

## Adaptation Research in Rehabilitation Counseling

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The well-known quotation from Kurt Lewin (1951, p. 169), "There is nothing so practical as a good theory," is as true today as it was when he wrote it 55 years ago. Rehabilitation counselors, educators, and researchers welcome conceptual tools to help them with their craft. VR counselors employ selected counseling theories to guide their work with consumers. Educators use theories in many ways, from theories of instruction and communication to theories of rehabilitation counseling. Educators are most successful when they can convey a paradigm that students can apply in practical situations. On the other hand, researchers' primary endeavor is to develop, test, modify, and empirically support (or falsify) theories. Indeed, for rehabilitation professionals, there is nothing so practical as a good theory.

### Current Status of Theories of Adaptation to Chronic Illness and Disability

The field of rehabilitation counseling today has a range of theories pertaining to the adaptation to chronic illness

and disability. Foremost among these theories are the (a) value change theory (Dembo, 1955; Wright, 1960, 1983) and (b) the conceptual theory of adaptation to disability developed by Livneh and colleagues (Livneh, 1986; Livneh & Antonak, 1990; Livneh & Antonak, 1997; Livneh & Sherwood, 1991). Wright (1960, 1983) extended the work of Dembo (1955) to present a system of value changes that are central to the process of adaptation to disability. The significance of this theory for education, practice, and research is highlighted by a recent publication by Mpofu and Bishop (2006). Livneh and colleagues (see especially Livneh & Antonak, 1997, 2005) have presented a well-articulated and thoroughly researched paradigm of psychosocial adaptation to chronic illness and disability. Both these theories of value change and adaptation to disability provide a substantial foundation and structure for application and research in rehabilitation counseling.

Another effort involves applying theories from other areas to rehabilitation. Recent developments in mathematics, physics, biology, and psychology have led to the formulation of theories that suggest new ways of viewing the adaptation process. Specifically, Parker, Schaller, and Hansmann (2003) applied Catastrophe, Chaos, and Complexity Theories to

adaptation to chronic illness and disability. Similarly, Livneh and Parker (2005) suggested further applications of Chaos and Complexity Theory to conceptualizing the adaptation process. Regarding rehabilitation interventions Chaos and Complexity Theory offers a general framework for interventions. It suggests "the supremacy of an eclectic approach which incorporates multifaceted, yet non-rigid, views of the human experience and its change following adverse physical and psychological conditions. Such an approach recognizes the complexity, uncertainty, transformation, and ever evolving dynamics of the human spirit, especially as it seeks to transcend the constraining barriers imposed by chronic illness and disability (p. 26)." The next section provides suggestions for the development of these and related theories of adaptation to chronic illness and disability.

#### Suggestions for the Future

Just as rehabilitation educators teach students to use person first language in both speaking and writing, I suggest that those who craft or adapt theories consider using nondisabling, respectful, and empowering language. We entreat our students to focus on individuals' uniqueness and worth as human beings. We also ask them to use terms that portray

people with disabilities in an objective, constructive manner. Therefore, we should avoid terminology that unintentionally fosters the *requirement of mourning* (Wright, 1960, 1983), which refers to the insistence by others that a person with a disability must mourn their loss to maintain societal values of the "body beautiful."

I realize that accomplishing this goal will be difficult given of our historical ties to medicine and abnormal psychology, but it is clearly a worthy goal. Rehabilitation professionals must eschew terms that connote pathology, deviance, and abnormality when describing the adaptation to disability process. Instead of focusing on pathology, we must focus on strengths. We must focus on qualities we wish to develop, not those we wish to ablate. One avenue for reaching this goal is positive psychology.

The goal of emphasizing the positive, growth-producing aspects of human behavior is the focus of positive psychology (Snyder, Lehman, Kluck, & Monsson, 2006; Snyder & Lopez, 2006; Vash & Crewe, 2004). Topics in this area include self-efficacy, optimism, wisdom, courage, mindfulness, flow, and spirituality. One particular area of positive psychology that holds promise for rehabilitation research and practice is the study of *hope*. Hope is a person's perceived ability to (a)

successfully identify meaningful goals and (b) find pathways to achieve those goals; most importantly, the person (c) believes he or she has the agency, or sufficient amount of goal-directed energy to attain the goals (Snyder & Lopez, 2006). Hope in rehabilitation settings is the obverse of despair.

Finally, I would like to offer several additional suggestions for modifying existing models and developing new theories. Theories should be comprehensible not only to rehabilitation counselors, educators, and researchers, but also to consumers. Ideally, theories should be based on mathematical models, should lend themselves to prediction as well as description, and should account for continuous and discontinuous behavior.

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