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The Dialectics of Body, Self, and Environment in the Psychic Life of Individuals with Disabilities: Compensation, Meaning, and Social Contexts

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Abstract

Disability is frequently theorized through a polarized medical-versus-social binary that can obscure the developmental, relational, and sociocultural processes through which bodily difference becomes psychologically meaningful. This study examines how adults with congenital or early-onset physical disabilities narrate and negotiate disability in everyday life, using psychoanalytic concepts as a complementary heuristic lens within an explicitly interdisciplinary framework that integrates developmental resilience and disability theory. Thirty-five in-depth life-story interviews were conducted with seven adults (25–40 years) across approximately five sessions per participant over two months. Data was analyzed using thematic qualitative content analysis, combining systematic coding of manifest content with interpretive attention to symbolic and relational meanings, while cross-checking psychoanalytic interpretations against developmental and social-disability perspectives. Four recurring compensatory patterns were identified: (1) symbolic resignification and verbal normalization (discursive reframing and minimizing disability); (2) achievement-oriented self-positioning (performance and perfectionistic striving); (3) compensatory role assumption (caregiving/protector roles and mastery enactments); and (4) silent family dynamics (familial denial and narrative). Within the specific context of this study, these patterns appeared to function as regulatory efforts to sustain self-cohesion, agency, and belonging. However, the narratives suggest that when these strategies manifest as rigid ideals of 'overcoming' and hyper-competence, they may carry a significant subjective cost for participants. Compensatory behaviors are best understood as ecologically embedded regulatory processes shaped by relational resources (experienced as containing/"holding") and by sociocultural devaluation linked to ableist norms. An integrated model is proposed in which body, self, and environment co-constitute disability across development, clarifying when compensatory strategies support creative adaptation versus defensive rigidity.

Keywords: congenital disability; early-onset physical disability; narrative identity; compensatory strategies; resilience; holding environment; ableism; stigma; psychoanalytic heuristic

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1. Introduction

1.1. Theoretical Framework and Rationale

The exploration of the lived experience of disability necessitates an ontological shift that moves beyond the traditional binary of medical deficit versus social construct. Such an inquiry requires a rigorous recognition of the multifactorial nature of disability as a

phenomenon inscribed within the subject's psychic economy through a complex constellation of biological, developmental, and sociocultural parameters. Elements such as the temporality of onset, the topography of functional limitation and its perceived permanence, interwoven with primary caregivers' unconscious projections and the broader societal gaze, constitute the developmental matrix within which individuals form their earliest relationship with the somatopsychic Self (Castelnuovo-Tedesco, 1981).

In the present study, psychoanalytic concepts are employed as a complementary interpretive lens within a broader interdisciplinary framework for examining how disability is experienced, narrated and negotiated in everyday social contexts. In participants' narratives, bodily difference is understood not merely as organic or functional variation, but as an experience that acquires psychological significance through early relational encounters and ongoing processes of social evaluation. From this perspective, interpersonal situations may evoke intensified affective states such as shame, vulnerability, or perceived threat, which are occasionally articulated through forms of enactment, including "acting-in" and "acting-out," as individuals seek to regulate distress, maintain self-cohesion, and navigate relational uncertainty. Disability theoretical perspectives further emphasize that these affective and behavioral processes are socially situated, shaped by ableist norms, institutional practices, and culturally embedded ideals of bodily normalcy that structure recognition and participation. When integrated with resilience and identity development frameworks, such dynamics can also be interpreted as adaptive efforts to sustain agency, continuity and meaning. In this sense, participants' strategies operate simultaneously as psychological self-regulatory processes and as contextually responsive forms of coping and identity work, through which stigma is negotiated, social participation is pursued, and durable self-definitions are cultivated across the life course.

1.2. Bridging Classical and Contemporary Perspectives

While classical Freudian literature frequently conceptualized disability through the binary schema of symbolic castration and the subject's presumed failure to successfully negotiate the demands of the reality principle (Freud, 1919/1955), such formulations often confine disability within a deficit-laden, drive-centric framework. Contemporary psychoanalytic developments, particularly within relational theory and self-psychology, offer a more nuanced and experientially grounded lens. Drawing on Kohut's (1977) conception of narcissistic homeostasis, the self is understood not as a closed intrapsychic entity, but as a vulnerable, relationally contingent configuration whose coherence depends on sustained empathic attunement. Likewise, Stolorow's (1975) work on the intersubjective field highlights that psychic life unfolds within a relational matrix in which meanings, affects, and self-representations are co-constituted. From this vantage point, disability is not a static attribute of the body, but a multilayered evolving experience shaped by the dynamic interplay between developmental history, relational environments, and the sociocultural interpretive frameworks through which bodily difference becomes symbolically encoded. Building on Winnicott's (1965) concept of holding and situating it within social and relational models of disability, disability is conceptualized as a lived experience whose psychological significance is shaped less by bodily impairment itself than by the quality of relational, institutional, and socio-cultural environments in which it is encountered. Within this framework, the emergence of a cohesive and spontaneous sense of self is contingent upon whether relational contexts operate as facilitating environments that acknowledge bodily difference without construing it as deficit or pathology. When caregivers and significant others are able to recognize and contain anxieties associated with bodily vulnerability, while resisting ableist imperatives of normalization, intrusive overprotection, or denial, individuals are more likely to construct meanings that sustain agency, resilience, and creative

adaptation. By contrast, environments characterized by intrusive care practices, silencing of suffering, or excessive regulation, often embedded within broader ableist social norms, may constrain meaning-making processes and foster defensive or compensatory configurations. Such configurations can organize self-experience, relational positioning, and patterns of enactment across the life course, reflecting adaptive responses to social and relational contexts that fail to provide adequate recognition, inclusion, and relational support.

Consequently, this study seeks to bridge classical drive theory with contemporary intersubjective and relational perspectives by proposing an integrated interpretive model in which the body, the self, and the environment are conceptualized as a dynamic open system. Rather than conceptualizing disability as a fixed intrapsychic conflict or a mere social construction, this model emphasizes the emerging processual character of the phenomenon at the nexus of embodied experience, relational attunement, the sociopolitical context and the configuration of disability, together with the symbolic practices through which subjective meaning is organized. From this vantage point, the participants' narratives demonstrate how individuals craft idiosyncratic meanings around their disability within the micro-spaces of everyday life, negotiating tensions between autonomy and dependency, vulnerability and agency, sameness and difference. These meanings are neither predetermined nor solely reactive, but instead, they constitute ongoing acts of psychic creativity through which individuals articulate their place within interpersonal relationships and social worlds.

By foregrounding this integrative framework, the research elucidates the complex psychodynamic processes through which disability is lived, interpreted, and continually re-signified. In doing so, it advances contemporary psychoanalytic understandings of embodiment, identity formation, and relational subjectivity, offering a conceptual bridge capable of addressing the multidimensional nature of disability as both a psychological and intersubjective phenomenon.

1.3. Research Objectives and Qualitative Inquiry

Based on our interpretative analysis of the participants' narratives, we identified four emerging compensatory patterns that constitute the focal points of our investigation, see in Table 1:

1. **Symbolic Resignification of Disability:**
   This pattern involves narrative reconfiguration and discursive identity work through which participants strategically reposition bodily difference within culturally intelligible frameworks. Through cognitive–linguistic reframing, participants attenuate stigmatizing meanings to align self-presentation with normative expectations and sustain subjective coherence. Within the specific contexts described by our participants, these meaning-making practices may function to mitigate stigma and reclaim agency, enabling the maintenance of socially viable self-definitions within contexts shaped by prescriptive constructions of embodiment.
2. **Achievement Goal Orientation:**
   This pattern reflects a mastery-oriented form of self-positioning in which socially valued achievement seems to function as a central mode of self- regulation and as a reparative response to physical disability. Through academic, intellectual or professional success, participants sought to secure recognition and self-worth, repositioning bodily limitation within narratives of competence, capability and contribution in contexts structured by normative evaluations of performance.
3. **Identity Reconfiguration through Role Assumption:**
   This pattern entails relational identification and the internalization of caregiving roles through which participants appeared to reassert agency within asymmetrical

care relationships, countering experiences of passivity or dependency by occupying positions of responsibility that sustain autonomy, usefulness, and relational value.

4. **Silent Family Dynamics:**
   This pattern involves familial silence as a mode of affect regulation. In the narratives analyzed, unspoken mandates appeared to govern emotional expression and shape adaptive yet constrained identity strategies aimed at preserving relational stability.

Table 1. Taxonomy of Adaptive and Compensatory Identity-Related Patterns in Narratives of Disability.

Discursive/Adaptive Pattern	Primary Interpretive Processes	Functional and Identity-Related Objectives
Symbolic Resignification of Disability	Narrative reconfiguration; discursive identity construction; cognitive-linguistic repositioning	To mitigate stigma associated with bodily difference, align self -presentation with normative social expectations, and reclaim subjective agency through strategic meaning-making.
Achievement Goal Orientation	Mastery orientation; sublimation understood as socially valued performance; resilience-based self-regulation	To secure recognition, competence and self-worth through academic, intellectual, or professional success, repositioning bodily limitation within narratives of capability and achievement.
Identity Reconfiguration through Role Assumption	Relational identification processes; internalization of caregiving roles; agency restoration within care relationships	To counter experiences of passivity or dependency by adopting caregiving, responsible, or protector roles that reinforce autonomy, usefulness, and relational value.
Silent Family Dynamics	Familial narrative absence; affect regulation through silence; intersubjective accommodation	Covert familial dynamics imposing unspoken mandates that regulate emotional expression and shape adaptive, though often constrained, identity strategies.

By utilizing life-story interviews and thematic qualitative content analysis, this study examines whether these compensatory patterns operate as catalysts for creative adaptation or consolidate into rigid defensive constellations that heighten narcissistic vulnerability. Ultimately, the aim is to advance a conceptually grounded framework that honors the complexity of the disabled subject, moving beyond the reductive tropes of "tragedy" or "heroism" that continue to shape mainstream psychological discourse.

2. Materials and Methods

This study adopts a qualitative biographical-narrative research design, grounded in the epistemological premise that lived experience is best accessed through subjectively

constructed life histories. Central to this approach is the recognition of autobiographical narration not simply as retrospective recollection, but as an active and meaning-making process through which individuals encounter, interpret and negotiate their existential realities (Bertaux & Wiame, 1981). Emphasizing personal narration as a primary site of knowledge production, the design foregrounds individuals with disabilities as authoritative interpreters of their own experiences, privileging subjective truth as it emerges within the narrative construction of the self over time.

Data were generated through thirty-five in-depth narrative interviews. Each participant took part in approximately five interview sessions, each lasting between 45 and 50 min, conducted over a two-month period. This longitudinal interview structure was deliberately selected to support narrative unfolding, reflexivity and the temporal re-organization of experience, while allowing participants to revisit and elaborate on biographical themes across sessions.

The narrative interview format was minimally structured so as to limit researcher intervention and preserve participants' narrative autonomy. This approach enabled participants to articulate how meanings surrounding disability were constructed in relation to familial dynamics, cultural norms and broader societal discourses. The extended engagement further facilitated exploration of identity formation, agency and relational positioning, as participants situated their experiences within both personal life trajectories and collective historical contexts. Through this iterative narrative process, participants reconstructed their biographies, enriching them with evolving interpretations and subjective meanings.

Data analysis followed established principles of qualitative content analysis, with particular emphasis on systematic thematic coding. Initial coding focused on manifest content, identifying recurrent narrative themes, semantic patterns, and meaning units across the interview corpus. Through iterative analytic cycles, these codes were progressively refined into broader thematic categories.

To deepen interpretive insight, the analytic process was theoretically enriched through psychoanalytic conceptualizations of language as a psychic semiotic system. This framework constitutes an adaptation of Halliday's (1978) notion of language as a social semiotic system, extending it toward an examination of the dynamic interplay between linguistic expression, socio-cultural context, and intra-psychic processes.

This analytic lens facilitated the identification of latent meanings, symbolic configurations, internal conflicts and unconscious dimensions embedded within participants' narratives, especially as these were shaped in interaction with social environments structured by ableist ideologies, normative assumptions about embodiment and the social production of disability.

Methodological rigor was ensured through systematic strategies addressing credibility, confirmability and transparency. Verbatim excerpts from participants' narratives were extensively incorporated throughout the analytic record and the presentation of findings, thereby anchoring interpretations in participants' own linguistic expressions and reinforcing the evidentiary grounding of analytic claims. This practice safeguarded fidelity to participants' subjective meanings and supported interpretive accountability.

Trustworthiness was further strengthened through methodological transparency, with all stages of data collection, coding, and analysis documented in exhaustive detail. In addition, an external auditor reviewed the analytic procedures and thematic constructions, providing an independent assessment of interpretive coherence and methodological consistency. Collectively, these strategies enhanced the credibility and confirmability of the findings and reinforced the overall trustworthiness of the research process. Finally, all participants were fully briefed on the study's objectives, procedures, and their right to

withdraw at any time without penalty. Written informed consent was obtained from all individual participants included in the study prior to data collection.

Participants

Seven adults (four men and three women), aged 25 to 40 years, participated in the study. All were born with, or acquired in early infancy, a motor disability of varying etiology, including spastic paresis, congenital limb absence, arthrogryposis, phocomelia, and musculoskeletal anomalies. This heterogeneity was analytically advantageous, as it enabled the examination of diverse embodied experiences and the sociocultural contexts through which disability is negotiated across the life course. Despite these medical differences, participants shared developmental trajectories shaped by early bodily vulnerability, complex family relational dynamics and varied psychosocial environments.

Family contexts ranged from highly supportive and autonomy-promoting to markedly conflictual, emotionally withdrawn, or characterized by denial of disability. Several participants described paternal absence, emotional unavailability, or work-related disengagement, while others reported maternal overinvolvement, merging relational patterns, or explicit parental rejection. Experiences of institutionalization, trauma, stigma, and familial silencing of disability appeared in multiple cases. These relational histories provided a crucial backdrop for understanding participants' meaning-making processes and the compensatory strategies that emerged across development, see in Table 2.

Table 2. Demographic Profile, Disability Parameters, and Key Psychosocial Indicators of the Sample.

Participant	Age	Gender	Disability/ Condition	Onset	Relationship with Mother	Relationship with Father	Key Psychosocial Themes
A	34	M	Spastic paresis (perinatal hypoxia)	Infancy	Emotionally withdrawn; limited attunement	Emotionally distant; work absorbed; long-term separation; severed relationship	Paternal absence; abandonment feelings; emotional deprivation
B	34	F	Congenital absence of left lower limb	Congenital	Emotionally available; supportive	Overprotective; denial of disability; appearance-focused; inflated expectations	Familial silence; shame; avoidance of exposure; disability as taboo
C	33	M	Spastic paresis	Infancy	Merging dyad; overinvolvement; impeded autonomy	Distant; work-focused; limited engagement	Dependence; impaired autonomy; social withdrawal
D	25	F	Right-sided paresis	Infancy	Supportive; fosters autonomy; open communication	Available but overprotective; low expectations; discouraging attitudes	Inclusion through adaptation; autonomy development; paternal ambivalence
E	40	F	Phocomelia + severe scoliosis	Congenital	Perceived rejection; infrequent institutional visits	Strong rejection; devaluation; emotional hostility	Abandonment; stigma; depressive affect; traumatic institutionalization

Table 2. *Cont.*

Participant	Age	Gender	Disability/ Condition	Onset	Relationship with Mother	Relationship with Father	Key Psychosocial Themes
F	40	M	Musculoskeletal anomaly (absence of ribs)	Congenital	Passive; denied disability; emotionally inconsistent	Violent; controlling; physically abusive	Trauma; parentification; silencing; high-conflict environment
G	28	M	Arthrogryposis	Congenital	Avoidance of traumatic topics; emotional distance	Deceased before age 3; idealized in phantasy	Guilt phantasies; grandiosity; obsessive features; traumatic separation

3. Results

A multi-framework, data-driven interpretive strategy was adopted, integrating psychoanalytic insights as heuristic resources and evaluating them in relation to developmental and social perspectives.

The analysis yielded four principal categories of compensatory behaviors that recurred across participants' narratives. For each category, interpretive commentary is presented in conjunction with indicative verbatim excerpts, allowing the primary material to remain visible and thus strengthening interpretive validity. This structure ensures that analytic claims remain grounded in participants' lived experience, preserving the phenomenological richness of the data while supporting transparent and rigorous meaning-making.

The Table 3 below provides an overview of the four thematic categories identified in the analysis, accompanied by interpretive descriptions and representative verbatim excerpts that illustrate the subjective and relational dynamics underpinning each theme.

Table 3. Summary of Thematic Categories with Interpretive Descriptions and Indicative Excerpts.

Theme	Interpretive Focus	Indicative Verbatim Excerpts
Symbolic Resignification of Disability and Verbal Strategies for Normalizing Difference	Linguistic minimization and symbolic reframing used to neutralize stigma, regulate social visibility and sustain inclusion and self-esteem	"I grew up with this small problem. . ."; "I don't think we are different; we are more interesting." "I was very active, Hyperactive, I had a lot of energy . . ."; ". . . I don't remember ever having a problem; I had a difficulty, as everyone has difficulties. . ."
Achievement-Oriented Self-Positioning	Achievement functions as a reparative, sublimatory strategy that regulates self-worth by transforming shame into competence, securing recognition within ableist contexts structured by normative bodily standards.	"My admission to university. . . proof of my ability."; "I always wanted to be up to date with my obligations." "I was getting high grades at school, and it seemed effortless."

Table 3. *Cont.*

Theme	Interpretive Focus	Indicative Verbatim Excerpts
Compensatory Role Assumption in Identity Development	Mastery-oriented behaviors function as adaptive strategies through which individuals counter vulnerability and stigma while regulating self-worth and sustaining functional self-organization in contexts of adversity.	"I like mountain excursions. . ."; "Even if the best painter told me I can't paint, I would start painting."; ". . . I can offer everything to a man, but also to others, and something extra . . ."; ". . . I took care of my mother, who was always unable; I had to step in . . ."; ". . . what satisfies me is receiving acceptance, to be accepted for who I am. From the moment I step outside into society, others must choose me; I do not have the ability to choose, I am the second role . . ."; ". . . I went downstairs carrying folders; I stayed longer hours; I tried very hard, essentially injuring my body . . ."
Silent Family Dynamics and Adaptive Processes	Secrecy, denial, and narrative absence contribute to heightened vigilance, emotional distancing, and reliance on compensatory identity strategies in the service of familial normalcy and social legitimacy.	"We didn't talk at home about my problem. . ."; "My mother told me, 'You have nothing!'" "My father hasn't realized that I live a different life; He experiences it very superficially."

3.1. Symbolic Resignification of Disability and Verbal Strategies for Normalizing Difference

The pursuit of "normality" emerged across participants' narratives both through concrete everyday practices (e.g., engaging in activities, avoiding social withdrawal) and through pervasive linguistic re-symbolization. A consistent pattern involved the systematic avoidance of the term "disability" and the substitution of "softer," less stigmatizing descriptors such as "small problem" or "mild difficulty." From a social adaptation standpoint, such discursive strategies may reflect deliberate attempts to align self-presentation with dominant normative frameworks, reducing the interpersonal salience of stigma and maintaining inclusion within the shared social "common measure," while positioning disability as a peripheral or positively differentiated aspect of identity to manage social visibility and belonging. These cognitive–linguistic reframings can be situated within identity development processes, reflecting the participants' attempt to assimilate bodily difference into a unified self-concept while preventing it from eclipsing their broader personal or social identity. From a psychoanalytic perspective, such reframings could function as ego defense mechanisms, specifically intellectualization or sublimation, designed to mitigate fragmentation and forestall narcissistic injury.

Alongside verbal reframing, participants emphasized vigor, competence, and demanding activity engagement, collectively indexing adaptive self-positioning that sustained self-continuity and social inclusion through affirmation of active, capable subjectivity within normative frameworks.

Representative excerpts included:

- *". . . I grew up with this small problem, the motor issue I have . . ."*
- *". . . there are difficulties but not significant ones. It is a small difficulty . . ."*
- *". . . and plus, that I have this problem, the mild one, the mild motor one . . ."*
- *". . . I don't remember ever having a problem; I had a difficulty, as everyone has difficulties. . ."*
- *". . . I don't think we are different; I simply believe we are more interesting!"*

- *"... it was the period when I was carefully camouflaging my disability, creating a false image..."*
- *"... everyone has a problem, and I have a problem which I have solved. For example, you offered me a glass of water, you gave me a straw to drink, everything is fine, we solved it ..."*
- *"... I was very active, hyperactive, I had a lot of energy ..."*
- *"... when I travel, I am a bit of an adventure type. I like it, I like mountain excursions, climbing difficult trails..."*
- *"... the child is extremely intelligent... EXTREMELY INTELLIGENT (emphasizes)! She is very smart; she will go to school normally!"*

While these narratives involve elements of denial and minimization, they do not appear to operate solely as dissociative defenses, indicating withdrawal from lived experience. Rather, for the participants in this study, these narratives may be interpreted as articulating functional everyday strategies through which individuals assert agency, participation and relational reciprocity within social contexts that are often organized around able-bodied norms. In this context, "normality" seems to operate as a negotiable ideal, a symbolic resource used to mitigate stigma, regulate social visibility, facilitate inclusion, and sustain self-esteem (Goffman, 1963; Marks, 2001). Collectively, these discursive and behavioral strategies indexed adaptive self-positioning through which participants maintained dignity, autonomy, and social belonging in environments that frequently posed challenges to these aims. (Winnicott, 1965; Fonagy et al., 2002; Oliver, 1990; Thomas, 2007).

3.2. Achievement-Oriented Self-Positioning

Achievement expressed through meticulous, conscientious and sustained commitment to goals emerges as a prominent feature of participants' self-descriptions.

Academic or scholastic success was frequently invoked as an indicator of competence and capability, enabling experiences of physical limitation to be repositioned within narratives of effort, mastery and intellectual strength.

For many participants, this achievement-oriented striving aligns with both explicit and implicit parental expectations, forming what several described as a tacit 'contract of recognition' with significant others. Within these accounts, academic and professional accomplishments may function as salient reference points for self-worth and social positioning, supporting participants' efforts to sustain a valued sense of self.

Representative excerpts included:

- *"... my admission to university and successfully completing it, constitute proof of my ability and competitiveness ..."*
- *"My father was telling me: 'What other language will you learn?' 'I don't want to learn another language.' 'What other language will you learn?' 'I don't like another language!' 'What other language...' 'Leave me alone!' I tell him, 'I learned English, I learned Italian, I don't want to learn more...'"*
- *"... I always wanted to have studied until the very last lesson and always be up to date with my school obligations, and I wanted it intensely."*
- *"... through knowledge I tried to find myself, to learn as many things as possible, to have a wide range of knowledge; I was constructing my self-image ..."*
- *"... I was getting high grades at school, and it seemed effortless ..."*
- *"... I was a naturally gifted person. I painted; I created masterpieces ..."*
- *"... I always had an inclination, a talent for speaking. I spoke with greater eloquence than those around me ..."*
- *"... I wanted to learn everything about politics. I wanted to learn everything. Especially lately with the crisis, I was spending 8 h every night staying informed, trying to understand everything online. For months, I slept 4–5 h, there wasn't enough time. Now, I relaxed a bit, but still want to learn everything, though less intensely ..."*

For these individuals, achievement appeared to serve not merely as a concrete accomplishment but as a symbolic act of reparation, transforming internalized shame into a sense of value, legitimacy, and worthiness. From a psychoanalytic standpoint, achievement-oriented behaviors may be conceptualized as symbolic reorganizations of the individual's relationship to the body, consistent with classical notions of sublimation and self -cohesion. The narratives suggest that when such efforts unfold within environments of positive mirroring, characterized by parental acceptance, empathic responsiveness and social inclusion, they may contribute to the consolidation of a more coherent and resilient self-image (Winnicott, 1965; Stern, 1995).

Within the framework of critical disability studies, disability is viewed as a socially produced phenomenon rather than a deficit. Consequently, achievement-oriented self-positioning is not merely a coping mechanism, but a strategic response to ableist structures that equate social value with productivity and autonomy. In these contexts, performance-based self-presentation may serve as a tool to secure social legitimacy and mitigate devaluation, exposing the systemic pressure to conform to normative bodily standards (Goffman, 1963; Oliver, 1990; Campbell, 2009).

3.3. Compensatory Role Assumption in Identity Development

In participants' narratives, engagement in demanding or "extreme" activities appeared to operate as a ritualized attempt to reclaim agency over a body experienced as limited, scrutinized, or externally defined. By repeatedly testing physical or psychological boundaries, participants seem temporarily to counteract feelings of vulnerability and channel diffuse existential anxiety into structured, mastery-oriented action. These pursuits are not merely intrapsychic, but they may possess a pronounced social dimension. Performing strength, endurance, or exceptional competence allows participants to challenge stigmatizing assumptions about disability and to acquire recognition, belonging, and validation through socially valued identities, such as being perceived as strong, capable, or resilient.

In addition, for some participants in this study, adopting caregiving roles may serve as a strategic assertion of agency, allowing them to navigate the power imbalances inherent in care relationships. By internalizing responsibility, these individuals seemed to transition from "passive recipients" to active participants, thereby sustaining a sense of autonomy and relational utility. From the perspective of disability theory, this shift suggests a lived expression of interdependence that challenges the social tendency to equate physical impairment with a lack of contribution, allowing individuals to reclaim a socially viable identity. By positioning themselves as providers of care, they may attempt to counteract the stigma of passivity and establish a more balanced, recognized status within their social and familial networks.

Representative excerpts included:

- *"... when I travel, I am a bit of an adventure type. I like it, I like mountain excursions, climbing difficult trails..."*
- *"... and we were sweating and exhausted, and he says: 'Forget it, calm down, why go all the way up there? There's nothing to see!' 'No!' I told him, 'Now that we came all this way, sweating, just to climb up here, we're not stopping! We will go all the way to the top!'"*
- *"... I will approach them in another way; even if they are better than me physically, I will approach them somewhere they cannot, I will approach them in something where they may have some weakness, and I will be, how can I say it, superior, you know ..."*
- *"... many classmates have asked for my opinion on many things; they considered me a bit, how can I say it, wise..."*
- *"... and I was so irritated when at some point, during a school event at a club, he appeared because he was a friend of a classmate. I hadn't stopped dancing all night! He even came and*

talked to me, and I ignored him and left, saying, 'Since you insulted me, you will realize that what you said was nonsense!"

- *"... even if the best painter came and told me 'You can't' paint, I would start painting ..."*
- *"... if someone told me, 'Don't stretch, you'll hurt yourself!' I would do it ..."*
- *"... and of course, what we are living now is war; things are difficult. So, listening to the news on the radio, I create scenarios in my mind. The image is this: eventually we reach certain limits, we clash with the regime, let's say, and they kill me, the heroic, my heroic end ..."*
- *"... a very large percentage of people think that disabled people do extreme things to prove that we are not inferior ..."*
- *"... I can offer everything to a man, but also to others, and something extra ..."*
- *"... I took care of my mother, who was always unable; I had to step in ..."*
- *"... what satisfies me is receiving acceptance, to be accepted for who I am. From the moment I step outside into society, others must choose me; I do not have the ability to choose, I am the second role ..."*
- *"... I went downstairs carrying folders; I stayed longer hours; I tried very hard, essentially injuring my body ..."*

These accounts suggest how compensatory enactments may serve a powerful motivation and affect regulatory functions, potentially providing participants with a sense of direction, agency, and existential coherence.

Within resilience frameworks, such compensatory role assumptions can be conceptualized as adaptive strategies through which individuals regulate self-worth and maintain functional self-organization in the context of adversity. From this perspective, resilience is understood not as a fixed trait but as a dynamic process that unfolds through everyday practices enabling continued engagement, competence, and social participation (Masten, 2001; Ungar, 2011). When achievement-oriented narratives are idealized as the primary or morally superior basis of meaning, they tend to consolidate into rigid self-standards that intensify self-criticism and exhaustion rather than regulating distress (Winnicott, 1965; McDougall, 1989). Under such conditions, mastery-focused or heroic self-presentations may cease to function as protective strategies and instead amplify anxiety, mirroring the psychological costs associated with perfectionistic striving and overinvestment in compensatory identity formations (Fonagy et al., 2002; Marks, 2001). From a neo-disability perspective, these dynamics are not only intrapsychic but socially mediated, reflecting ableist norms that tether recognition and legitimacy to productivity, self-sufficiency, and exceptional performance, thereby constraining viable modes of self-presentation and belonging.

3.4. Silent Family Dynamics and Adaptive Processes

The narratives analyzed in this study suggest that the absence of a coherent familial narrative regarding disability may foster unspoken relational patterns that govern daily interactions. Within disability theory, these silences are interpreted as active forms of meaning regulation, where bodily difference is rendered unspeakable or indirectly managed to maintain a facade of familial normalcy. Such dynamics seemed to manifest as heightened alertness or an intensified pursuit of compensatory identity positions, as families potentially sought to secure social legitimacy in the face of normative pressures. Within these specific relational contexts, silence may function as a formative relational condition, compelling individuals to negotiate vulnerability and belonging within a framework that discourages the overt acknowledgment of disability and interdependency.

Representative excerpts included:

- *"We didn't talk at home about my problem, the difficulty I might have ..."*
- *"... even going to the beach, we wouldn't go somewhere close to people. Mostly somewhere more isolated. My parents justified it saying that they didn't want me to feel bad, but I believe*

it was also so that they wouldn't feel bad. . . so that people won't look at you, so you won't feel bad. . ."

- *". . . my father hasn't realized that I live a different life; he experiences it very superficially . . ."*
- *". . . I feel, I felt like a burden, both to my father and my mother . . ."*
- *". . . my family did not accept me . . ."*
- *"[sister:] 'Wear pants so your leg doesn't show. You're putting me in a difficult position, what will my friends say?'"*
- *". . . I do not remember communicating this (the disability) with my parents . . ."*
- *". . . My mother told me, 'You have nothing! You are perfectly fine!'"*
- *". . . My mother sat down in the most beautiful way and told me an entire fairytale about everything that was happening to me. . . she explained it beautifully . . ."*

The accounts presented in this research indicate that patterns of silence and denial may often reflect parental attempts to manage their own anxieties, guilt, or internalized stigma, leaving the child without a stable symbolic framework for understanding their embodiment.

In contexts where disability is rendered unspeakable or selectively idealized, participants seemed to be compelled to generate individualized explanatory frameworks to account for their experiences of difference. Such processes can potentially affect self-integration and contribute to the development of compensatory identity strategies throughout development.

Conversely, the analysis suggests that when families engage in open, coherent, and emotionally attuned storytelling about disability, they create a relational space that reduces secrecy and shame while facilitating the child's symbolic integration of bodily difference (Stern, 1995; Lebovici, 1983). In such a context, transparent communication appears to promote destigmatization and transform disability into an acknowledged element of the family's shared symbolic world rather than a taboo or source of anxiety (Goffman, 1963; Marks, 2001). Within such supportive narrative environments, children experience acceptance and develop a coherent self-image, enabling realistic goal-setting and the functional internalization of limitations. This process reflects the family's role as a containing and regulating structure that supports adaptive self-development (Winnicott, 1965; Fonagy et al., 2002).

4. Discussion

A synthetic interpretation of the findings suggests that compensatory behaviors may operate as complex regulatory processes mobilized in response to perceived threats arising within both immediate interpersonal contexts and broader sociocultural systems. Read through a developmental and resilience lens, these behaviors can be understood as potentially adaptive self-regulatory and relational strategies that support continuity of functioning under conditions of elevated stress, consistent with ecological accounts in which resilience reflects dynamic transactions between persons and environments rather than fixed traits (Bronfenbrenner, 1979; Masten, 2001; Ungar, 2011). From the standpoint of disability theory, these regulatory efforts appeared to be shaped by ableist norms and the social organization of impairment, where disability is produced not only by bodily difference but by structural barriers, stigmatizing meanings, and everyday practices of normalization (Campbell, 2009; Goodley, 2014; Oliver, 1996). Under conditions of heightened anxiety, the participants with congenital or early-onset physical disabilities in this sample appeared to engage compensatory strategies to sustain psychological equilibrium and relational coherence. The configuration, intensity, and subjective cost of these strategies seem to be influenced by the availability of protective resources such as secure relationships, social recognition, and material accessibility, which may operate as a holding environment that

supports continuity of being (Winnicott, 1965), as well as by the extent of social devaluation and misrecognition encountered within their environments (Masten, 2001; Shakespeare, 2013; Ungar, 2011).

The interplay of psychodynamic, sociopolitical, and cultural factors, alongside the visibility of impairment, may dictate the trajectory of compensatory efforts. While these practices may be initially adaptive, the narratives analyzed suggest they can consolidate into rigid mandates of "overcoming" or hyper-competence (Campbell, 2009; Goodley, 2014). Such perfectionistic striving often reflects the internalization of ableist ideals that pathologize disability as a deficit. Crucially, the long-term maintenance of these compensatory identities may impose a significant psychic burden as the relentless pursuit of social legitimacy through normative performance can lead to identity foreclosure, emotional exhaustion, and the suppression of the authentic self. Consequently, what begins as a strategic defense against devaluation may ultimately become a constraining psychological structure that inhibits genuine self-integration (Goffman, 1963; Garland-Thomson, 2002).

These behaviors also appear to emerge from deeper psychodynamic forces structured by the parental psyche. Parental acceptance or rejection, long emphasized in psychoanalytic and post-psychoanalytic developmental theory (Freud, 1914/1957; Winnicott, 1965), stands out as a central determinant of psychological adjustment. Parental castration anxiety, conceived as a symbolic fear of loss, incompleteness, or compromised wholeness, helps organize the relational field, influencing expectations, projections and emotional responses that children internalize and subsequently regulate through compensatory strategies (Freud, 1923/1961). The concept of affiliate stigma (Mak & Cheung, 2008) further clarifies this dynamic: when parents internalize societal stigma, they may adopt negative cognitions about disability, thereby affecting their emotional availability and relational patterns. Such processes shape the child's internal working models, self-representations, and regulatory capacities, directly influencing how compensatory behaviors emerge and function.

This study challenges the historically deterministic Freudian assertion that physical disability bears a direct causal relation to psychopathology (Freud, 1905/1953). Instead, it advances a dialectical model that conceptualizes body, self, and environment as mutually influencing systems that coevolve across development. Within this framework, the body is not regarded as a static biomedical object, but as a locus of subjective meaning-making and existential becoming (Merleau-Ponty, 1945/2012; Marks, 2001). Alterations in any one system, bodily, intrapsychic, or environmental, reverberate across the others. Thus, a "disabled body" cannot be examined apart from a "disabled self" or a "disabled environment," since each dimension participates in the formation, maintenance and transformation of the others.

The highly charged compensatory behaviors described in this study, such as perfectionism, overachievement, and idealized modes of functioning that some participants expressed, may signal disruptions along the body–self–environment axis. The intense effort to maintain an image of bodily coherence or "normality" reflects the struggle of a self attempting to preserve psychological continuity within environments destabilized by stigma, relational inconsistency, or sociocultural devaluation. Under such conditions, the body becomes a symbolic terrain upon which agency, coherence, and worth are renegotiated. As phenomenological and critical disability theorists argue, the body functions as a multilayered site where subjectivity, cultural norms and power relations converge (Merleau-Ponty, 1945/2012; Hughes & Paterson, 1997; Marks, 2001). The compensatory patterns observed in this study thus may represent the efforts of the participants to negotiate these inscriptions and restore a sense of control within constraining sociocultural frameworks.

While this study offers a conceptually rich framework, several limitations must be acknowledged to ensure a rigorous interpretation of the findings. First, given the qualitative

and interpretative nature of the research, the findings should be viewed as context-specific interpretations rather than broadly generalizable patterns. The relatively small and heterogeneous sample, comprising various types of congenital and early-onset disabilities, means that these regulatory processes may manifest differently across different types of impairments or socioeconomic backgrounds.

Furthermore, the participants' experiences are also situated within a specific cultural milieu. Therefore, the pursuit of "normative performance" may carry different weights in different global contexts. Future research involving larger or more uniform cohorts could further refine our understanding of how specific environmental variables influence the "body–self–environment" axis.

Overall, the findings suggest that the psychological lives of individuals with congenital or early-onset physical disabilities cannot be adequately explained by linear or reductionistic causal models. Disability emerges as a dynamic psychic-relational system shaped by ongoing interactions between embodied experience, relational environments, and sociocultural discourses. The compensatory behaviors observed should not be viewed as markers of psychopathology but rather, they function as adaptive regulatory processes aimed at maintaining psychic self-preservation in the face of multiple threats, including social stigma, exclusion and misrecognition (Goffman, 1963; Campbell, 2009; Garland-Thomson, 2002; Goodley, 2014), internalized devaluation (Corrigan & Watson, 2002), relational instability (Rohner, 2017), and intrapsychic conflict (Winnicott, 1965). Crucially, the intensity and breadth of these behaviors seem to be influenced less by the degree of disability itself than by the quality of relational experiences, the presence or absence of parental acceptance, the sociocultural meanings attributed to disability, and the environment's capacity to function as a containing and regulative structure (Fonagy et al., 2002).

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