In this chapter various variables used as independent and dependent variables are delineated. They are personality, psychological wellbeing and marital adjustment. Starting from S. Freud to Eysenck several personalogist’s views are presented to get a comprehensive view of the concept of personality. In the same way Psychological wellbeing and marital adjustment are also posited for a comprehensive grounding of the study undertaken.

HIV POSITIVE STATUS:

The acquired immuno deficiency syndrome was first recognized in the United State of America in 1981 with an extraordinary outbreak of pneumocystis carini pneumonia and Kaposi’s Sarcoma in previously healthy young men. Since then the disease has been spreading alarmingly and has assumed the proportions of a global pandemic. It is now estimated that there are 22 million HIV cases worldwide with one million children being already infected with HIV. It is predicted that by AD 2000 there will be 30-40 million HIV cases worldwide and 12 to 18 million cases of full blown AIDS with the majority of them being in the Asian continent.

The Indian scenario is equally grim. Since the reporting of the first HIV sero-positive case in 1986 form Chennai and the first AIDS case in 1987 from Mumbai, cases have been reported from all over the country in increasing number. From being in phase III India has entered phase IV.
The National Family Health Survey-III (NFHS) and the HIV Sentinel Surveillance (HSS) data has estimated that about 2.5 lakh people in Karnataka are living with HIV/AIDS as on October 2011. A total of 61.19 lakh people have undergone HIV tests that are used to detect the presence of the human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS). And, among the seven high prevalence States, Karnataka ranked fifth for the most number of people living with HIV. The survey revealed that the adult HIV prevalence rate was 0.69 per cent in Karnataka – 0.54 per cent among women and 0.85 per cent among men – according to the Karnataka State AIDS Prevention Society (KSAPS).

The KSAPS released the statistics in April when the Red Ribbon Express train arrived in Mysore carrying messages on the dangers of being infected by HIV and the need to prevent it by taking precautions. The National Family Health Survey (NFHS) III was carried out to ascertain the HIV prevalence rates in Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, Manipur, Nagaland and Uttar Pradesh.

Of the 2.5 lakh people with HIV, 65,053 are undergoing antiretro viral therapy (ART) at 47 ART centres in the State. Antiretro viral drugs are being administered, CD4 count taken and other investigations are being done free of cost in these centres. The KSAPS has taken steps to set up ‘Link ART Centres' in 122 taluks of the State wherever the incidents of HIV is high. As on October 2011, 1,91,760 persons had registered their names at the ART centres for treatment.
However, the HIV prevalence rate among the general population has reduced from 1.5 per cent in 2004 to 0.70 per cent in the year 2010 as per a provisional HIV Sentinel Surveillance (HSS) data. The main reason for the decrease is attributed to the preparedness of the National AIDS Control Programme (NACO). The much-needed continuous care, support and treatment of infected patients, new moves to identify early diagnosis of HIV infected children as also the active participation by the ground-level health staff had contributed to the success of keeping the cases under check, according to sources.

Among the several targeted interventions being initiated in the State by the KSAPS and the Karnataka Health Promotion Trust and the Ashodaya Samiti were 114 interventions reaching out to 80,000 female sex workers, 25,000 homosexuals, 1,208 drug users, 50,000 lorry drivers and personnel and 1.2 lakh migrants so far.

Ummar, Mysore District Coordinator of the Centre for Advocacy and Research (CFAR), which is the media partner working with the NACO and KSAPS, told The Hindu that awareness programmes of different kinds had indeed helped to prevent the spread of HIV/AIDS.

**DAPCU:**

A total of 26 DAPCUs (District AIDS Prevention and Control Units) are in Karnataka. The units play a significant role in coordinating and monitoring several aspects of HIV facilities that have been established at the district and taluk levels. The DAPCUs are expected to strengthen the national AIDS
Control Programmes-III goals at the grassroots level. There are 565 standalone Integrated Counselling and Testing Centres (ICTCs) and 791 all-facilities integrated testing centres.

The figures presented are quite alarming and threatening. It is a grave situation with many issues related. This needs to be looked at by psychologists from various angles. In this study an attempt is made to investigate the impact of HIV positive status of people on personality dimensions, psychological wellbeing and marital adjustment. It is hoped that the findings may through some vital light on the psychological impact of HIV positive status of people.

CONCEPT OF PERSONALITY:

Personality is a very important concept in the explanation of any behavior of an individual. It controls, regulates and influences the response patterns of human beings. It is influenced by heredity, glandular secretions, socialization, education etc., very intensely. And its impact on different aspects of adjustment, wellbeing etc is a well-known fact. Personality is made up of body mind, intellect and dynamics aspects like instincts, motives, urges and such other factors. Today it is believed that individual’s socio economic achievement, personal acceptance, satisfaction and such aspects of life depend on increased understanding of personality. In this study personality is a dependent variable. It is hypothesized that personality has significant impact on psychological wellbeing and marital adjustment of HIV positive patients. An attempt is made to present the concept of personality in some detail.
Personality represents the sum total of several attributes which manifest themselves in an individual, the ability of the individual to organize and integrate all the qualities so as to give meaning to life and the uniqueness of the situation which influences behavior of an individual. Personality is therefore, a very diverse psychological concept.

Personality is a dynamic concept. It cannot be restricted to certain inherited traits, tendencies and attributes. The inner core of personality may refer to inherited qualities, characteristics and traits common to all (which exert a constant pressure on each individual), its peripheral facet constitutes the differences which distinguish one individual from others.

Individuality is a keynote in the notion of personality. Personality Psychology, therefore, is “the study of individuals – their distinctive characteristics and traits and the manner in which they integrate all aspects of their psychological functioning as they adapt to their environment. The unique personality emerges out of a sustained interaction between the genetic potential and the environmental forces. Various aspects of personality – body, mind, intelligence, spirit, culture, society- are highly interactive and completely integrated.

Therefore, personality is an integrated whole with certain concrete and some abstract dimensions. Each dimension has a specific purpose and a significant role to play in the totality of one’s being. The maturational changes as a result of chronological growth and the environmental interaction, which an individual has throughout determine the extent to which his personality –
potential shall be developed. Various aspects of personality are not only interdependent but also meticulously integrated. That is to say what happens in one aspect has its relative effect on other compartments. However, for the sake of convenience and better understanding, personality is compartmentalized into physique, mind and intellect, emotionality and sociability.

DEFINITIONS OF PERSONALITY:

Hillgard views personality as the “Configuration of individual characteristics and ways of behaving.

Morton Prince defines personality as the sum total of all, the biological innate dispositions, or the thinking, feeling and acting individual refers to a totality of behavior that should involve the total life process of an individual.

Personality is a dynamic organization, inside the person, of psychophysical systems that create the person’s characteristic patterns of behavior, thoughts and feelings says G.W. Allport (1961).

More or less stable, internal factors make one person’s behavior consistent from one time to another, and different from the behavior other people would manifest in comparable situations points out Child (1968).

These definitions emphasize that personality is an internal process that guides behavior. Gordon Allport (1961) makes the point that personality is psychophysical, which means both physical and psychological. Recent research has shown that biological and genetic phenomena do have an impact on personality. Child (1968) makes the point that personality is stable – or at
least relatively stable. We do not change dramatically from week to week, we can predict how our friends will behave, and we expect them to behave in a recognizably similar way from one day to the next.

Child (1968) includes consistency (within an individual) and difference (between individuals) in his definition. Allport (1961) refers to characteristic patterns of behavior within an individual. These are also important considerations. So personality is what makes our actions, thoughts and feelings consistent (or relatively consistent), and it is also what makes us different from one another.

FREUD TOPOGRAPHIC MODEL OF THE PSYCHE:

Freud (1905/53b) argued that the mind is divided into the conscious, the preconscious and the unconscious. According to Freud, the conscious is the part of the mind that holds everything you are currently aware of. The preconscious contains everything you could become aware of but are not currently thinking about. The unconscious is the part of the mind that we cannot usually become aware of. Freud saw the unconscious as holding all the urges, thoughts and feelings that might cause us anxiety, conflict and pain. Although we are unaware of them, these urges, thoughts and feelings are considered by Freud to exert an influence on our actions.

JUNG’S AIMS AND ASPIRATIONS:

Jung saw humans as being guided as much by aims and aspirations as by sex and aggression. Analytical psychology theory of personality developed by Carl Jung, viewed people as striving towards self-actualization.
To distinguish his approach from classic psychoanalysis, Jung named it analytical psychology (1951). A basic assumption of his theory is that personality consists of competing forces and structures within the individual that must be balanced. Unlike Freud, he emphasized conflicts between opposing forces within the individual, rather than between the individual and the demands of society, or between the individual and reality.

HORNEY’S OPTIMISM:

Karen Horney (1885–1952) was another disciple of Freud who developed theory that deviated from basic Freudian principles. Horney adopted a more optimistic view of human life, emphasizing human growth and self-realization. She concentrated on early childhood development, and her work formed the basis of much later work in this area. One of Horney’s major contributions was her challenge to Freud’s treatment of women. She countered that, in the early part of the twentieth century, women were more likely to be affected by social and cultural oppression than the absence of a penis.

To examine how individuals view the world, George Kelly (1905–67) developed the personal construct theory. In contrast to the psychoanalytic emphasis on the person as a victim of unconscious desires and impulses, this humanistic theory portrays people as active hypothesis-generators. Personal construct theory treats the individual as their own personal scientist. Those who are actively aware of their own psychological world is constructed and construed. By understanding how the individual perceives the world,
one can anticipate how they will behave within it and understand their reactions to events.

According to Kelly, trait theories try to locate the individual on the personality theorists’ dimensions, whereas personal construct theory looks at how people see and align events according to their own personal dimensions. Kelly basically took the view that every one of a scientist. So each individual is continually categorizing, interpreting, labeling and judging himself and his world. Each person generates constructs and hypotheses, which then help them to anticipate and control events in their lives.

THE SUBJECTIVE NATURE OF REALITY:

Consistent with this is the notion that one cannot know what another person really means when they say that they are in love or that they are unfriendly. One can only begin to know by relating what they say to their behaviour.

Kelly also proposed the notion of constructive alternatives – the idea that there is no reality, that reality is only one perceives it to be. This comes from the observation that while we may not always be able to change events, we can always construe them differently. Different people may choose to perceive an event in different ways, which allows for different courses of action. For Kelly, part of the therapeutic process was to help the client find appropriate or useful constructs of events, rather than simply being concerned with diagnosis and categorization.
Kelly saw the individual as being capable of enacting many different roles and engaging in continuous change. In his terms, a ‘role’ is an attempt to see another person through that person’s own constructs. To enact a role, your behaviour must be guided by your perception of the other person’s viewpoint. Kelly used role-playing as a therapeutic technique to help people gain new perspectives, and to find more convenient ways of living.

EXPLAINING NEGATIVE EMOTIONS:

Kelly also tried to explain why people experience certain negative emotions. Anxiety, he suggested, occurs when one’s construct system provides no means for dealing with an experience. This can occur when people start a new job or have to deal with a person one does not understand. Guilt results from discrepancy between one’s ideal self and action. So one feels guilty when people do something that is discrepant with the kind of person you would like to be, or thought you were.

TRAIT THEORIES:

Traits are labels given to consistent and enduring aspects of personality, viewed as continuous dimensions. Type is a term used by early personality theorists, who divided people into different categories, or types. Traits are descriptors used to label personality and they have their origins in the ways we describe personality in everyday language.

CATTELL’S 16 TRAIT DIMENSIONS:

Gordon Allport (1897–1967) made the first comprehensive attempt to develop a framework to describe personality by using traits. Allport and
Odbert (1936) used Webster’s (1925) New International Dictionary to identify terms that describe personality.

This work was developed further by Raymond Cattell (1905–97), who used a statistical procedure called factor analysis to determine the structure of personality. Factor analysis is a tool for summarizing the relationships among sets of variables by identifying those that co-vary and are different from other groups of variables. In personality theory, factor analysis can be used to identify which sets of variables most simply and accurately reflect the structure of human personality.

Cattell believed that a useful source of information about the existence of personality traits could be found in language. Cattell called this the *lexical* criterion of importance. Building on Allport’s work, Cattell (1943) collated a set of 4500 trait names from various sources and then removed obvious synonyms and metaphorical terms, until he reduced these to 171 key trait names. Cattell collected ratings of these words and factor-analyzed the ratings. Cattell’s proposal that an aspect of personality described many words in the vernacular is likely to be more important than one described by just a few. Cattell’s subsequent investigations yielded three types of data, which he categorized as follows:

- **L-data** – life record data, in which personality assessment occurs through interpretation of actual records of behavior throughout a person’s lifetime (e.g., report cards, ratings by friends and military conduct reports);
• Q-data – data obtained by questionnaires (e.g., asking people to rate themselves on different characteristics); and

• T-data – or objective psychometric test data (e.g., the Thematic Apperception Test).

On the basis of this research, Cattell (1947) developed a model of personality describing 16 trait dimensions. He then developed a questionnaire to measure these traits (Cattell, Eber and Tatsuoka, 1977) called the Sixteen Personality Factors Questionnaire (16PF).

Here are the 16 trait dimensions used in the 16PF:

Reserved---------------------------------- Outgoing
Less intelligent------------------------- More intelligent
Stable, ego strength--------------------- Emotionality/neuroticism
Humble------------------------------- Assertive
Sober------------------------------- Happy-go-lucky
Expedient------------------- Conscientious
Shy--------------------------------- Venturesome
Tough-minded------------------ Tender-minded
Trusting------------------ Suspicious
Practical------------------- Imaginative
Forthright------------------- Shrewd
Placid---------------------------- Apprehensive
Conservative------------------ Experimenting
Group-dependent---------------- Self-sufficient
Undisciplined---------------- Controlled
Relaxed------------------------ Tense
EYSENCK’S SUPER TRAITS:

Hans Eysenck (1916–97) was a contemporary of Cattell and also used factor analysis to classify personality traits. But Eysenck (1967) began with a theory of personality which he based on two super traits – extraversion-introversion and neuroticism– stability.

According to this theory highly extraverted people are sociable, outgoing, crave excitement and the company of others. People who are highly introverted are quiet and introspective; they tend to prefer time alone and to be cautious in the way they plan their lives. People who are highly neurotic tend to be anxious, moody and vulnerable, whereas people who are low on neuroticism tend to be stable, calm and even-tempered.

Eysenck viewed the super traits of extraversion and neuroticism as independent, and believed that different personalities arise from differing combinations of the two super traits.

Eysenck’s two major personality dimensions (Eysenck, 1975), people who are high in both neuroticism and extraversion tend to exhibit quite different traits than someone who is low in both, or a combination of low and high. So people who are high on both extraversion and neuroticism tend to be touchy and aggressive, whereas people who are high on extraversion and low on neuroticism tend to be carefree and sociable.

Super traits are Eysenck’s three key traits, which he also referred to as types. Once extraversion is the tendency to seek and engage with the
company of others. And introversion is the tendency to avoid the company of others and to withdraw from social situations.

**FIVE FACTORS OF PERSONALITY:**

Although trait theories were well established by the 1960s, there was no consensus concerning the number or nature of the traits that make up personality.

Examples of items from the Eysenck Personality Questionnaire are presented here.

*Question Trait*

Are you a talkative person? Extraversion

Do you like going out a lot?

Does your mood often go up and down? Neuroticism

Are your feelings easily hurt?

Have you ever taken anything (even a pin or a button) that belonged to someone else? Lie scale

As a child, were you ever cheeky to your parents? Eysenck and Eysenck (1975).

Replications of Cattell’s work in factor analysis often failed to find the original factor structure he described. Instead, a number of studies using Cattell’s variables came up with a simpler five factor structure (Fiske, 1949; Tupes and Christal, 1958, 1961).

Since then, further research has confirmed a basic *five factor model of personality* or ‘Big Five’ (Digman, 1990; Goldberg, 1993):
Five factor model of personality is a model developed using factor analysis to try to determine the key traits in human personality.

Extraversion
- Sociable vs. retiring
- Fun-loving vs. sober
- Affectionate vs. reserved

Agreeableness
- Soft-hearted vs. ruthless
- Trusting vs. suspicious
- Helpful vs. uncooperative

Conscientiousness
- Well organized vs. disorganized
- Careful vs. careless
- Self-disciplined vs. weak-willed

Neuroticism
- Worried vs. calm
- Insecure vs. secure
- Self-pitying vs. self-satisfied

Openness
- Imaginative vs. down-to-earth
- Prefers variety vs. prefers routine
- Independent vs. conforming

(From Costa & McCrae, 1985)

Extraversion and neuroticism are defined in the same way as Eysenck defined them. Openness to experience/intellect refers to receptivity to new ideas and experiences. People low on this trait prefer the familiar, practical and concrete, whereas those high on this trait are open to new experience, curious and imaginative. Agreeableness means the extent to which people are trusting, generous and concerned for others. Those low on agreeableness are viewed as antagonistic, tough-minded and hard-headed. Conscientiousness relates to organization and achievement. Highly conscientious individuals are
ambitious, hard-working, competent and organized, and those low in conscientiousness are easy-going, low in self-discipline and not goal-driven.

While this model presents five categories, it should not be seen as a simplistic generalization of trait theory. As in Eysenck’s (1967) model, each of the five factors is made up of a number of more specific traits. A questionnaire designed to measure traits within a five factor framework, the NEO-PI (Costa and McCrae, 1985), consists of 300 items. Respondents decide how characteristic each item is of themselves, rating each item on a five-point scale. As well as scoring on the five factors, respondents receive scores on six sub-scales associated with each of the factors.

The Big Five forms the basis for trait assessment of personality at the beginning of the twenty-first century, with questionnaires such as the NEO-PI and subsequent revisions (NEO-PI-R, Costa and McCrae, 1992) being used widely in occupational psychology.

Eysenck and Eysenck (1985) redeveloped inhibition theory to formulate *arousal theory*, which identifies the physiological systems underlying introversion–extraversion. Arousal theory developed by Eysenck, provides an account of the physiological systems underlying introversion–extraversion.

The differences in the behaviour of extraverts and introverts are traced to various parts of the ascending reticular activating system (ARAS) – a network of fibers travelling upwards from the lower brain stem to the thalamus and cortex. Stimulation of the ARAS results in increases in alertness.
and arousal of the cortex. Other fibers descending from the lower brain stem influence bodily musculature and the autonomic nervous system. At the same time, fibers descending from the cortex can modulate the activity of the brain stem, increasing or inhibiting the excitability of the ARAS. So the relationship between the ARAS and the cortex is reciprocal. The high cortical arousability of introverts is supposed to amplify incoming stimulation. According to this framework, very high and very low levels of stimulation are considered to produce negative hedonic tone, which is experienced as negative feelings and negative evaluation of the experience. Positive hedonic tone occurs only at intermediate levels of sensory stimulation. The levels at which negative and positive hedonic tone occur will be different for introverts and extraverts.

In this study Eysenck’s personality traits are considered. It is in fitness of the things that a brief summary of personality theories starting from S. Freud, Creshmer, Sheldon, Jung, Adler, Allport, Cattell and Eysenk is presented here as a conceptual framework for the study.

**PSYCHOLOGICAL WELL-BEING:**

Here another dependent variable psychological well being is explained. Various shades of Psychological wellbeing are brought out to get an accurate perspective of the concept.

Psychological well-being or well-being (these two are used interchangeably) consists of factors like self-esteem, positive effect, satisfaction, wellness, efficiency etc. Social support, somatic symptoms, personal control and the like are also considered under it. The well-being is a
constituent of quality of life which is conceptualized as a composite of physical, psychological social well-being of individuals, as perceived by the person and the group. An important aspect is happiness, satisfaction and gratification subjectively experienced which is often called subjective well-being or psychological well-being. Thus, well-being is based on subjective experience instead of objective life condition, it has both positive and negative affects and it is global experience (Okum and Stock, 1987).

Quality of life is a multidimensional concept, which includes specific core domains including physical, psychological, social and occupational well-being. As also tolerance for physical pain, mobility, sleep appetite and nausea; sexual functions; personal social and sexual relationship; engagement in social and leisure activities; occupation – ability and desire to carry out paid employment, ability to cope with house hold duties, all constitutes the contributory factors.

Life satisfaction and morale may be thought of as components of a larger, more generalized concept of well-being or positive self integrity and co-observances.

The declaration of the international conference on primary health care of Alma Ata, USSR, 1979, defines, ‘Health’ as a state of complete physical, mental and social well-being. Mental health is defined as the capacity of an individual to form harmonious adjustment to his social and physical environment.

Well-being is a multifactor construct, consisting of a complex interplay of cultural, psychological, physical, social and spiritual factors. Human well-
being is therefore a complex product of genetic, developmental, social and environmental influence, well-being is a state of mind which can be controlled and can be altered in any direction one desires.

Diener (1984) has used the term “Subjective well-being” to describe a person’s overall experience in life and suggested that it essentially reflects a person’s self desire happiness. The concept of well-being refers to optimal psychological functioning and experience.

Wellness is the state of optimal well-being. It’s not simply the absence of illness but an improved quality of life, resulting from enhanced physical, social, mental, emotional, spiritual and environmental health. Wellness is a lifelong process. It’s about maximizing an individual’s potent actions that contribute to harmony, balance and satisfaction with one’s overall health (Mc Kinely, 2002).

Ryff (1989) defined psychological well-being as self acceptance, autonomy, environmental mastery, purpose in life, positive relations with others and personal growth.

Psychological well-being is a general term. It indicates feelings of high self-esteem, life satisfaction and lack of negative symptoms (Water, 1994). Well-being or positive health can be defined as “consisting of those physical, mental and social attributes that permit the individual to cope successfully with challenges to health and functioning (Stephens and Antonsly, 1993).
Life satisfaction and morale may be thought of as components of a larger, more generalized concept of well-being or positive self integrity and cohesiveness (Bradburn, 1969).

CONCEPT OF ADJUSTMENT:

It is a fine balance between individual needs and environmental facilities he or she is able to strike. The adjustment problems of HIV positive people are very taxing and troublesome. It starts from the receipt of information and coping with it. The various efforts and difficulties faced by the HIV positive people are presented here. It is said that organism makes each and every move to adjust and survive. It is such an important concept, especially so in relation to HIV positive people. An attempt is made to explain the same in the context of this study.

Adjusting to AIDS is an ongoing process in which the patient learns to cope with emotional and HIV related problems, and gain control over related life events. Patients are facing challenges that change as the disease and its treatment change. Common periods of crisis of challenge include hearing the diagnosis, receiving treatment, (for example, ART surgery) completing treatment hearing that the HIV is in remission, hearing that to come back and becoming a HIV/AIDS survivor. Each of these events involves specific coping with the questions about life and death, and common emotional problems.

Patients are better able to adjust to a HIV/AIDS diagnosis if they are able to continue fulfilling the responsibilities, cope with emotional distress, and stay actively involved in activities that are important to them. Coping is
the use of thoughts and behaviors to adjust to life situations. A person's stress is related to his or her personality (for example, always expecting the best, always being shy or reserved to being outgoing).

Adjustment is derived from Latin word ad-juxtare which connotes regulating, adapting or settling in time and place by making small changes in thoughts, feelings, motivations, goals etc. All human behavior is purposeful. These are directed towards the attainment of some need. An individual’s is said to be adjusted in the environment if there is harmony among their needs attainability. The other thing is that these goals should be socially desirable. So it is the harmony of the internal with the external.

“Life presents a continuous chain of struggle for existence and survival” says Darwin. Life is a continuous process of overcoming difficulties or of making adjustments.

General meaning of adjustment is the process of living itself or dynamic equilibrium of the total personality. It is a lifelong process in which one enters into a relationship of harmony with one's environment. Psychologically, adjustment means “a person interacts with his/her environment. Fortunate is the individual who is adjusted and considers it go. Every individual, great or small, old or young is confronted with the problem of adjustment. The problem of adjustment starts right from the birth of the child and continues till his/her death. The problem of adjustment is both internal as well as external.
The problem of adjustment is related to arriving at a balanced state between the needs of the individual and their satisfaction. Needs of an individual are multidimensional. Adjustment is a relative term. Opposite of adjustment is maladjustment. Life presents a continuous chain of struggle for adjustment.

According to James Drever (1952) adjustment means the modification to compensate for or meet special conditions.

Carter V. Good (1959) defines adjustment as the process of finding and adopting modes of behavior suitable to the changes in the environment.

Gates and Jersild (1948) point out that adjustment is a continual process in which a person varies his behavior the produce a more harmonious relationship between himself and his environment.

According to Crow and Crow (1956) individual adjustment is adequate wholesome or healthful to the extent that he has established harmonious relationship between himself and conditions, situations and persons who comprise his physical and social environment.

According to Coleman, James, C., adjustment is the outcome of the individual’s attempts to deal with stress and meet his needs: also, his efforts to maintain harmonious relationship with the environment.

A perusal of the above definitions of adjustment leads us to the following characteristics of adjustment:

- It helps us to keep balance between our needs and the capacity to meet these needs.
• It implies changes in our thinking and way of life to the demands of the situations.

• It gives us the ability and strength to bring desirable changes in the state of our environment.

• It is physiological as well as psychological process.

• It is multidimensional.

• It brings us happiness and contentment

Therefore, a comprehensive definition of adjustment would be like this. “Adjustment is a condition or state in which one feels that one’s needs have been (or will be) fulfilled and one’s behavior conforms to the demands of a given environment or the environment is changed (or will be changed) in a manner as is conforms to the needs of the individual.

The concept of adjustment means adaptation to physical enjoinment as well as to social demands. No human being can live apart from his physical environment. There is action and reaction chain going on between the individual and his environment. There are social pressures and demands of socialization. To these may be added the individual’s personal demand such as the satisfaction of psychological needs. All this complex functioning of the person demands adjustment. The process of adjustment becomes still complicated because of their interactions with varying situations. Because they come into conflict with the requirements of the other individuals needs, demands and circumstances plagued with pulls and pressures. One situation may give rise to pleasure while the other may give rise to pain. The resulting
tension may cause disturbance in his psyche, produce uncomfortable physical symptoms or may even lead to abnormal behavior.

The concept of adjustment is as old as man’s race on earth. Systematic emergence of this concept starts from Darwin. In those days the concept was purely biological. He used the term adaptation. The adaptability to environmental hazards goes on increasing as we proceed on the phylogenetic scale from the lower extreme to the higher extreme of life. Insects and germs, in comparison to human beings, cannot withstand the hazards of changing conditions in the environment and as the season changes, they die. Hundreds of species of insects and germs perish as soon as the winter begins. Man, among the living beings, has the highest capacity to adapt to new situations. Man as a social animal not only adapts to physical demands but he also adjusts to social pressure in the society.

The concept of adjustment was originally biological one and was concerned with adaptation to physical environment for survival. Adaptation to physical environment is, of course, a person’s important concern but he has also to adjust to social pressures and demands of socialization that are inherent in living interdependently with other persons. There are also the demands from a person’s internal nature, his physiological needs like hunger, thirst, sleep, sex, elimination, etc. And psychological needs like need to belong to a group, get esteem, opportunity to self actualize play a key role in adjustment.
PROCESS OF ADJUSTMENT:

The process of adjustment is complicated because a person’s interaction with one demand may come in conflict with the requirement of another. Conflict can arise either because two internal needs are in opposition, or because two external demands are incompatible with each other. It may be because of an internal need opposed to other needs which may not provide full satisfaction. On the other hand, failure to gratify a strong need or to respond to a strong external demand may result in painful tension. These tensions can disturb psychological comfort, produce physical symptom, or result in abnormal behavior.

Adjustment may be viewed from two angles. From one angle, adjustment may be viewed as achievement or how well a person handles his conflicts and overcomes the resulting tension. From another angle, adjustment may be looked upon as a process or how a personal adjustment to his conflicts. In the first case we ask how does he adjust or what is the mode of adjustment to various demands.

ADJUSTMENT AS A PSYCHOLOGICAL PROCESS:

Adjustment as process is of major interest to psychologists who want to understand a person and his behavior. The way one adjusts himself to his external environment at any point of time depends upon interaction between the biological factors in growth and his social experience.

In general, there are three broad types of adjustive processes in the event of a conflict between a person’s internal need states and environment demands.
The person may modify or inhibit the internal impulse.

a) The person may try to alter the environmental demand in same manner so that he resolves the conflict.

b) The person may escape through unconscious resources to mental mechanisms like fantasy, compensation, projection, rationalization, sublimation, etc.

One cannot call any of these modes of adjustments as the most superior. One of them used in isolation, to the exclusion of others is helpful in adjustment. Excessive use of any one of them is likely to be maladaptive. The human beings in order to reconcile their needs or the environmental demands must modify or inhibit their own impulses sometimes alter or modify the environmental demands must modify or inhibit their own impulses sometime, alter or modify the environmental demands must modify or inhibit their own impulses sometime, alter or modify the environment at other times, and use some mental mechanism at other times and at times a combination of all the three.

**PRINCIPLES OF ADJUSTMENT:**

There are various principles of adjustment. They are explained here:

a) **Principle of knowing the self:**

   To adjust well one should be aware of his strengths and weaknesses so that they may mould himself according to the required life style.

b) **Principle of accepting one’s self:**

   An individual should accept himself as he is if he is not satisfied with himself and does not respect himself, he cannot adjust in the environment. He always complains of bad luck and does not have confidence in his capabilities.
c) Principle of integrating the self:

The personality of an individual should be integrated. Those who have disintegrated personality and are not able to take decisions and not stick to a particular decision, they cannot adjust easily.

d) Principle of self drive and shaping:

Sometimes the decisions are imposed on individual. They do not opt for a particular career or a business. These decisions are imposed by some influential person. They feel disturbed and maladjusted.

e) Principal of self-control:

The aggressive people control and impose discipline. This can become the reason for maladjustment for an individual. So it is necessary advocate self-discipline.

f) Principle of balance and harmonious development:

An individual should aim at physical, mental, social, emotional and moral development. Then he may be able to adjust himself.

g) Principle of understanding others:

An individual should not only try only to understand himself but also the others- the people around. He should respect their ideas and emotions.

FROM HIV TO AIDS:

Changing from a treatment plan that focuses on curing the AIDS to one that provides complete symptoms can cause extreme anxiety. Patients may experience shock, disbelief and denial. This is a period of significant distress (for example, depressed moods, difficulty concentrating, and for of death). Normal adjustment may include periods of sadness and crying, feelings of
anger, periods of withdrawal and isolation, and thoughts of giving up. These patients gradually accept the return of AIDS over a period of weeks by changing expectations from curing to healing. The process of becoming well again by transforming one’s life in many ways in the face of death important that the patients maintain hope throughout this process. Those who believe that suffering can be controlled will have hope for future quality of life. Those who believe they are cared for will have hope in future relationships. Religion and spiritually are very important in patients maintenance of hope.

**SURVIVORSHIP:**

The adjustment from completing AIDS treatment to a long term survivorship is a gradual process which extends over many years. Some common problems reported by AIDS survivors as they face include fear of the AIDS coming back, lasting physical effects such as tiredness, problems concerned about sexual functions. Most patients adjust well and some even report benefits of such as a greater appreciation of life, changes in life values and stronger spiritual or religious faith. Those of the patients who do not adjust well usually have more medical problems, fewer friends and family support, fewer financial resources and problems with psychological adjustment.

The important areas of adjustment that are likely to affect by deprivation are home, health, social and emotional adjustment.

Home adjustment involves how much the individual’s satisfaction or dissatisfaction with the home life, relationship with the parents, discipline etc.

57
Deprivation of basic needs, or partial satisfaction of needs, lack of warmth, and unsatisfactory relationship with the family lead to many serious adjustmental problems.

Health adjustment relates to the illness, ailments, diseases and health status of the individual. Health of individual depends upon the nourishment and medical care provided to him. Early malnutrition and illness cause everlasting effect on the health of an individual.

Economic insufficiency, inadequate housing facilities, unhygienic sanitary surroundings and lack of awareness about health and nutrition lead to health problems. These conditions are due to deprivation. Home and health adjustment are directly associated with deprivation.

Social adjustment includes the individual’s participation in social activities, seeking and enjoying company of others desirable and favorable attitudes and establishment of spontaneous and harmonious interpersonal relationships. Poverty and socio cultural deprivation limit the social participation. Hence, he avoids meeting people feels uneasy, awkward, and embarrassed, remains in the background and does not take initiative to meet other people. Deprivation has direct impact on the social adjustment.

Emotional adjustment is concerned with the emotional instability of the individual. Nervousness, depression, excitement, shyness are the characteristics of maladjustment. Deprivation frustrates the individual’s satisfaction of needs, which leads to emotional disturbances. Socio cultural deprivation leads to feelings of being rejected inferiority, inadequacy and lack
of self control mechanism and hostile rejection of adult values. As a result of deprivation, emotional adjustment gets affected adversely.

**MARTIAL ADJUSTMENT:**

Marital adjustment is the process during which partners adapt and change to their roles complementing each other acting as a team as opposed to separate units. For the couples it is also important to unify the following - interests and values, maintaining open lines of communication and encouraging the expression of each other’s communication.

The concept of marital adjustment is multidimensional in nature. There are several factors, which affect adjustment of the couple. The adjustment which bonds the couple is being influenced by the factors like personality dimensions, level of education, occupational status, the type of family, religious affiliation and so on. The direction of differences in marital sex-role attitudes and its role in determining the direction of the marital adjustment is of significance.

Marital adjustment is defined as the condition in which there is usually a feeling of pleasure and contentment in husband wife and each other (Hashmi, Khurshid and Hassan, 2007).

Happily married people have been found to be healthier than unmarried people or unhappily married people, consistently over a number of separate researches (Kiecolt-Glaser and Newton, 2001).

Sinha and Mukherjee (1990) define marital adjustment as “the state in which there is an overall good feelings between husband and wife of
happiness and satisfaction with their marriage and with each other”. They draw our attention to experiencing satisfactory relationship between spouses characterized by mutual concern, care understanding and acceptance, sexual compatibility and mutual enjoyment is an important factor contributing to the success of most marital relationships.

John M. Gottman says that happy marriages are based on a deep friendship, mutual respect and enjoyment of each others’ company. In satisfied marital relationships, men and women are equally benefitting in health measures. In dissatisfied marriages the women manifested more physical and mental health problems, including depression (Sullivan et al., 1994). The underlying mechanism contributing to women’s greater responsivity to marital distress may be explained by relational self-representations, communion trait and role differences (Cross and Madson, 1997a). Bird (1999) reports that the role inequalities and family responsibilities faced by working women at home contributes to depression, high blood pressure, higher levels of cortical and nor epinephrine.

In this way all the variable – personality dimensions, psychological well being and marital adjustment are explained to get clarity about these concepts.