CHAPTER - ONE
INTRODUCTION

The process of needs arousal and their satisfaction is, in broad sense, adjustment. Psychology is the science of behavior, adjustment constitutes an important part of this science. Historically, the concept of adjustment was biological and was the cornerstone of Darwin’s theory of evolution who maintained that only those organisms that are fitted to adapt to the hazards of the ever changing physical environment can survive. Adjustment can be interpreted in two ways i.e., adjustment as achievement, and adjustment as a process. The first point of view emphasizes the quality or efficiency of adjustment and the second lays emphasis on the process by which an individual adjusts in his external environment. Adjustment is a state of life when the individual adjusts in his external environment. Adjustment is a state of life when the individual is more or less in harmony with personal, biological, social, and psychological needs and with demands of the physical environment. Sound physical health, psychological comfort, full of occupational and social efficiency and social acceptance – these are the basic criteria of good adjustment. Adjustment is the perfect relationship with the environment involving the satisfaction of all types of needs of the individuals and meeting satisfactorily most of the demand that are put upon them. It is a process which leads us to a happy and contended life; maintains a balance between our needs and the capacity to meet these needs; persuades us to change our way of life according to the demands of the situation and gives us strength and ability to bring desirable changes in the conditions of our environment. In other words, adjustment is a condition or state in which one feels that one’s need have been or will be fulfilled and one’s behavior conforms to the requirements of one’s culture and society. It is a process by which an individual strives to cope with the demands of the existing environment. The well-adjusted person can have adaptability, capacity for affection, balanced life, ability to profit from experience,
frustration tolerance, humor, moderation, objectivity and many others, creates a world of interpersonal relations and satisfactions that contribute to the continuous growth of personality, otherwise, develops different types of psychological problems lead to the maladjustment (Deutsch et al., 2000). The term adjustment refers to the extent to which an individual's personality functions effectively in the world of people. It refers to the harmonious relationship between the person and the environment. Adjustment may be defined as a process of altering behavior to reach a harmonious relationship with the environment. When people say they are in an "adjustment period" they typically mean they are going through a process of change and are searching for some level of balance or acceptance with the environment, others, or themselves. Adjustment is the relationship which comes to be established between the individual and the environment. In other words, it is the relationship that comes among the organisms, the environment and the personality. A well-adjusted personality is well prepared to play the roles which are expected of the status assigned to him within given environment. His needs will be satisfied in accordance with the social needs. Adjustment is how effectively an individual could perform his duties in different circumstances. Adjustment is any habitual method of overcoming blocks, reaching goals, satisfying motives, relieving frustrations and maintains equilibrium. Adjustment is a process by which an individual reduces his tensions or anxiety in order to adjust himself properly with the environment. It helps him to regain his mental health. To solve his problems or to meet conflicting situations a person uses certain self-adjustive, self-defensive approaches which may protect him from his frustrative situations.

On the other hand, anxiety is a multi system response to a perceived threat or danger. Anxiety is a uniquely human experience. But human anxiety involves an ability, to use memory and imagination to move backward and forward in time. A
large portion of human anxiety is produced by anticipation of future events. Although anxiety is a common place experience that everyone has from time to time, it is difficult to describe concretely because it has so many different potential causes and degrees of intensity. Psychologists sometimes categorize anxiety as an emotion or an affect depending on whether it is being described by the person having it or by an outside observer. When anxiety becomes more intense, causes distress, lasts for a longer time and interferes with daily living, then it is a problem. Anxiety is a natural human reaction to perceived danger. Under normal circumstances, anxiety is a useful emotion that helps us to identify situations that could be dangerous so that one can either avoid or prepare for them. Anxiety is caused by a combination of genetic sensitivity and stressful experiences that can lead to alarm, inaccurate beliefs and ineffective coping strategies. Anxiety is a psychological and physiological state characterized by cognitive, somatic, emotional and behavioral components. High anxious people reported high level of trait anxiety and high defensiveness, they are actually high repressors who are more stressed and more vulnerable to develop anxiety symptoms and showing maladaptive behavioral and physiological response to stress (Weinberger et al., 1979). Environmental influences on the development of anxiety, evidence from a variety of sources suggests that early experience with diminished control may foster a cognitive style characterized by an increased probability of interpreting or processing subsequent events as out of one’s control, which may represent a psychological vulnerability for anxiety (Chorpita et al., 1998). In a social setting, people with high anxiety tended to avoid social interactions preferred to work alone reported that they talked less, were more worried and less confident about social relationships, but were more likely to appear for appointments, they become nervous in evaluative situations, and worked hard either to avoid disapproval or gain approval (Watson et al., 2008). Anxiety has a significant and independent impact on the burden of mental disorders (Forsterling et al., 2003).
Spielberger et al (1983) have emphasized that anxiety can be conceptualized in two ways, as a stable disposition and as a transient emotional state that everyone experiences from time to time. Both trait and state anxieties have been conceptualized as unitary constructs. State anxiety is an unpleasant emotional response while coping with threatening or dangerous situations which includes cognitive appraisal of threat as a precursor for its appearance (Lazarus, 1991). In general, states refer to any reliably measured characteristic, but, typically, state variables refer to conscious, verbally reportable qualities such as moods (Matthews et al., 2003). On the other hand, trait anxiety refers to stable individual differences in a tendency to respond with an increase in state anxiety while anticipating a threatening situation. This tendency is consistent across a broad range of situations and is temporarily stable. Spielberger (1999) characterized trait anxiety as a general disposition to experience transient states of anxiety, suggesting that these two constructs are inter-related. High trait anxiety individuals can experience more frequent and more intensive anxiety compared to low trait anxiety individuals, however, they are not anxious all the time. On the other hand, similar short-lived states of anxiety can be found in individuals who don’t have a high tendency towards anxious responding. In such cases, experience of state anxiety can be a reaction to certain situational demands. Trait anxiety tends to moderate the levels of state anxiety, which are provoked by certain situational demands (Eysenck and Eysenck, 1980). The main assumption of the state-trait models is that the effects of traits on behavior are mediated by states, i.e., that states influence more directly internal processing activities and have a more direct effect.

Depression is a state of low mood and aversion to activity that can have a negative effect on a person's thoughts, behavior, feelings, world view and physical well-being. Depression means that feelings of sadness last longer than normal, affect most parts of life and stop enjoying the things that one used to. Depression is a common mental
disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. These problems can become chronic or recurrent and lead to substantial impairments in an individual’s ability to take care of his or her everyday responsibilities. Depression is a psychological disorder that affects a person’s mood changes, physical functions and social interactions. There are overlapping psychological and physical issues that are agreed to be causative factors by most professionals. Although the term is often used to describe normal emotional reactions, depression is a whole body illness, affecting feelings, thoughts, behavior as well as physiological functioning. It is not a transient state that quickly passes by or some sort of emotional trance that one can just “snap out of.” Depressed people have certain specific personality traits like- self-conscious, self-effacing, impulsive and vulnerable to stress and less-warm, gregarious and inclined to experience positive emotions (Useda et al., 2004). Another study suggested that specific-event types interacted with specific cognitive personality styles is strongly predicting depression onset, adjusting for the positive associations of medical illness and reduced physical functioning with depression (Mazure et al., 2002). It can further be said that depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration. The study showed that variations in daily events were related to residents’ affect and peoples’ moods also showed a relationship to the quality of daily events (Lawton et al., 2008). Psychosocial factors are stressful life events and stress mediating factors play an important role in the development of depression, personal and environmental resources, environmental stressors and the individual’s appraisal and coping responses to specific stressful events (Andrew et al., 2002). Poor problem-solvers under high life stress are considered to be at risk for depression, hopelessness and suicidal behavior (Schotte et al., 2008). The depressed person is less likely to be
stable in their relationship has more problematic relationships with children, friends and reported more stressful life events with interpersonal and conflict content and is more insecure in their beliefs about other people (Hammen et al., 2002). The relationship between social comparison on a particular dimension and depression is moderated by the perceived importance of that dimension in attracting the interest of others (Thwaites et al., 2004).

The systematic study of the whole man is undertaken in two inseparable fields, identified as the psychology of adjustment and the psychology of personality. Adjustment and personality are unifying concepts because they include the various subordinate processes of motivation, emotion, and cognition. The organization of the subordinate processes is the essence of personality. A key point was the interdependence of processes of adjustment and personality structure. Human being is prepared to return to the processes of adjustment in the context of background. Adjustment is conceived as continually occurring in response to internal pressures and environmental demands, but special problems are created for the person when these demands become excessive; when an individual is exposed to conditions of stress. Personality may be defined as a dynamic and organized set of characteristics possessed by a person that uniquely influences his or her cognitions, emotions, interpersonal, orientations, motivations and behaviors in various situations. Personality may also refer to the patterns of thoughts, feelings, social adjustments, and behaviors consistently exhibited by an individual over time that strongly influence our expectations, self-perceptions, values and attitudes, and predicts reactions to people, problems and stress. Allport (1961) defined personality as a dynamic organization within an individual of the psycho-physical system that determines his or her characteristic behaviors and thoughts. Personality - the patterns of behavior, thought, and emotion unique to an individual, and the ways they interact to help or hinder the
adjustment of a person to other people and situations. Personality is the totality of individual psychic qualities, which includes temperament, one's mode of reaction and character, two objects of one's reaction (Leatt, 1980). Personality is the stability in people's behavior that leads them to act uniformly both in different situations and over extended periods of time (Lee, 2003). An individual's pattern of psychological processes arising from motives, feelings, thoughts, and other major areas of psychological function. Personality is expressed through its influences on the body, in conscious mental life, and through the individual's social behavior (Mayer, 2005).

Personality is the supreme realization of the innate idiosyncrasy of a living being. It is an act of high courage flung in the face of life, the absolute affirmation of all that constitutes the individual, the most successful adaptation to the universal condition of existence coupled with the greatest possible freedom for self-determination. Mina and Bienvenu (2011) have found that personality traits and anxiety are strongly related — a) as predisposing factors, b) as consequences, c) as results of common etiologies, d) as patho-plastic factors. Findings also revealed that a) personality traits such as high neuroticism, low extraversion are at least markers of risk for the development of anxiety, b) anxiety in early life may influence personality development, c) anxiety and personality traits are usually thought of as spectra of common genetic etiologies and d) extremes of personality traits indicate greater dysfunction in anxious person. Besides this, researchers tested the extent to which personality dimensions (neuroticism, extraversion and psychoticism) predicted the global anxiety as well as depression. Research findings also indicated that personality, in particular, the combination of high neuroticism and low extraversion which may play an important predisposing and etiological role in anxiety (Gershuny and Sher, 1998). Besides this, higher order personality factors that have shown a significant and consistent association with depression include neuroticism, extraversion (negative relationship)
and neuroticism appears to be the most powerful predictor of depression. Several personality dimensions are significantly associated with depressive illness, but the evidence that unequivocally demonstrates a true personality predisposition for depression is modest (Murray et al., 1997).

A person’s environment consists of the sum total of the stimulation which he or she receives from his conception until his death, environment comprises various types of forces such as physical, intellectual, economic, political, cultural, social, moral and emotional. Environment is the sum total of all the external forces, influences and conditions, which affect the life, nature, behavior and the growth, development and maturation of living organisms. Environment includes the surroundings, conditions that affect an organism (Gifford, 2007). The term environment includes all that is natural on the planet as well as social settings, built environments, learning environments and informational environments. Environment often changes after some time and therefore many people have ability to adapt to these changes. However, tolerance range is not the same with all individuals and exposure to environmental conditions at the limit of a certain individual's tolerance range represents environmental stress. People tend to seek out places where they feel competent and confident, places where they can make sense of the environment while also being engaged with it. Research has expanded the notion of preference to include coherence (a sense that things in the environment hang together) and legibility (the inference that one can explore an environment without becoming lost) as contributors to environmental comprehension. Being involved and wanting to explore an environment requires that it have complexity (containing enough variety to make it worth learning about) and mystery (the prospect of gaining more information about an environment). Preserving, restoring and creating a preferred environment is thought to increase sense of well being and behavioral effectiveness.
in humans. Besides some common environmental stressor, viz., noise, climate extremes etc, stress may also be due to failure of preference; prolonged uncertainty, lack of predictability and stimulus overload. Research has identified numerous behavioral and cognitive outcomes including physical illness, diminished altruism, helplessness and attentional fatigue. Coping with stress involves a number of options. Humans can change their physical or social settings to create more supportive environments (e.g., smaller scaled settings, territories) where they can manage the flow of information or stress inducing stimuli. People can also endure the stressful period, incurring mental costs that they deal with later, in restorative settings (e.g., natural areas, privacy, solitude). They can also seek to interpret or make sense of a situation as a way to defuse its stressful effects, often sharing these interpretations as a part of their culture. People-oriented environment that surrounds people and interact with people of all external things collectively.

Hospital is a medical treatment facility capable of providing inpatient care. It is appropriately staffed and equipped to provide diagnostic and therapeutic services, as well as the necessary supporting services required to perform its assigned mission and functions. A hospital is a building and an institution for diagnosing and treating the sick or injured, housing them during treatment, examining patients, and managing childbirth. Outpatients, who can leave after treatment, come in for emergency care or are referred for services not available in a private doctor's office. Hospitals may be public (government-owned) or private. They may also be general, accepting all types of medical or surgical cases, or special (e.g., children's hospitals, mental hospitals), limiting service to a single type of patient or illness. However, all general hospitals usually have specialized departments. General medicine - the branch of medicine that deals with the diagnosis and (non-surgical) treatment of diseases of the internal organs (especially in adults). A general medicine department
constitutes doctors, nurses and staffs who deals with acute and chronic illnesses and provides preventive care and health education for all ages. They have particular skills in treating people with multiple health issues and co-morbidities. It is dealing with the prevention, diagnosis, and treatment of adult diseases. They are especially skilled in the management of patients who have undifferentiated or multi-system disease processes. On the other hand, psychiatry has come up as one of the most dynamic branches of medicine in recent years. It becomes an essential to practice psychiatry and give the patient what he needs. Still, it should be practiced with great caution and utmost sincerity towards the patient, based on scientific knowledge and not to be guided by individual conceptions alone. Ethics in psychiatry forms an integral part of its basic concept and meaning, and a tight balance should be maintained between professional advancement and patient benefit. Psychiatry is the medical specialization that devoted to the study and treatment of mental disorders. These mental disorders include various affective, behavioural, cognitive and perceptual abnormalities. Treatment may be delivered on an inpatient or outpatient basis, depending on the severity of functional impairment or on other aspects of the disorder in question. Not only doctors, staff and nurses take an important role and huge responsibilities in hospital setting. Nursing is a profession within the health care sector focused on the care of individuals, families and communities so they may attain, maintain, or recover optimal health and quality of life. The American Nurses Association (ANA)(2000) states nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response and advocacy in the care of individuals, families, communities and populations. Both nurse and staff of a hospital setting have immense responsibility and challenges have to do a lot for the patients of different categories. However, in view of the above, the important questions are: Whether there is any difference between the two groups of nurse and
also two groups of staff who are engaged in psychiatry and non-psychiatry (general medicine) department in terms of their a) adjustment pattern, b) level of anxiety and depression, c) personality dimensions, d) perceived environment of hospital setting and e) whether age difference takes an important role in this regard or not? In order to seek some answers to the above note of interrogations, the present investigation has been designed to study the adjustment problems of the nurse and staff of government hospitals at Kolkata.