THE RELATIONSHIP BETWEEN PHYSICAL DISABILITY AND NARCISSISM: A CRITIQUE OF THE LITERATURE

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ABSTRACT: This article critically examines some of the major psychoanalytic writings on the relationship between physical disability and narcissism. Tracing the evolution of thought about narcissism from Freud's original formulation to a self-psychological approach, it considers and contrasts pain, illness, and adult disability on the one hand and early onset disability on the other. The conclusion reached is that disability and narcissism are related in complex ways, depending on a variety of physical, developmental, and environmental factors. Thus, clinicians must avoid making a priori assumptions in work with disabled patients, for such assumptions may be countertransferential.

This article critically examines some of the key psychoanalytic writings on the relationship between physical disability and narcissism. Such an exploration is useful not only because Freud (1914) suggested that we study organic disease as a way to understand narcissism, but also because as more physically disabled people use their expanded human and civil rights to seek psychotherapy services, it is crucial that therapists and analysts scrutinize their assumptions and stereotypes about the impact of disability on development. In some quarters, for example, it is commonly assumed that physical disability and narcissistic psychopathology have an inevitable cause-and-effect relationship, particularly when the disability is of a congenital or early onset nature. Most notably in the past, before the growing interest in the treatment of narcissistic problems, such an assumption was used to substantiate the view that disabled people were unanalyzable (Kris Study Group, Beres/Calder Section, 1971). In contrast, others assume that disability may have a differential impact on narcissistic issues, depending on a variety of physical and environmental factors. In considering these assumptions about physically disabled patients, it is essential to realize that for society as a whole, the attitudes of the nondisabled
toward the disabled are predominantly negative, with the disabled facing many of the same prejudices as other minority groups. Research reveals that the disabled are often perceived as sick, helpless, childlike, asexual, defective, and inherently socially and economically inferior (Asch & Rousso, 1982). Clinicians are likely to be influenced by these societal stereotypes, which in turn may influence their view of the potential and pathology of disabled patients. This review of the literature will offer an opportunity to understand and, where appropriate, to question the bases of these varied attitudes and viewpoints.

It should be noted, however, that the body of literature on physical disability and narcissism is rather limited, despite its potential value. On the one hand, psychoanalytic writings have only occasionally addressed any type of disability issue, apparently leaving the treatment of disabled patients to the rehabilitation field. On the other hand, the rehabilitation literature and the rehabilitation process itself have tended to focus on more concrete, practical issues around disability, leaving unattended the in-depth psychological concerns. As a further complication, the terms “physical disability” and “narcissism” are themselves broad, vague, and rather variably defined, so that even when we attempt to draw upon and utilize the existing sparse literature, comparisons and conclusions are problematic. Given these limitations, this review process is at best a beginning.

**Bodily Pain, Illness and Adult Onset Disabilities**

Freud, in his 1914 paper “On Narcissism,” defines narcissism as the cathexis of the ego with the libido. He provides a somewhat mechanistic energy model in which there is a fixed amount of libido to be directed either toward the ego or toward objects, but not both, and where, under optimal conditions, object libido evolves out of ego libido. In this model, narcissism is not seen as a separate line of development. More specifically, in early development, the libido is directed first toward the predecessor of the ego in the form of autoeroticism, then toward the developing ego itself in the form of primary narcissism. Finally, as development proceeds, the libido moves away from the ego toward objects, becoming object libido. Remnants of primary narcissism remain in the form of the ego ideal and, in some cases, in that of object choice. Under certain circumstances, including organic disease, schizophrenia, and hypochondria, the libido is drawn away from objects back toward the ego; this is defined as secondary narcissism, to be distinguished from the original preobject primary narcissism.

Freud brings up organic disease in this paper because it involves a shift in the distribution of libido from objects back to the ego and hence provides an opportunity to study narcissism. Although Freud does not clearly define “organic disease,” it appears that he is discussing tem-