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EGO CONSTRICTION

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The terms ego constriction, ego inhibition, and ego restriction have not been clearly differentiated in their usage in the literature. In this paper a rationale for ''ego constriction'' as an entity distinct from both ego inhibition and ego restriction is given, despite its clear similarities to each. In a person with an ego inhibition, the ego inhibits a part of its own functioning because a particular function is linked to an unacceptable impulse. It is an internalized conflict. The person with an ego restriction, in contrast, avoids psychological pain triggered from an area in the outside world by restricting activity in that area. Like each of these problems but different, a person with an ego constriction first externalizes an internalized conflict associated with important functions or activities. Then, only through a series of particular obligatory steps can the person ''overcome'' the ego constriction—albeit temporarily. It is noted in this paper that the function of the specified obligatory steps is structurally parallel to the rigid obligatory behavior necessary for genital gratification in the perversions. As the recognition of this distinction arose in the course of an analysis of a mental health professional, something of the necessarily shared nature of analytic work is noticeable, shining through as the background for the work of this paper.

KEY WORDS: ego constriction; ego inhibition; ego restriction.

INTRODUCTION

In peer supervision I learned of a case, a part of which I shall present below. Since both patient and analyst are in our field I have: (1) made sure that permission from both parties was properly obtained, and (2) disguised the material to the satisfaction of all participants. The material warrants publication, despite the obvious difficulties, for two intertwined reasons. First, the work brings to light a distinct diagnostic entity to my knowledge heretofore not reported. Second, the manner of the discovery of this entity demonstrates the shared nature of analytic work—in its mundane daily aspect at least as much as in its uniqueness.

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CASE MATERIAL

Dr. X, a child psychiatrist in analysis, had been describing a work problem for several weeks. Although she could see her own patients without particular difficulty, concisely and helpfully critique articles for her colleagues, and even revise her own papers, she could not take steps that would lead to creative progress in any of her various academic projects. That is, she could not initiate any such steps; but if a colleague or collaborator—for Dr. X all the relevant ones were male—were to express some interest in a project or make a suggestion, Dr. X would immediately be able to work intensely and well for some discrete period, after which time the symptoms would return.

Listening to this, and thinking that X's work in the analysis also fitted this pattern, Dr. Y, the analyst, made some comment about what he called X's work inhibition. X then said, ''You know, I never really have grasped the distinction between 'ego inhibitions' and 'ego constrictions'. And who better to explain it to me than you, since you make such a point of using terms correctly. You're sort of well known for saying that small differences can make a difference—say in terms of two defense mechanisms—if each has a distinct underlying explanatory or functional role.'' Y hadn't thought about it directly, but began to articulate the differences between ''ego inhibition'' and ''ego constriction'' for both himself and X. A person with an ego inhibition has a conflict that renders him/her unable to accomplish some activity that he/she is quite capable of performing. A person with an ''ego constriction'', on the other hand, can perform the conflicted activity, but only if certain specified conditions are in place.

X and Y both recognized several things and together concluded:

1. X was suffering from an ''ego constriction'' concerning her work, not an ego inhibition.
2. The certain specified conditions in X's situation were always formally the same, indeed stereotypic: When she was in a non-initiating state regarding work, she was in a maternal transference. This consisted in being less-than-she-could-be in order to be able to be with, and to be like a limited mother. When a father figure expressed interest, X felt him to be saying, ''It's OK for you to work like me; to be like me; to be with me.'' X could then work with excitement, but soon, perhaps owing to unconscious guilt at feeling she had supplanted her mother, especially owing to her hostile aggressive wishes to do just that, the constriction would return.
3. Perhaps there are always rigidly specified conditions necessary for successful performance in persons with ''ego constrictions''. If so ''ego constrictions'' would be in general structure analogous to

perversions; the specified necessary conditions for lifting the constriction allowing good functioning analogous to the necessary perverse conditions for satisfying genital sexual activity in persons with perversions. And indeed X had a longstanding, almost obligatory for orgasmic genital gratification, and in this sense perverse, sexual phantasy in which the same factors present sequentially in the establishing and relieving of the ego constriction are in the phantasy collapsed together. Her phantasies always manifestly centered upon having sexual intercourse with a male romantic object clearly representing the encouraging permissive father. But also the male figure—via shared specific physical characteristics with X's mother—stood for X's mother, healthy, nondamaged and present.

4. Most strikingly, X had set up a demonstration of ''ego constriction'' in the analysis, quite directly. An intermittent worker on her own material at best, X had begun this session as many others, with Y in the not-very competent mother transference and X in the less-than-she-could-be state. But by asking Y the question about the distinction between ego inhibition and ''ego constriction,'' X simultaneously elevated Y to a knowing powerful father ("you're sort of well known for saying that small differences can make a difference…''); and tacitly criticized him for making the wrong diagnosis (it is ''ego constriction'' not ego inhibition, isn't it?), thereby keeping him as the incompetent mother. The criticism about Y's mistake, and the content of the actual distinction were both unconscious for X, who in this way kept herself incompetent too. Once Y explained the differences, to himself and to X, he became the interested father and she the harmless (especially to her mother), bright hard-working little girl. With the rigidly specified conditions for relieving the constriction in place, X could now work effectively in the analysis, and (for a time) she did so—viz. her full participation in the material of these listed four items—demonstrating for both of them in the transference the nature of ''ego constrictions'' in general and Dr. X's in particular.

LITERATURE REVIEW

Anna Freud

Inhibitions

According to Anna Freud (1971[1970]), inhibitions (she does not refer to them as ''ego inhibitions'') are based on conflict (p. 180). At first the conflict is between prohibited impulse and external objects and the danger is loss of love or punishment (1981[1972], p. 27). As development

progresses the conflict is internalized. Inhibitions at this stage (and the earlier one) are done by the ego and not necessarily to the ego. Once the inhibition is an internalized process it can be done to impulse or activity (1981 [1971], p. 154) at the behest of the superego (1981 [1977], p. 247). Put another way, the situations of danger which occasion conflict and which therefore lead to the inhibition (1981 [1976], p. 195) now include superego punishment.

The ego can effect an inhibition in a number of ways, including regressive expression (1981 [1977], p. 248). And there are several general inhibition types—of function (1971 [1968], p. 117; 1970, p. 187), of activity (1936, p. 128; 1972 [1971], p. 154), and of impulse (1981 [1971], p. 154). Also, she commented on several specific inhibitions: of speaking out (1936, p. 117), of sexual behavior (1981 [1975], p. 83, 93), of curiosity (1966, p. 68), of touch and motility (1981 [1972], p. 27), of aggressive instinct and aggression (1972 [1971], p. 154), and of learning, play, and work (1981 [1971], p. 162; 1965, p. 150).

Differentiating Inhibitions from Ego Restrictions

Freud used the term ''ego restriction'' not the term ''ego constriction'' which Y and X both mis-remembered and assumed. Freud (1936) devoted a chapter *The Ego and the Mechanisms of Defense* to ''ego restrictions'' and did make a clear distinction between them and inhibitions. In fact one can have an inhibition and then react to it ''…by a complete withdrawal of interest from the given area, i.e., by ego restriction…''(1965, p. 120). This notwithstanding, Freud also noted that there is a strong outward resemblance between ego restriction and inhibitions of ego function (1936, p. 109). As for the distinction, she held that in the person with an (ego function) inhibition, the ego inhibits a part of its own function because that function is linked to an unacceptable impulse. Because this process is entirely internal, there are no areas in which this function can be performed to capacity.

On the other hand, the person with an ego restriction avoids pain from outside. Here are two examples of the many she offered to illustrate ego restrictions. The first was a boy in analysis with Freud. When he felt bested by her at various feats he withdrew to an observing position, avoiding the activity in question, yet enjoying the observing, and functioning well with respect to performing the same activities outside his sessions. The second was a boy who could not stand his success at soccer for he feared he would be damaged by the bigger boys. He demoted sports in his life, making them not important to him; and forthwith he devoted himself to literature at which he started to excel (1936, p. 96-99).

In these cases since the pain is experienced as arising externally, persons with an ego restriction can restore function in different external situations. Now of course with the ex-soccer player, the issues of castration anxiety and competition with his father arise. But since the castration anxiety and competition were not joined by the boy's own aggressive impulses (at least not in the formation of this symptom), he suffered from an ego restriction—fixable under different conditions—and not an internally generated inhibition that follows him everywhere.

Summing up the differences, Freud stated that a person suffering from an inhibition, ''…is defending against the translation into action of some prohibited instinctual impulse, i.e., against the liberation of unpleasure through some internal danger…. In ego restriction, on the other hand, disagreeable external perceptions in the present are warded off, because they might result in the revival of similar impressions from the past'' (1936, p. 101).

Other Literature

Do other writers consider ego restriction a discrete phenomenon, as did Anna Freud? A look first at Moore and Fine (1990) *Psychoanalytic Terms & Concepts*, shows that these authors immediately confound the very distinction Freud drew. Moore and Fine introduce their definition of the term ''inhibition'' thus: ''A restriction of an area of ego functioning'' (p. 99). Moore and Fine do interestingly suggest that some inhibitions/restrictions can be normal, for example if the ego is somewhat depleted of energy owing to other more pressing tasks such as the work of mourning. Do others writers confound ego restriction with ''ego constriction'' or with other ego maladies? Is there a distinct entity, ''ego constriction''? A search using the PsycINFO Index database of the psychological literature from 1936 (the publication date of Freud's *The Ego and the Mechanisms of Defense*) to the present, yielded 27 potentially relevant articles with ego restriction as a key word phrase and 29 with ego constriction.

Looking at the ego restriction articles first: Seven of them (Alpert & Krown, 1954; Blanchard, 1941; Chauvier, 1989; Elliott, 1982; Hampstead Clinic, 1984; Sandler, 1982; Thomas, 1997) used ego restriction as Freud had, and in many cases cited her work. In eight other articles (Altschul, 1968; Khan, 1986; Mahler-Schoenberger, 1942; Mittelmann, 1954; O'Shaughnessy, 1981; Romanova, 1983; Szyrynski, 1976; Wastell, 1992) the term ego restriction was used quite specifically, and rather differently, each from the other and each from Freud's term. For example Altschul (1968) wrote of patients who, after sustaining the loss of a parent in their childhood, suffered a ''restriction in ego development'' causing an ego

arrest so that internalized object relations with the parent could remain. (Citations are quotations from the abstracts in PsychINFO unless otherwise noted.) Wastell (1992) wrote of ''restriction in merger and separateness''; Romanova (1983) alluded to ''restriction of temporal perspective''; and Szyrynski (1976) discussed children with school phobia caused by ''ego weakness'' in which the phobic symptom effected ''neurotic restriction of freedom…''(p. 170). O'Shaughnessy (1981), a Kleinian, referred to ''restricted but tolerable object relations'' and ''overrestriction versus under of object relations''. Mahler-Schoenberger (1942) wrote of children with ''pathological limitation and restriction of intellectual function'' (p. 155) in the service of what would otherwise be understood as forbidden gratificatory participation in the sexual life of their parents. Finally, Khan (1986) and Mittelman (1954) respectively alluded to the ''restriction of mobility'' in 2-year olds, and ''restriction of spontaneity''. In both of these articles the restrictions were imposed from the outside and to this extent not unlike Freud's use of the term ego restriction.

Of the remaining 12 articles with ego restriction as a key word phrase, one (Busch, 1989) used the term as Freud would have used ''ego regression''; and the last 11 were quite irrelevant to the question at hand, each in various ways. For example Glover (1943) referred to the ''restriction of unconscious mechanisms weakening the ego''; Shanas (1968) talked of a ''restriction of life space'' in the aged as there is an increasing self-preoccupation; and Alstroem, Nordlund, and Persson (1983) and Persson and Alstroem (1984) used ego restriction as a global category consisting of a number of diverse scales measuring, for example, depression, irritability, and decreased effectiveness (1984, p. 113).

Examining the 29 ego constriction references, a slightly different picture emerges. Twenty-two articles (Berg and Berg, 1983; Bernabeu, 1958; Blum, 1968; Curran and Marengo, 1990; Dor-Shav, 1978; Kepecs and Robin, 1956; Leenars, 1999, 1997, 1991, 1990, 1989a, 1989b; Leenars and Lester, 1990; Leenars, De Wilde, Wenckstern, and Kral, 2001; Motanky and Zaks, 1971; Polansky, Boone, DeSaix, and Sharlin, 1971; Puyser, 1977; Ratna and Murthy, 1970; Shows, Gentry, and Wyrick, 1974; Sudak, Corradi, Martin, and Gold, 1984; Wells, 1988; Wyrick, Gentry, and Shows, 1977) used ego constriction in a descriptive and general sense. Of these, the eight papers by Leenar and colleagues (see references above) used ego constriction as synonymous with general cognitive constriction; and similarly Polansky et al. (1971) used ego constriction to mean intellectual constriction. Five articles (Berg and Berg, 1983; Bernabeu, 1958; Blum, 1968; Puyser, 1977; Sudak et al., 1984) used the term to indicate general ''neurotic constriction''; three (Kepecs and Robin, 1956; Motanky and Zaks, 1971; Wells, 1988) took ego constriction to

mean general ''emotional constriction''; and two each discussed ''social constriction'' (Shows et al., 1974 and Wyrick et al., 1977) and the constriction seen in schizophrenia (Curran and Marengo, 1990; Ratna and Murthy, 1970). Finally Dor-Shav (1978) alluded to ''constriction of personality''.

Four articles (Coen, 1994; English, 1988; Kuramochi and Takahashi, 1964; McCarthy, 1990) used the term ''constriction'' specifically and idiosyncratically. For example, Coen (1994) referred to the ''constriction of loving and hating feelings toward patients''(p. 1107); and English (1988) discussed ego constriction with respect to psychologically mediated constriction of the throat.

Of most interest however, were three articles (Collier, 1956; Goodwin, 1988; Guertin, 1954) in which the term ''ego constriction'' was used exactly as Freud would have used ''ego restriction''. In Collier (1956), a theoretical paper, primary defenses such as ''ego constriction'' were seen to constrict the field of consciousness as a psychological flight mechanism from external stress (p. 62–163). In Guertin (1954), Patients with organic brain damage of long standing were seen to react with ''ego constriction'' when confronted with tasks they correctly perceived would prove revealing of their defects. (p. 368).

So while many writers do recognize ego restriction in the manner that Freud did; still more confound ego restriction with other terms, including ego constriction, as did Drs. Y and X. But is there a distinct entity ''ego constriction''? Should there be? It is clear that in not one of these fifty-six papers, no matter what terms were used, did the authors describe a phenomenon like the one X and Y found unfolding before them—the one they jointly termed an ''ego constriction''.

DIAGNOSTIC RECONSIDERATIONS: DR. X

X's symptom presents an incongruous diagnostic picture. In an important way it looks like an ego restriction: The symptom remits with what seem to be changes in the external environment. And yet in another important way her symptom looks like an inhibition: Doing well at specific types of creative work for X is internally equated with aggression toward maternal objects and this is unacceptable and must be dealt with from an internal superego viewpoint. How can this puzzle be explained?

First, it seems that X is at times able to externalize aspects of what began as an internal inhibition. The male colleagues represent the inviting, but reassuring fathers, who offer a permissive superego stance as though to say, ''This is OK, you are just going along with me. And this is

especially safe since you are little (you still can stay with your mother), and it won't hurt anyone (your mother) either.'' When this externalization is in place X can do her creative work; hence what seemed an internal inhibition problem can look like an ego restriction. But note that X can work creatively only when every piece of this externalization is in place. The practical consequences for Dr. X. are not very heartening. X's capacity for the work most important to her always deteriorates rather rapidly because the link between working successfully and hostile aggression toward maternal objects has not been changed, and the everyday variations of real world militate against sustaining her externalizations just so.

THEORETICAL CONSIDERATIONS

The theoretical gain from understanding Dr. X's case can be much more promising. Based on the collaboration of Drs. X and Y this is what can now be put together. While there is no place that someone with an ego function inhibition can use that particular function at capacity, a person with an ego restriction can use the function in question anywhere as long as the one troublesome area is avoided. X fits neither of these categories. For X, given that her problem concerns specifically creative work, every area involved with creative progress is troublesome—save one. She can only work creatively in one situation, namely one that falls under the special, rigidly specified circumstances described above. These specified environmental circumstances serve much like those necessary for gratification in persons with a perversion. Thus X suffers from an ego constriction. And ''ego constriction'' warrants classification as a distinct entity. It is structured like a perversion, resembling both an ego function inhibition and an ego restriction, but it is significantly different from both. Y and X inadvertently found, and then continued to use the term ''ego constriction'' to better fit a symptom complex whose function cannot be adequately accounted for by considering it either an ego restriction or an inhibition.

CONCLUDING REMARKS

Clinically, the distinction among ego inhibition, ego restriction, and ego constriction, is useful, not in terms of technical changes, but more in the realm of expectations. An ego constriction, structured like a perversion, will likely take longer to address analytically, much as perversions often do compared with neurotic conflicts. But is that important enough clinically to justify ''ego constriction'' as a new entity?

My view is that there is warrant to consider ego constriction a distinct entity, but not because this will yield clear clinical advantage. Rather, ego constriction should be distinguished from the two look alike entities—ego inhibition and ego restriction, because each has a different underlying foundational structure. Psychoanalysis is a comprehensive theory of mind, not just a mode of clinical practice, and there is a clear theoretical advantage in specifying, in as much detail as possible, such distinctions where they exist. This was true in Anna Freud's day; and it is (or at least should be) no less true today.

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