Chapter I

INTRODUCTION

The human behaviour that are called abnormal based on the criteria that have been formulated are usually perceived as negative. They cause the person or society a great deal of distress. By what criteria do we distinguish abnormal behaviour from normal behaviour? There is no general agreement, most attempts to describe abnormality based on different criterions: deviation from statistical norms, deviation from social norms etc. Some people behave in ways that disturb others more than themselves. The criterion of subjective discomfort does not fit them. Some people hospitalized in psychiatric institutions report no feeling of subjective discomfort, yet elements of their behaviour were sufficiently maladaptive and disturbing to others.

A broad range of behaviour has been classified as 'abnormal'. Some abnormal behaviours are acute and transitory resulting from particularly stressful events, others are chronic and life long. Some abnormal behaviour results from disease or damage to the nervous system; others are the products of undesirable social environment or faulty learning experience.
and often these factors overlap and interact. There are three major diagnostic categories—neurosis, psychosis and personality disorders.

The word neurosis is derived from two Greek words meaning 'nerve disorder' and was first used by William Cullen (1769-76) to designate a general class of disease due to disordered motions or sensations of the nervous system. It represented the introduction of the concept of a functional illness, which was determined by the functioning of the body rather than its structure and included a mixture of neurological, psychiatric and medical conditions. Neurosis is clearly psychological being based upon the psychoanalytical concept which regard neurosis as a pathological way of dealing with anxiety and the absence of the characteristic symptoms of a psychotic disorder. The result is a group of disorders which are characterised by a single predominating symptom such as feeling of anxiety or depression which the individual finds distressful, which are of non-biophysical—i.e. social or psychological origin; and results in social maladaptation.

Maladaptive means behaviour usually is a response to a problem living but it is one that
avoids problem rather than deals directly with or solves it indicate that the behaviour is not adaptive. When exhibited the behaviour prevents the individual from adapting to the requirements of society in a manner that allows reasonable self expression. Maladaptiveness affects primarily the self but often affects others as well. These maladaptive responses may pose threats to the individual or others to a high degree of personal and social ineffectiveness. Neurotic behaviour is always maladaptive and sometimes destructive. The person avoids dealing with the problem. The person may utilize one or more defence mechanisms in varying degree as ways of avoiding awareness of feared motives. A person may also develop various ways of avoiding the feared behaviour associated with the feared motives. The most common way to avoid the feared interpersonal behaviour is to exaggerate the opposite behaviour. For instance, a man who is afraid of assert himself with other people assiduously avoids behaving assertively and often behaves in exaggeratedly co-operative or submissive way especially in situation that would be expected to arouse anger and assertiveness. The threat of arousal of anger is liable to increase the fear which is likely to further restrict his behaviour.
and this outcome may lead to a variety of maladaptive effects such as increase in preoccupation with self, further rejection or neurotic behaviour in as vicious spiral.

Maladaptive behaviour restrict the range of possible responses, often lowers self esteem and creates situations in which self or others are likely to experience stress. This maladaptive behaviour not only permits the problem to continue but often generates new problems interfering significantly - often over an extended period of time with one or more individual's ability to function in important areas of life, health, work, family, love or interpersonal relationship. Maladaptiveness affects primarily the self but often affects others as well and may lead to variety of maladaptive effects such as neurotic behaviour.

The meaning of adjustment was borrowed from the concept of adaptation. In biology, adaptation refers to the biological changes that facilitate the survival of species. At the psychological level, however, adjustment has come to mean the individual struggle to survive in his or her surroundings.
English and English – (1970) Adjustment is defined as "an state of equilibrium between an organism and its surroundings in which there is no stimulus change evoking response, no need is unsatisfied and all the functions of the organism are proceeding normally." It indicates that the term adjustment usually implies a smooth relationship between the individual and the environment. In this sense the adjusted individual interacts in a harmonious way with the world in which he or she lives.

We may distinguish different spheres of activity and speak of adjustment within the family, adjustment to the work setting, adjustment with self and adjustment to the larger society. The term social adjustment is often used to refer generally to harmony in the interpersonal realm.

Over the past few decades there has been considerable interest in assessing the individual's psychosocial adjustment. Increasing emphasis has been given to the importance of individual functioning with in a social frame work. Recent research in this field of social psychiatry have become particularly illuminating because of the development
of refined techniques for evaluating the social environment. In regards the work of Henderson and his associates (1978) is particularly noteworthy. Their interest has been directly toward investigation of social bounds through the study of relationship between the patient of non-psychotic disorder and their interaction with members of their primary group.

Neurotics have psychological problems that result in personal dissatisfaction and unhappiness as well as variety of social problems. In neurotic, the disturbance in emotion is quite apparent. The person may be gripped by depression and so avoid social contracts or adjustment with his surroundings. The person does not read others, not the person respond in give and take manner and generally behave in a selfish and obnoxious manner. Social relationships are among his major problems in life. So there are always personality clashes or conflicts with bosses, teachers, workers and in general the people that came in to his life. The person appears to have a low tolerance. This is manifested in a variety of ways such as impatient, intolerance, inability to work under stress and difficulty getting started.
with work. To protect himself against tension and discomfort the neurotic use a wide assortment of avoidance and escape mechanism rather than adjustment with the problems. A pilot study was conducted by Sethi and associates (1981) that the neurotic person appears to be less active than normal in making contracts with members of their primary group outside their household.

A person who develops a neurosis as a result of an immediate stress condition typically has a history of adjustment problems, problems that are first manifested in his relationships at home and eventually encompass all aspects of his life. The personality does not develop properly. There are distortious immaturities, sensitiveness and deficiencies. The neurotic develops many avoidances because certain situations are evaluated as being terribly threatening. Such personality deficiencies result in a great deal of anxiety. He comes to doubt his ability to cope with the unknown as well as cliques. Life is perceived as a desperate struggle. Rather than adjustment he resorts to using defenses.

The neurotic is quite self centered preoccupied with his personal problems, failures, disappointments and resentments. He does not open himself to others. He does not learn how to read others. Karen Horney
(1950) who had so many insights into the dynamics of neurosis explained that a neurotic person seems to lack of comprehensions of cause and effect relationships in social matters. Social relationships are among his major problems. The nature of the neurotic condition makes his friendship desperately, but himself centeredness, his constant whining and complaining makes him unattractive to others.

As late mental health practitioners have become increasingly interested in the structural and functional aspects of the social organization, since evidence has accumulated on the detrimental effect of social disorganization.

In the literature there are a number of reports concerning the occurrence of psychiatric disorder in different cultures (Bowman 1959, Leighton et al, 1963; and Wittkower 1959) whereas the reports from Western societies far in too many, most of which have been replicated, no such systematic studies are available for a culture such as ours. It is therefore of great importance that we have reliable data in this country. Present day psychiatry in India is, therefore, taking a growing interest in social and family processes as they relate to the
adjustment. We should have systematic studies conducted in different parts of the country so as to have national as well as regional distribution of psychiatric disorders and their adjustment problem, variables such as religion, socio-economic classes, levels of education, rural and urban domiciled communities have been mentioned as significant determinant in making adjustment. Researchers have attempted to discover what benefits or disadvantages accrue to individuals as a result of various patterns of social organization and interrelationships. According to Don Super (1983) vocational adjustment influenced by many factors. Several of the most important ones are one's family, social class and education. Indian studies which attempt to correlate the structural and functional characteristics of the family to various psychiatric disorders assume significance for the simple reason that the family is the most basic unit of social organization which in turn has tremendous psychosocial influence on the life of the individual. The association between family patterns and neurotic illness has been reported variously in Indians. Previous work seems to suggest that a joint family provides better support and security to the individual. The social unit that
is first important is the family. The overall structure of the family is important. Menon (1975) and Aggarwal (1978) found that emotionally disturbed women belonged more often to nuclear families. As in a joint family there is more interaction between family members and thus more adjustment is there as comparison to a nuclear family. A joint family is a better source of security and support to individual than a nuclear family. System is prevalent in the rural areas, the major family constellation in the urban areas is of nuclear kind so adjustment problems found to be more in urban people than rural people.

Many of the adjustment problem is, whether short term or long term, primarily due to the stressful situations. There are more stressful situations in urban areas than in rural as economic-occupational problems are more in urban areas. In rural areas more people are engaged in agriculture whereas in urban areas unemployment is a big problem. It is often said that mental illness has increased with the increasing tempo of modern life and industrialization.

Coleman (1976) "The more complexity and pace of modern living under such highly complicated and
demanding condition can play level on both biological and psychological levels. According to a survey conducted by Rosen et al. (1972) per capita admission rates to mental-hospitals are approximately twice as high in the city as in the countryside.

The rate of mental disorder is highest among the unemployed person. Among the remunerative occupation labourers has least mental disorder which indicate that the amount of remuneration makes little difference to the prevalence rate of mental disorder. Therefore non earning employment with all the monotony and lack of security may be more stressful contributing to lack of social adjustment and to more mental illness.

The urban area does not provide proper space and condition for joint family, whereas joint family system is prevalent in rural India. In urban region people have to stay alone in isolation. The economic and the hustle and bustle of the city life in contrast to peace of the rural area may explain the difference in adjustment among rural and urban individuals.
We may now pass on to the next chapter dealing with the relevant studies conducted in the area of psychosocial adjustment with special reference to rural and urban neurotics.