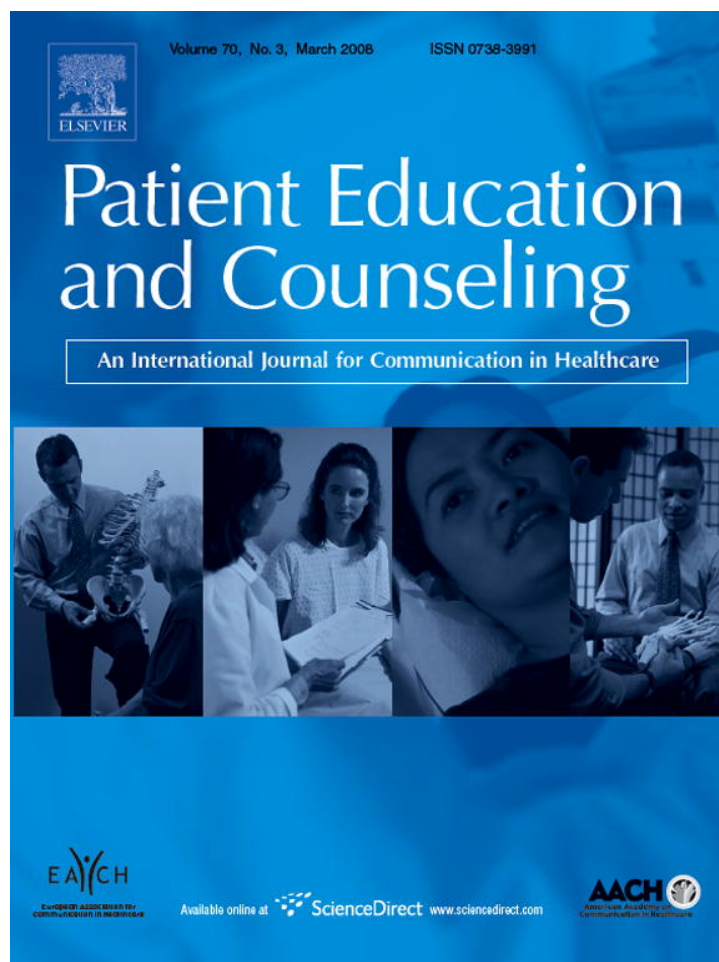


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# Adapting to major chronic illness: A proposal for a comprehensive task-model approach

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## Abstract

**Objective:** To develop a comprehensive task-based model that describes the psychosocial adaptation process to major chronic illness.

**Method:** In order to achieve this objective, we reviewed the four task-based models: those of Moos and Tsu [Moos RH, Tsu DV. Coping with physical illness. New York: Plenum Medical Company; 1977], Cohen and Lazarus [Cohen F, Lazarus RS. Coping with the stress of illness. In: Stone CG, Cohen F, Adler NE, editors. Health psychology: a handbook. San Francisco, CA: Jossey-Bass; 1979. p. 217–54], Corr [Corr C. A task-based approach to coping with dying. Omega 1992;24:81–94] and Samson [Samson A. L'apport de la carrière au modèle théorique des tâches d'adaptation à la maladie chronique: une application au cas des personnes qui vivent avec le VIH. Can J Couns 2006;40:4–16].

**Results:** We propose a comprehensive task-based model that gives a comprehensive description of the process of psychosocial adaptation to chronic illness.

**Conclusion:** With the gradual rise in life expectancy and quality of living for individuals diagnosed with major chronic illnesses, it is becoming increasingly relevant to understand how these individuals adapt to their conditions over the long term. The comprehensive model allows medical professionals to look at the challenges of this process from both objective and subjective points of view.

**Practice implications:** To enhance current practice by helping professionals to conceptualize their patients' process of adaptation to chronic illness in a holistic manner.

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**Keywords:** Adaptation; Major chronic illness; Adaptive task-model; Career

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## 1. Introduction

A large number of illnesses, once considered terminal, are now treated as chronic medical conditions, which is to say that they develop over the long term. For example, until 1995, a Human Immunodeficiency Virus (HIV) diagnosis was equivalent to a death sentence. Today, HIV infections are now treated as chronic illnesses.

According to Statistics Canada, the death rate for all major chronic illnesses has dropped from 794 per 100 thousand in 1984 to 622 in 2001 [1]. A primary consequence of this evolution is that, rather than prepare to die, individuals diagnosed with a major chronic disease are encouraged to learn how to adapt over the long term. We believe that it is crucial to

gain an in-depth understanding of how this process of adjustment unfolds.

A comprehensive understanding may help guide diagnosed patients, family members and their relatives through the many uncertainties they face and help them find a way to stabilize the sudden disruption they have experienced. Furthermore, medical staff may be better equipped to understand their patients' efforts to adapt. An in-depth look at adaptation processes could also provide administrative staff and policy makers with a broader view of the psychosocial ramifications and the implications of chronic illness.

Numerous theoretical models have attempted to describe the adaptation to major life transitions in general and to the onset of chronic illness in particular. The literature also shows that the slew of approaches can be grouped into two main paradigms, the first of which proposes the notion that individuals adapt by moving through a set of phases. An example of this theoretical paradigm is Dr. Kübler-Ross stage-based model which has had a particularly important impact on the field of palliative care.

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The second paradigm revolves around the notion that adaptation to change is achieved by accomplishing a non-linear series of adaptation tasks.

Staged-based approaches have been subjected to numerous critiques, primarily because its rigid linearity is seen as imposing on patients a prescriptive way to adapt to their condition or situation. This normative aspect does not take the highly subjective and individual nature of adaptation processes into consideration. Ascribing to stage-based approaches may therefore lead to the exclusion of those patients who do not follow these predetermined stages, as well as to the imposition of unfounded expectations on the medical personnel [2].

The second paradigm appears to present a better alternative to the adaptation to chronic illness. This theoretical approach sets forth the notion that the adaptation process is based on the completion of certain tasks. Corr [2] defines tasks as “work that may be undertaken by those who are coping” (p. 83) and deems such efforts essential to resolving life challenges. In other words, a task can be understood as an effort to reconstruct a specific aspect of life that has been affected by the onset of a chronic illness [3,4].

The task-model represents a system that focuses on the process of reconstruction of a person’s existence. The approach does not prescribe a specific path towards reconstruction; rather it offers a framework that portrays the fundamental aspects of human existence, which are referred to as “tasks.”

While the task-based approach to adaptation presents us with an interesting theoretical foundation, one is still faced with the challenge of unifying the various existing models. Though they each promote different versions of task-based adaptation, each researcher – or set of researchers – offers particular points of view, none of which are mutually exclusive. Each model embodies a set of strengths that would prove highly enriching if unified into a comprehensive and coherent framework.

This paper proposes a task-model based on the empirical foundations previously laid out by Moos and Tsu [5], Cohen and Lazarus [6], Corr [2] and Samson [4]. Furthermore, we intend to propose a task-based framework that integrates these four different models. We decided to leave out Doka’s [7] model because of his attempts to merge the task-based model of adaptation with the stage-based approach. As Corr [2] has already mentioned, the task-based approach was developed in part to accommodate for some of the pitfalls of stage-based approaches, which are believed to dictate an ideal manner of adaptation. It is for these reasons that we view linear, staged-based models and task-based frameworks to be mutually exclusive of one another.

## 2. Comprehensive model

The framework that we put forth hinges primarily on five components. The first aspect takes the patient’s personal history and social context into consideration. The second revolves around cognitive evaluations of the disease, while the third includes different groups of adaptation tasks. The fourth and fifth features include coping skills and final outcome, respectively (Table 1).

### 2.1. Component 1: personal history and social context

Our model proposes to account for the individual’s situation, or overall context, when the diagnosis is announced. By context, we mean the totality of personal life history, which encompasses ethnic origin, socio-economic status, life transition experience and the quality of social support networks. It is crucial to account for these elements as they tend to impact the process of adaptation, both positively and negatively. According to Moos and Tsu [5], it is the interplay of these factors that influence, at least partially, the process of adaptation.

### 2.2. Component 2: cognitive appraisal

Secondly, the comprehensive model adopts the cognitive approach, which forms the basis for Cohen and Lazarus’ [6] model, and is discussed, to a lesser extent, by Moos and Tsu [5]. We believe that the initial reaction to the diagnosis and the subsequent achievement of adaptation tasks hinges largely on the cognitive appraisal of the stressor—which is the diagnosis itself.

The process of psychosocial adaptation to chronic illness is determined by cognitive appraisal of the diagnosis [6]. Therefore, the diagnosis of a chronic illness does not affect individuals in a uniform way because the experience itself is a function of their perceptions. Cohen and Lazarus [6] identify two types of cognitive appraisal: (a) primary appraisal; (b) secondary appraisal.

The process of primary appraisal results in different ways of conceptualizing the impacts of the illness on one’s well-being. The situation may be construed as “stressful, benign-positive, or irrelevant” (p. 219), for example. Secondary appraisal consists of evaluating coping resources and alternatives in order to deal with the difficulties, restrictions and demands the illness imposes on life. It is secondary appraisal that allows the accomplishment of the adaptation tasks.

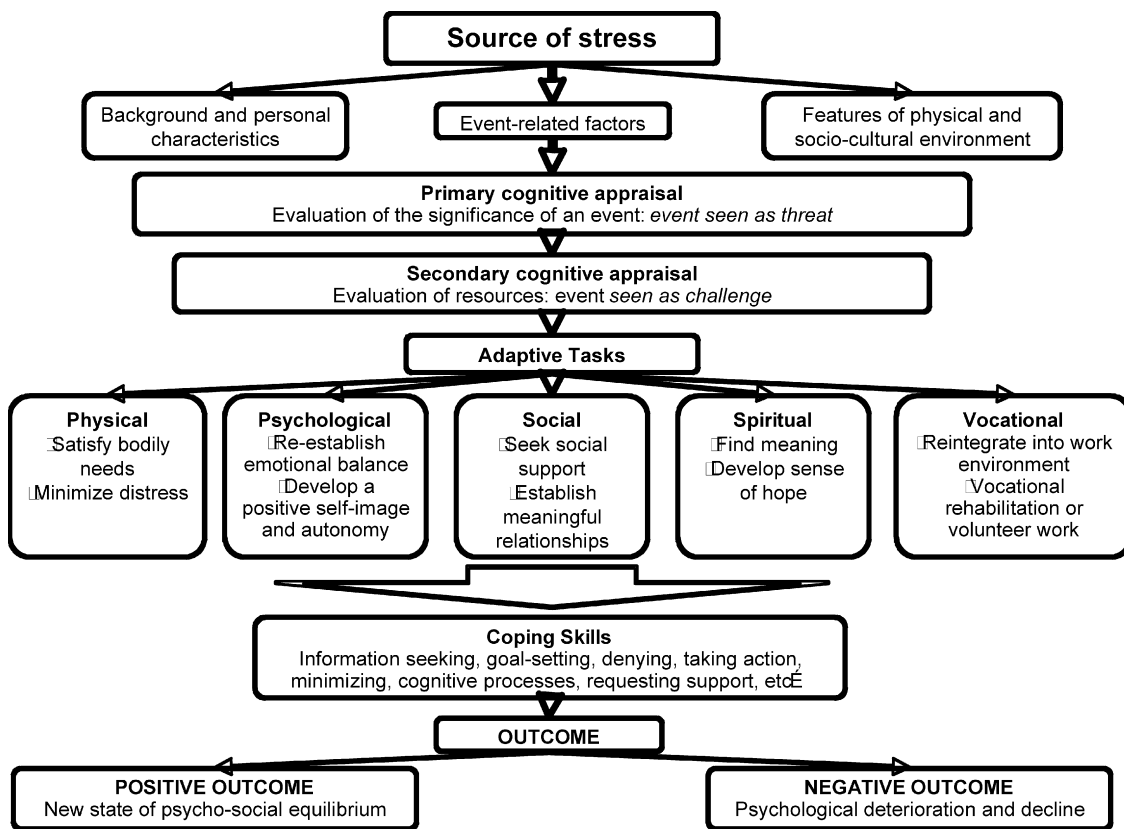
When it comes to the process of adaptation, individuals, once diagnosed, begin to attribute significant meaning to their illness, after which they begin to evaluate their coping resources. This cognitive appraisal, which is in a state of constant flux, moulds the perception of the tasks involved in the adaptation process [5].

### 2.3. Component 3: adaptive tasks

The third (and core) aspect of our comprehensive model is that of adaptation tasks. Corr [2] defines tasks as “work that may be undertaken by those who are coping” (p. 83) and deems such efforts essential to resolving life challenges. In other words, a task can be understood as an effort to reconstruct an aspect of life that has been affected by the onset of a chronic illness.

These tasks cover all the aspects of human functioning that come into play during the process of adaptation. The onset of the disease, for example, may force one to question the meaning of life, to adjust to the natural dynamics of the illness, threatens social isolation, engenders vocational re-adaptation and often imposes a certain degree of uncertainty.

Table 1  
Comprehensive task-model



Depending on the situation, the process of adaptation may vary significantly between individuals. For some, this effort will entail a readjustment in all facets of life, while for others, it will be limited to only a few aspects. Furthermore, the accomplishment of these tasks can be achieved simultaneously or in successive fashion, with the accomplishment of a specific task potentially facilitating that of another.

The main challenge we face in proposing an effective model lies in establishing a clear nomenclature of adaptation tasks. It is important that this taxonomy cover all aspects of functioning that may be disrupted by the onset of illness. The identified tasks must not only be exhaustive, but must also be circumscribed and well defined.

Of all proposed nomenclatures [5–7], the list of tasks highlighted by Corr [2] responds to these needs for precision and clarity. It is for this reason that our comprehensive model comprises these four tasks, which are of a medical, social, psychological and spiritual nature. We believe however, that Corr’s [2] framework would be complete with the inclusion of a fifth aspect: a vocational task [4].

The physical task consists primarily of meeting all medical requirements as prescribed by health professionals. These may include the intake of medication and compliance to various treatment procedures. The psychological task involves maintaining satisfactory emotional equilibrium and regaining a sense of control over one’s life. The social task aims at gaining

effective social support from significant others, friends and family. The spiritual task of adaptation is an effort at giving meaning to the onset of the illness and all the consequences it engenders.

Given that individuals diagnosed with chronic illness enjoy a longer life expectancy, they are increasingly capable of engaging in meaningful activities. As such, it is important to incorporate a vocational task into the adaptation model. Through this task, which includes work that is both paid and non-paid, patients are able to resume their previous professional occupations, give a new orientation to their career or get involved in volunteer work. It is by accomplishing the vocational task that the majority of individuals find meaning in life, forge social status and establish a personal identity [8].

#### 2.4. Component 4: coping skills

The fourth aspect of our model of adaptation consists of coping skills. If adaptation tasks are seen as the general domains of adjustment, then coping skills may be understood as the specific means used to accomplish these tasks [5]. Furthermore, these skills, which embody both a mental and behavioral component, are likely to be used in conjunction with another, rather than individually. Coping skills include, but are not limited to, denying or minimizing the seriousness of a crisis,

seeking relevant information, requesting reassurance and emotional support, learning specific illness-related procedures, setting concrete limited goals, rehearsing alternative outcomes and finding a general purpose or pattern of meaning in the course of events. According to Cohen and Lazarus [6] coping is defined as any effort aimed at managing, tolerating, and minimizing the difficulties, restrictions, and demands typically associated with stressful life events.

In summary, a coping skill is either a cognitive or a practical ability to accomplish a specific task. These skills can be pre-existing at the moment of the diagnosis, or learned during the process of adaptation to the illness.

### 2.5. Component 5: outcome

Finally, the concluding aspect of our model is that of outcome. According to Moos and Tsu [5] and Cohen and Lazarus [6], there are two possible outcomes: (a) positive; (b) negative. While the former is indicative of a new state of psychosocial equilibrium, highlighted by a re-established sense of normalcy, the latter alludes to a certain degree of psychological deterioration and decline.

In other words, there is a positive outcome when the illness is seen as less of a disruptive event and becomes increasingly comprehensive in the patient's life. The person regains a certain sense of control over the course of life and develops a new perception of satisfaction in life [4].

## 3. Discussion and conclusion

### 3.1. Discussion

We recognize that a theoretical model is but a construction that attempts to circumscribe the contours of reality. The establishing of such a framework, however, ultimately proves to be beneficial, as it offers a description that may help those struggling with the adaptation to a chronic illness to situate themselves in their world, which has been destabilized by the onset of chronic illness.

Task-based models provide a holistic perspective of the individual that encompasses the medical, emotional and psychosocial components of illness. Furthermore, this approach situates the individual at the center of the process of adaptation, because it is the patient that must decide what task to undertake according to his or her own reality. This emphasis on personal responsibility and respect for individual

differences avoids the pitfalls, linearity and directedness of stage-based approaches.

### 3.2. Conclusion

The addition of a vocational task to the model takes into account the fact that people diagnosed with chronic illness tend to enjoy an improved life expectancy, thus giving the vocational aspect of life a new role in the adaptation process. Though our model may be reductionist in nature (as all models are), we maintain that it attempts to take into consideration the complexity and the individual aspect of the process of adaptation. In effect, the phenomenological nature of the model places emphasis on the patient and the ensuing personal responsibilities towards the adaptation process.

### 3.3. Practice implications

This model provides health care professionals, patients and their families, with a broader conceptualization of adaptation processes that takes into account the particularity of each individual situation. The use of this model allows for a systematic analysis of a particular situation, first by situating the patient within the context of personal history; second, by determining the nature of the cognitive appraisal of the illness; third, by identifying the tasks to be accomplished and the coping skills needed to accomplish these tasks; and finally, by assessing whether the patient is moving towards a positive or a negative outcome.

## References

- [1] Health Canada. Communiqué VIH/sida; 2003. Retrieved March 25, 2004 from <http://www.hc-sc.ca/hppb/vih-sida/stat-can/communique-jan.html>.
- [2] Corr C. A task-based approach to coping with dying. *Omega* 1992;24:81–94.
- [3] Corr CA, Nabe CM, Corr DM. *Death and dying, life and living*. Belmont, CA: Wadsworth; 2003.
- [4] Samson A. L'apport de la carrière au modèle théorique des tâches d'adaptation à la maladie chronique: une application au cas des personnes qui vivent avec le VIH. *Can J Couns* 2006;40:4–16.
- [5] Moos RH, Tsu DV. *Coping with physical illness*. New York: Plenum Medical Company; 1977.
- [6] Cohen F, Lazarus RS. Coping with the stress of illness. In: Stone CG, Cohen F, Adler NE, editors. *Health psychology: a handbook*. San Francisco, CA: Jossey-Bass; 1979. p. 217–54.
- [7] Doka KJ. Coping with life-threatening illness: a task model. *Omega* 1996;32:111–22.
- [8] Riverand-Simard D. Le sens du travail et le carriéologie. *Carriéologie* 2002;8:303–20.