

# Stages of psychological adjustment to disability

In January, 1986, the support group listened to a panel focused on “Adjusting to a Second Disability.” Support group members raised issue with the concept of a “second disability” indicating that many of them although they may have a brace or use a cane, did not see themselves as disabled. Dr. Saltzstein presented the concept of viewing the physical limitation as an impairment with the potential of producing a disability. The consensus was that some polio survivors were having to face this issue currently. The following article was written by Elke Kurpiers, PhD, a member of the Psychology staff at Curative, to overview her presentation on this panel:

Adjustment to disability has been described as a series of stages or major tasks. These stages are normal and expectable, however, they are not neat and orderly. People differ in how they progress through these stages. Some progress faster than others, some may skip a stage or go through them in a different order. Adjustment difficulties exist when the individual has problems resolving one of these stages or gets “stuck”, thereby halting further movement toward the final stage of acceptance. Adjustment is a life-long process. The emotional aspects of disability may be a major factor in determining the outcome and benefits of all rehabilitative efforts.

While various states have been described in the literature, the following are the most commonly described:

## UNCERTAINTY

When symptoms first appear but no diagnosis has been made the individual may feel worried and confused. He or she may ask, “What is wrong with me, and what is going to happen?” Since many disabilities have a changeable, unpredictable nature, uncertainty may never be resolved completely. Plans for the future may need to be continuously revised.

## SHOCK

Shock refers to a state of numbness, which may be both physical and emotional. Shock is a reaction to trauma, such as hearing a diagnosis. It may last from a few moments to several days or even longer. The individual is unable to comprehend the magnitude or severity of the disability or its effects.

## DENIAL

Denial is a normal reaction or necessary defense mechanism initially. It protects the individual from becoming overwhelmed psychologically; it ensures that there is no depression. Denial is only maladaptive when it interferes with treatment or rehabilitative efforts. With time, denial should “soften”, i.e., the individual emotionally acknowledges that a loss has occurred.

**DEPRESSION/GRIEF/MOURNING**

Denial gradually gives way for a fuller recognition of loss; at this point, grief and depression emerge. Along with it a decrease in self esteem may occur. These feelings are considered a normal reaction to a real loss such as illness or loss of body part or function. Feelings of depression may be heightened because formerly gratifying responses from others may decrease. Depression may be expressed as externalized hostility and blame frequently directed against family members. Grief has been said to be the most painful of all human emotions; at the same time, it has been described as the most "healing" one. The individual may grieve for the body image, the function, former satisfactions that may now be denied, and for the loss of future expectations based on the function.

**ACCEPTANCE**

Acceptance does not imply being happy about the disability. Rather, it refers to the relinquishment of false hopes and successful adaptation of new roles that are based on realistic limitations and new potentials. The individual carries on with everyday life. The disability shrinks in importance and other features of life grow in significance. The individual feels comfortable with the changed self.

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