Athens Journal of Psychology 2026, 2: 1-21
https://doi.org/10.30958/ajpsy.X-Y-Z

Axiogeniality and Herzl's Neurosis Capitalist Discourse and Transvalorative Psychology

*By Jorge Hernando Pacheco Gómez**

Building on Freud's analogy between paranoid delusions and philosophical systems (Systembildungen), this article establishes a clinical-genealogical framework to analyze contemporary value production and subjective formation. Drawing on Nietzsche's drive-dynamic psychology, recent cognitive-evolutionary readings of his Trieb theory, and Lacan's formalization of the Capitalist Discourse, it is argued that this discourse can be productively analyzed as functioning as an axiologically closed, secular religion. By anchoring systemic demands into internal psychological structures, this regime converts surplus-alienation (plus-de-jouir) into existential guilt, normalizes self-exploitation, and subjects speech and listening to performance-driven, market-rationalized imperatives. To characterize this structural malaise, the clinical category of Herzl's Neurosis is introduced: a historical, non-idiographic modality of neurosis defined by the foreclosure of Agential Integrity,operationalized here as a fractionated disruption between drive economics (Triebökonomie), affectivity, semantic meaning, and self-determined action. As a clinical-critical counterpoint, this paper outlines Transvaluative Psychology as a diagnostic matrix for evaluating the subjective costs of dominant value systems, positioning Axiogeniality as an active organismic operator capable of subverting pathogenous axiological hierarchies, reorganizing meaning, and restoring the symbolic bond.

Keywords: *Transvaluative Psychology, Axiogeniality, Herzl's Neurosis, Capitalist Discourse, Agential Integrity, Nietzschean Genealogy.*

Introduction

The relationship between psychic pathology and the production of meaning constitutes a structural axis for philosophy, psychoanalysis, and the cultural sciences. Since Freud's early formalizations, psychopathological formations have not been conceived as external to cultural dynamics, but rather as structures maintaining a formal continuity with major symbolic productions, even when appearing as their distorted images (Zerrbilder) (Freud 1912, 45). This conceptual displacement shifts the locus of the symptom from a merely individual, idiographic dysfunction to a historically situated modality of the organization of meaning (Pacheco 2015, 4-5).

On the basis of this premise, this article argues that contemporary capitalism does not merely reorganize socio-economic practices, but can be productively analyzed as functioning as an axiologically closed, secular religion. Within this regime, the market-driven imperatives of performance, productivity, and permanent

*PhD Candidate in Philosophy, National University of Colombia, Colombia & University of Chile, Santiago de Chile, Chile.

optimization acquire an absolute character. By anchoring these systemic demands into internal psychological structures, a process that modern organismic psychology identifies as the internalization of external controls (Deci & Ryan 1985), this discourse converts existential suffering into a generalized guilt for structural insufficiency. This dynamic significantly erodes self-efficacy and the subjective capacity for behavioral control (Bandura 2009, pp. 6-16). The resulting distress is irreducible both to classical psychiatric nosography and to purely sociological explanations.

To characterize this contemporary subjective matrix, this article introduces the clinical category of Herzl's Neurosis. Rather than designating a new, isolated clinical syndrome, it represents a historical modality of neurosis defined by the progressive foreclosure of Agential Integrity. This integrity is operationalized as the dynamic, integrated coherence between drive economics (Triebökonomie), affectivity, semantic meaning, and self-determined action. Under late-capitalist conditions, this coherence suffers a fractionated disruption (Deci & Ryan 1985, pp 8, 21): the mind, understood here through contemporary 4E cognitive science as inherently embodied and embedded, becomes uncoupled from its somatic and affective foundations due to the relentless acceleration of digital-operational demands. Phenomenologically, this structural fracture manifests as severe systemic exhaustion and chronic burnout (Maslach & Leiter 2022), threatening the very narratives through which the self-constructs vital coherence and personal myths.

From a clinical standpoint, this structural mutation manifests decisively within the economy of discourse. As Lacan demonstrated through his formalization of the Capitalist Discourse, discourse does not merely regulate the utterable, but structures distinct subjective positions, modalities of jouissance, and the very fabric of the social bond. Within this specific subjective economy, speech loses its function as a symbolic mediation open to alterity and conflict, becoming subordinated to standardized metrics of performance, evaluation, and self-surveillance. Concurrently, the presence and search for structural meaning in life is systematically blocked, while the dimension of clinical listening is impoverished or automated, hindering the psychical working-through (Durcharbeitung) of contemporary distress.

This analysis adopts a genealogical perspective rooted in the critical tradition inaugurated by Nietzsche, for whom cultural pathologies stem from specific modes of organizing drive conflicts under dominant value systems. Within his framework, the historical phenomenon of religious neurosis appears as a structure where suffering is managed and endowed with meaning by fixing the subject within an economy of guilt, bad conscience (schlechtes Gewissen), and the ascetic ideal. The central hypothesis developed here is that late capitalism immanentizes and exacerbates this sacrificial structure in a secularized form. The ascetic ideal is no longer directed toward a transcendent deity, but is reinvested into the ego through imperatives of self-exploitation, transforming existential lack into a quantifiable, structural deficit of the self.

Consequently, capitalism operates as an axiological configuration isomorphic with religion, characterized by the absolutization of values, the demand for non-negotiable sacrifice, and the systematic foreclosure of any critique regarding its own criteria of legitimacy. To deconstruct this pathogenous matrix, this paper proposes Transvaluative

Psychology as a clinical-genealogical diagnostic framework oriented toward interrogating the genesis, function, and subjective costs of value systems.

Within this horizon, Axiogeniality is positioned as an active organismic operator of value reorganization. Rather than treating genius as an individual anomaly or a romantic idealization, it is redefined as a critical capacity within the contemporary economy of meaning. Axiogeniality serves as a clinical and theoretical differentiator, allowing us to distinguish between neurotic, self-destructive adaptation to reactive axiological hierarchies, such as Herzl's Neurosis, and effective processes of transvaluation (Umwertung) that restore self-determined agency, reopen genuine symbolic bonds, and revitalize the creative dimensions of speech and listening.

Capitalism, Religion, and Neurosis: A Clinical-Genealogical Reading

In psychoanalysis, speech does not constitute a mere means of communication, but a fundamental clinical operator. Since Freud's early formulations, psychic suffering becomes clinically legible only insofar as it finds a symbolic inscription that allows drive conflict to be worked through (durcharbeitet) beyond somatic discharge or automatic repetition. The symptom thus does not appear as an executive or functional failure, but as a compromise formation (Kompromissbildung): a symbolic solution which, even when pathogenous, preserves an internal logic and a specific economic function within psychic life.

This conception articulates with the Freudian thesis of a structural continuity between psychopathological formations and major cultural productions. Freud maintains that neurosis does not constitute an outside of culture, but one of its distorted expressions (Zerrbilder), insofar as symbolic conflicts become fixed under rigid forms of meaning: hysteria as a distorted image of artistic creation, obsessive neurosis of religion, and paranoid delusion of philosophical systems (Systembildungen) (Freud 1912).

The function of speech is not to abolish conflict or eliminate suffering, but to render it interpretable by inscribing it within a symbolic economy. Where speech remains open to listening and to the reorganization of meaning, the symptom retains its character as a compromise; where, by contrast, it becomes subordinated to absolutized axiological hierarchies, suffering turns self-reproductive and loses its elaborative potential. This mediating function can only be sustained where listening exists, understood not as empathy or immediate understanding, but as a structural operation that keeps lack and the equivocity of saying open. As Lacan (1957) showed, if the unconscious is structured like a language, such structuration includes cuts, silences, and displacements that acquire clinical value only when listening is not colonized by imperatives of interpretive performance. The Lacanian notion of discourse allows this dimension to be formalized with precision: discourse does not designate simply what is said, but an underlying structure that organizes subjective positions, modalities of jouissance, and forms of social bond (Lacan 1969–1970, 17).

The subject does not pre-exist this structure, but is constituted as a function of the symbolic conditions that regulate what may be said, what must be silenced, and how distress can be received.From this perspective, the Capitalist Discourse does not constitute merely another historical variation of the social bond, but a structural

mutation characterized by the erosion of the symbolic limit that makes mediation through speech possible. Rather than producing a social bond in a strict sense, this discourse tends to dissolve it, fragmenting subjective experience into isolated units of performance and jouissance (Soler 2007, 135).

Within this regime, speech proliferates but loses its mediating function: it becomes oriented toward performance evaluation, self-exposure, and behavioral optimization, while listening is degraded or automated. Silence, the structural condition of listening, is recoded as unproductivity or failure, and the excess of enunciation produces saturation rather than symbolic elaboration. This displacement amounts to a systemic axiological reorganization. Where speech is subordinated to a single ideal of performance, drive conflict ceases to be elaborated and intensifies under forms of guilt and self-exigency. This mutation is sustained by a specific modality of rejection (Verwerfung) that does not fall upon a particular signifier, as in classical psychosis, but upon castration itself,that is, upon the recognition of the structural limit that founds desire (Braunstein 2013, 141).

Capitalist discourse does not foreclose a determinate symbolic element; rather, it disavows constitutive impossibility, recoding structural lack into a quantifiable deficit to be corrected, an insufficiency to be compensated, or a level of performance to be optimized (Braunstein 2013). From a clinical standpoint, this rejection of the limit does not produce a psychotic rupture of the symbolic bond, but rather its saturated and totalizing functioning. The subject is captured within the symbolic order without any possible exteriority, subjected to an unlimited demand for jouissance and productivity, where lack returns in the form of permanent debt and infinite self-exigency. Precisely for this reason, capitalism operates as a fully functional, secular religion.

As Nietzsche (1887) showed in his analysis of religious neurosis, the religious is not defined by reference to transcendence, but by its capacity to organize suffering, produce guilt, and foreclose critique of the value system that sustains it. In late capitalism, this function is radicalised: the promise of salvation no longer refers to an afterlife, but to an immanent and indefinitely deferred optimization of performance and self-realization. From a genealogical perspective, this logic does not entail a negation of vital forces, but their reactive reorganization. Suffering does not vanish; rather, it is fixed within an economy of debt and bad conscience (schlechtes Gewissen) that captures potency under rigid axiological hierarchies, thereby blocking its creative reorganization (Nietzsche 1887, Welshon 2014).

Contemporary philosophical psychology and organismic approaches allow this point to be specified with greater precision. The self does not constitute a substance or a sovereign center, but a dynamic relation of drives whose hierarchical organization determines both action and the experience of meaning (Katsafanas 2013, pp. 15-20). Pathology thus emerges not from drive weakness, but from the failure to achieve an evaluative unification of intense forces under criteria capable of reordering (Katsafanas 2013 pp. 8, 15, 19-20).

A clinic oriented toward Agential Integrity does not aim to reinforce external control or optimize performance metrics, but to restore the capacity to articulate desire, valuation, and action,a condition for a non-reactive reorganization of drive conflict. This formulation directly parallels contemporary organismic psychology,

which establishes that while the human organism is innately inclined toward developing an internal, unified structure of the self, it remains highly vulnerable to developing fractionated structures when its psychological functioning becomes rigidified by external controls (Deci & Ryan 1985, pp. 116-120). Under late capitalism, pathology is not a volitional deficit, but a reactive and fractionated configuration of the drive economy, where impulses are subordinated to rigid, heteronomous axiological hierarchies that the subject experiences as autonomous choice (Deci & Ryan 1985, pp. 143-147).

This fragmentation constitutes a structural effect of particular ideological regimes in which language operates as an imaginary repair that sutures conflict without elaborating it (Bornedal 2010). Consequently, sacrifice ceases to be oriented toward transcendent salvation and becomes immanentized in the imperatives of performance, productivity, and self-optimization. Suffering is no longer symbolically interrogated, but normalized as guilt for insufficiency and unlimited self-exigency. In this context, speech ceases to mediate between the forces that inhabit the subject and instead comes to subordinate them to abstract ideals of success, while the listening of distress is replaced by evaluative dispositifs that foreclose the critical interrogation of suffering.

It is within this horizon that Transvaluative Psychology becomes necessary, conceived as a clinical-genealogical framework oriented toward interrogating the processes of production, fixation, and transformation of values. Within this framework, Axiogeniality does not designate a subjective ideal or a heroic exception, but an active organismic operator of value reorganization. It is capable of instituting new axiological hierarchies where existing ones have become pathological, thereby restoring conditions of speech, listening, and symbolic bond not captured by the logic of performance or by the ideological foreclosure of meaning. What has been developed thus far makes it possible to establish that capitalist discourse introduces an axiological mutation that structurally transforms the economy of suffering. By operating as a secular religion, this discourse fixes drive conflict under absolutised value hierarchies, producing normalized modalities of suffering and eroding the conditions of Agential Integrity. With this clinical-genealogical framework in place, the analysis of Herzl's Neurosis as a specific historical form of neurosis proper to late capitalism is prepared.

Genealogy of Contemporary Suffering: From Capitalist Discourse as Religion to Herzl's Neurosis

The preceding analysis makes it possible to formulate, in genealogical terms, the central hypothesis of this work: the Capitalist Discourse does not constitute merely an economic regime or a system of social organization, but can be productively analyzed as functioning similarly to an axiologically closed, secular religion that organizes meaning, administers suffering, and produces a historically situated modality of distress (Marx 1844, Weber 1905, Benjamin 1921, Loy 1997, Han 2014). This distress does not manifest as a marginal deviation or an individual pathology, but as a normalized structure integrated into the ordinary functioning of the contemporary social bond.

Within this framework, suffering ceases to present itself as a conflict to be elaborated and becomes a functional condition of belonging and recognition. Guilt for insufficiency, unlimited self-exigency, and the normalization of distress do not operate as system failures, but as necessary effects of a symbolic economy that forecloses critique of its own values. It is from this perspective that it becomes necessary to reconstruct genealogically what is here termed Herzl's Neurosis.

Far from designating an individual, idiographic syndrome, Herzl's Neurosis is proposed here as an ideal-typical construct to understand a prevalent structural modality of contemporary suffering. It is characterized by a subjective logic of guilt for insufficiency and by the internalization of an immanent superego that drives unlimited exigency in the name of a secular promise of fulfillment. This is not a localized conflict, but a totalizing axiological configuration that colonizes psychic life and reorganizes the experience of time, the body, and value. From a clinical standpoint, this configuration is expressed in practices of permanent self-evaluation, in the structural difficulty of suspending performance without acute guilt, and in therapeutic demands oriented toward "functioning better" rather than interrogating the meaning of suffering. Distress is no longer organized around prohibition, but under the imperative to produce and optimize, experienced as personal failure rather than as an effect of discourse.

The Ascetic Ideal and Cultic Guilt: Nietzsche, Freud, and Benjamin

To understand the genesis of this structure, we must return to Nietzsche's (1887) critique of religious neurosis. In *On the Genealogy of Morality*, Nietzsche demonstrated that major cultural configurations are sustained by drive economies (*Triebökonomien*) and historically determined value systems, wherein vital force that cannot outwardly affirm itself turns back against itself in the forms of guilt, debt, and bad conscience (*schlechtes Gewissen*). Suffering does not disappear; it is moralized and endowed with a meaning that justifies and reproduces it within a closed axiological order.

This logic was radicalized by Walter Benjamin (1921), who argued that capitalism functions as a purely cultic religion,the most extreme to have ever existed,without dogma or redemption, which universalizes guilt and debt (*Schuld*) without offering any possible exit. Along convergent lines, modern critiques of neoliberal psychopolitics have shown how this sacrificial economy is translated into self-exploitation, systemic exhaustion, and culpabilization for structural insufficiency (Loy 2002, Han 2014). Freud (1927) converges with this genealogy by proposing that religion may be understood as a universal obsessive neurosis,not as a generalized individual pathology, but as a cultural formation designed to stabilize drive conflict and protect a value system from critical revision. Religious doctrines function as substitute formations (*Ersatzbildungen*) that fix suffering and confer upon it a normatively regulated meaning, transforming raw distress into duty and guilt into a principle of rigid self-regulation (Lehrer 1994).

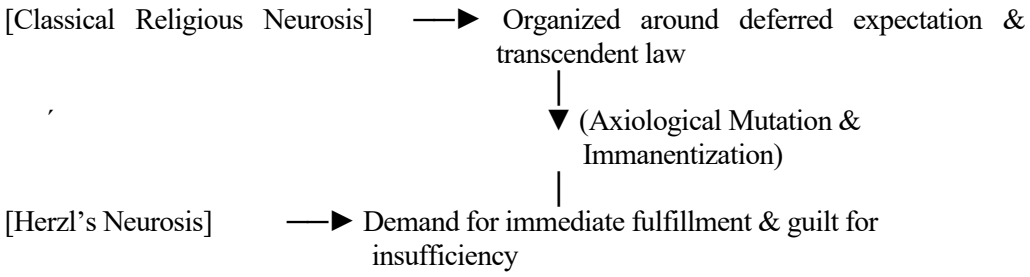
The thesis developed here is that contemporary capitalism inherits, immanentizes, and exacerbates the structure of religious neurosis in a secularized form. Without explicitly presenting itself as a religion, it fulfills its fundamental operations: it

institutes absolute values, demands daily sacrifices, promises an immanent salvation (indefinitely deferred optimization), and proves structurally resistant to self-critique. Capitalism operates as a religion without transcendence, but not without dogma, ritual, or guilt, giving rise to a normalized and metaphysically intensified form of suffering: Herzl's Neurosis.

Performative Temporality and Narrative Disarticulation

This axiological mutation produces a decisive effect on subjective temporality. Whereas traditional religions organized time around a transcendent and deferred promise, capitalist discourse imposes a performative temporality oriented toward immediate performance and constant optimization. Time ceases to be a symbolically shared experience and is transformed into a consumable, measurable, and sacrificable resource. This mutation does not imply acceleration alone, but rather a narrative disarticulation of time, fragmented into atomized, operative instants oriented toward sheer performance (Han 2014, 2017).

From a clinical standpoint, this temporality produces a form of suffering distinct from classical religious neurosis:



Guilt ceases to be linked to the transgression of an explicit, transcendent moral law; instead, it becomes guilt for insufficiency, for not performing, not producing, or not optimizing oneself enough, thereby absolutizing immanence itself. From a Lacanian perspective, this logic articulates with the emergence of a limitless superego, one that no longer commands the renunciation of jouissance, but its permanent intensification in the form of performance. Capitalist discourse is distinguished by the disavowal (*Verleugnung*) and rejection (*Verwerfung*) of castration, the annulment of the structural limit that regulates desire, producing a subjective economy marked by compulsion, self-exigency, and self-exploitation (Braunstein 2013).

Clinically, this regime does not produce the alternation characteristic of classical religious neurosis (sin and repentance), but rather an exhaustive continuity without respite or ritual. Phenomena such as burnout or karoshi should not be read as mere occupational accidents, but as paradigmatic expressions of a subjective configuration in which the subject self-exploits and is consumed as a resource within a productive machinery that replaces it without mourning once it is exhausted.

Disembodiment, Abstraction, and the Fractionated Self

From a Nietzschean reading, this dynamic does not imply a simple diminution of vital forces, but their reactive reorganization. The intensification of performance and jouissance takes place at the cost of a progressive disembodiment of the subject: the body ceases to operate as a primary instance of orientation and meaning and becomes a functional support, an object of optimization and wear. Where classical religious neurosis mortified the body in the name of transcendence, capitalist neurosis consumes it in the name of an absolutized immanence, producing an increasingly abstract, performative, and disembodied self.

This abstraction does not manifest as chaotic disorganisation, but as an impoverished functional coherence sustained by metrics of efficiency that replace listening to the body and foreclose the lived experience of conflict. Contemporary philosophical psychology specifies this mechanism: the self does not constitute a substance or a sovereign center, but a dynamic relation of drives whose hierarchical organization determines both action and the experience of meaning; identity is the always provisional effect of an evaluative synthesis (Katsafanas 2013, pp. 15-20).

In late capitalism, this relational structure of the self becomes progressively decoupled from the body and from lived experience, and is reorganized around abstract, quantifiable, and comparable criteria. Agency no longer unfolds in the singular integration of drives, but is translated into indicators of performance, visibility, and exchange value. The self thus becomes a profile, a score, or an avatar: a formalized, optimizable, and replaceable identity.

This process represents a metaphysical exacerbation of neurosis. Where classical religious neurosis produced a moral doubling of the self, Herzl's Neurosis produces an abstract self, permanently evaluated and structurally insufficient. Just as money separates value from concrete labor, subjective identity is separated from the body, lived time, and drive conflict, becoming subjected to systems of abstract equivalence. Distress is no longer experienced as a tension between living forces, but as a quantifiable deficit of identity, an insufficiency of value, or a failure of self-optimization. Herzl's Neurosis does not entail a loss of agency, but its axiological capture, insofar as the capacity to value becomes subordinated to a system that blocks transvaluation (*Umwertung*) and the embodied, integrated reintegration of meaning.

The Loss of Agential Integrity as Clinical Criterion

As Bornedal (2010) has shown, this type of axiological closure fulfills a precise ideological function: it offers an imaginary coherence that conceals the subject's internal fragmentation at the cost of neutralizing any possibility of critical transformation. Clinically, this coherence does not constitute integration, but fixation, thereby reinforcing the structural loss of Agential Integrity.

This loss can be systematically mapped in dialogue with contemporary organismic psychology and the Self-Determination Theory (SDT) framework of Deci and Ryan (1985), which counters traditional psychiatric nosography by locating the pathology in the fracturing of the self under external control:

Analytical Category	**Classical Nosography (Burnout / Depression)**	**Classical Religious Neurosis (Nietzsche / Freud)**	**Herzl's Neurosis (Transvaluative Framework)**
Etiological Matrix	Occupational overload, cognitive exhaustion, or neurochemical deficit.	Transgression of a transcendent Moral Law; conflict with a paternal, punishing Superego.	Structural foreclosure of castration; immanentization of the ascetic ideal into performance metrics (Braunstein 2013).
Subjective Economy	Apathy, loss of executive functioning, and emotional depletion.	Alternation between drive transgression, guilt, and ritualized repentance/expiation.	Saturated functioning; permanent guilt for insufficiency; infinite debt experienced as personal deficit.
Status of the Body	Somatic exhaustion treated as a functional breakdown or an industrial accident.	Mortification and suppression of the flesh in the name of transcendent salvation.	Systemic Disembodiment; the body is reduced to an abstract object of optimization, wear, and evaluation.
Status of Agency	Temporary deficit in self-efficacy or volitional control.	Agency restricted by moral heteronomy and guilt-driven self-regulation (Lehrer 1994).	Fractionated Disruption; loss of Agential Integrity due to the decoupling of drive economics (*Triebökonomie*) from self-determined action.

In clinical listening, this configuration is recognized by the absolute predominance of self-evaluative statements, "I don't perform," "I don't measure up," "I'm not enough", which displace speech from desire toward the endless measurement of the self. When discourse ceases to sustain lack, saying is no longer organized around the subjective question, but rather in function of imperatives that saturate meaning and cancel elaboration (Lacan, 1969–1970). In transferential terms, the demand shifts from interpretation toward optimization: what is requested are rapid relief,

behavioral techniques, or increased psychic performance rather than an elaboration of conflict. This displacement responds directly to the logic of the performance-oriented superego that commands production, jouissance, and self-optimization without admitting interruption or remainder (Braunstein 2013).

The decisive clinical criterion for reading this configuration is not the phenomenological intensity of distress, but the loss of Agential Integrity. When drives, affects, meaning, and action are subordinated to a single, heteronomous axiological hierarchy, experience becomes fixed in a performative repetition that does not return as an interpretable symptom, but as a demand for infinite adaptation. This fractionated state mirrors what Deci and Ryan (1985) identify as the rigidification of psychological functioning when internal structures merely anchor external, controlling social demands. Far from expressing a lack of force, Herzl's Neurosis testifies to a reactive organization of value that prevents the creative integration of forces, precisely as Nietzsche diagnosed in religious neurosis and its economy of bad conscience.

By operating as an axiologically closed secular religion, capitalist discourse captures agency under absolutized value hierarchies, producing an abstraction of the self, a progressive disembodiment of experience, and a structural loss of Agential Integrity. On the basis of this diagnosis, the need is established for a clinical framework capable not only of describing this configuration, but of critically interrogating the systems of values that sustain it,a task that will be undertaken in the following chapter through Transvaluative Psychology and the clinical-critical operator of Axiogeniality.

Conceptual Novelty and Differential Contribution

To clarify the epistemological status of the paradigm proposed here, it is clinically indispensable to differentiate its core constructs from existing contemporary psychological models. While mainstream clinical psychology addresses performance distress and existential disorientation through empirical categories, Transvaluative Psychology addresses the structural capture of the subject's drive economy by ideological regimes.

Herzl's Neurosis versus Burnout (Maslach)

The contemporary clinical landscape frequently encapsulates performance-related suffering under the construct of Burnout, defined by Maslach (2022) through the triad of emotional exhaustion, depersonalization, and reduced personal accomplishment. Burnout is conceptualized as an occupational syndrome resulting from chronic workplace stress,a functional breakdown of occupational coping mechanisms.

In contrast, Herzl's Neurosis does not represent a situational or vocational localized dysfunction, but a globalized, structural modality of the social bond. It cannot be resolved by workplace adaptations or stress-management techniques because it implicates an internalized, immanent superegoic matrix. Where Burnout registers an executive depletion of functional energy, Herzl's Neurosis marks a

saturated, high-functioning economy of guilt where the subject's core identity is structurally tied to the very metrics causing their depletion.

Agential Integrity versus Agency (Bandura)

In cognitive-behavioral paradigms, Agency is primarily understood through Bandura's (2009) social cognitive theory as a set of intentional capabilities, including self-reflectiveness, self-reactiveness, and forethought. For Bandura, agency is largely functional and mechanistic, operating as an executive capacity for volitional control and self-efficacy within environmental constraints.

Agential Integrity, conversely, shifts the clinical focus from functional self-efficacy to drive synthesis. It is not merely the capacity to execute a goal successfully, but the dynamic, integrated coherence between drive economics (*Triebökonomie*), somatic affectivity, semantic meaning, and self-determined action. A subject can exhibit high behavioral agency in Bandura's terms, optimizing performance, meeting metrics, and exhibiting high self-efficacy, while suffering from a total collapse of Agential Integrity, executing actions that remain radically alienated from their organismic drive baseline.

Transvaluative Psychology versus Cultural Critique

Finally, Transvaluative Psychology must not be mistaken for a speculative exercise in sociology or cultural critique. While it acknowledges the historical matrix of late capitalism, it remains strictly a clinical framework. Its locus of intervention is not the macroeconomic structure, but the singular, transferential space of clinical listening. It diagnoses how socio-historical value systems crystallize into concrete, individual psychopathology, offering a specialized diagnostic and therapeutic framework to restore the symbolic bond through the speech of desire.

Transvaluative Psychology and Axiogeniality: Toward a Clinic of Agential Integrity

The diagnosis developed in the preceding chapters makes it possible to establish that contemporary suffering cannot be adequately understood or clinically treated through traditional paradigms centered on adaptation, moral correction, or the optimization of performance. In Herzl's Neurosis, suffering ceases to appear as a symptom to be structurally interrogated; instead, it is experienced as a deeply individualized, personal insufficiency in relation to absolutized axiological ideals. By becoming seamlessly integrated into the ordinary functioning of the social bond, this distress loses its status as a clinical question.

As established in the foundational outlines of this framework, this specific configuration produces an unrelenting guilt for performance, systemic self-exploitation, and a progressive erosion of meaning, while simultaneously neutralizing the structural conditions necessary for transvaluation. It does not constitute an isolated, idiographic pathology, but rather a historical modality of suffering that is structurally inseparable from the discursive and axiological regime that produces and sustains it.

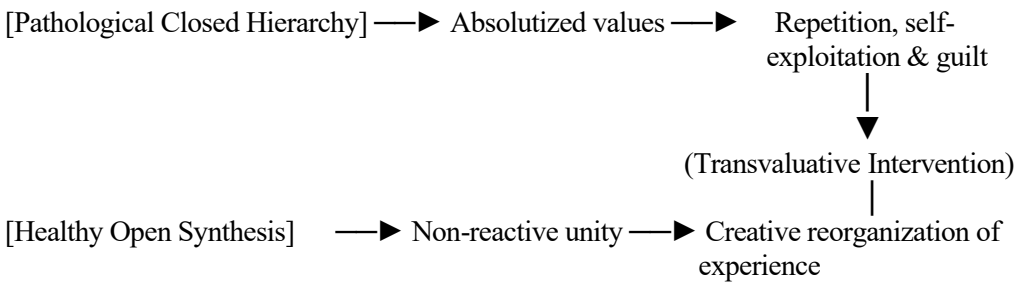
Faced with this axiological closure, the clinical question can no longer be formulated in terms of adaptive calibration or symptom reduction. Contemporary psychological distress is not explained by a lack of norms, but by an acute excess of normativity; it stems not from an absence of meaning, but from an axiological hypertrophy that systematically blocks the creative reorganization of experience. In this context, clinical practices oriented toward optimizing psychological functioning or reinforcing behavioral adaptation run the critical risk of therapeutically reproducing the very pathogenic logic they purport to treat.

Methodological Foundations of Transvaluative Psychology

From these epistemological premises, Transvaluative Psychology is defined as a clinical-genealogical framework explicitly oriented toward interrogating the genesis, function, and subjective effects of value systems when they crystallize into closed, pathological orders. Its clinical point of departure is neither observable behavior nor metric performance, but the drive-dynamic and axiological economy that organizes experience, orients action, and conditions the modality of suffering. Consequently, the framework does not primarily ask *what* the subject does, but *under which hierarchies of value* the subject speaks, acts, and suffers, and at what vital cost.

Unlike adaptive psychologies, Transvaluative Psychology does not prescribe a normative set of "correct" values, nor does it reduce psychic distress to a functional or volitional deficit. Clinically, it is diagnostic of this malaise through precise indicators, such as the total dominance of rigid, self-evaluative statements and the structural impossibility of interrogating the very value organizing the suffering. Transvaluative intervention aims to reopen the evaluative space, restoring speech to its function as an open symbolic mediation, and rendering possible a dynamic reconfiguration of axiological hierarchies. This serves as the baseline clinical condition for the recovery of Agential Integrity.

This perspective explicitly inscribes itself within the Nietzschean genealogy, for which values are neither transcendent principles nor autonomous rational constructions, but historical symptoms of specific configurations of forces (Nietzsche 1887). From this premise, every clinic of suffering is, ultimately, a clinic of value. The central clinical criterion shifts from normative conformity or adaptive stability to the preservation of effective agency:



Where value systems allow for a non-reactive synthesis of impulses, affects, and actions, experience can be creatively reorganized. Conversely, where axiological hierarchies are absolutized, life becomes fixed in reactive repetition, self-exploitation,

or chronic culpabilization. Transvaluative Psychology thus evaluates value structures not by their moral content, but by their capacity to sustain or erode the subject's Agential Integrity.

Operationalizing Agential Integrity Under Systemic Capture

Agential Integrity is not defined here in terms of rational autonomy or conscious, cognitive control, but as a complex capacity for synthesis: the possibility of articulating drives, affects, evaluations, and acts into a dynamic, organismic unity capable of orienting self-determined action over time. The aim of the clinic is not to eliminate conflict,which remains an inevitable, vital condition of life,but to integrate it under evaluative hierarchies that are neither reactive nor heteronomously imposed. As contemporary philosophical psychology establishes, agency depends entirely on the manner in which drives are unified under shared evaluative commitments; its loss refers not to a lack of intrinsic force, but to the structural impossibility of sustaining one's own evaluative synthesis (Katsafanas 2013 pp. 8,20).

From this framework, Herzl's Neurosis is read precisely as a specific foreclosure of Agential Integrity induced by an axiologically closed system. This does not amount to a simple behavioral subordination to external demands, but to a total capture of drive organization by a single, unquestionable hierarchy of market-rationalized value:

- **Drive Capture**: When the totality of impulses is oriented toward an abstract, quantifiable ideal, the evaluative synthesis rigidifies, and agency loses its creative capacity.
- **Reactive Fixation**: Clinically, this fixation does not resolve drive conflict but intensifies it reactively. What cannot be integrated returns as normalized suffering,expressed through guilt for insufficiency, chronic anxiety, self-exploitation, and an impoverishment of meaning.
- **Failed Performance Metrics**: This suffering no longer presents itself as an interpretable symptom; instead, it is recoded as an indicator of failed performance. It ceases to open a subjective question and becomes permanent proof of inadequacy, sealing the loss of Agential Integrity.

From a psychoanalytic standpoint, this dynamic is formalized through the contemporary mutation of the superego. While Freud (1930) demonstrated that superegoic severity becomes pathogenic when the ideal takes the form of an impossible moral command, Lacan (1972) radicalized this insight by showing that under the Capitalist Discourse, the superego no longer commands the renunciation of *jouissance*, but rather demands unlimited production, optimization, and *jouissance*. Because castration, the structural recognition of the limit, is systematically rejected, this mutation produces isolated, atomized subjects who are held absolutely responsible for their own success or failure, entirely deprived of a shared symbolic framework capable of reinscribing their distress as a historical effect of value systems (Soler 2007).

Axiogeniality as a Clinical-Critical Operator

Faced with this configuration, Transvaluative Psychology directs its efforts toward the critical interrogation of the value systems structuring this normalized suffering. Its clinical task does not consist in correcting behavior or reinforcing imaginary, defensive coherences; rather, it seeks to reopen the evaluative space, restoring to values their historical, contingent, and transformable character. Within this horizon, we position the category of Axiogeniality.

Axiogeniality is defined as a clinical and genealogical operator of active value reorganization wherever prevailing hierarchies have become pathological. Rather than treating genius as an individual anomaly, a biological elite, or a romantic idealization, this framework operationalizes it as a critical capacity within the contemporary economy of meaning.

Axiogeniality names the precise structural possibility of an affirmative transvaluation (*Umwertung*) that does not foreclose conflict, but integrates it creatively, restoring the structural conditions of speech, listening, and action necessary to recover Agential Integrity.

To guide diagnostic evaluation, the clinical distinction between the adaptive-pathological response and the axiogenial-transformative response can be systematically mapped as follows:

Diagnostic Dimension	**Pathological Fixation (Herzl's Neurosis)**	**Axiogenial Transformation (Transvaluative Clinic)**
Status of the Value System	Closed and Absolutized: Value structures are immune to internal critique; metrics of efficiency are accepted as absolute truths.	Open and Transformable: Value hierarchies are recognized as contingent historical symptoms, subject to active transvaluation.
Discursive Demand	Optimization: Demand for rapid behavioral relief, increased psychic performance, and techniques to "function better."	Interrogation: Reopening of speech and listening; questioning the underlying axiological criteria organizing the suffering.
Superegoic Matrix	Imperative of Performance: Unlimited demand for productivity and *jouissance* that treats structural lack as personal deficit.	Restoration of the Limit: Integration of conflict and lack as the necessary foundation for creative, self-determined desire.
Dynamic of the Self	Fractionated Disruption: Subjective identity is split into abstract profiles, scores, or avatars, decoupled from lived experience.	Organismic Integration: Unified alignment between drive economics (*Triebökonomie*), somatic affectivity, and action.

Clinical Application and Operational Protocol

To bridge the gap between speculative metapsychology and the pragmatic reality of the consulting room, Transvaluative Psychology operates through a rigorous, non-directive clinical protocol. This section delineates the sequential stages of the transvaluative process, instantiates them through a brief clinical case vignette, and establishes the strict boundary constraints and scope limitations of this framework.

Sequential Stages of the Transvaluative Process

The therapeutic trajectory is structured around four distinct, non-linear operational phases designed to guide the subject from alienating performance metrics back to an integrated drive baseline:

1. **Deconstruction of the Evaluative Demand (*Axiological Mapping*)**
   - *Objective*: To isolate and visualize the rigid metrics under which the subject suffers.
   - *Clinical Action*: The clinician systematically tracks the absolute "should-be" statements, performance indicators, and structural self-reproaches that contaminate the patient's speech. The demand for "rapid behavioral adaptation" or "psychic optimization" is systematically suspended and treated as a symptom of systemic capture, rather than as a legitimate therapeutic goal.

2. **Genealogy of the Personal Imperative (*Superegoic Decoupling*)**
   - *Objective*: To transition from a phenomenological experience of personal inadequacy to a historical, discursive understanding of the internalized ideal.
   - *Clinical Action*: Through transferential listening, the clinician historicalizes the client's current guilt metrics. The patient begins to recognize how their localized sense of "not being enough" acts as an internalized reflection of late-capitalist psychopolitics, effectively tracing the roots of their immanent superego back to its social and discursive origins.

3. **Restoration of Symbolic Lack (*Reintroducing Castration*)**
   - *Objective*: To break the exhaustive continuity of the performance imperative by reinscribing structural limits.
   - *Clinical Action*: The clinician actively punctuates moments where the subject's somatic limits, systemic fatigue, or unfulfilled desires rupture the seamless illusion of total self-optimization. By validating exhaustion not as a technical failure but as an organismic expression of castration, the clinical space allows the subject to transition from cultic guilt to an authentic engagement with subjective lack.

4. **Axiogenial Synthesis (*Active Transvaluation*)**
   - *Objective*: The autonomous, creative reorganization of the subject's value hierarchy.

- *Clinical Action*: The subject begins to construct alternative, non-reactive value schemas that honor their unique drive baseline (*Triebökonomie*) and somatic affectivity. The clinical locus shifts from external adaptation to internal integration, facilitating self-determined action that accommodates vital tension instead of sacrificing it to market-driven indicators.

Case Vignette: The Case of "Subject M"

Subject M, a 34-year-old software engineer living in Santiago, sought psychotherapy because of persistent physical exhaustion, recurrent panic episodes, and an inability to rest without feeling overwhelming guilt. At first glance, his presentation could reasonably be understood within existing diagnostic frameworks, particularly severe burnout or Generalized Anxiety Disorder. His initial request reflected this perspective: he wanted practical strategies to improve time management and recover the level of productivity that had gradually declined as his symptoms became more frequent.

During the initial phase of Axiological Mapping, it became evident that M consistently evaluated himself through measurable indicators of performance. He spoke almost exclusively about productivity metrics, peer-review scores, software output, and the various applications he used to monitor his sleep, exercise, and nutrition. Rather than focusing exclusively on symptom reduction, the therapeutic work explored the value system that gave those metrics their authority. When M remarked, *"I'm no longer able to perform at the level I used to,"* the therapist responded by asking whether he was describing himself as a person or as a system designed to maintain constant efficiency. This question gradually shifted the focus of the sessions from performance itself to the assumptions that sustained it.

This transition marked the beginning of what Transvaluative Psychology describes as Superegoic Decoupling. Over subsequent sessions, M began to recognize that his persistent sense of inadequacy was not simply an individual characteristic but had developed within a professional culture that praised permanent availability, continuous optimization, and the absence of personal limits. What had previously appeared to him as personal failure gradually became understandable as the internalization of a particular evaluative order.

A decisive moment occurred when M experienced a panic attack during a critical software deployment. Instead of interpreting the episode solely as a symptom requiring greater behavioral control, the therapeutic process explored it as an expression of the body's resistance to demands that had become psychologically unsustainable. Within the transvaluative framework, the panic episode was understood less as a failure of adaptation than as an indication that the prevailing system of values had reached its subjective limits.

Over the course of treatment, M gradually reorganized his relationship to work, achievement, and personal value. Rather than attempting to maximize every measurable indicator of performance, he began to establish clearer personal boundaries, reconsider his relationship with time, and make professional decisions that were more consistent with his own priorities. From the perspective of Transvaluative Psychology, this process illustrates the movement toward

Axiogenial Synthesis, understood not as the elimination of occupational demands but as the recovery of Agential Integrity through the reorganization of one's evaluative framework.

Scope Boundaries and Clinical Limitations

Although Transvaluative Psychology proposes a different way of understanding certain forms of contemporary psychological suffering, its clinical application is intentionally limited.

Diagnostic Scope. The framework has been developed for neurotic and borderline personality organizations in which symbolic elaboration remains sufficiently preserved to support reflective clinical work. It is not intended for acute psychotic conditions, where interventions aimed at restructuring value systems may increase rather than reduce psychological instability.

Limits of Clinical Intervention. Transvaluative Psychology operates within the context of the therapeutic relationship and therefore does not claim to alter the broader social, economic, or institutional conditions that shape subjective experience. Its objective is more modest: to help patients critically examine the evaluative frameworks they have internalized and to strengthen their capacity to relate to those structures with greater autonomy, flexibility, and psychological coherence.

Methodological Conclusions

Ultimately, Axiogeniality functions as the primary differential criterion for evaluating the health or pathology of a value system. Where axiological hierarchies allow for a dynamic integration of impulses and sustain open processes of meaning-creation, subjectivity preserves an effective margin of agency. Where values are absolutized and insulated from critique, neurosis intensifies and becomes normalized.

Transvaluative Psychology does not present itself as a normative proposal nor as an adaptive clinic, but as a clinical-genealogical intervention into the axiological conditions of possibility for human agency, offering a critical operator capable of introducing creative reorganisations of meaning wherever dominant value systems have become profoundly pathological.

Conclusion

Axiogeniality and the Clinic of Value in Capitalism as Religion

The trajectory developed in this article makes it possible to sustain a central thesis: contemporary capitalism can be productively analyzed as functioning similarly to an axiologically closed, secular religion that structures, normalizes, and intensifies subjective malaise. Although devoid of explicit transcendence, this regime organizes experience around absolute values, performance, productivity,

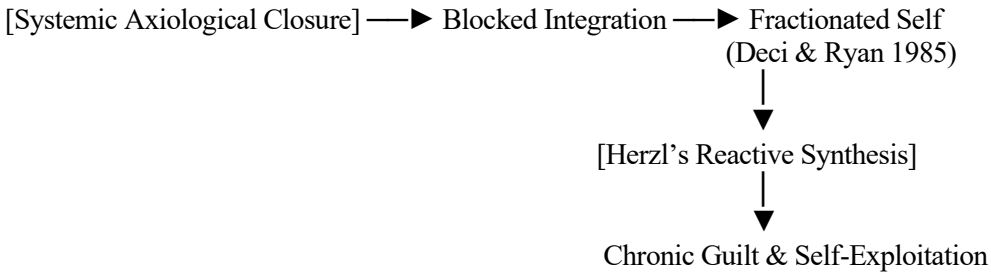
and permanent success, which function as ultimate criteria of legitimacy. Within this framework, suffering is neither elaborated nor transfigured; instead, it is internalized as structural guilt for insufficiency, becoming a functional condition of the contemporary social bond.

The convergence between Freud, Nietzsche, and Lacan allows us to understand why this configuration historically exacerbates neurosis rather than attenuating it. Religion, conceived as a collective neurotic formation, stabilizes drive conflict at the cost of foreclosing its critique. Nietzsche demonstrated that this foreclosure does not weaken the will, but inverts it, producing reactive economies of suffering and bad conscience (*schlechtes Gewissen*). Lacan formalized how the Capitalist Discourse radicalizes this logic by rejecting the structural limit of castration, sustaining an imaginary promise of unlimited satisfaction, and decomposing the social bond under performance-driven, superegoic imperatives.

The Legacy of Herzl's Neurosis and the Loss of Integrity

Within this critical matrix, Herzl's Neurosis is proposed as a historically situated, ideal-typical construct to understand a prevalent structural modality of suffering proper to late capitalism. It does not designate an individual pathology nor an idiographic, delimited syndrome, but a normalized structure of suffering produced by a value system that presents itself as natural, self-sufficient, and unquestionable. Its distinctive clinical feature is not the classic repression of conflict, but its structural fixation under a single, heteronomous axiological hierarchy that blocks the creative reorganization of meaning.

From a clinical-genealogical perspective, this fixation constitutes a severe foreclosure of Agential Integrity. As contemporary readings of Nietzschean psychology demonstrate, human agency does not depend on the complete absence of conflict, but on the organismic capacity to integrate heterogeneous forces and drives under one's own evaluative commitments (Katsafanas 2013, pp. 15-20). This dynamic unification mirrors what organismic psychology defines as the fundamental tendency toward a unified structure of the self (Deci & Ryan 1985). Where this integration is blocked by systemic axiological closure, the subject remains trapped within a fractionated disruption:



The resulting fractionated state intensifies psychological distress, transforming it into a quantifiable, internal deficit rather than an interpretable, transferential symptom.

The Transvaluative Alternative and the Axiogenial Turn

In direct response to this contemporary diagnosis, Transvaluative Psychology establishes itself as a clinical-genealogical framework oriented toward interrogating the genesis, function, and subjective effects of value systems. Its aim is neither to adapt the subject to the prevailing order nor to replace one closed system of values with another equally dogmatic one. Rather, its clinical target is to restore the historicity and contingency of all axiological hierarchies, thereby reopening the critical dimensions of speech and listening as conditions for structural transformation.

Within this horizon, Axiogeniality operates as a critical, active operator of value reorganization:

- **De-romanticizing Genius**: Axiogeniality is stripped of any exceptional privilege, biological elitism, or romantic idealization. It is redefined as an active organismic capacity within the economy of meaning.
- **Affirmative Transvaluation**: It names the structural capacity to institute new axiological hierarchies where existing ones have become pathogenous and rigidified by external controls (Deci & Ryan 1985).
- **Symbolic Re-inscription**: It neither artificially eliminates conflict nor suppresses vital suffering; instead, it re-inscribes them within an open symbolic economy capable of producing creation rather than repetition, and transvaluation (*Umwertung*) rather than blind obedience.

From a clinical standpoint, Axiogeniality serves as the decisive differential criterion for evaluating the health or pathology of a value system. Where axiological hierarchies allow for a dynamic, fluid integration of impulses and sustain effective, open processes of meaning-creation, subjectivity retains a real margin of self-determined agency. Conversely, where values are absolutized and rendered immune to critique, neurosis intensifies, fragmenting the self and normalizing self-aggression.

The conclusion that follows from this work is clear: without an explicit clinic of value, psychological and psychoanalytic practice runs the risk of being reduced to a mere technique of market-rationalized adaptation. Thinking capitalism as a secular religion, Herzl's Neurosis as its structural clinical expression, Agential Integrity as its diagnostic criterion, and Axiogeniality as its operator of transvaluation makes it possible not only to comprehend contemporary suffering, but also to restore the conditions of possibility for a psychic life not captured by guilt, performance metrics, and self-exploitation. In a contemporary context increasingly marked by the foreclosure of meaning and the systematic erosion of listening, this proposal does not constitute one theoretical option among others, but a clinical, ethical, and epistemological necessity.

References

Adorno TW (2004) *Teoría estética*. Madrid: Akal.

Bandura A (2009) *Self-Efficacy: in Changing Societies*. Cambrige University Press,

Benjamin W (1921/2019) *El capitalismo como religión*. Madrid: Biblioteca Libre.

Bornedal P (2010) *The Surface and the Abyss: Nietzsche as Philosopher of Mind and Knowledge*. Berlin: De Gruyter.

Braunstein N (2013) *El inconsciente, la técnica y el discurso capitalista*. Buenos Aires: Siglo XXI.

Deci EL, Ryan RM (1985) I*ntrinsic Motivation and Self-Determination in Human Behavior*. Springer Science+Business Media New York.

Dobrowolski J (2025) Nietzsche and modernity. *Athens Journal of Philosophy* 4(2): 83–100. in: https://www.athensjournals.gr/philosophy/2025-4-2-2-Dobrowolski.pdf

Freud S (1911a) *Formulaciones sobre los dos principios del acaecer psíquico*. En: Obras completas, Vol. XII. Buenos Aires: Amorrortu.

Freud S (1912) *Tótem y tabú. En: Obras completas*, Vol. XIII. Buenos Aires: Amorrortu.

Freud S (1914) *Introducción del narcisismo*. En: Obras completas, Vol. XIV. Buenos Aires: Amorrortu.

Freud S (1924a) *Neurosis y psicosis*. En: Obras completas, Vol. XIX. Buenos Aires: Amorrortu.

Freud S (1924c) *La pérdida de la realidad en la neurosis y la psicosis*. En: Obras completas, Vol. XIX. Buenos Aires: Amorrortu.

Freud S (1927) *El porvenir de una ilusión. En: Obras completas,* Vol. XXI. Buenos Aires: Amorrortu.

Freud S (1930) *El malestar en la cultura. En: Obras completas*, Vol. XXI. Buenos Aires: Amorrortu.

Han B (2014) *Psicopolítica: Neoliberalismo y nuevas técnicas de poder*. Barcelona: Herder.

Han B (2017) *El aroma del tiempo: Un ensayo filosófico sobre el arte de demorarse*. Barcelona: Herder.

Izcovich L (2011) *El delirio: una defensa*. Buenos Aires: Grama.

Izcovich L (2012) *El sujeto del inconsciente*. Buenos Aires: Grama.

Katsafanas P (2013) *Nietzsche's Philosophical Psychology*. Oxford: Oxford University Press.

Lacan J (1932/2006) *De la psicosis paranoica en sus relaciones con la personalidad*. Madrid: Siglo XXI.

Lacan J (1955-1956/1987) *El Seminario*. Libro III: Las psicosis. Buenos Aires: Paidós.

Lacan J (1957/1987) *La instancia de la letra en el inconsciente o la razón desde Freud*. En: Escritos 1. Buenos Aires: Siglo XXI.

Lacan J (1969–1970/2008) *El Seminario*. Libro XVII: El reverso del psicoanálisis. Buenos Aires: Paidós.

Lacan J (1972/2012) *El saber del psicoanalista*. Buenos Aires: Paidós.

Lehrer R (1994) N*ietzsche's Presence in Freud's Life and Thought: On the Origins of a Psychology of Dynamic Unconscious Mental Functioning*. Albany, NY: State University of New York Press.

Loy DR (1997) La religión del mercado. *Cuadernos de Economía* 16(27), pp. 199–217. Universidad Nacional de Colombia.

Maslach C, Leiter M (2022) *The Burnout Challenge.* Managing People's Relationships with Their Jobs. Harvard University Press

McAdams DP (1993) *The Stories We Live By: Personal Myths and the Making of the Self*. New York: Guilford Press.

Nietzsche F (1883–1885/2001) *Así habló Zaratustra*. Madrid: Alianza.

Nietzsche F (1887/1998) *La genealogía de la moral.* Madrid: Alianza.
Nietzsche F (1889/1999) *Crepúsculo de los ídolos*. Madrid: Alianza.
Pacheco Gómez J (2015) *Lectura psicoanalítica de las inmediaciones de lo indecible: análisis de la analogía freudiana entre delirio paranoico y sistema filosófico*. Bogotá: Universidad Nacional de Colombia. https://repositorio.unal.edu.co/handle/unal/53352 https://bffrepositorio.unal.edu.co/server/api/core/bitstreams/d250a384-cdf9-4e96-8e8c-0123d29a6aaf/content.
Pacheco Gómez JH (2018) Axiogenialidad: aproximación analógica entre paranoia, genialidad y filosofía. Aporía. *Revista Internacional de Investigaciones Filosóficas* 15, pp 42–57.
Pacheco Gómez JH (2021) Obediencia, indignación y sublevación en la psicología prepsicoanalítica de Friedrich Nietzsche. *Desde el Jardín de Freud* 21, pp. 443–459. https://doi.org/10.15446/djf.n21.101259.
Pacheco Gómez JH (2025) The divine animal: denaturalisation of the "human" and the construction of the animal "other". *Athens Journal of Philosophy* 4. https://doi.org/10.30958/ajphil.X-Y-Z.
Putnam H (1988) *Representation and Reality*. Cambridge, MA: MIT Press.
Soler C (2007) *Los discursos de Lacan*. Madrid: Colegio de Psicoanalistas de Madrid.
Steger MF, Frazier P, Oishi S, Kaler M (2006) The Meaning in Life Questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counselling Psychology* 53.
Swenson J (2014) *Sublimation and Affirmation in Nietzsche's Psychology*. London: Palgrave Macmillan.
Welshon R (2014) *Nietzsche's Dynamic Metapsychology: This Uncanny Animal.* New York: Palgrave Macmillan.