CHAPTER II

HISTORICAL RESUME

Adjustment refers to the ability to satisfy the demands of our surroundings as well as our own needs. During the 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 in a social framework. Neurotic have psychological problem that results in personal dissatisfaction and unhappiness, so avoid social contracts and thus adjustment is effected. Numerous Studies have been conducted to see the psychosocial adjustment among neurotics.

Kedward et al. (1975) conducted a study to find out the social correlates of neurotic disorder. They studied the social functioning and adjustment of 50 male patients suffering from psychiatric illness and find out that though the patients were matched for income, family size, still they functioned less well and were less satisfied and adjusted with their lost.
An Indian pilot study was conducted by (1981) Sethi, Sharma and Srivastva to examine the social interaction with the primary group of 30 neurotic patients and 30 matched controls. The findings indicate that neurotic patients appear to be less active than controls in making contacts with members of their primary group outside the household. Patients also perceived their personal lives to be deficient in some respect.

Gunthey and Upadyana (1982) studied the adaptive behaviour in retarded and non-retarded subjects. Mentally retarded and normals were administered intelligence and adaptive behaviour scales. Mentally retarded subjects had significantly lower adaptive behaviour scores than the subjects in the other group.

In a study Campo et al (1985) tried to see the adjustment of neurotic patients with their family members and his position in the family. They find out that the subject invariably occupied an inferior position in the family interaction and show low tolerance and poor adjustment with his family members.
Walters et al (1986) conducted a study to find out the adjustment among emotionally disturbed neurotic military officers. They investigated the personality characteristics and current adjustment of a sample of 43 emotionally disturbed and 43 control subjects. Results showed that neurotics achieved more highly elevated Minnesota Multiphasic Personality Inventory (MMPI) profiles which indicate they were rated as more disturbed behaviourally and more extensive history of family and demonstrate poorer adjustment in society.

Above cited findings are associated with the notion that neurotic persons have low adjustment abilities. It has been generally observed that the environment has an important role in adjustment. Many studies have been conducted to see the role of environment in psychosocial adjustment. It was observed that adjustment is found to different in different environment. Adjustment of an individual in a society is very much effected by his or her environment.

Pande et al (1968) studied the adjustment problems in India. He correlates recent studies on sex, caste, income, marital status, joint family
system, institutionalization and on rural vs urban environments. Indian laws and social attitudes have been discussed and it was found that ability of adjustment generally depend on the environment as well as on different variables of culture and society. Joint family system which is prevalent in rural areas lead to better adjustment in the family and within the primary group.

Vernon et al (1971) conducted a socio-cultural research on marital health. They discussed the problem related to marital health and review the evolution of social psychiatry and the current relationship between rural and urban living condition, social structural factors and rate of psychiatric hospitalization and personality disorders as linked to family groups and found that rural and urban living conditions effect the degree of adjustment in an individual. Rural environment give better help or support to the individual in comparison to urban environment.

Adler et al (1984) studied the quality of life and present adjustment. They analysed the patient's social psychological environment
and studied the personal and environmental forces which affect the patient's adjustment to life. It was also noticed that environment has an important role to play in making better adjustment with the society.

Foester et al (1985) studied on 112 subjects who were diagnosed as having same form of neurosis and found that the reward or denial had no effect but social environment effect the adjustment among neurotics.

Heinemann and Franblinc (1985) studied the adjustment following disabilities in 24 years old subjects. Interview method was used to assess each subject's history and interpretation of disability. Results suggest that the environment which the individual lives influence his personality as well as his abilities to cope with the problem solving situation and to do better adjustment.

Cedeblad (1986) conducted a psychiatric study of Arab children to see the effect of environment and found that (i) village environment makes small demands on the functional ability of the individual, (ii) homogenous culture offer
the individual a static well defined role and strong support through contended family, and (iii) collective system of defence help the individual to cope with the anxiety.

These findings reveal that rural environment help the individual to face the situation and to do better adjustment in the society. Family and primary groups give him support to make him well adjusted with his surroundings. There are some studies which indicate that rural environment is better than urban for psychosocial adjustment. The investigator would cite some important studies in the following section. In a study Wotton (1964) had reported that in the crowded slums of large cities emotional and adjustment problems are particularly high.

It has further been observed by Murphy and Henry (1975). They studied the influence of foster home care in 199 farmer and 50 current foster home. Results indicate that urban location was most associated with poor adult adjustment. They showed more sign of immaturity and neurosis and were poorer at solving concrete problems of life.
Rutter and Michael (1982) pointed out that psychosocial problems of various kinds tend to much higher in the inner cities than the areas of small town or in rural communities. Higher rate of psychosocial problems in the cities may be due to more stress, anxiety, economic problems.

Miller and Bentz (1983) conducted a comparative study on urban and rural sample. Stress, life events, their nature and effects were studied. The study pointed out that as stressful situation are more in urban areas, leads to more adjustment problems among urban people in comparison to rural people. Holmes and Rahe (1967) had already reported that stress is very important factor which effect the adjustment in social and psychological spheres of life.

Ezeillo and Bervice (1983) studied the sex and urban rural environmental differences in self concept or personal adjustment among Nigerians. They found that sex difference in making adjustment with their surroundings, however, rural females scored higher than the urban females. The study emphasise the importance of rural
environment in making good adjustment in the society and provide more personal adjustment than urban environment.

McKimm et al (1983) studied the comparison of the problems solving ability and adjustment of sub-urban and urban children, they examined the adjustment relationship with group. Adjustment was measured by teachers, peers and self-report. Results showed that sub-urban did better than the urban subjects on problem solving ability and adjustment scale.

Kalandhi (1983) observed poor vocational adjustment among those individuals who were poorly adjusted with personal, financial and family.

This study clearly indicates that urban individuals who are less adjusted with their family, self, primary group are also less adjusted with their occupation in comparison to rural subjects.

Mair and Kulkarni (1984) reported that urban people are low in home, social, emotional, personal and vocational adjustments than rural people. As they were not satisfied with their
job, as we know that adjustment is related with job satisfaction, so adjustment was also found to be poor among individuals who were not satisfied with their jobs. Sinha and Aggarwal (1971) had already reported that workers who were satisfied with their jobs tended to have better scores in adjustment and those less satisfied were generally poorer in their adjustment. Job satisfaction scores with different areas of adjustment—home, social, emotional—related with each other all the coefficient found to be positive and statistically reliable.

All the studies related to social psychiatry and by others emphasise that the adjustment was found to be more among rural people as compared to urban. Several Indian studies in this area were also conducted. In Indian setting also the psychosocial adjustment was found to be more among rural than urban individuals.

Dube (1969) studied the bio-social variables and mental illness in a rural and urban community in Uttar Pradesh, India. He found the mental illness to be more in urban areas as compared to the rural areas. As urban environment does not provide proper space and conditions for joint
family which provide a better support for adjustment in the family and within the primary group. The economic and the hustle and bustle of city life in contrast to peace of rural areas explain the differences of adjustment among rural and urban individuals.

Vimla Veerarughvan (1978) conducted a study to ascertain that different types of neurotic disorders differ in terms of certain etiologic and demographic factors. The sample was selected only from hospitals in urban settings. It was found that the number of patients coming from rural areas (14.2%) is far less than those from urban areas (85.8%) because of the very fast life, anxietyful situations in the urban areas and socio-economic problems which are found to be more in big cities than in small towns or in rural areas.

Sharma and Sethi (1984) studied family jointness and social interaction and Neuroses in rural and urban areas. The association between neuroticism or mental illness and family jointness was observed. The study suggests that a joint family provide better support and security to individuals. The results indicate that whereas the joint family system is prevalent in the
rural areas, the major family constellation in the urban area is nuclear. In the household a mean of 97.4 hours were spent by the rural subjects in social interaction whereas those from urban setting were able to set apart only 34.5 hours a highly significant difference so this study suggest that family is a basic unit and nature of the family may effect the psychosocial adjustment of the individual significantly.

A few more studies conducted in Indian set up on small scale from clinical population suggest that there is a relationship between some of socio-demographic and adjustment problems in the individuals (Kishore et al 1972 and Chawla and Gupta 1979).

A recent study in this area was conducted by Chu-Chung (1986). He studied the difference in symptomatology and social adjustment between urban and rural hospitalized patients. The total sample consists 60 patients aged between (17-59 years). Numerous significant differences were found in symptomatology and social adjustment between urban and rural patients urban patients reported lower performance of social activity
than rural patients urban patients were perceived by relatives to be more helpless, emotionally disturbed than rural subjects, they performed less in social activity and participated less in leisure time activities than rural subjects. Findings suggest that rural psychiatric patients have better social adjustment than urban patients.

However, in this study severe patients were used but this study clearly indicate that urban (Neurotic or psychotic) patients would be less adjusted than rural patients.

A review of above studies show that the adjustment among neurotics is effected by environment and various socio-cultural factors which are need to be studied.

With this much of background we may pass on to the next chapter dealing with the problem and hypotheses of the present investigation.