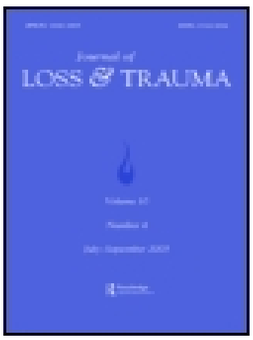

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A PHILOSOPHICAL PERSPECTIVE TO CONFRONT DISABILITY STIGMATIZATION AND PROMOTE ADAPTATION TO DISABILITY

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Individuals with disabilities may experience an existential crisis that may be triggered by the stigma related to having a disability, as well as by conditions created by disability itself. The premise of this article is that an existential, tripartite philosophy can facilitate a confrontation of the stigma of disability simultaneously with the promotion of a greater adaptation to disability. The combination of the existence of a physical or mental disability with an implied moral causation of the disability may contribute to a devaluating, stigmatizing perspective on disability and a decreased adaptation to disability. The proposed philosophical perspective may help individuals with disabilities to resolve a disability-triggered existential crisis that may arise from a characterological devaluation due to disability-related stigmatization or from an increased awareness of death due to multiple life issues. Other reasons are examined briefly to illustrate why an existential, tripartite perspective may help promote adaptation to disability while challenging the stigmatization of disabilities. Although this article focuses on individuals who have experienced disabilities, the tripartite philosophical model may be applicable to individuals who have experienced trauma and have been subjected to stigmatization related to the traumatic experience.

When individuals have a disability or a chronic illness, they may experience stigmatization as a result of their condition (Coleman, 1997; Goffman, 1963; Janoff-Bulman, 1992; Jones et al., 1984; Kravetz, Faust, & David, 2000; Livneh, 1980a, 1982; Miller & Major, 2000; Saylor, 1995). They may perceive criticism and judgment from others (Bussema & Bussema, 2000), such as the

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belief that they caused their disabilities by "sinful" actions (Braddock & Parish, 2001; Livneh, 1982). Or people may attribute characterological flaws (Janoff-Bulman, 1992) as the cause of disabilities, which may lead to individuals being blamed for both the disability and the implied characterological defect.

Stigmatization connected to disabilities has occurred for a thousand or more years (Braddock & Parish, 2001) and thus is a phenomenon that is deeply entrenched in the human psyche. This fact signals that stringent efforts may be required to cognitively and psychologically comprehend and subsequently address these debilitating attitudes, including self-perceptions among individuals with disabilities who feel stigmatized and therefore blame and morally judge themselves for their disabilities. The philosophical perspective proposed in this article is one of many theory-driven approaches (see Livneh & Antonak, 1997; Thomas, Thoreson, Butler, Parker, 1998) that could be used to promote adaptation to disability as well as to confront some of the logic that leads to disability stigmatization.

Some Effects of the Stigmatization of Disability

When an abnormality involving one or more aspects of an individual is interpreted as representative of whom the individual with a disability is, then that individual may be subjected to a negative "halo" phenomenon, which Ladieu-Leviton, Adler, and Dembo (1977) describe as "a spread of evaluation from characteristics actually affected by the injury, to other characteristics not necessarily so affected" (p. 60). This devaluing spread may be projected not only from strangers, medical professionals, friends, and family, but also may be internalized by the individuals themselves who have disabilities, causing them to demean themselves because of a disability. The powerful stigmatization of disability and the devaluing spread of the disability may engulf the person's self-concept, which may prompt individuals with disabilities to view themselves as "in a position of lower status and unworthy of acceptance" (Ladieu-Leviton et al., 1977, p. 60). McArthur (1982) proposed that stigmatizing opinions may be internalized by individuals with disabilities for several reasons, including self-fulfilling prophecy, selective attention to the behaviors ascribed to them by others, or having "more self-focused attention than others do, thus yielding self-evaluations that are similar to popular stereotypes in their polarization" (p. 189). If these negative opinions, devaluing spread, stigma, or stereotypes about disabilities are accepted and internalized by individuals, it may be difficult for them to accept themselves after experien-

cing a disability, due to the negative connotations associated with the disability. Indeed, Kravetz, Faust, and David (2000) noted that acceptance of a psychiatric label may decrease a person's healthy self-concept because of the "all-embracing nature of psychiatric stigma" (p. 330).

Devaluation of an individual's character by means of stigmatization can lead to feelings of isolation and estrangement from the community, meaninglessness, and lack of self-worth, especially if an individual is not working. The individual may even experience a representation of death in the form of social death (see Sweeting & Gilhooly, 1991–1992), which corresponds to the ending of one's social identity. Reasons for social death may include externally imposed and internalized stigma leading to social isolation or withdrawal. These are some of the classic symptoms of an existential crisis, which may include an awareness of isolation, groundlessness, meaninglessness, and the inevitability of death (Yalom, 1980).

Why do individuals with disabilities internalize the highly negative stigma concerning disabilities? How can or do they overcome such powerfully oppressive mental concepts? When individuals are told that they are bad, wrong, marked, or somehow unacceptable, they may respond with anger or disbelief and reject the judgment. Or they may agree with the imposed devaluation and internalize the message by concurring with its content, which is a defense mechanism of introjection (Livneh, 1986a). They also may apply their own predisability stigmatizing attitudes toward themselves, belittling themselves because of the disability, even without external input. Once these powerful, negative messages are accepted, they may exist for years in an individual's consciousness or be repressed to the unconscious level of the person's mind.

Cognitive Dissonance

Cognitive dissonance is defined as the "'existence of non-fitting' relations among cognitive elements" (Festinger, 1957, p. 3). Dissonance may occur when an individual receives and internalizes two conflicting concepts, such as new information that is inconsistent or discrepant with his or her existing opinions, attitudes, or beliefs (Brehm & Cohen, 1962; Festinger, 1957). Hence, cognitive dissonance is created when an individual maintains two cognitive elements, one of which is the obverse, opposite, or counterpart of the other (Brehm & Cohen, 1962; Festinger, 1957).

Cognitive dissonance can be applied to many aspects of the dynamics of having a disability or chronic illness. For example, if individuals experience physical trauma and suddenly lose functioning of body parts, then they may

struggle with the new information about themselves without those body parts. Hence, dissonance between the old and the new information about their bodies may occur. On another level of cognition, if individuals with disabilities internalize the social stigma connected to disabilities, a conflict may arise between those internalized negative attitudes and individuals' self-concepts. For instance, the wide range of judgmental attitudes about responsibility for the causation of the disability (Braddock & Parish, 2001; Livneh, 1980a, 1982) may be experienced and internalized by an individual with a disability, creating a dissonant situation when the person finally begins to disagree with the internalized devaluation of the self. An individual does not necessarily have to experience stigmatizing opinions from others, because these negative, judgmental, and stereotypical attitudes may have already existed in the individual's mind toward other people with disabilities before the onset of his or her disability. When the individual recognizes that he or she is part of that stigmatized group, and hence the stigma that he or she has placed upon the group also should be put upon him- or herself, a dissonance may arise due to a discrepancy between the individual's concept of being a "good person" and the negative, stigmatized implications of having a disability. Subtle social pressure even may exist in the expectation that individuals suffer for their disabilities (Wright, 1960). This requirement for mourning may have elements of expecting individuals to suffer for disabilities as representative of repentance for sinfulness or transgressions.

As the awareness of this cognitive dissonance gradually increases, it may culminate in an existential crisis, or a crisis about one's very existence. In the context of disabilities, an existential crisis may be triggered by a deep conflict over the individual's self-concept that is stigmatized due to his or her disability, especially if the halo effect or the devaluing stigma has spread from the "disabled" aspect of the individual to a generalized stigma toward the whole person (Ladieu-Leviton et al., 1977; Wright, 1960). Through psychological growth, self-exploration, or by means of therapy, the individual may eventually become aware of the existence of a cognitive dissonance between the internalized stigma of disability and the other parts of the self that the individual knows are good, right, unique, not marked, and acceptable.

There are many therapeutic techniques (e.g., Rogerian, cognitive, or gestalt) that could be used to address cognitive dissonance triggered by the presence of a disability. Many of these techniques focus on altering distorted and self-defeating cognitions. Yet, when a disability exists, not only may there be a constant evidence of being different, but there also may be continuous social pressure that stigmatizes the a disability, creating a continual conflict.

Hence, the focus of this article is delimited to philosophical perspectives for challenging disability-triggered stigma, which subsequently can be applied to counseling interactions.

How can this devaluation of a person's whole self be overcome? Wright (1960) proposed a coping versus succumbing perspective as a subtle philosophical shift to facilitate adaptation to disability. Social constructivists offered a different kind of argument, asserting that disability was a product of social paradigms, and thus disability was not an absolute entity but a product of a culture (Turner, 2001). However, another type of philosophical distinction can be made as one way of resolving dissonance between an individual's positive, capable self and the stigmatized self that is defined according to the devaluation from the spread or the negative symbolism attached to disability.

An Existential Viewpoint

Philosophers and scientists throughout the centuries have classified knowledge and ideas, categorizing them for exploratory power or for heuristic purposes. Dualism, or a separation between mind and body, has been debated for centuries in many different forums, countries, and languages. Dualism is still a vibrant part of the philosophical and scientific landscape, as evident by the long-standing traditions of making categorical distinctions between human and nonhuman worlds, living and nonliving, or between the mind and body (World Health Organization, 1980). Plato's distinction between intelligible and sensible things in early Greek philosophy prepared the ground for dualism in modern philosophies and sciences. The philosopher Descartes, in the 17th century, depicted the mind and body as two separate substances, which led to the term "Cartesian dualism" (Van Kaam, 1990). The bifurcation of the sciences of the mind and the sciences of the body became increasingly popular in the 18th century (Speziali, 1973). More recently, dualism in psychology created a split between behaviorism and introspectionism (Van Kaam, 1990).

Dualism is still evident in the modern trend of equating the body as representative of the self, which is a derivation of the view that the body mirrors the soul (Turner, 2001). This presumption is exactly why dualism is relevant to disability issues. Such dualistic thinking can lead to stigmatizing viewpoints, such as when the phrase a "healthy mind means a healthy body" is transformed into "a twisted mind means a twisted body." The dualistic equation implies that an abnormal mental state causes an abnormal physical body. The phenomenology of spread of disabled characteristics (Ladieu-Leviton et al., 1977) may lead to the assumption that an abnormality in one aspect of the

body is evidence of the existence of an abnormality of the mind. A different type of spread is devaluation of character, which can be called a moral spread. Moral spread involves an assumption about individuals' moral, ethical, or spiritual lives, based on the conditions manifested in their physical and mental lives. This logic, often of a subconscious nature, may be manifested in the following subtle kinds of assumptions that stem from dualistic thinking: "You have a disability, therefore you must have done something wrong" or "You are a bad person because you have a disability, which is a 'bad' thing."

Some philosophers did not endorse dualism. Alexander Comte, an 18th-century philosopher, offered a tripartite instead of a dualistic distinction in realms of knowledge. He proposed that cognition could be classified as a progression of three realms of knowledge that became increasingly more complex and "perfect": theological, metaphysical, and positive (Speziali, 1973). Because of this tripartite theory, Comte is widely considered to be the "father" of positivism, which is a theory propagating that knowledge should be based on natural phenomena and verified by empirical science.

Like Comte, the 20th-century philosopher Paul Tillich proposed a tripartite classification of knowledge: a science of thought or ideal, a science of being or the real, and a science of the mind or normative science (Speziali, 1973; Tillich, 1985). These three realms of knowledge were parallel to Comte's classifications, yet did not contain Comte's assertion that knowledge became progressively perfect, ending with positive knowledge. Comte's and Tillich's tripartite perspectives on the realms of knowledge can be reworded and expanded in the following manner: (a) Ideal, the realm of theological concepts, values, or supraconsciousness; (b) Existence, the realm of the empirical, the states of the body, and behavior; and (c) Essence, the realm of the mind, volition, metaphysics, or consciousness. The usefulness of a tripartite perspective (versus a dualistic one) for combating the stigma of disability will be proposed after a brief introduction to existential philosophy.

Existentialism eschews determinism and denotes individuals' freedom of choice as its central philosophical principle. Thus, individuals' subjectivity from this freedom of choice is the basis from which knowledge is known (Manser, 1973). Existentialism does not deny the existence of scientific laws of the physical universe (Kierkegaard, cited in May, 1961; Manser, 1973). But it depicts the world as chaotic, due to human choice and action, and as filled with individuals who experience feelings of isolation, meaninglessness, and fear of responsibility and death. Existentialism explains that the *social* world is not rational and orderly, due to the combined effects of millions of individuals asserting their freedom of choice. Yet, many people want to believe that the

world is an orderly, benevolent, and meaningful place (Janoff-Bulman, 1992) or that the world is just (Lerner, 1980). Any perspective to the contrary may upset this worldview, such as if one viewed victimization as a random occurrence not connected to individuals' characters. Hence, trauma victims are often blamed so that the nonvictims' assumptions about a safe and orderly world can be preserved (Janoff-Bulman, 1992). Attitudes such as victims "got what they deserved" allow the preservation of individuals' belief that they will be safe because of whom they are (Janoff-Bulman, 1992). Individuals may think that they are "good" people and therefore will not experience a disability like the victims of traumatic accidents or biological, genetic, or medical mishaps. In contrast, existential perspectives challenge assumptions about a meaningful, orderly, and benevolent world or assumptions that the world is just. An existential perspective would acknowledge that the world is relatively chaotic, that biological or physical misfortunes occur randomly (though there may be scientific explanations about the cause), and that traumas and disabilities are not connected to some characterological feature of the victim.

This shift in philosophical views about the functioning of the world has radical ramifications for victims, such as individuals with disabilities who have experienced stigmatization due to the disability. If disability is not the result of some characterological or moral flaw of an individual, then the moral causes of disabilities are left unexplained by linear thinking. Existentialism is incompatible with the assumptions that the world operates in an objectively just and moral manner. The presumptions about the benevolence and justice of the objective world do not allow for the occurrence of negative events (such as pain, hurt, and disability) without objective explanation of the existence of such negative events in a person's life. In a just, meaningful world, events are never viewed as meaningless or the results of random choices of individuals (such as the violent act of another person upon a victim). The rationality inherent in the benevolent worldview proceeds along the lines that if the social world is orderly and meaningful, then all lives therein also must function with these patterns. This belief may lead to the rationality that a disability is caused by some "objective" feature in a person's life, such as a moral flaw.

Yet, belief in a just, orderly, benevolent world does not provide explanations as to why individuals are victims of intentional harm by others or of other types of random acts of trauma or violence. It is a "you get what you deserve" mentality. This kind of worldview propagating a universal, objective, moral causation of disability and trauma may be a form of denial of the consequences of individuals' free choice (that may include hurting others) or of the fact that we are all susceptible to elemental and genetic forces that cause

malfunctioning or illness. If one views a physical limitation or genetic weakness as the result of a moral flaw, one consequence will be blaming individuals for their traumas or disabilities.

In contrast, the subjectivity provided by existential perspectives allows individuals to create their own meanings to the events that they experience, such as the occurrence of a disability. This important distinction does not encourage blaming individuals for the existence of a disability by the imposition of some objective, causal framework of morality. Because existentialism "avoids any assumptions regarding the meaning, purpose, or independent truth or reality of aspects of people's lives . . .[and] accepts the significance of the past in persons' lives, it abstains from imposing any direct causal determinism between past events and current experience" (Spinelli, 1996, p. 187). Hence, existentialism encourages people to actively interpret their pasts from the basis of their own meanings.

Jean-Paul Sartre, a 20th-century philosopher, made a statement that became synonymous with existentialism, describing an individual's existence as "prior" to his or her essence. This statement highlighted the existential position that freedom of choice was the most important quality of an individual and was the defining feature of an individual's essence, not some deterministic or genetic characteristic. Without a doubt, Sartre's quote has many interpretations, but note that volition and behavior are both included in his dualistic concept of existence. In contrast, an existential psychologist, Van Kaam (1990), described human behavior as "a Gestalt of observable differentiations of an original intentional-behavioral relationship of man to the world" (p. 25). In other words, humans act out their choices, again emphasizing the priority given to volition by existential philosophy. In terms of the aforementioned tripartite perspective of realms of knowledge (Ideal, Essence, and Existence), Van Kaam's depiction of the relationship between volition and behavior denotes an interaction between the realms of Essence and Existence.

Some existential psychologists have proposed a tripartite perspective of the world. May and Yalom (1995), citing Binswanger, described a human's life as consisting of three general aspects: the *Umwelt* ("world around"), which consists of the drives and instincts of life or the biological world and environment; the *Mitwelt* ("with world"), which is an individual's relationship with others; and the *Eigenwelt* ("own world"), which is the individual's relationship to his or her self. For the tripartite model proposed in this article, Existence is similar to the Umwelt (but more limited) by its representation of the individual's physical manifestations and behavioral interactions with the environment. Ideal is similar to the Mitwelt as the individual's introjection of moral and

social beliefs and how the individual interacts with and treats others. An individual's Essence is similar to Binswanger's Eigenwelt, focusing on levels of psychological functioning and processing.

Existential perspectives can be extended into the framework of a tripartite perspective by the following presumption: There is not a direct correspondence between the realms of Essence and Existence, between the realms of Ideal and Existence, or between the realms of Ideal and Essence, except by individual choice. The power and usefulness of this distinction becomes more evident in its application to disability and trauma issues. When individuals experience a disability, they may confuse who they are in Existence (e.g., a person with a physical "abnormality") or in Essence (e.g., a person with a mental "abnormality") with whom they are in their Ideal (i.e., morally, ethically, or spiritually). When individuals with disabilities make a connection (e.g., causal, or equating the two) between the disabilities that are manifested in their Existence or Essence with their moral or spiritual aspect of their Ideal self, they may be more susceptible to thinking of themselves from the devaluation based on the stigmatization of their disabilities or internalization of the stereotypes connected with their disabilities. For example, if a dualistic belief is maintained in which the body corresponds to or reflects the state of one's mind, or the existence of a disability corresponds to a person's moral status, an individual who has a disability may believe that his or her Essence or Ideal self is bad, negative, or evil due to the existence of a disability. In this manner, the existence of a disability is attributed as a punishment for evil or sins committed. By utilizing the proposed existential, tripartite perspective that the realms of the Ideal, Essence, and Existence do not automatically correspond to each other, but instead correspond through subjective choice, the view—that individuals with disabilities have a corresponding negative moral character—is challenged.

Thus, this tripartite existential perspective counteracts the dualistic thinking that leads to the assumption that a people are deficient or bad (in their Essence or Ideal selves) because they have a disability, symptoms, or abnormal processes (in their Existence or Essence). This existential perspective also challenges the moral assumptions or judgments (covert or overt) stemming from the existence of a disability, because knowledge from the realm of the Ideal cannot be assumed to apply to knowledge in the realm of Existence or Essence, in view of the premise that there is not a preset correspondence between these realms of knowledge.

An example of the lack of correspondence between the three realms of knowledge proposed above is evident in the fact that individuals can maintain

a range of thoughts (the realm of Essence) or values (the realm of the Ideal) that never take form in action (the realm of Existence). This demonstrates that the realms of Essence, Existence, and the Ideal are distinctive realms that have no predetermined correspondences. Yet, these connections or relationships may be made by subjective choice.

Again, the application of this tripartite stance to disability and trauma issues can be very powerful, because it may decrease the force of stigmatization. This tripartite viewpoint directly challenges the assumption that faults in the body indicate faults in the mind or morality or the assumption that faults in the mind reflect deviance in one's morality. In this perspective, individual choice in the exploration and creation of the meaning of disability is emphasized. Hence, the social attitudes that are moralistic and judgmental concerning the existence of a disability would be viewed as rigid thinking that arises from dualistic or causal assumptions that individuals may make about people with disabilities or people who have experienced trauma.

Facilitating Adaptation by an Existential Perspective

Acceptance of disability has been defined in many different ways in rehabilitation research including in terms of (a) value changes (Dembo, Leviton, & Wright, 1956; Keany & Glueckauf, 1993; Wright, 1960, 1983); (b) value changes emphasizing one's positive assets and integration (Scofield, Pape, McCracken, & Maki, 1980); (c) changes in body image (Safilios-Rothschild, 1970); (d) derogating viewpoints, such as accepting an inferior, subordinate, minority status or disability as an undesirable state (Thoreson & Kerr, 1978); (e) acceptance as a form of "social oppression" by accepting the "role and status of a 'disabled' person or by accepting a situation that was 'unacceptable'" (Kendall & Buys, 1998); (f) passivity or defeatism (Porter & Stone, 1996); (g) letting go of active control (Shapiro & Aston, 1998); and (h) acknowledging and adjusting to a disability through cognitive and emotional changes (Livneh, 1980b) or through an integration of cognitive, emotional, and behavioral changes as the intellectual and emotional/behavioral acceptance of a disability (Livneh, 1986a, 1986b; Livneh & Antonak, 1990, 1991, 1997).

If the definition of adaptation to disability is understood as both a cognitive acceptance and an emotional acceptance, involving an integration of cognitive, emotional, and behavioral changes (Livneh, 1986a, 1986b; Livneh & Antonak, 1990, 1991, 1997), there are many ways that the tripartite perspective can promote an individual's adaptation to a disability. First, a clear

distinction should be made among the realms of Essence, Ideal, and Existence, in order to combat the implied causation for a disability by separating the existence of the disability from the moral realms. Such a position would help to challenge the assumption that a disability was "caused" by the individual due to specific thoughts, feelings, choices, or morals. An existential perspective on disabilities would assert that the cause of a disability in the realms of the Ideal or Essence cannot be known objectively, even though the biological or medical origin of the disability may be known (the realm of Existence). In brief, *how* the disability occurred may be known; exactly *why* it occurred could not be known, though an individual can choose to specify certain reasons or meanings of the disabling event or having a disability. Hence, the emphasis is on the choice of the individual to determine a subjective meaning of the existence of a disability.

In this manner, the tripartite perspective could help promote adaptation to a disability through its distinction between Essence, Existence, and Ideal, which may challenge individuals' beliefs as well as others' stigmatizing viewpoints on the origins of the disability. The shame, guilt, blame, or anger associated with the occurrence of the disability could be addressed by examining the disability in terms of the principle that there is not a direct correspondence between the three realms, except by an individual's choice to create specific connections, representations, or symbolism between the realms. This subjective search for meaning may include a confrontation or challenge of moral assumptions about the reasons for disability causation, which constitute part of the negative attitudes maintained toward individuals with disabilities (Livneh, 1980a, 1982). These moral assumptions connected with disabilities are experienced every day by people such as those with psychiatric disabilities (Bussema & Bussema, 2000) and other types of disabilities. Hence, there is a real need for counselors and clients with disabilities to acknowledge and examine the impact of the implied moral and stigmatizing assumptions related to having a disability.

In addition, an existential viewpoint may help promote an individual's adaptation to disability by its focus on the present and future, not the past. This orientation emphasizes taking responsibility from this day forward, or in popular existential terminology, "choosing one's destiny." Bruyere (1986, p. 129) described the present time as "an intersection of previous choices . . . [and we] can choose to give them the meaning we want, and build upon them to move ourselves forward into the future," in order to transcend the events of the past. As May and Yalom (1995) depicted, a person's existence is an "emergent evolution." This future-oriented perspective could help facilitate adaptation

to disability in terms both of a cognitive acceptance (acknowledgment) of the disability, which entails consideration of the future implications of having a disability, and an emotional acceptance (adjustment) of the disability, which consists of a sociobehavioral integration of the disability that affects daily choices (Livneh & Antonak, 1990, 1991, 1997).

Because many disabilities are life-long conditions, learning how to focus on moving ahead may help to deemphasize the past traumas related to the disability and hence assist adaptation to one's future with a disability. Thus, if individuals think or feel that they have made choices that led directly or indirectly to the causation of a disability, an existential perspective could help encourage their emotional and behavioral adaptation by helping them focus on the present, not the past. By emphasizing the ability to make choices in the present (no matter how "minor" they appear to be), individuals may be encouraged to move forward from focusing or dwelling on the choices that they believed caused their disability. A focus on what a person actively can choose right now may decrease the impact on anxiety over the decisions that cannot be changed or what can no longer be chosen. For example, if an individual experiences a car accident and consequently loses a limb, the choice to drive to the store on that particular day, on that one road, and at that time may be questioned repeatedly. Or an individual with a psychiatric disability may wonder continually what he or she "did" for God to allow the disability (Bussema & Bussema, 2000). By utilizing an existential approach, such individuals can be encouraged to face the present and the future, emphasizing not only the choices that are available to them right now but the choices that they can make related to the meaning of their disabilities.

In addition to a future orientation, making a distinction between the realms of Ideal and Existence/Essence can help address the guilt over the accident or the disability. An examination of the assumptions and connections that the individual makes between physical/mental disabilities and the individual's moral self-evaluation (the realm of Essence) may be vital for developing a life view that minimizes the past. Thus, a separation between moral significance and disability existence is proposed to be one way of promoting adaptation to disability.

Other Reasons for an Existential Perspective Toward Disability

Another existential perspective that may be useful when counseling individuals with disabilities concerns the awareness of one's mortality that may arise

from the trauma of a disability. Stephenson and Murphy (1986) suggested that, for individuals with chronic illnesses and disabilities, "the reality of death, disease, and the randomness of existence are ever-present and unavoidable" (p. 144). Existentialism depicts the certainty of death as something no person can escape. Death anxiety is depicted as one of the four ultimate concerns of humans (Yalom, 1980). After a disability has occurred, some individuals may experience a heightened sense of the fragility of life and of the closeness of death (e.g., by being in an accident that led to a disability). Trieschmann (1988) noted that "the fear of dying often becomes an early concern" (p. 48) for individuals with spinal disorders in an acute care environment.

Some individuals with chronic illnesses or disabilities may be more aware of death than the general population, because death anxiety is typically highly repressed (Yalom, 1980). Besides experiencing a traumatic accident, individuals with disabilities may have a heightened death awareness, due to having been told and/or believing that their disabilities may cause them to die sooner then they would without a disability, or else experiencing secondary conditions or exacerbations of their illnesses or disabilities that were life-threatening (e.g., diabetic coma or urinary tract infection with a spinal disorder). Halldorsdottir and Hamrin (1996) observed that "people who are diagnosed with cancer seem to go through an existential crisis for about 100 days, in which everything revolves around life, the disease, and death" (p. 30). Weisman and Worden (1976–1977) called this first 100 days after cancer diagnosis the "existential plight," which primarily involved "an exacerbation of thoughts about life and death" (p. 3).

In addition to internally generated thoughts about death, the stigmatization of illness and disability may propel some individuals into a type of ostracism or social death (Coleman, 1997; Sweeting & Gilhooly, 1991–1992), which may represent death on a different level to these individuals. Some individuals may even long for death (Johnson, 1997), due to the severity and painfulness of their illnesses. Thus, death awareness, and its consequent anxiety, may be increased during the course of a disability or chronic illness. Existential psychology asserts that death anxiety is a core issue in mental health problems (Yalom, 1980). The continuous existence of a disability may be an additional reason why death anxiety may increase after disability, because the disability may serve as an ever-present reminder about the fragility of life.

Existentialism also asserts that one should live courageously, in spite of the inevitability of death and of the unpredictable nature of life. Courage requires a willingness to make commitments, attempt to influence outcomes by control,

and learn from failures and successes by facing challenges (Maddi, 1994). Courage involves exercising choice and responsibility while "recognizing that contingency can overthrow our decision and reverse our best efforts" (Bugental, 1965, p. 26). Hence, an existential perspective in counseling would promote courage in the face of disability, which may remind individuals how unpredictable life is. For some individuals with disabilities, a great deal of courage is required to enter and interact in a work environment, in which people may not treat them respectfully and may stigmatize them due to their disabilities. Courage also is needed with a chronic illness with unpredictable exacerbations, which may interfere with work. Hence, courage may help an individual keep moving forward despite unforeseen setbacks and stigmatizing treatment related to disability.

Another possible contribution of existential concepts as related to disability can be found in the literature connected with finding the meaning of one's life. Frankl (1969, p. 43) stated that people are "pushed by drives, but pulled by meaning . . . [which] always implies decision-making." According to Frankl (1969), therapists cannot give their clients meaning in life, because it must be found spontaneously by the client. In a similar way, individuals with disabilities may explore the meaning of their disabilities and the meaning of other areas of their lives, such as their career aspirations. Yet, Lantz and Gomia (1995) noted that this search for the meaningfulness of one's life is often "covered, clouded, repressed and ignored reactive to physical and biological problems, ecological and network, developmental and life stage problems, trauma, and/or to the basic human fear of the vulnerabilities and responsibilities" (p. 35). Even though the path of searching for meaning may be difficult, Dunn (1994) noted the positive benefits of the search for meaning in that "the derivation of meaning is associated with better coping following misfortune" (p. 134). Frankl (1969) also stressed that even though individuals cannot control many aspects of their lives (e.g., the causation of a disability or the functional limitations imposed by it), it is their attitude toward the events that matters, because their perspectives permit the transformation of their problems into achievement and triumph. Ososkie (1998) reflected Frankl's views by stating that although individuals did not select the disabilities they have, they must determine their attitudes toward life with their disabilities. Because adaptation includes cognitive and emotional acceptance, a positive attitude toward oneself, despite disability-related limitations and on-going disability-related challenges, is essential to cultivate.

Existentialism also may help to explain feelings of "aloneness" in the world, which may include isolation in a social sense or in the sense of knowing that

others are not aware of one's suffering, pain, or difficulties due to the disability. Existentialism propounds that *every* person, in striving for self-knowledge and self-awareness, will have to face the fact that we are ultimately alone as individuals. According to Yalom (1980), existential isolation describes the realization of "an unbridgeable gulf between oneself and any other being" (p. 355). Hence, when an individual has a disability, the loss of freedom of mobility, the lack of friendships, intimate relationships, family, or the lack of meaningful and satisfying employment can add to feelings of isolation. These feelings already may be present due to feelings of being "different" from others or experiencing stigmatization (which is isolating and alienating) due to having a disability. Yet, the adjustment phase of adaptation to disability includes actively pursuing and implementing social goals (Livneh & Antonak, 1997), which can help to pull an individual from a sense of isolation by becoming actively involved in aspects of the community.

Another possible contribution of existentialism as applied to individuals with disabilities is found in the concept of authenticity. Living an authentic life refers back to the tripartite distinctions. An authentic life would be one that reflected one's thoughts, motivations, emotions, and intentions (Essence and Ideal, the deeper aspects of the self), despite having a physical or mental disability. Thus, an authentic life with a disability would entail being responsible for one's attitudes despite the restrictions or inconvenience of the disability—because this disability is not a reflection of one's core self. Such an authenticity would represent adapting to one's disability. Further, authenticity with a disability would signify acceptance of the uniqueness of one's life without letting social norms dictate what one's ideal self should be or what one's existence should look like. Hence, living an authentic life may help to resolve the cognitive dissonance resulting from the conflict between the individual's true self and the stigmatization related to the disability. Authenticity would be manifested by individuals' recognition that their physical or mental disabilities are not a reflection of their Ideal aspects of themselves, unless they choose to make that connection. Thus, individuals with disabilities who are striving to live authentically would not let their disabilities determine who they are, but discover who their core selves are in spite of the fact of disabilities. This kind of shift in perspectives is similar to Wright's (1960, 1983) description of acceptance of disability in terms of value changes.

One additional area of existentialism that could be explored further in relation to disabilities is Jaspers's (1970) discussion of "boundary situations," which he defined as "like a wall we run into, a wall on which we founder" (p. 178). Boundary situations "go with existence itself" and include "that

I cannot live without struggling or suffering; that I cannot avoid guilt; that I must die" (Jaspers, 1970, p. 178). For some people, the experience of a disability could be categorized as a boundary situation, because their disability may have been caused by extreme physical trauma or may include powerful mental trauma or thought processes. Johnson (1997) noted that "chronic mental illness brings one to the edge of meaningless, shame, and death" (p. 228). Further, some of the psychological states that Jaspers described, such as suffering, guilt, struggling, and awareness of death, may be triggered by the occurrence and the continuous presence of a disability, which serves to exacerbate the awareness of death. Thus, for some individuals, a disability may be a boundary situation that is a "type of urgent experience that propels [them] into a confrontation with an existential situation" (May & Yalom, 1995, p. 281).

Many facets of existential thought, as briefly depicted above, can be utilized to construct a framework for a better understanding of processes that may occur with disabilities, in order to encourage adaptation to new conditions. Some of these concepts also may be used for decreasing the effects of stigmatization related to disability. In particular, the proposed tripartite distinction can be one existential perspective that can be utilized to confront the devaluation of individuals with disabilities and to address the cognitive dissonance caused by stigma.

Conclusion

When individuals experience a disability in one or more specific areas of their lives, they, as well as other people, may make a generalization from this event to other areas of their self-concepts or lives (Dembo et al., 1956, p. 23):

> When an injured person is devaluated because of physical performance, appearance, or aptitude for particular roles, a jump is not infrequently made so that he is also devaluated in regard to assumed mental characteristics. Some people directly indicate that abnormality of the body means abnormality of the psychological makeup.

This dualistic assumption that one's Existence reflects one's Essence (that the body reflects the mind) often leads to highly judgmental attitudes against individuals with disabilities. This dualistic fallacy must be combated, in order to encourage individuals not to disown the disabled aspects of themselves or devaluate their whole selves due to the negative stigma attached by others or themselves.

One way to challenge these assumptions is by combining an existential viewpoint and a tripartite perspective of the realms of the Ideal, Essence, and Existence. An existential perspective, created from these factors, is proposed that asserts that problems in the realms of Existence or Essence (physical or mental disabilities) do not correspond to a negative, immoral Ideal self or an unacceptable Essence, except by subjective choice. Therefore, a tripartite perspective from an existential viewpoint would not permit a conclusive statement to be made about the Essence or Ideal selves (mentality or morality) of a person with a disability based on the person's Existence and Essence (physical or mental nature). Individuals have freedom of choice to determine the significance and meaning of their disabilities. In contrast, dualistic assumptions, such as the body mirroring the soul, lead to stigmatization and posit the message that individuals are "bad" if they have a characteristic that is "abnormal" mentally or physically. When such messages are imposed and internalized, it is understandable that individuals would resist adapting to their altered conditions and disabilities.

While the purpose of this article has been to explore the applications of a tripartite, existential theory to the existence of a disability, this theoretical framework could also be applied to the occurrence of other traumas (e.g., rape, torture, abuse, or other losses). The connections and implications of utilizing the tripartite, existential theory may be examined in a broader context in the future. This, however, would require an integration of theories from the field of traumatic stress (Wilson & Raphael, 1993), which will indeed require copious amounts of thought and time.

In summary, individuals with disabilities may experience cognitive dissonance due to opposing or conflicting cognitions about themselves. The negative stigma associated with having a disability may conflict with their own, deep knowledge of themselves, or their core selves. This dissonance, between their identities arising from their disabilities and their core selves, can be addressed by the tripartite perspective. This theory proposed that even though the realms of Essence, Existence, and Ideal interact in individuals, there is not a predetermined correspondence between these realms. Thus, a sound mind cannot be assumed to equal a sound body, or a "crippled" mind a "crippled" body, and vice versa. By utilizing this tripartite distinction from an existential emphasis on subjective choice, individuals can learn to view themselves and their disabilities less harshly and to not reject the disabled parts of themselves. When disabilities are not viewed as a result of a moral transgression or as a defect in character, individuals may be more likely to accept and adapt to their disabilities while becoming more cognizant of their

core selves and their abilities. Thus, the stigmatization of having a disability, and the possible leakage of this stigma to other aspects and qualities of the individual (i.e., "the spread of disability"), can be minimized by a tripartite viewpoint because knowledge from one aspect or realm is not equated with other areas of one's life, except by a choice to make such a connection.

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