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Revisiting a Constructive Classic: Wright's *Physical Disability: A Psychosocial Approach*

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Abstract

Beatrice A. Wright's (1960) classic book, *Physical Disability: A Psychological Approach* is a landmark publication in rehabilitation psychology. The authors believe that Division 22's forthcoming 50th anniversary, the results of a recent survey on essential readings in rehabilitation psychology, and a public critique concerning the relevance of individuating language in psychology are compelling reasons for revisiting the influence of *Physical Disability*. After discussing these catalysts, the authors review the book's history, scholarly impact, and link to positive disciplinary directions. The authors conclude by encouraging rehabilitation psychologists and other members of the discipline to (re)acquaint themselves with this important book and the timeless concepts it espouses.

The volume strives to contribute knowledge and understanding that will lead to constructive views of life with a disability. (Wright, 1983, p. xi)

Four catalysts spurred us to write this article, a commentary about one of the most important books ever published on the psychology of disability and rehabilitation: Beatrice A. Wright's (1960) *Physical Disability: A Psychological Approach* (which was retitled *Physical Disability: A Psychosocial Approach* in 1983 [Wright, 1983]; we discuss the word change from *psychological* to *psychosocial* later in this article). The first of these catalysts is the book's age: The first edition of this classic is now almost 45 years old. Second is Division 22's forthcoming 50th anniversary, which is an excellent occasion to take stock of a work whose guiding spirit has influenced so much research and therapy in rehabilitation psychology. The third event is a recent article identifying the most frequently recommended books by a sample of American Board of Professional Psychology (ABPP) Diplomates in rehabilitation psychology (Ryan & Tree, 2004)—*Physical Disability* was not among the top six identified. Fourth is a recent *APS Observer* Presidential Column (Roediger, 2004) and some readers' reactions (see the June 2004 issue) questioning the use of *participants*, the term sanctioned by the American Psychological Association's (APA; 2001) *Publication Manual* to refer to individuals who take part in psychological research. When used in the context of disability and rehabilitation, labels are not affectively neutral; they influence perception, inference, expectation, and behavior. We briefly discuss each catalyst and then discuss the importance of *Physical Disability* for rehabilitation psychology then and now.

Presenting Issues

Time Passages

We believe that both aspects of the issue of time—since the publication of *Physical Disability* and the founding of Division 22—can be considered simultaneously. The two are linked by the confluence of events that contributed both to the growth and relevance of rehabilitation psychology in the middle of the 20th century and to Wright's professional development and the evolution of her scholarship that culminated in her 1960 book.

Rehabilitation psychology gained considerable prominence in the years during and following World War II (Larson & Sachs, 2000). As soldiers returned from military duty needing a variety of medical, educational, and social services, psychologists assisted these veterans, providing vocational rehabilitation and guidance and academic counseling. Many psychologists who were interested in traditional academic or clinical roles were compelled to work in some capacity to assist veterans.

Wright received extensive graduate training in social psychology and studied with faculty members now listed among the then-emerging leaders in the field (Kurt Lewin, Tamara Dembo, Solomon Asch), as well as others noted for their contributions in clinical psychology (Kenneth Spence, Carl Rogers, Abraham Maslow). She also participated in the Topological Group that included such figures as Margaret Mead, Henry Murray, Erik Erikson, and Fritz Heider (see Hollingsworth, Johnson, & Cook, 1989, for a more detailed synopsis of her background). After receiving her doctorate, she found work as a guidance counselor for military personnel with the U.S. Employment Service. This position provided her with rich clinical experience. She later teamed with Roger Barker—a peer from her graduate days at the University of Iowa—to work on his critique of the literature on adjustment following illness and disability, commissioned by the Social Science Research Council in 1946 (Barker, Wright, Meyerson, & Gonick, 1953). In these positions, her prior training in the fundamental and classic tenets of social psychology was applied to clinical realities and available literature concerning persons with disabling conditions.

The period following World War II has been fondly described as the “golden age” of rehabilitation, as many policy initiatives benefited persons with disabilities and professions that served them (Rusalew, 1976), including the Vocational Rehabilitation Act of 1954, which mandated the academic preparation of persons trained to meet the vocational rehabilitation needs of persons with disabilities (essentially creating the field of rehabilitation counseling). Psychologists interested in the needs of persons with disabilities (and other, broadly defined rehabilitative needs) were organizing within the APA, and federal agencies identified with vocational rehabilitation—the Department of Health, Education, and Welfare (in 1958) and the Office of Vocation Rehabilitation (in 1959)—financially supported conferences for psychologists interested in rehabilitation. The proceedings of the Princeton conference were published by the APA (Wright, 1959), and issues were discussed concerning the need for a specialty within psychology for those working in rehabilitation and their training needs. The foundation for the Division of Rehabilitation Psychology within the APA was set into place.

When *Physical Disability: A Psychological Approach* was published in 1960, it was among the first theory-driven psychological statements on the subject, steeped in the best scholarly traditions of the day, in full command of the extant literature, and enriched with observations relevant to both academicians and practitioners. Qualities that set the book apart included the author's authoritative but compassionate voice, which emphasizes the human side of disability. A judicious mix of social, personality, clinical, and rehabilitative theories marked the original and the later edition of *Physical Disability*, and these, in turn, were supported by rich illustrative

case histories. The book also arrived at a time when training programs were searching for scholarly texts around which faculty and students could build curricula.

Recent years have seen a marked shift, however, in rehabilitation. Dramatic changes in labor market needs, an increase in work-related disabilities, and the gradual rise of debilitating chronic disease against the backdrop of a more fiscally political landscape and rising costs of health care, generally, have redefined many aspects of rehabilitation (Elliott & Leung, in press). Many clinicians entered the rehabilitation field with little knowledge of important rehabilitation research that often appeared in scholarly outlets that were “out of the mainstream” of academic psychology (Shontz & Wright, 1980). However, these psychologists were familiar with health psychology and neuropsychology, and over time their influence in the preparation, training, and credentialing of psychologists mirrored that of their colleagues in those specialties (Elliott & Gramling, 1990). The “value-laden” beliefs of rehabilitation, as postulated by Wright in the preface to the 1983 edition (see below), remained relevant to the rehabilitation enterprise. However, psychologists who were unfamiliar with this academic heritage were assuming positions in rehabilitation settings with little or no exposure to Wright's landmark treatise.

Recommended Rehabilitation Readings Now

Is *Physical Disability* currently recognized as an essential work for rehabilitation psychologists? A recent survey of all ABPP Diplomates in rehabilitation psychology identified six essential books in the field (Ryan & Tree, 2004). Each of 70 Diplomates was asked to list and rank order 10 or fewer essential books (41.4% responded to the survey). Of the 168 titles submitted, only 6 met Ryan and Tree's (2004) inclusion criterion of endorsement by more than 20% of those surveyed. The most frequently recommended work was the recently published *Handbook of Rehabilitation Psychology* (Frank & Elliott, 2000), followed by Caplan (1987), Rosenthal, Griffith, Kreutzer, and Pentland (1999), Cushman and Scherer (1995), Prigatano (1999), and Lezak (1995). *Physical Disability* did not appear on this short list; only a few respondents cited it (J. Ryan, personal communication, December 9, 2004).

Does the absence of *Physical Disability* from this list mean anything? Yes and no—and the reason for this equivocal answer is probably confounded: time since the last edition appeared and the profusion of new works in disability and rehabilitation. Consider this: The books identified as essential in the survey were all published in the last 18 years, whereas Wright's work has not been revised since the early 1980s. *Physical Disability*'s basic message is not out of date, but the currency of the scholarship cited in it does not reflect the developments of the past 20 plus years. Indeed, Ryan and Tree (2004) noted that “Rehabilitation psychology is a developing discipline, and the present book ... listing will likely change within a short time” (p. 140).

Although they do constitute a select and influential group, the responding sample of ABPP Diplomates in rehabilitation psychology is probably not—attitudinally speaking—representative of all rehabilitation professionals who work in academic and clinical settings. Indeed, many diplomates are distinguished for their contributions in practice settings. For many of these practitioners, the explicit emphasis on field theory in the early days of rehabilitation was disproportionately weighted toward environmental constraints, which may have inadvertently resulted in a dearth of research and interventions for problematic behaviors that often contribute to the onset of disability and compromise rehabilitation efforts (Elliott & Gramling, 1990, p. 762).

A different sample might cite the book with greater frequency, just as a different survey might ask for “classic” works rather than “essential” ones; the latter term promotes a sense that

because of the urgency of new therapeutic findings, active professionals should focus on more recent works.

However, the absence of *Physical Disability* on this list of readings can be interpreted optimistically: Perhaps the book's message about creating and sustaining constructive views of disability now pervades education, training, and research in rehabilitation psychology. For example, interdisciplinary efforts in disability studies, an area of scholarly inquiry that considers disability to be universal in human experience, do have a positive, if decidedly activist, orientation (e.g., Davis, 1997, 2002; Linton, 1998; Olkin & Pledger, 2003). Educating ourselves as psychologists about new views of disability is both a priority and an ongoing project (A. Asch & Fine, 1988; Tate & Pledger, 2003; see also Dunn & Dougherty, in press). Similarly, the Disability Rights movement (e.g., Charlton, 1998) and accompanying legislative advances (e.g., Americans With Disabilities Act, 1990) have raised public awareness regarding the societal rights and roles of people with disabilities.

Only a Word?

As Wright (1960, 1983) claimed in both editions of *Physical Disability*, how language is used to refer to individuals, whether it is empowering or devaluing, should concern psychologists. Her sentiments are echoed by the APA (2001) *Publication Manual*, this journal, and a host of works on disability and rehabilitation that have appeared in the last 5 decades. For example, do “subjects” in psychological studies have the same stature as “participants”? Are such distinctions too fine or do they have broad implications for how we perceive or are perceived by others (Caplan, 1995)? Of specific concern to rehabilitation professionals, are “people with disabilities” understood to be and treated the same as “the disabled”? Do different word combinations have consequences for perceivers and the perceived?

The term *participants* was introduced in the fifth edition of the APA (2001) *Publication Manual* (p. 49) to replace the traditional term *subjects*, which can still be used to refer to nonhuman organisms in psychological research (see p. 14). The *Publication Manual* (APA, 2001) also touts the importance of using “non-handicapping” words as a way to promote human values while dignifying individual contributions. Even the words *disability* and *handicap* must be chosen carefully; the former is reserved for characteristics linked to an individual (e.g., a person who is blind has a disability) whereas the latter term denotes constraints due to stereotypic beliefs, laws, and the environment (e.g., wheelchair access to older buildings is handicapped by the absence of ramps; APA, 2001, p. 53). As a result, rehabilitation psychologists are used to “placing the person first,” so that we read or write about a “person with an amputation” rather than an “amputee” (see also Wright, 1991).

Rehabilitation psychologists adopted the term *participants* some time ago, and now there are other linguistic devices designed to dignify people who take part in disability research. In lieu of *participants*, readers often encounter *clients*, a still-more-active term that denotes those who receive rehabilitation services or have a role in disability research. Chapter 14 in the first edition of *Physical Disability*, for example, advocated use of the term *client* while making the then radical suggestion that rehabilitation regimens be “comanaged” by clients and their therapists or counselors (and there is more work to be done on this front; e.g., Tate & Pledger, 2003).

More recently, some researcher–advocates use the term *consumers* to refer to persons with disabilities (and their relatives and friends) who help scholars and practitioners develop researchable hypotheses (e.g., Boyce, 1998; Tate & Pledger, 2003). Others, notably health care analysts, now believe that health care programs should create partnerships with people who live with chronic health conditions. As descriptors, terms like *clients* and *consumers* also imply a certain level of cooperation, exchange, and acceptance that is reduced or even absent when terms like *patient* are substituted. For example, in the context of disability, the term *patient*

gives the unfortunate impression that one's role is mostly passive; patients are aid recipients rather than active collaborators with rehabilitation professionals.

For these reasons, we were very surprised to read the recent discussions—an editorial and subsequent letters to the editor—on “What Should They be Called?” in the *APS Observer* (Roediger, 2004; see also Observer Forum, 2004). “They” in this case are the individuals who inhabit the research efforts of psychologists. That some psychologists expressed preference for the outmoded *subjects* over *participants* represents, we hope, a misunderstanding of the role language plays in psychological research. None of the letters mentioned disability or rehabilitation issues per se, but their content and contentions indicated frustration or puzzlement with the required (we believe fundamentally necessary) individuating, action-oriented language. To be fair, some letter writers were dismayed that sanctioned, equalizing language was being questioned. Others possibly assumed that the language resulted from “political correctness” pressures rather than a genuine motivation for promoting integrity. Our concern, of course, is that any retrenchment where language and labels are concerned has the potential to undermine the important goal of reducing bias or, worse, inadvertently objectifying people with disabilities.

In both editions of *Physical Disability*, Wright (1960, 1983) highlighted fundamental rehabilitative concepts that illustrate the need to emphasize people as individuals, not conditions or collectives. Her rationale was based on concepts including the following.

The fundamental negative bias—Wright wisely pointed out that negative information, which usually arrives in the form of labels (“Philip is paraplegic”), looms larger in the minds of perceivers than positive information (“Philip is an accountant”). The salience of the former outweighs any benefits associated with the latter, leading to the fundamental negative bias (Wright, 1988; see also Wright, 1991).

Spread effects—In a related vein, a single characteristic (e.g., apparent physical disability) is sufficient to attract attention and guide observers' inferences, generally in negative ways (Dembo, Leviton, & Wright, 1956; Mussen & Barker, 1944; see also S. E. Asch, 1946). Subtle and nefarious, spread effects reveal why an observer assumes that a disability in one domain (e.g., speech production) implies shortcomings in others (e.g., intelligence, gross motor skills).

Coping versus succumbing frameworks—Wright observed that disability can be accepted as a surmountable challenge (something to be coped with) or a tragic undoing (something to succumb to). In stark terms, people with disabilities (and those who interact with them) gravitate to the positive (what can be done in daily life) or to the negative (what the individual cannot, presumably may never be able to, do). No doubt some people vacillate between these poles, but the general tendency to one or other has important consequences.

Following Wright (and the Sapir–Whorf hypothesis; see Sapir, 1951; Whorf, 1964), we endorse the idea that language not only communicates but also shapes how we think, feel, and act toward others. To promote constructive views in psychology, whether the issue is describing disability or identifying who took part in a research effort, we believe careful distinctions in description are warranted. Critics of individuating language are correct when they see an agenda in the use of special terms and phrases. The agenda is a positive one that all psychology students and professionals should embrace. As Wright (1987, p. 12) wrote in another context, “An essential core-concept of human dignity is that a person is not an object, not a thing.” Psychologists should worry less about awkward or novel language (which will eventually become familiar anyway) and instead keep the true goal in mind.

A Brief History of *Physical Disability*

Content and Scope

Wright's (1960) first edition of *Physical Disability: A Psychological Approach* consisted of 15 chapters and was over 400 pages long, including references, indexes, and a foreword by Roger Barker. The book introduced disability as a social problem but also addressed the individual experience of disability by examining issues including social status, value changes and acceptance, self-concept, perceptions of relationships with others, and social skills training. Other chapters, which focused on how people react to persons with disabilities, covered everyday encounters and attitudes toward people with atypical physiques. Developmental issues were addressed in chapters concerning adolescents with physical disabilities, participation of parents, and motivating children undergoing rehabilitation.

Written for rehabilitation practitioners, the first edition emphasized and explored the relation among person and physique, body image, and behavior, as well as the reactions of observers. Collectively, these issues comprise the somatopsychological problem in disability (see Barker et al., 1953). By “problem,” Wright drew on Lewinian field theory (e.g., Lewin, 1935) to emphasize that disability is largely a social psychological phenomenon where any atypical physique draws both the interest and inferences of observers. A cardinal tenet of social psychology is that one's behavior is erroneously presumed to disclose one's personality or character, even skills (Heider, 1958; cf. Gilbert & Malone, 1995; Ross, 1977). Where disability is concerned, curious perceivers usually presume that the appearance of physical deviation points to psychological or other deficits. Furthermore, Wright reminded readers that the environments where people with disabilities live can either promote or hinder adjustment. To be sure, characteristics of persons with disabilities affect coping but, following Lewin (1935), such interpretations were predicated on the interaction of the person and the situation (Ross & Nisbett, 1991).

Twenty years later, the second edition exceeded 500 pages, reflecting new topics and extended discussion of earlier concepts, as well as more extensive references because of the rehabilitation literature's growth from 1960 to the early 1980s. The revised text adopted a new subtitle—“A Psychosocial Approach”—because in Wright's (1983) view

the phrase ... is preferred because the book examines problems in terms of the individual in relation to the social environment. Concepts discussed in the earlier edition are developed further, additional research is presented, and new problems and issues are addressed. (p. xi)

New chapters reflected greater emphasis on the social psychology of disability by exploring issues of self and other perception, person versus environment attributions, impressions of and attitudes toward people with disabilities, self-esteem issues, and the aforementioned topic of coping versus succumbing. One chapter explored the requirement of mourning (Dembo et al., 1956), where observers perceive suffering (even when absent) on the part of individuals deemed unfortunate (e.g., people with physical disabilities). Such required mourning can serve a defensive function (i.e., protecting observer values; cf. Lerner, 1980); indeed, perceived “unfortunates” are often denigrated when they do not display distress (i.e., they should). A new concluding chapter touted the psychological importance for rehabilitation clients, their families, and the strangers both encounter to adopt positive attitudes toward living with disability (see also Wright, 1980). In this way, the book was a precursor of the contemporary “positive psychology” movement (see, e.g., Seligman & Csikszentmihalyi, 2000).

In the preface to the second edition, Wright placed the psychosocial emphasis of the revised work front and center by detailing the importance of “value-laden beliefs and principles” that guided her work in rehabilitation. Drawn from an earlier article (Wright, 1972), the beliefs and

principles urged interested parties—rehabilitation professionals, students, people with disabilities, and concerned members of the public—to adopt a constructive and critical stance toward promoting the welfare and rights of individuals with disabilities. We do not review all 20 of the beliefs and principles here (we encourage readers to read the second edition's preface or to obtain a copy of Wright's, 1972, article). We note, however, that several important themes reverberate throughout the beliefs and principles. These include (a) individuals are worthy of dignity, respect, and encouragement, no matter how severe their disability; (b) the social and physical environment has profound consequences for coping and adjusting to a disability; (c) no matter the circumstance, all individuals possess unique, personal assets that can aid rehabilitation; (d) active involvement of clients as comanagers of rehabilitation has positive benefits for themselves and for practitioners; and (e) psychological issues are constants throughout rehabilitation.

One of Wright's (1983) 20 values—the proper role of predictor variables—is worthy of closer scrutiny here for two reasons: It affirms individuals with a disability at the same time that it contradicts conventional wisdom associated with research findings based on group outcomes. Psychologists assume that the best predictor of future behavior is past behavior. When our knowledge is based on the behavior of a group of people rather than one case, we are more confident where conclusions about future performance are concerned—this is a guiding principle of experimentation in research methodology in psychology. In disability contexts, Wright qualified the value of predictor variables based on group performance outcomes, noting that although in the main they can be helpful, rehabilitation psychologists should not treat them as definitive indicators of an individual's future performance. Assessment of any client should be ongoing, and rehabilitation professionals, whether they work in the lab, the classroom, or the clinic, should presume that any “individual can ‘beat the odds’” (Wright, 1983, p. xiv). Assuming, then, that group-based predictor variables will necessarily, let alone satisfactorily, forecast the course of a given person's disability (whether life with or adjustment to) undermines the goal of individuation in rehabilitation.

Scholarly Impact

Although *Physical Disability* was not cited in a recent but brief list of essential readings in rehabilitation psychology (Ryan & Tree, 2004), both editions of the book enjoyed a significant scholarly impact. Wright's 1960 version was the second most frequently cited work published prior to 1973 in articles published in three volumes of two major rehabilitation counseling journals (*Rehabilitation Counseling Bulletin*, *Journal of Applied Rehabilitation Counseling*; Elliott, Byrd, & Nichols, 1987). The second edition (Wright, 1983) was the second most frequently cited work published after 1973 in articles in these same volumes. The first edition was the most frequently cited publication in articles appearing in three volumes of *Rehabilitation Psychology* (Volumes 27–29; Elliott & Byrd, 1986). These books have continued to exert influence on contemporary scholarship. The online *ISI Web of Knowledge* citation search engine revealed 41 journal citations (in English) for the first edition in journals published in 1994 through 2003; 160 citations were found for the second edition (for English-language journals), indicating that the rehabilitation literature continues to be influenced by Wright's work. *Rehabilitation Psychology* (14.6%) and *Rehabilitation Counseling Bulletin* (12.2%) were the outlets that most frequently cited her first edition, and the *Journal of Rehabilitation* (11.3%), *Rehabilitation Counseling Bulletin* (8.9%), and *Rehabilitation Psychology* (6.5%) most frequently cited the second edition. Finally, both editions of the work are to be listed among the first 25 entries in a canon of APA's distinguished books in psychology (B. A. Wright, personal communication, January 6, 2005). The canon is anticipated to eventually have 500 titles.

Physical Disability's Constructive Message

In the years since the publication of both editions of *Physical Disability*, other complementary works exploring psychosocial issues in disability, rehabilitation, and related areas appeared (e.g., A. Asch & Fine, 1988; Dunn, 1994, 2000; Frank & Elliott, 2000; Rybarczyk & Bellg, 1997; Vash & Crewe, 2004; Yunker, 1988). Many of the nascent themes in both editions of *Physical Disability* are now explicit in the scholarship being done in psychology's new subdiscipline, positive psychology, the study of human strengths and those qualities that promote health, happiness, and well-being (Aspinwall & Staudinger, 2003; Gillham & Seligman, 1999; Keyes & Haidt, 2003; Seligman, 2002; Seligman & Csikszentmihalyi, 2000; Snyder & Lopez, 2002).

Such positive themes, of course, are not new to rehabilitation psychology (e.g., Elliott, Kurylo, & Rivera, 2002), and as Dunn and Dougherty (in press) argued, the person–environment relation grounded in Wright's work—notably *Physical Disability*—and that of other rehabilitation theorists anticipated some of the empirical directions now found in positive psychology. Wright herself (Wright & Lopez, 2002) continues to urge practitioners and researchers alike to widen their diagnostic focus beyond client deficiencies. Neglecting a careful assessment of client strengths is apt to produce a skewed portrait of persons with disabilities (Wright & Fletcher, 1982; see also Lopez, Snyder, & Rasmussen, 2002). Instead of emphasizing deficiencies, psychologists should seek to understand the whole person, strengths as well as deficits, and behavior through the lens of the Lewinian (1935) person–environment interaction.

An appreciation of client strengths is a large part of the constructive message contained in *Physical Disability*. Why has the discipline been so slow to embrace the proper role of human strengths? A likely answer is also found in Wright's work. In concepts identified by Dembo (1969, 1970) and advanced by Wright in *Physical Disability* and other publications, “outsiders” (people without disabilities, including many psychologists) are wary of accepting the perspective of “insiders” (people with disabilities) that defy stereotypic expectations (e.g., lack of preoccupation with physical states). Ironically, insiders know about living with a disability whereas outsiders can only imagine the experience; yet the latter question the validity of the formers' positive reports of coping, adjustment, and well-being (e.g., McMillen & Cook, 2003). Unless a vigilant and balanced therapeutic approach is used, psychologists are not immune from adopting an outsider stance when working with clients during rehabilitation.

In actual clinical practice, psychologists rarely assess positive attributes and routinely place greater diagnostic weight on the detection and explanation of dysfunction, negative attributes, syndromes, and behavioral patterns (Lopez et al., 2002; but see Peterson & Seligman, 2004). Proponents of disability studies have been particularly sensitive to the manifestations and consequences of this bias in rehabilitation research and practice (Olkin & Pledger, 2003). Alternatively, rehabilitation psychologists have long advocated for more informed health policies that recognize and support persons with physical disabilities and the professions that serve them (Frank, Gluck, & Buckelew, 1990). In this manner, then, rehabilitation psychologists have worked at the highest institutional and societal levels to modify social and environmental structures that directly affect the health and well-being of individuals with physical disability.

Conclusions

To paraphrase the epigraph that opened this article, *Physical Disability* greatly contributed to knowledge in rehabilitation psychology and to constructive views of how people live with

disabilities. The work's impact and importance go beyond the intellectual and the academic because it helped to shape the clinical orientation of a generation of practitioners.

We would be remiss in this article if we did not acknowledge our personal as well as professional obligation to Wright's scholarship. As scholar-teachers, *Physical Disability* has had a profound effect on our thinking about human behavior broadly and issues of disability and rehabilitation specifically. As reference and touchstone, each of us returns to the pages of *Physical Disability* with great frequency. Dana S. Dunn, a social psychologist, first encountered the work in the early 1990s while doing research on attributions and meaning following negative health events. He was struck—and continues to be so—by the book's simultaneous focus on human dignity, solid science, and intellectual rigor. Timothy R. Elliott was required to read the book in his first month of graduate school—the same month in which his undergraduate roommate incurred a spinal cord injury in an athletic incident. Wright's optimistic, constructive, and authoritative text provided him with hope and guidance for his study and his personal friendship. In addition, as the social psychological factors became manifest in his friend's rehabilitation, Wright's work gained greater validity, eventually providing a foundation for Timothy R. Elliott's research agenda.

Our parting message is a simple one: We believe that rehabilitation psychologists, whether established or in training, should (re)acquaint themselves with *Physical Disability*. The book and its essential principles continue to be relevant for rehabilitation research and practice. Indeed, the dynamic changes that we see in the general population, in their health concerns, and in the available institutions promoting health and well-being now require us to reconsider ways to form alliances congruent with Wright's (1983) value-laden principles that preface her second edition. Our ability to revisit and refresh our scientific and practice agenda to meet current challenges embodies the letter and spirit of her last principle (Wright, 1983 [*italics in original*]): “*Continuing review of the contributions of psychologists and others in rehabilitation within a framework of guiding principles that are themselves subject to review is an essential part of the self-correcting effort of science and the professions*” (p. xvii).

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References

- American Psychological Association. Publication manual of the American Psychological Association. 5th. Washington, DC: Author; 2001.
- Americans With Disabilities Act of 1990, Pub L No 101–336, 104 Stat 328. 1991.
- Asch, A.; Fine, M., editors. Journal of Social Issues. 44. 1988. Moving disability beyond “stigma” [Special issue].
- Asch SE. Forming impressions of personality. Journal of Abnormal and Social Psychology 1946;41:258–290.
- Aspinwall, LG.; Staudinger, UM., editors. A psychology of human strengths: Fundamental questions and future directions for a positive psychology. Washington, DC: American Psychological Association; 2003.

- Barker, RG.; Wright, BA.; Meyerson, L.; Gonick, MR. Adjustment to physical handicap and illness: A survey of the social psychology of physique and disability. 2nd. New York: Social Science Research Council; 1953.
- Boyce W. Participation of disability advocates in research partnerships with health professionals. *Canadian Journal of Rehabilitation* 1998;12:85–93.
- Caplan, B. *Rehabilitation psychology desk reference*. Rockville, MD: Aspen; 1987.
- Caplan B. Division 22 presidential address: Choose your words! *Rehabilitation Psychology* 1995;40:233–240.
- Charlton, JI. *Nothing about us without us: Disability oppression and empowerment*. Berkeley: University of California Press; 1998.
- Cushman, LA.; Scherer, M., editors. *Psychological assessment in medical rehabilitation settings*. Washington, DC: American Psychological Association; 1995.
- Davis, LJ., editor. *The disability studies reader*. London: Routledge; 1997.
- Davis, LJ. *Bending over backwards: Disability, dismodernism, and other difficult positions*. New York: New York University Press; 2002.
- Dembo T. Rehabilitation psychology and its immediate future: A problem of utilization of psychological knowledge. *Rehabilitation Psychology* 1969;16:63–72.
- Dembo T. The utilization of psychological knowledge in rehabilitation. *Welfare Review* 1970;8:1–7.
- Dembo T, Leviton GL, Wright BA. Adjustment to misfortune: A problem of social–psychological rehabilitation. *Artificial Limbs* 1956;3(2):4–62. [PubMed: 13403842]
- Dunn, DS., editor. *Journal of Social Behavior and Personality*. 9. 1994. Psychosocial perspectives on disability [Special issue].
- Dunn, DS. Social psychological issues in disability. In: Frank, RG.; Elliott, T., editors. *Handbook of rehabilitation psychology*. Washington, DC: American Psychological Association; 2000. p. 565–584.
- Dunn DS, Dougherty SB. Prospects for a positive psychology of rehabilitation. *Rehabilitation Psychology*. in press
- Elliott T, Byrd EK. Frequently cited works, authors, and sources of research in *Rehabilitation Psychology*. *Rehabilitation Psychology* 1986;31:112–115.
- Elliott T, Byrd EK, Nichols R. Influential publications and authors in contemporary rehabilitation counseling research. *Journal of Applied Rehabilitation Counseling* 1987;18(3):45–48.
- Elliott T, Gramling S. Psychologists and rehabilitation: New roles and old training models. *American Psychologist* 1990;45:762–765.
- Elliott, T.; Kurylo, M.; Rivera, P. Positive growth following acquired physical disability. In: Snyder, CR.; Lopez, SJ., editors. *Handbook of positive psychology*. New York: Oxford University Press; 2002. p. 687–699.
- Elliott, T.; Leung, P. Vocational rehabilitation: History and practice. In: Walsh, WB.; Savickas, M., editors. *Handbook of vocational psychology*. in press
- Frank, RG.; Elliott, T., editors. *Handbook of rehabilitation psychology*. Washington, DC: American Psychological Association; 2000.
- Frank RG, Gluck J, Buckelew S. Rehabilitation: Psychology's greatest opportunity? *American Psychologist* 1990;45:757–761. [PubMed: 2142384]
- Gilbert DT, Malone PS. The correspondence bias. *Psychological Bulletin* 1995;117:21–38. [PubMed: 7870861]
- Gillham JE, Seligman MEP. Footsteps on the road to a positive psychology. *Behaviour Research and Therapy* 1999;37:S163–S173. [PubMed: 10402701]
- Heider, F. *The psychology of interpersonal relations*. New York: Wiley; 1958.
- Hollingsworth DK, Johnson WC Jr, Cook SW. Beatrice A. Wright: Broad lens, sharp focus. *Journal of Counseling and Development* 1989;67:384–393.
- Keyes, CLM.; Haidt, J., editors. *Flourishing: Positive psychology and the life well-lived*. Washington, DC: American Psychological Association; 2003.
- Larson, P.; Sachs, P. A history of Division 22. In: Dewsbury, DA., editor. *Unification through division: Histories of the divisions of the American Psychological Association*. 5. Washington, DC: American Psychological Association; 2000. p. 33–58.

- Lerner, MJ. Belief in a just world: A fundamental delusion. New York: Plenum Press; 1980.
- Lewin, K. A dynamic theory of personality. New York: McGraw-Hill; 1935.
- Lezak, MD. Neuropsychological assessment. 3rd. New York: Oxford University Press; 1995.
- Linton, S. Claiming disability: Knowledge and identity. New York: New York University Press; 1998.
- Lopez, SJ.; Snyder, CR.; Rasmussen, HN. Striking a vital balance: Developing a complementary focus on human weakness and strength through positive psychological assessment. In: Lopez, SJ.; Snyder, CR., editors. Positive psychological assessment: A handbook of models and measures. Washington, DC: American Psychological Association; 2002. p. 3-39.
- McMillen JC, Cook CL. The positive by-products of spinal cord injury and their correlates. *Rehabilitation Psychology* 2003;48:77-85.
- Mussen PH, Barker RG. Attitudes toward cripples. *Journal of Abnormal and Social Psychology* 1944;39:351-355.
- Observer Forum. Letters to the editor. *APS Observer* 2004 June;17(6):8-13.
- Olkin R, Pledger C. Can disability studies and psychology join hands? *American Psychologist* 2003;58:296-304. [PubMed: 12866396]
- Peterson, C.; Seligman, MEP. Character strengths and virtues: A handbook and classification. Washington, DC: American Psychological Association; 2004.
- Prigatano, GP. Principles of neuropsychological rehabilitation. New York: Oxford University Press; 1999.
- Roediger R. What should they be called? *APS Observer* 2004 April;17(4):5, 46-48.
- Rosenthal, M.; Griffith, E.; Kreutzer, J.; Pentland, B., editors. Rehabilitation of the adult and child with traumatic brain injury. 3rd. Philadelphia: Davis; 1999.
- Ross, L. The intuitive psychologist and his shortcomings: Distortions in the attribution process. In: Berkowitz, L., editor. *Advances in experimental social psychology*. 10. New York: Academic; 1977. p. 174-221.
- Ross, L.; Nisbett, RE. The person and the situation: Perspectives of social psychology. New York: McGraw-Hill; 1991.
- Rusalem, H. A personalized recent history of vocational rehabilitation in America. In: Rusalem, H.; Malikin, D., editors. *Contemporary vocational rehabilitation*. New York: New York University Press; 1976. p. 29-45.
- Ryan JJ, Tree HA. Essential readings in rehabilitation psychology. *Teaching of Psychology* 2004;31:138-140.
- Rybarczyk, B.; Bellg, A. Listening to life stories: A new approach to stress intervention in health care. New York: Springer; 1997.
- Sapir, E. Selected writings in language, culture, and personality. Mandelbaum, DG., editor. Berkeley: University of California Press; 1951.
- Seligman, MEP. Positive psychology, positive prevention, and positive therapy. In: Snyder, CR.; Lopez, SJ., editors. *Handbook of positive psychology*. New York: Oxford University Press; 2002. p. 3-9.
- Seligman MEP, Csikszentmihalyi M. Positive psychology: An introduction. *American Psychologist* 2000;55:5-14. [PubMed: 11392865]
- Shontz FC, Wright BA. The distinctiveness of rehabilitation psychology. *Professional Psychology* 1980;11:919-924.
- Snyder, CR.; Lopez, SJ., editors. *Handbook of positive psychology*. New York: Oxford University Press; 2002.
- Tate DG, Pledger C. An integrative conceptual framework of disability: New directions for research. *American Psychologist* 2003;58:289-295. [PubMed: 12866395]
- Vash, CL.; Crewe, NM. Psychology of disability. 2nd. New York: Springer; 2004.
- Whorf, BL. Language, thought, and reality: Selected writings. Carroll, JB., editor. Cambridge, MA: MIT Press; 1964.
- Wright, BA. Psychology and rehabilitation. Washington, DC: American Psychological Association; 1959.
- Wright, BA. Physical disability: A psychological approach. New York: Harper & Row; 1960.

- Wright BA. Value-laden beliefs and principles for rehabilitation psychology. *Rehabilitation Psychology* 1972;19:38–45.
- Wright BA. Developing constructive views of life with a disability. *Rehabilitation Literature* 1980;41:274–279. [PubMed: 6449722]
- Wright, BA. *Physical disability: A psychosocial approach*. 2nd. New York: Harper & Row; 1983.
- Wright BA. Human dignity and professional self-monitoring. *Journal of Applied Rehabilitation Counseling* 1987;18:12–14.
- Wright, BA. Attitudes and the fundamental negative bias: Conditions and corrections. In: Yuker, HE., editor. *Attitudes toward persons with disabilities*. New York: Springer; 1988. p. 3-21.
- Wright, BA. Labeling: The need for greater person–environment individuation. In: Snyder, CR.; Forsyth, DR., editors. *Handbook of social and clinical psychology*. New York: Pergamon Press; 1991. p. 469-487.
- Wright BA, Fletcher B. Uncovering hidden resources: A challenge in assessment. *Professional Psychology* 1982;13:229–235.
- Wright, BA.; Lopez, SJ. Widening the diagnostic focus: A case for including human strengths and environmental resources. In: Snyder, CR.; Lopez, SJ., editors. *Handbook of positive psychology*. New York: Oxford University Press; 2002. p. 26-44.
- Yuker, HE., editor. *Attitudes toward persons with disabilities*. New York: Springer; 1988.