal theory and the structural model of id, ego, and superego? Is there a way in which it can be understood as both, or as levels of degree? In Freud's theory, the impetus for the boy's identification with his father is fear of castration. Castration anxiety develops into moral anxiety. As Cameron and Rychlak (1985) note, "The male conscience (I believe that to be right and wrong which father believes) is therefore born of fear. "Conform or be castrated" is the civilizing rule" (p. 71). Indeed it is this fear of castration, according to Freud, that makes the boy's superego superior to the girl's. Freud's famously sexist statement that "for women the level of what is ethically normal is different from what it is in men...[and that]...they show less sense of justice than men" (1925/1961, p. 25) demonstrates his emphasis upon the relationship between castration anxiety and superego development. Because the boy is more highly motivated to defend against his oedipal longings, his superego is stronger, and moral strength is implicitly equated with superego strictness.

In Freud's case histories castration threats were common, as a reflection of how severely children were punished in nineteenth century Europe (Miller, 1983). Today even threatening castration would be considered child abuse. Depending upon the particular circumstances, such a threat of violent dismemberment and deprivation of masculinity could be terrifying and traumatic, potentiating dissociation rather than healthy superego development. Consciousness of such dangerous feelings might be completely incompatible with attachment and psychic survival; and, if dissociated, the intensity of these feelings would account for the forcefulness of the protective prohibition against their expression. In this way harsh superego development (minus the input of the id) may resemble dissociation. How, then, do we understand the outcome of these dangerous and intolerable negative feelings experienced by the young child toward the punitive and/or abusive caretaker? Is the result repression, as Freud described, or is it dissociation?

REPRESSION OR DISSOCIATION?

Although this question is important for an understanding of the harsh superego, answering it is not such an easy task. Repression is usually considered to be a higher level defense than is dissociation. It is often described in a visual metaphor, as involving a "horizontal split" between conscious and unconscious (Kernberg, 1974). Thus, an event that was once conscious can be "forgotten" in a way that continuity of identity is preserved. Davies and Frawley note the active mastery aspect of repression that "creates a context for signal anxiety or symptom formation that maintains disavowed mental contents from awareness" (1994, p. 65). In contrast, dissociation may be described as "vertical" splitting. DSM-IV (American Psychiatric Association, 1994) describes it as a "disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment" (p. 477). While dissociation is generally considered to be a response to being overwhelmed by trauma, Young (1988) demonstrates the complexity and utility of dissociative processes, highlighting how "all that switches is not split" (p. 33), and pointing out that many of those with dissociative disorders are very high functioning individuals who are not plagued by a structural split between contradictory ego-states. He states that "The unique feature of dissociation is a pro-
tective and inhibitory capacity of the ego to maintain conflict-laden material in dissociated states” (p. 35). He points to the prevalence of fantasy elaborations in the service of mastery as well as their compensatory function in dissociation. As he sees it, dissociation may actually serve unity in that it reduces over-stimulation and flooding. Likewise, Putnam (1988, 1997) notes the protective function of discrete, dissociative states of consciousness for the traumatized child. He views mental states as “core components of consciousness, behavior, and personality” (1997, p. 151). His “discrete behavioral states” (DBS) model (1997) proposes that “a young child’s behavior is organized as a set of discrete behavioral states” (p. 20). In the course of development, these states become more interconnected. Trauma interferes with the integration of states, increasing the number of discrete, altered states. Recall the case of John, in which splitting along good/bad lines, was not his primary problem. His primary problem was an extremely harsh superego, or as this author would conceptualize it, a dissociated self-state that contained aggression, and which almost gleeingly goaded him and tortured him.

**Freud: Dissociation versus Repression?**

Davies (1996) points out that Freud first used the term “repression” to describe “psychical incompatibility and splitting,” which had “more in keeping with Janet’s descriptions of traumatic dissociation” than with his own later understanding of repression as a defensive manifestation within the (early) topographical model of unconscious, preconscious and conscious, and the (later) structural model of id, ego, and superego” (p. 556-557). Erdeyli (1990) notes that Freud never did distinguish between repression and dissociation, but treated them as the same. Davies and Frawley (1994), Davies (1996), and Bromberg (1996a) have noted that an important consequence of Freud’s abandonment of the seduction theory was that theatrical emphasis upon dissociation was replaced by repression. While amnesia and dissociation were the initial key concepts proposed by Breuer and Freud in Studies on Hysteria (1893/1955), Bromberg (1996a) tells us that “After Studies on Hysteria, Freud was, for the most part, openly contemptuous about the possible usefulness of theorizing about dissociation, hypnoid states, or alterations in consciousness...” (p.60).

In 1896, Freud presented his paper The Aetiology of Hysteria, in which he articulated his view that psychoneuroses were the result of childhood sexual trauma. Gay (1988) reports that Freud’s immediate response to the “traumatic” chilly reception that he received to this paper was, “and this, after one has shown them the solution of a thousands-year-old problem, the source of the Nile!” (p. 93). In late 1897, Freud abandoned his seduction theory. In the intervening time, his father had died and his self-analysis had revealed dreams, memories, and fantasies that led him to his Oedipal theory. In September, 1897, he stated in a letter to his friend, Fliess, “I no longer believe in my Neurotica” (quoted in Gay, 1988, p. 94). Gay tells us that by October, 1897, “Everything now fell into place. He recognized that his remembered ‘infatuation with the mother and jealousy of the father’ was more than a private idiosyncrasy. Rather, he told Fliess, the oedipal relationship of the child to its parents was a ‘general event in early childhood’” (p. 100). In October, Freud also wrote to Fliess that he felt that he was about to discover the origins of morality (Cameron & Rychlak, 1985, p. 74).

Clearly, Freud’s view of the child’s dilemma changed significantly by the fall of 1897. The nature and complexity of all the reasons for the change is a subject of much controversy, including, among many matters, conjectures about Freud’s complicated feelings about his father’s death, about his mother, his need to feel important, his patients’ responses to his interventions, as well as the official theoretical reasons that were given (Freyd, 1996; Gay, 1988; Pines, 1987; Ellenberger, 1970; Salyard, 1988; Kupermsid, 1993; Tabin, 1993; Davies & Frawley, 1994; Ulman & Brothers, 1988).

It would not be unreasonable to wonder if the above mentioned matters might have affected Freud’s formulations about the Oedipus complex and, consequently of the superego construct. Interestingly, Freud focused only on selected aspects of the Oedipus myth, leaving out themes of patriarchy, parenthesis, trust, fatherhood, and, notably, infanticide. (Ross, 1982; Devereux, 1953; Fromm, 1880; Pines, 1989; Betcher & Pollack, 1993). In contrast to Freud’s rendition, the myth of Oedipus is framed in the context of his father’s pederastic behavior. Prior to his ascension to the throne of Thebes, Laius, Oedipus’s father, had abducted and raped the teenage son of the king Polybus, who was the ruler of a neighboring kingdom. For this act, Polybus cast a curse upon Laius such that his son would murder him and marry his own mother. To avoid this curse, Laius left his infant Oedipus (meaning “swollen foot”) exposed with a stake pierced through his ankles, to die. Oedipus was rescued and brought up as the son of a neighboring king. Having heard of the curse as applied to himself from the Delphic oracle (Ross, 1982), Oedipus left home in order to avoid his prophesied fate, but on the way got into an altercation with and slew another traveler, who unbeknownst to him happened to be his real father, Laius. Since Oedipus was only accidentally patricidal while his father’s attempt to murder him was deliberate, Freud’s interpretation blames the victim and exculpates the perpetrator. (Ross, 1982; Pines, 1989, Betcher & Pollack, 1994).

In contrast to the abandoned seduction theory, the new model viewed the child as the guilty one. As Stolarow and Atwood (1979) comment about Freud’s views of infantile development, “the sources of evil...were located in the child himself, in his own sexual and aggressive impulses, which emerge according to an innate, biologically predetermined sequence in relative independence of environmental influ-
As Freud later put it, son, the love-relationship need not be
from the threat of castration linked the oedipal attachment
conflict, lessness. However, the castigation is usually not
to a real injury or disappointment concerned
other, where there has been an attachment loss
NORMAL MOURNING, in melancholia, the
cessations...show us the ego divided, fallen apart into two pieces, one of which rages
against the second. This second piece is the one
which has been altered by introjection and which
contains the lost object. But the piece which behaves so cruelly is not unknown to us either. It
comprises the conscience, a critical agency within
the ego, which even in normal times takes up
a critical attitude toward the ego, though never
so relentlessly and so unjustifiably...some such
agency develops in our ego which may cut itself
off from the rest of the ego and come into conflict with it. We have called it the "ego ideal"... (Freud, 1921/1955, p.52)

Thus, the "critical agency" (superego, ego-ideal) which
has been differentiated out of the ego, rages against the ego,
which itself has been modified on account of identification.
And, this has occurred in order to preserve attachment. In
The Ego and the Id (1925/1961a) Freud develops these ideas
about identification further. The child replaces the incestuous
and parenticidal feelings that arose in response to the
Oedipus complex with identification:
The broad general outcome of the sexual phase
dominated by the Oedipus complex may, therefore, be taken to be the forming of a precipitate
in the ego, consisting of these two (the parents)
identifications in some way united with each other. This modification of the ego retains its special
position; it confronts the other contents of
the ego as an ego ideal or super-ego.
(Freud, 1923/1961a, p. 34)

"The ego ideal is therefore the heir to the Oedipus complex, and this is also the expression of the most powerful impulses...of the id. By setting up this ego ideal, the ego has mastered the Oedipus complex and at the same time placed itself in subjection to the id." (Freud, 1923/1961a, p.54.) The hostility of the superego is directly related to a person's need to control aggression: "the more a man controls his aggressiveness to the exterior the more severe -- that is aggressive -- he becomes in his ego ideal... It is like a displacement, a turning round upon his own ego." (Freud, 1923/1961a, p.54)

THE CONSTRUCT OF THE OEDIPUS COMPLEX

In Freud's view, superego was heir to the Oedipus complex. In analyzing the origins of superego, then, one might ask, then, whether oedipal desires need to be repressed, dissolved, demolished, or smashed, for psychic and moral health, or is it enough for them to be benignly acknowledged? Although most of the psychoanalytic literature empha-
sizes the role of aggression in superego formation (Brenner, 1982), some of the writings on the development of healthy, mature superego notably emphasize love and idealization. Schaffer (1960) addresses the importance of the “loving superego” derived from loving, positive identifications of the pre-oedipal period. Brenner (1982) emphasizes that superego formation involves an alliance with, willing submission to, and desire to emulate the beloved parent(s). While acknowledging the importance of such defensive maneuvers such as identification with the aggressor, inhibition of competitiveness, reaction formation, and the like, Brenner states that the “common thread” that runs through them is “the belief that it is of vital importance to be approved of and loved by one’s parents” (p. 125). Observing that excessive guilt does not signify a healthy superego, Schaffer (1960) and Lewis (1981, 1983) note that Freud’s understanding of normal guilt was drawn from depressive, obsessive, and melancholic models and was not representative of higher levels of ego and superego functioning. Further, Schaffer (1968) notes that as they mature, superego identifications become more autonomous and integrated. Thus, while identifications, including hostile ones, may have formed the kernel of the superego, the end product may be a moral code that has become largely autonomous.

In consonance with these ideas, Davies and Frawley (1994) object to the idea that:

it is primarily superego injunction and fear of castration or loss of love that brings about the destruction of the complex. Although this may certainly explain the fate of events in families where jealous impingements and boundary transgressions have been the hallmark of the Oedipus situation, it is unlikely to represent the normal course of events in families where the young child’s emergent sexuality has been welcomed and enjoyed....Although superego may become heir to an Oedipus complex marked by jealousy, guilt, impulsivity, and boundary transgression, a more positive experience and result lead from...healthy identifications with two parents comfortably at peace with their own sexualities. (Davies & Frawley, 1994, pp.231-232)

They then ask whether “Freud’s theories [might] be subject here, too, to the particular coloration given them by his early work with adult survivors?” (p. 232). Similarly, Kohut (1984) states that castration anxiety, although not infrequent, is a pathological symptom of a disorder of the self. He states, “a boy who is exposed to the responses of psychologically healthy parents does not experience a significant degree of castration anxiety during the oedipal phase...[and further]...the healthy child of healthy parents enters the oedipal phase joyfully” (Kohut, 1984, p.14).

Sagan (1988) objects to Freud’s statements that in boys, the Oedipus complex is “literally smashed to pieces” by the threat of castration (p. 73): “Thus is our morality, mankind’s higher nature, born in the environment of the penitentiary. Freud does not tell us what happens to the Oedipus complex in households where the parents never threaten castration. Such a situation is clearly unimaginable for him” (Sagan, 1988, p. 75). In accordance with Davies and Frawley, Sagan suggests that Freud has given us “an accurate and penetrating description of the pathological ending of the Oedipus complex” (1988, p.78).

Noting the importance for the child’s psychological health to not be overwhelmed by threats of counter-aggression for oedipal desires, Sagan states:

The greater the actual or imagined threat of castration, the less the child will be inclined to risk—imaginatively—the accomplishment of oedipal goals, the more the child will retreat from the Oedipus complex, the less, the superego will be internalized and the more it will speak in an external, authoritarian voice. The less the actual or imagined threat of castration, the more the child will be willing to risk the accomplishment of oedipal inclinations, the more the superego will be incorporated and speak with an internal voice. (Sagan, 1988, p. 81)

Perhaps Sagan presages the notion that when parents are severely punitive, the superego becomes dissociated, and seems external to the self, rather than becoming integrated into the self.

HARSH, PATHOLOGICAL, AND CORRUPT SUPEREGO

There are further problems with the notion of the need for the impetus of castration fears and the resulting “external” superego as a developmental necessity. Does this mean that the relatively untetird, securely attached child will develop no moral code? Does the often assumed positive correspondence between superego strictness and moral strength (discussed in Lewis, 1983, p. 187) mean that acquisition of a moral code is synonymous with self-punishment? Research on moral development suggests otherwise. In his literature review Kohlberg (1963) concluded that punitive discipline was an antecedent condition of delinquency. In her discussion of the literature, Lewis (1983) states “Other studies have shown that the fathers of men with strong moral standards have not been strict with their sons; on the contrary, men with weak moral standards have had very punishing fathers” (p. 187). As noted earlier, in contrast to the problems of harsh superego, a healthy, more mature superego is well-integrated with and often indistinguishable from the ego. As they
mature, superego identifications become more autonomous and integrated so that the end product may be a moral code that has become largely autonomous (Schafer, 1968).

Superego, conceptualized as a static, unmodified introjection of parental superegos will not necessarily grow and change. It will be relativistic (Sagan, 1988; Kohlberg, 1971), reflecting the familial and local mores, which have been internalized as normative standards. Because a variety of conditions will differ for cultures, so will their "rules" (Wilson, 1993). This cultural relativism, which holds that moral standards vary with cultures, is often confused with ethical relativism which adds to cultural relativism the view that the differences are rationally irreconcilable, that each culture's view of "right" is right (Kohlberg, 1971). The fact that infanticide or clitorectomy might be considered moral by the cultures that practice them becomes interpreted by ethical relativism as an injunction not to judge. Because the theory of moral internalization via the Oedipus complex involves internalization of parental and cultural mores, it is (ethically) relativistic: morality is defined according to these rules and mores, rather than being understood as based on universal guiding principles or ethics which have been formulated by the morally maturing individual over time. As Sagan (1988) observes, some of the worst atrocities in history, such as the Holocaust and the Inquisition, have been committed in the name of superego and/or of morality. In such cases the superego has become "corrupt": the executors of the horrors fully believed that they were doing "the right thing." Of course, corruption or maturity in superego function does not have to be across the board: people can have moral lapses in accordance with their own experiences in culture and families.

A harsh, pathological, even "corrupt" superego can command conformity to the standard mores of the culture. It can become a kind of internal slave-driver, forcing conformity to society's rules, in this way perpetuating relativistic morality. Obviously, this is a far cry from mature morality. Perhaps it is this relativistic, corrupt, often harsh morality that makes which more sense via the dissociation model. Indeed, the performance of atrocities may be considered to require dissociation (Lifton & Markusen, 1990). Certainly, dissociated experience is less likely to be integrated into a more autonomous moral code as is characteristic of mature superego. It is more likely to remain like a child's superego, which may view the avoidance of punishment as morality (Brenner, 1982). Remaining in such a state, it is more vulnerable to be corrupted. Perhaps it is the harsh, severe, pathological superego that "speaks in an external voice."

The question then arises as to whether "superego" is too inclusive a category, that is, whether or not the harsh, pathological superego belongs in the same category as mature superego. If the harsh superego refers to a dissociated self-state, then its integration with other aspects of self will be more difficult, thereby inhibiting the development of an autonomous moral code.

Dissociation, Harsh Superego, and Morality

Recall the earlier observation of similarity of the harsh superego to a dissociated protector/persecutor self-state that has the function of safeguarding attachment. While the harsh pathological superego stands as morality because it is based on attachment (it is more than an internal signaling device for "realistic" social behavior based on adherence to reinforcements, punishments, anticipated dangers, etc.), it is not mature morality. However, it is a child's morality that was stunted in its growth, and that, as a consequence of dissociation, may have become and/or remained corrupt. It does represent internalized rules and values, but because this self-state is dissociated, these values are relatively unavailable to improvement, growth, and integration by conscious introspection.

Currently, the accumulating psychological and psychobiological evidence supports the preoedipal, even pre-verbal, emergence of superego functions. According to Schore (1997), "Moral development thus begins in preverbal periods of infancy, earlier than generally thought. In fact, the practicing phase, from the end of the first through the middle of the second year, is a critical period in the early development of the superego" (p. 352). The most viable model of the superego now seems to be that of an affect-regulator. Shame and guilt can both be considered to be superego affects (Lewis, 1981, 1983; Schore, 1997). However, shame, which emerges earlier in the child's development, has adaptive, psychobiological aspects which regulate attachment. Shame is involved in both the deactivation and reactivation of attachment and in the switches of psychobiological states (Schore, 1997).

Wilson (1983) poses an evolutionary hypothesis that it is not the "rules" themselves, but a biological predisposition to attachment that is adaptively moral. More specifically, Lewis (1983) posited that shame can effectively modulate a child's behavior — so as to produce the desired cultural mores. Ideally, the experience of shame itself should be within tolerable bounds. Prosocial and empathic behavior depends upon tolerated, experienced shame (Schore, 1997).

Like the mature superego which has its roots in attachment, the harsh superego (understood as a dissociated self-state which originated to protect attachment) has a moral basis. According to Lewis, "Human beings are social by biological nature and...shame and guilt are 'givens' whose function it is to maintain the basic affectional bonds. When these bonds are threatened, shame and guilt work overtime to preserve them through the formation of primary-process neurotic symptoms at the expense of the self" (1983, p. 227). Further, "Morality is the affective-cognitive outcome of attachment. Threatened attachment, which first evokes protest aimed at the caretaker — 'other,' is then transformed, mainly by identification into states of shame and guilt that aim at maintaining the attachment" (1983, p. 175). Understood through this attachment model, mature moral-
s uperego may be understood to involve identification with the aggressor as a pre-stage in superego development in which the child identifies with the power of the aggressor as a way of avoiding being overwhelmed by terror. Identification with the aggressor, then, is a pivotal concept used both in the psychoanalytic literature (describing superego formation) and in the dissociation literature (describing the creation of a dissociated identity state which holds the aggression and performs aggressive functions). Blizard (1997a) integrates psychoanalytic object relations and dissociation concepts, describing how this internalization enables the severely traumatized child to disown the representation of self as powerless and weak, while at the same time maintaining attachment to the abusive caretaker.

How does the object’s behavior come to be replicated by the individual? How does the object’s behavior come to be replicated by the individual? Such questions are especially relevant to understanding hostile introjects, internal abuser alters, as well as the development of a mature superego. Pathological, harsh superego may be understood to involve identification with the aggressor in the context of attachment. This identification protects attachment to the abusive caretaker (Blizard, 1997b; Blizard & Bluhm, 1994; Goodman & Peters, 1995; Howell, 1996; MacGregor, 1996). Because this dissociated structure which acts as superego feels external to the self, it sets the stage for various disorders. In DID it is personified. In melancholia and paranoia the protector/persecutor superego feels external and is projected. In OCD the compulsive harsh demands seem to come from “out there” (Ross, 1989). In masochism and often in depression the dissociated protector/persecutor mediates self-criticism. (Howell, 1996a). This formulation is similar to Freud’s in Mourning and Melancholia (1917/1957), with the difference that this formulation is explicitly based on the concept of dissociation.

TREATMENT

If the harsh superego is understood as a dissociation-based structure, then dissociation needs to be addressed in its treatment. Comments which are intended to soften the harsh superego, such as, “You are being hard on yourself” or “You have turned your aggression inward” may inaccurately address self-experience as a unity. The very fact that self-experience is not a unity is often an important thing that the patient needs to notice. Comments such as the above examples are actually addressing the wrong self-state. The normally conscious, abused self-state is likely to regard such statements as either non-sensical or as accusatory, since it experiences little or no power to do anything about the situation. It is the rageful part that needs to be addressed and that needs to be listening.

This dissociated structure, this pathologically harsh superego, arose out of the need to preserve attachment. As such, it keeps alive the person’s hope for and illusion of attachment to the original parent figures and others who could be imagined to fulfill that function. As a depository for isolated affect, it also defends against shame and terror. However, the perils of childhood being past, this personality organization is maladaptive because the harsh superego maintains unrealistically high standards in anticipation of punishment from others who may not be as punitive as the parents.

The patient’s recognition of the attachment-related origins of the internal persecutory structure can foster re-association of self and superego. This recognition may also trigger separation anxiety and depression (Goodman & Peters, 1995; Blizard, 1997b; Blizard & Bluhm, 1994; Watkins & Watkins, 1997). The persecutory, cruel, even antisocial aspects of the harsh superego can be recognized as aspects of the self, both needed in the past and painful to possess in the present. While attachment to the abuser may be initially necessary and adaptive, it is probably undeserved. The dissociative process needs to be reversed (Watkins & Watkins, 1988), and the dissociative split needs to be healed so that the harsh superego can be appreciated for its protective, truly moral function, but also exposed as it is—a cruel and immature container of otherwise intolerable affect. Part of the patient’s problem may be that rigid, conventional morality may be replicated in a dissociated structure, which then begets and encourages self-harshness with an internalized “pat on the back.” Interpretation which focuses on the hidden effort to maintain traumatic attachment may be crucial.

SUMMARY

This article recasts the harsh superego in terms of attachment and dissociation. It is the author’s contention that clinicians frequently work with the harsh superego this way intuitively, even though they may not conceptualize it as such. This new model of the harsh superego requires changes in language, in hypothetical constructs, and in explicit moral values. Encasing the destructiveness and pain of dissociated abuse inside the concept of morality trivializes both.
This article focuses on the psychoanalytic approach to the harsh superego through the lens of dissociation. As we look through this lens, the contents of the picture of the harsh superego may be much the same as what classical psychoanalytic theory has shown us, but the way we perceive them is different.

REFERENCES


