



CHAPTER 33

ADJUSTMENT TO DISABILITY: THE ISSUES INVOLVED

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Introduction

It is a common saying that “necessity is the mother of invention”. This statement is true because necessity opens up the opportunities for human beings to think beyond the challenges so presented, with view of proffering solutions that would surmount the problem. When a person has a “need” that must necessarily be met to attain independent living and adjust to the demands of the society, it is very natural that the person looks up to ways of solving this “need” and this opens up avenues for innovative thinking or strategies to employ for meeting the need. This is a usual trend in confronting the challenges of accommodation, adjustment and coping with special needs arising from disability itself and its attendant challenges like stigmatization and discrimination on persons with disabilities (PWDs). PWDs are most times saddled with many personal and social problems which range from water, food, housing, lack of good sleep, general feeling of insecurity and a poor self-worth. All these culminate in PWDs’ negative self-esteem, inability to find goodness in other people, objects and activities and a poor ability to develop good friendship.

The need to solve these problems may also make PWDs develop different perceptions and attitudes that are built to serve the purpose of the needs and these attitudes can only change when clearly it no longer serves its function and the individual feels blocked or frustrated. So for special needs children who have impairments that have limited their opportunities of competing favourably with their peers either at home, school or play, negative attitudes may be built as coping mechanism to the disability which could appear in form of depression, self-isolation, anxiety, disruptive behavioural disorders (DBD), and other antisocial behaviours. Consequently, PWDs should be given adjustive special assistance and accommodations which children without disability may not need.

Disability issues take an intense toll with divergent emotions in contemporary society, especially in a society where the rate of awareness to disability issues is very low and educational sensitization / knowledge is very poor as in Nigeria.. As such, it is seemingly impossible to exhaust the task of creating positive awareness to disability issues and solving problems of adjustment to disabilities for PWDs themselves or their family members.. To this end, Ozoji, Unachukwu and Kolo (2016), stated that a person with disability is expected to live



with all the personal and social consequences of the impairment, and adjustment to disability is only achieved when the PWDs, the family and the immediate society join hands together to push down the unhelpful aspects while pushing up the helpful values needed in adjustment. Thus, for PWDs, the need to adjust to the restrictions imposed by the impairment may require habilitation, rehabilitation services and rehabilitative counselling services.

In line with this, Agomoh (2015), defined habilitation as the process of providing basic training to clients who have not received any basic or specialised training to enable them acquire skills for successful living and adjustment. He again defined rehabilitation services as programmes designed to assist the client to achieve a gainful occupation which may be in form of educational, social, medical, and vocational domains of life to enable this client live a life of usefulness. Heward (2003), in Obi (2019), defined Rehabilitative Counselling Services as services provided by qualified personnel in individual or group sessions that focus specifically on career development, employment preparation, achieving independence and integration in the work place and community.

The thesis statement of this chapter is whirled on the fact that there is an inappropriate response of PWDs to their environment which has led to cases of maladaptive behaviours. Yet, the issues involved in the adjustment of PWDs in the society require acceptance of some basic facts about disability and behavioural mediation process by which PWDs can maintain a balance between their basic needs and obstacles or restrictions imposed by the conditions in their environment. The rehabilitation and adjustment structures begin when these needs are felt and end when these needs are met or satisfied. To achieve this, the discussion begins with the concept of adjustment, seven theories of adaptation, adjustment to disability and Identification of issues involved in adjustment to disabilities. Implications of disability adjustment on special needs services are also explored. Conclusion and suggestions would culminate the discussions.

The Concept of Adjustment

Sometimes people have needs that cannot be satisfied or placed in conditions. The needs or conditions usually affect their existence and integration into the society. When these needs are not met, it leads to unhappiness due to unfulfilled dreams, dissatisfaction, gloominess, resentment and disconsolateness which could be expressed in different forms of defences and coping mechanisms. The Cambridge English Dictionary who authored the dictionary?(2022) defined adjustment as the act of making a slight change to enable something fit, work better, or be more suitable. Adjustment thus implies that there is positive resolution of a conflict or the result of a favourable adaptation to a situation. Well-adjusted individuals understand their strengths and weaknesses which makes them to constantly work towards improving their weaknesses.

An adjusted person does not only live a life of contentment but has a realistic approach to life by setting attainable goals and is positively motivated to attain



these goals. This does not come like a speed of lightening, the ability develops over time and is highly dependent on the family upbringing and their experiences in life. Aceron and Salvage (2017), stated the following as characteristics of a well-adjusted person:

- sense of balance in emotion
- friendly and understanding towards others
- maturity in thinking
- free from stress even in tiresome activities
- ability to make independent decisions

Other characteristics of a well-adjusted person include a high sense of happiness, high self-esteem or self-worth, a life of independence, responsibility, and social stability.

In the light of this, Kuhlen (1959), in Kinanee (2020), identified three major indices for measuring adjustment which include:

- subjective happiness and contentment
- relative freedom from handicapping anxiety
- sufficient frustration tolerance

Adjustment to challenges of life is an everyday thing in an individuals' life. It is a process of moving forward and achieving goals despite the obstacles that may be on the way to the goal. Like the law of motion which states that anything that is stagnant in creation decays; movement, acceptance, accommodations and adaptation now becomes a way of life for living things to blend with the environment and society at large. Consequently, adjusting to unforeseen circumstances and challenging conditions that are brought by nature or nurture, for genetic and environmental dispositions respectively as in the case with a disability adjustment is an unending process just as adjusting to all other facets of life is for everybody.

Ozaji (2015), defined Adjustment to disability as the acceptance of the condition of disability by the PWD without feeling ashamed of it. To move forward with a disability, it is necessary to acknowledge the fact that disability comes with challenges that must be met. Therefore the situation at hand must be acknowledged to enable PWDs recognise the abilities possibly beclouded by disabilities. This is so because progress cannot be made if the situation is lived in denial and again, the journey of coming to terms with and adjusting to the experience is made more difficult if PWDs live in denial of their conditions. The acceptance of a disability is therefore hinged on elements such as self-esteem, social support, self-defeating attitudes, self-discrimination and perceived social discrimination (Osuagwu & Thomas, 2021).

Adjustment to disability therefore involves the individual's acceptance of self with the restricting condition and their ability to successfully blend / integrate favourably in the society. This implies adjustment to the three context of the environment:

1. The physical environment made up of physical structures / facilities



2. The micro environment which refers to all the people in an environment that the individual relates directly or indirectly with
3. The macro environment which is the wider society including rules and regulations which the individual is subjected.

Thus, the concept of adjustment to disability is hinged on three elements which corresponds with the three contexts stated above; a person's ability to understand themselves, accept the disability and their ability to interact favourably with others in the environment.

Theories / Models of Adjustment to Disabilities

People adjust differently to various challenges of life. PWDs respond in diverse ways to challenges imposed by the impairment. As a result, some PWDs never truly adjust comfortably with their situations while others excel amazingly with theirs. There are also others who become indefinitely weakened both psychologically and physically. Theories / Models of adjustment to disabilities are therefore tools for defining a deficiency in ability to perform activities, ultimately for providing a basis upon which the government, non-governmental organizations and societies can devise strategies for meeting the needs of PWDs. Models of disabilities give systematic approach to understanding the causes and contents of disabilities and provides insight into attitudes, conceptions, and prejudices. Seven theories or models have been proposed for adaptation to traumatic disabilities which include the following:

- Stage models
- Somatopsychology
- The disability centrality model
- Ecological model or Ecological Enactive model (E-E)
- Recurrent or integrated model
- Transactional model
- Chaos and Complexity theory

Adjustment and Adaptation to Disability using the Stage Model

This model of adjustment to a loss or impairment explores the processes the PWDs undergo to live a proposed content and self-determining life. It therefore includes processes like initial shock at the feeling of loss which may be in form of a disability, denial of the loss. This experience is usually characterised by anger at experiencing such loss, depression, adjustment to the restrictions imposed by the loss and acceptance of the loss as part of the person's life. These chains of experience are in line with Kubler Ross's 1969 five stages of grief and adaptation extensively discussed in the continuing page below. The Stage model notes that individual's progress at different pace; slow, fast, steady or unbalanced as the case may be, some persons may skip all stages of the model entirely, follow all stages of the model, while some may skip one or two stages to attain a well-adjusted life. However, a difficulty comes when a person has issues resolving one stage of the



model or becomes trapped which advertently delays the last happy stage of adjustment and adaptation.

Adjustment and Adaptation to Disability Using the Somato Psychology Model:

This model opines that adjustment to disability is dependent on the individual's thoughts, attitudes, feelings, and believes. PWDs can only adjust to the restrictions imposed by their conditions if they have stable emotions reflected in their mind, body and spirit which impacts positively on their physical and mental functioning. This theory agrres with the connection between the mind and body with emphasis on the fact that adjustment to any loss can only start if both entity (body and mind) are given the essential considerations for therapeutic healing in the right environment with the right interpersonal relationship (Weiss, 2021).

The advocacy here is on healing the physical or visible body with the right body in the mind - oriented psychotherapy (somatic psychotherapy) which resolves deeply rooted mental health issues with the help of a counselling professional or body psychotherapist (talking therapists). The pains may be excessively exaggerated by the patient even with no visible and explainable medical condition which adds stress to the PWD, hence stress management, regular physical activity and relaxation techniques in form of therapeutic massages and non-therapeutic massages to reduce strain and anxiety about the present condition may be proffered by the psychotherapists.

Adjustment And Adaptation To Disability Using the Disability Centrality Model;

This model also called Bishop's Disability Centrality Model was first proposed by Malachy Bishop in 2005 and it posits that PWDs experience disruptive changes which affects their quality of life, interpersonal relationship and subsequent adjustment to the environment and society at large. This model therefore sees the needs to consider PWDs based on their value changes and adaptation sequel to the impact of the restrictions imposed by the disability. It follows that PWDs are being controlled by the effect of the disability so experienced.

Martz and Livneh (2017), noted the three components of Bishop Disability Centrality Model; *the first component* looks at the ultimate outcome of adaptation to disability reflecting in the quality of life of the individual which must create a dynamic balance with evaluation of well-being and satisfaction of life. *The second component* looks at psychosocial impact of the disability with the relative factor associated with quality of life. *The third component* looks at the defences or mechanisms the PWDs might use to link the impact of the disability to the quality of life. This third components uses two additional defences being the domain satisfaction and domain control through linking the process of maintaining satisfaction, discarding previously held beliefs and accepting new changes,



embracing self-management, medical and psychosocial interventions, and environmental accommodations.

Adjustment and Adaptation to Disability using the Ecological Model:

This also called Ecological Enactive (E-E) model of disability sees disability issues from the context of societal inadequacies such as biased attitudes, lack of infrastructures, little or no accommodations for PWDs, and the PWDs embodied skills at attempting to meet the daily challenges of life. In other words, the PWDs must possess some personified skills and capacity to adapt to changes in the surroundings and be able to respond significantly to an unjust society and environmental conditions. The E-E model takes into account the PWDs medical condition and the social setting for medical and social model of disability respectively without being reducible to either of them. This model therefore posits that despite the limitations or restrictions PWDs experience in their own abilities, and their vulnerability, these persons are often skilfully embodied to find a way to the affordances needed to meet these daily challenges. They somewhat always find *“their abilities beyond the disabilities”*.

Adjustment and Adaptation to Disability Using the Disability Recurrent or Integrated Model:

This model views adjustment to disability as an ongoing process or cycle that never ends. This model is called recurrent or integrated because as the society is dynamic so does it follow changes that could be investigated and plans proffered to deal with these changes especially in the 21st century of Artificial Intelligence (AI) and accompanying changes. The PWDs are thus expected to learn how to accept or tolerate an almost insupportable set of circumstances while adjusting to the changes that come in their environment. Kendall and Buys (1998), in Ajobiewe (2014), noted that existing schemas for understanding the world may be challenged. Initially, PWDs may have different reactions to the existing schemas, either to stick on the old even though there do not adequately serve the existing conditions and environment, or be overwhelmed by the inability to interpret the experiences, leading to some experiences involving one or more stages of adjustment (depression and denial). However, as more information about the new environment is gathered and integrated, new schemas can be developed. Consequently, a more realistic stance towards life can be adopted together with a brighter outlook. Adjustment therefore becomes a continuous life transition rather than a time limited process.

Adjustment and Adaptation to Disability Using the Disability Transactional model:

This model notes the several feedbacks responses between the behavioural patterns, beliefs and emotions of PWDs and their immediate social environment. The different responses may come directly from the PWDs, conflict with the



disabilities amidst their abilities, the relationship with others like parents, friends and relatives and their relationship with the society which implies the provision of accommodations, safe place and universal designs that are accessible for daily living and independent living. These interactions are considered in two or different directions as one whole with inverted implications (Osuagwu, 2021).

The many loop assumptions brought by this model range from the belief that PWDs need to be cared for and helped if they cannot be cured, hence the health care delivery system, vocation and school must be brought to their door steps and made easily accessible as a matter of urgency because they are dependent on these factors to enhance independent living but the second loop of this provision explores also the values the PWDs will provide to the society. Example, a person with physical disability like paraplegia (paralysis of the leg and lower body) may be restricted and totally handicapped from playing football (soccer) but not disabled from activities that involve the brain and hands like computer analysis and programming. Such a person should therefore be provided with a medical aid like wheel chair and also given a computer to harness abilities.

The transactional model also looks at the feedback responses of the interactions of PWDs in relation to their family, friends and relatives, from one person to another and back and from one subsystem to another and back. Example, unhealthy parental adjustment to the disability of the child may affect the child's progress in adjustment and adaptation to disability. If the perception of the parents towards the issue of disability is positive, the child's adjustment process will tilt towards positivity. As such, the collaborative effort of all persons directly or indirectly involved in the disability issue is required to perfectly adjust PWDs.

Adjustment and Adaptation to Disability Using the Disability Chaos and Complexity Theory (CCT):

The Chaos and Complexity theory (CCT) dates back to some scientists in the early 1960s. However, it was first officially propounded by Edward Lorenz in 1975 with origin from his MIT study of Meteorology which showed how small actions may lead to major changes known as "butterfly effect". This theory covers physics, chemistry, biology and engineering courses as it seeks to address the existence of discontinuous nonlinear forces in many life domains using both qualitative and quantitative life approaches to studying unstable phenomena (Savage et al. , 2015). Chaos and Complexity Theory (CCT) in the behavioural and social sciences is viewed as a state of overwhelming anxiety a person undergoes at one period of life brought about by disturbances or obstructions in needs and desired goals. As such a well-managed chaos can be transcended and harnessed into human growth while an unmanaged chaos could lead to an unstable irreversible transitional points hence there must be a regulatory process that could bring about equilibrium in the system.

Chaos plays an important role in the unconscious driven behaviours of PWDs within the context of coping with stress and crises situations. In a bid to

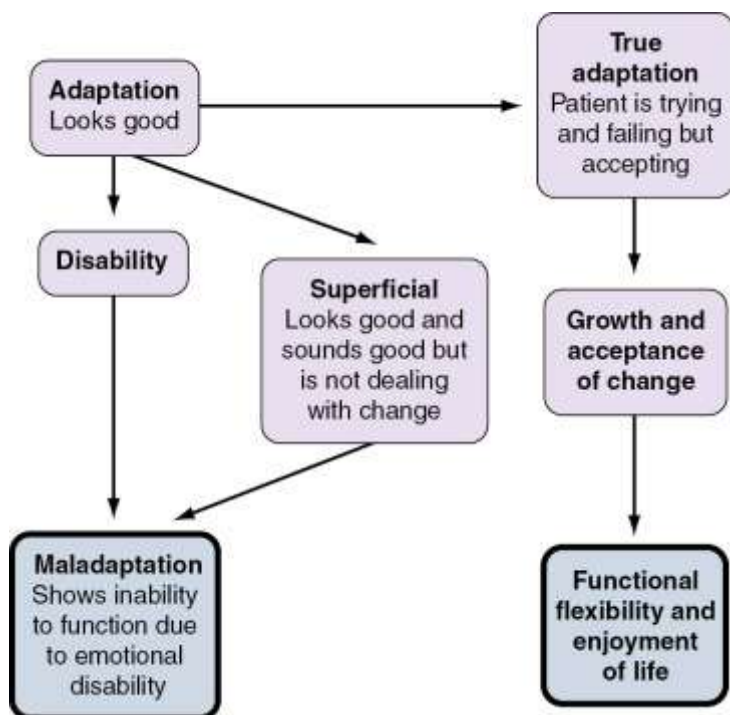


attain or maintain strong emotional and mental stability for their pathological conditions which has reduced their proper functioning, it is very common for PWDs to develop various defence mechanisms and coping strategies which might be favourable or unfavourable. Yet with repeated small stressful encounters (chaos) which can lead to big triggering emotions such as depression and anger, PWDs may appear to regress to earlier forms of behaviours. Savage et.al (2015), noted that this constant to and fro regression phases of adjustment process is termed “*repetitive Compulsion*” which might mean progress or relapse for PWD depending on what it serves. The process of adaptation and adjustment to disability is therefore an essential process of self-organization which unfolds through experiences of chaos (emotional turmoil) and complexity (cognitive and behavioural reorganization) to increase functional dimensionality and renewed stability even if it is temporary.

The CCT may not indicate which counselling rehabilitation technique might benefit PWDs undergoing the emotional turmoil phase but it seeks to rise above the controlling and overwhelming barriers imposed by disabilities.

The Issues Involved In Adjustment to Disabilities

PWDs are often affected by many psychological and social factors which exert great influence on their mental health and emotional wellbeing in relation to their environment consequently giving rise to maladjustment and maladjustive behaviours. Iwundu (2019), posited that maladjustments leads to abnormal behaviour reflected in the inability to adjust to one’s personal, psychological, social, vocational, and academic demands or responsibilities. People and conditions change, maintaining a balanced state of adjustments is not an easy thing especially for persons with restrictions that come as a result of impairments except adaptations and accommodations are made to adequately serve them in a way that will encourage adjustment into the society. In the light of this, there are many emotional aspects which determines a person’s adjustment to any form of disability and the subsequent rehabilitation approaches which could be beneficial to the person’s outcome.



Adapted from *Aceron & Salvage (2017). Factors affecting the adjustments to disability for new immigrants.page ??*

In the illustration above, Aceron and Salvage (2017), proposed the psychosocial aspects of adaptation and adjustment during various phases of neurological disability. They posited that a true adjustment to any disability follows a process of growth and acceptance of change to lead a functional flexibility and enjoyment of life. But on the other hand, when adaptation is not properly done to adequately serve the adjustment process, it leads to superficial approach that may look good on the surface but does not deal with change which inevitably leads to maladjustment or maladaptation showing inability to function and blend well in the society just as in disability cases. Therefore a successful adjustment may be defined as a continuing process in which the PWDs adapt to their environment in a satisfying and efficient manner surmounting all the obstacles that must be overcome in attempting to achieve the goal of a happy and successful life.

“Kubler-Ross’s Five Stages of Grief as Model for Adjustment to Disability”



Adapted from Kubler-Ross & Kesler (2005) Grieve cycle, psycom Pro retrieved 10th September, 2022 from <https://pro.psycom.net>.

The five stage model of grief illustrated above was first developed by a notable Swiss Psychiatrist Elizabeth Kubler-Ross in her 1969 book on “Death and Dying”.



This model was based on her work with terminally ill patients and through the years this model has been in use when humans encounter challenging situations that produces conflicts that must be resolved for positive adjustment to the environment. Many scholars like Ozoji (2015), Acheron and Salvage (2017), and Akinade & Agubosi (2018) agree with Elizabeth “Kubler-Ross’s five stage model of adjustment” to challenges of life which include;

1. denial
 2. anger
 3. bargaining
 4. depression
 5. acceptance
- **Denial:** This stage begins with the awareness of the new knowledge conveying an unfavourable information or condition. When the individual with PWD is hit with the knowledge that they may be restricted from some activities due to the form of impairment be it physical, neurological, sensory, or emotional and behavioural disorders that may be visible or invisible, the first reaction is always that of shock. The shock may come as a period of numbness to physical or emotional feelings, and this may last for some hours to days depending on how the PWD is able to process the news. With this, come the full period of refutation or rejection of the news otherwise called denial which may last from weeks to months.
This stage of denial is a defence mechanism employed by the individual to be able to slowly process the information and gradually acknowledge the loss even in the face of overwhelming tension and anxiety. Ozoji (2015), noted that denial is self - preserving for PWDs in the sense that a serious loss that is fully acknowledged in one massive dose or reality could lead to personality disintegration.
 - **Anger:** this second phase of adjustment to disability comes with built up irritability from being unable to solve the condition so presented. The incapacitation may grow from discontentment at the restrictions imposed by the disability to antagonism towards the cause of the disability which might be directed to a person or an object. The emotion of anger is often a reaction to a feeling of being poorly or wrongly treated.
This again might be a favourable defence mechanism used by the PWDs as it presents an opportunity to air out negative feelings, and also make the individual to question Superior powers, deepen religious faith and may motivate them to seek for furious solutions to live with the condition or improve upon the condition. However, a misdirected anger, inappropriate anger and excessive anger may delay the process of rehabilitation and put the PWDs in a harmful state of mental health.
 - **Bargaining:** this third state of adjustment to disability is also called the negotiating stage where PWDs, friends and families of PWDs make deals as strategy to manage their anger and pain from the limiting conditions. At this



stage, the PWDs and those directly or indirectly involved have gradually come out of the stage of frustration and anger and have also acknowledged the negative effect of excessive anger which has not yielded good outcome nor changed the condition. They now see how powerless they stand in the face of the disability if they do not accept mediation and rehabilitation and so may seek to submit to any high or knowledgeable authority, and Supreme Power that is thought of or ever heard to solve or resolve problems of these kinds (Akinade & Agubosi, 2018).

This period of bargaining or seeking suggestions and solutions may lead them to homes of diviners, church, mosque, mystical homes, medical centres/hospitals, traditional/herbal homes, and others depending on the faith of the persons involved. In most cases, the negotiations are made with the knowledgeable authority, superior power or deity with earnest vows or promises made that must be fulfilled if solutions come for the PWDs.

- **Depression:** this fourth phase comes with a feeling of sadness, lowering of mood or loss of interest in activities borne out of dashed hopes and unfulfilled dreams. When the third phase of bargaining does not proffer the desired goal or bring lasting solutions, it is understandable for PWDs and others involved to develop negative emotional responses to the losses in form of blues and may develop wrong attitudes.

Depression is rule of thumb phase that is independent of other phases of the model because it is a feeling of unhappiness that can come from any loss. As such it affects the way PWDs feel, think and behave and can lead to a variety of emotional and physical problems such as anxiety, hostility, withdrawal, grief about the loss, self-blame, low self-esteem and even suicidal thoughts. Thus Depression is seen as a “necessary phase” that most rehabilitative counsellors must watch out for in the rehabilitation of PWDs because it means the PWD is no longer in the denial phase but is making some fast progress towards understanding the impact and extent of the loss and ways of acceptance and adjustment to the disability.

- **Acceptance:** this is the final stage of Kubler-Ross’s model of adjustment to disability which is the last stage of consenting to having a disability with resolve to making the best out of the condition just to survive favourably with others and adjust positively into the environment. This last phase involves series of realistic sense of adaptations, elimination of false hopes and adjustment strategies based on the nature of disability. Like birds of the same feather flock with each other, associations of PWDs based on nature of disability (hearing, visual, physical, and others) might be formed to support each other.

There is no hard and fast rule to the adjustment of persons to disability. Adjustment is a process that does not happen automatically, the period of adjustments of persons to disability differ from one person to another just as the cases and nature of disability varies with each persons involved. Worthy to note is



the fact that even the Kubler-Ross's five stage model of adjustment has been under criticism from one scholar to another either because people studying the model have an erroneous believe that the five stages applies to all persons without taking into account that people face challenges differently based on personality. Hence the linear progression do not apply to all persons. People might experience these emotions at any time during challenging circumstances and not necessarily in any particular order, just like everyone may not necessarily experience all five of these emotions. Some people may not experience any of them, yet others might only undergo three or two of the phases rather than all the five stages. People might even experience more than the five stages of adjustment to a disability. Aceron and Salvage (2017), listed twelve stages of adjustment to disability which include:

- shock
- anxiety
- bargaining
- denial
- mourning
- depression
- withdrawal
- internalising anger
- externalising anger
- acknowledgment
- adjustment
- acceptance.

However, using the law of average, most persons may be found completing at least five stages of denial, anger, bargaining, depression and acceptance to resolve challenges of life and adjust accordingly.

Implication of Disability Adjustment to Special Needs Services

It is the duty of the special needs rehabilitation counsellor to assists clients or PWDs to improve their self-image, think positively about themselves, understand their capabilities and limitations, come to term with their condition and make proper vocational choice and get adequate job placement. This process can assist the client or rehabiltee to adjust to the disability as well as acquiring skills for successful living. Thus, it is the responsibility of the rehabilitation counsellor to consider effective rehabilitation programme for PWDs by applying these basic strategies:

1. meeting the needs of PWDs and involving them in the rehabilitation plan
2. involving the family and friends of PWDs in the programme planning
3. eehabilitation counsellors must make provision for long term follow up services that can function in a revolving manner. This implies that, the rehabilitation services must be community based which will access natural supports to establish networks that can be easily started as recurrent adjustment problems occur.



4. The rehabilitation counsellor must follow a humanistic and phenomenological approach to understanding human behaviours which acknowledges the unique experiences of each person bearing in mind that individuals will strive for their optimal level of functioning and they are their “experts” in their own adjustment process.
5. The rehabilitation counsellor must assist the PWDs in advocacy and implementation of resource plans, maintenance of strengths and expansion of opportunities for positive schema development.
6. Rehabilitation counsellor as a matter of duty must advocate for individualised plans which are specific for the PWD, considering the fact that no single programme can meet all the needs of different persons with disabilities.

Conclusion

Adjustment to disability is hinged on three elements; a person’s ability to understand themselves, a person’s ability to accept the disability and their ability to interact favourably with others in the environment. These elements correspond with the three context of an environment: the physical environment, the micro environment and the macro environment. While it is acknowledge that adjustment to disability is an ongoing process that occurs gradually over time, it is likely that the problem is circular or recurrent rather than sequential because the individual who has a disability must restructure the schemas for which they view themselves and their experiences. This reconstruction process changes as each new challenges is confronted leading the individual to a repeated or swinging motion characterised by a series of ups and downs.

Adjustment to disability may also differ from one person to another depending on the coping mechanism that is accessed at any point in time. Hence, the rehabilitation and adjustment process initiated for the PWD must factor the individuality of the particular PWD, the full corporation of the parents, relatives and friends of the PWD and also consider the societal structures with feasible projections and attainable or realistic goals.

Suggestions

In the light of the preceding discussions, the following suggestions have been put forward:

1. for PWDs to adjust perfectly into the society, the immediate family, friends and relatives should be identified earlier on, incorporated in the adjustment intervention process because a well-adjusted parent, will fasten the adjustment process of the child with disability.
2. it is suggested that the rehabilitation counsellor should adopt the systematic ecological model in counselling PWDs which emphasizes on the identification of environmental factor as well as individual’s coping resources which are fundamentals in the adjustment process.



3. the chaos and complexity model of adjustment must be considered during the rehabilitation and adjustment process of PWDs because like a small maggot grows to a large butterfly so does little untreated or unresolved internalised conflicts metamorphose into huge negative attitudes and behavioural changes which creates maladjusted PWDs in the society.
4. the transactional theory of adjustment to disability must also be considered by rehabilitation counsellors in the adjustment of PWDs because it will be counterproductive to treat the consequences of a behaviour without looking at the root causes, interrelated ripple effect while harnessing the potentials.
5. the rehabilitation counsellor should endeavour to introduce therapies that will heal the body and mind of PWDs following the Somato psychological adjustment to disability model.

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