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Abstract:

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. 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. It is crucial to gain an in-depth understanding of how this process of adjustment unfolds.

The comprehensive task-model represents a system that focuses on the process of reconstruction of a person's existence and 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." 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

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Adapting to chronic illness: The comprehensive task-model approach

Component 1: personal history and social context

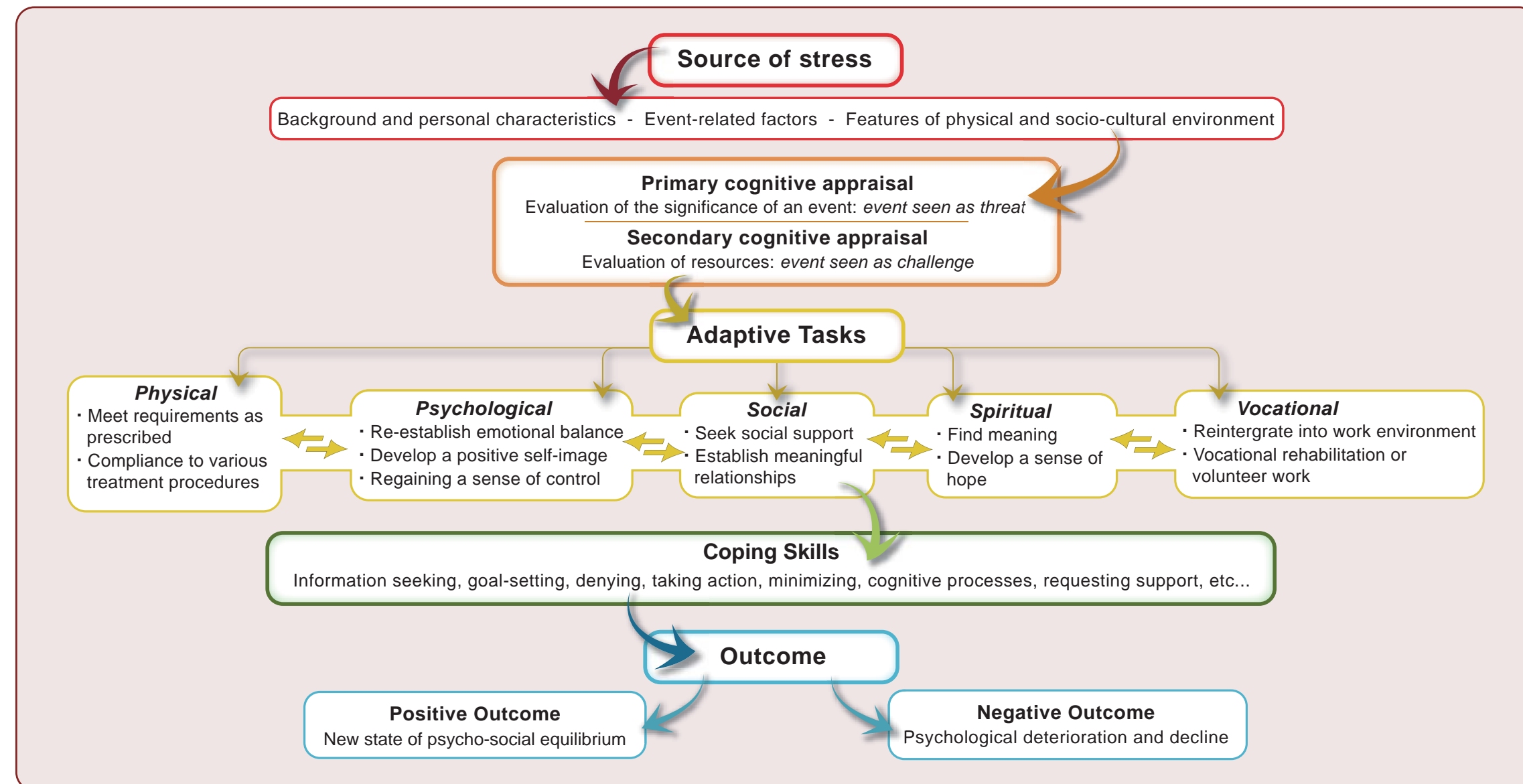
The comprehensive task-model takes to account for the individual's situation, or overall context, when the diagnosis is announced. The context includes the totality of personal life history, which encompasses ethnic origin, socio-economic status, life transition experience and the quality of social support networks. It is crucial to account for these elements as they tend to impact the process of adaptation, both positively and negatively. It is the interplay of these factors that influence, at least partially, the process of adaptation.

Component 2: cognitive appraisal

The process of psychosocial adaptation to chronic illness is determined by cognitive appraisal of the diagnosis. 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.

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".

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.



Component 3: adaptive tasks

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.

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 **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 conse-

quences 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.

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. Furthermore, these skills, which embody both a mental and behavioral component, are likely to be used in conjunction with another, rather than individually.

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

Component 5: outcome

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 intergrated in the patient's existence. The person regains a certain sense of control over the course of life and develops a new perception of satisfaction.