INTRODUCTION

Adjustment is a behavioural process by which a person maintains balance among various needs that one encounters at a given point of time. Each and every situation of life demands that the person concerned should be able to effectively perform in accordance with some guiding principles and should be able to strike a balance among various forces. Adjustment is defined as a process wherein one builds variations in the behaviour to achieve harmony with oneself, others or the environment with an aim to maintain the state of equilibrium between the individual and the environment.

Adjustment has been analyzed as an achievement as well as a process in psychology. Interpreting adjustment as an achievement would necessitate effective performance in doing what one was expected to and engaged in. This would mean judging the quality on certain parameters. However, psychologists have been interested to examine adjustment as a process. This entails examining the interaction of the individual with the external world.

If the relationship between the individual and his/ her environment is in accordance with the norms then the adjustment is achieved. The behaviour of the person concerned would be considered normal. Gross deviation from the norms demand clinical investigations and interventions. Such deviations are defined as maladjustment. Severe deviations can be classified as abnormal behaviour.

The Psychology of Adjustment course is offered in order to help the students relate their real life experiences to the constructs and theories of psychology. Striking the balance between mental health and personal adjustment, this course uses scientific approach to examine key human processes. Besides fostering critical examination of human behaviour, it might help see

things in a broader perspective. It does provide an opportunity for self-reflection and understanding. A possible range of behaviour in any given situation is repeatedly taken as examples and analyzed to understand what constitutes normality and hence shows the level of adjustment and what falls short and is interpreted as maladjustment. It runs on the brink of psychopathology and touches it only in the last module, except two topics.

<div align="center">**Module-1**</div>

<div align="center">**Human Adjustment Process**</div>

Biomedical Model

The biomedical model explains a disease in terms of measurable deviation of biological variables from the norm. Hence, psychiatric symptoms and other behavioural aberrations are explained in terms of biochemical or neurophysiological processes. It dominates not only for physical illnesses but also for behavioural aberrations. However, concerns have been raised for an inclusive medical model as the present model provides explanation at the cost of social and behavioural explanations. "In all societies… the major criteria for identification of disease have always been behavioral, psychological, and social in nature. Classically, the onset of disease is marked by changes in physical appearance that frighten, puzzle, or awe, and by alterations in functioning, in feelings, in performance, in behaviour, or in relationships that are experienced or perceived as threatening, harmful, unpleasant, deviant, undesirable, or unwanted" (Engel, 1977, p. 130). In order to take care of such behaviour individual and institutions have been recognized and chosen by the society. Hence, the profession and the institutions are an outcome of social needs. It has been realized that the diagnosis, treatment and prevention has perhaps digressed from its social context to fit the scientific temperament of the discipline. There is a need to increase proximity between the medical taxonomy and the social categorization of a disease or disorder.

Psychologists like Rogers and Maslow have also criticized the medical model adopted in psychology as it "might serve to help people in one sense but that it also served to alienate and damage people in another" (Joseph & Linley, 2006). As explicated by Maddux et al., (2004),

identification and categorization of disorders are 'heuristic social artifacts that serve the same sociocultural goals as do our constructions of race, gender, social class, and sexual orientation...**.** Such categorizations are some form of socially constructed evaluation. As argued by Reznek (1987), "to call a condition a disease 'is to judge that the person with that condition is less able to lead a good or worthwhile life' " (cited in Maddux et al., 2004). Adopting medical model to human behaviour would mean pathologizing behavioural characteristics that are not consistent with the majority view. It has been further argued that majority does not actually represent the whole of society with its inherent diversity; rather it represents the 'ideals of the powerful individuals and institutions'. It is guided by the tendency to maintain social order that suits those who are powerful in the society.

The wave of change is visible in the medical field as well as psychology. Acceptance of areas such as preventative and holistic medicine in medical sciences and health and positive psychology in behavioural sciences confirm this transformation.

Medical Model and Psychological Adjustment

You can clearly see the disadvantage of applying the medical model to mental disorders and behavioural aberrations. The model does not allow you to understand the full range of human functioning, rather it emphasizes on the negativities by highlighting pathology. The strength of human being is disregarded. Throughout this course our focus would be more or less on the realization of human potential. The personal and social lives are supposed to be harmonious and the disruption could contribute to mental pathology. However, psychology is full of examples where life adversities have added positively to the person's life. Conversely, there are several examples of extreme behaviours that have very high social acceptability. The

people concerned engaged in such actions have also reported their personal life much more satisfying. Of late there have been studies of normal and superior individuals. Attempts have been made to plot the processes of integration and adjustment of these individuals.
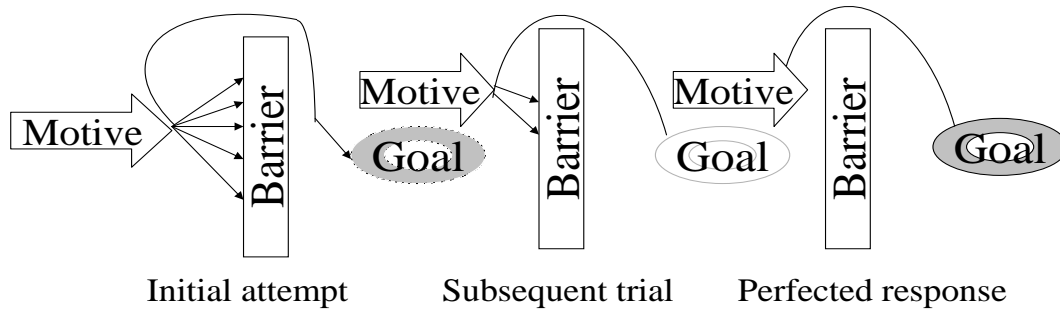
Adjustment Process

Adjustment refers to a process wherein one builds variations in the behaviour to achieve harmony with oneself, others or the environment with an aim to maintain the state of equilibrium between the individual and the environment. It is imperative that adjustment will encourage certain changes so that the optimum relationship between the self and surrounding can be achieved and maintained. Take example of someone who has been diagnosed with life threatening disease. What are the possible reactions? One might be very tense anticipating imminent death, someone else might show denial thinking how can this happen to him/ her whereas someone could show anger thinking why him or her. There exists a whole range of possibilities. Psychological adjustment is that critical processes that will help the person achieve harmony with his/ her current state, thus also leading to acceptance. Satisfaction of psychological needs through social networks facilitates social and cultural adjustments. Human beings learn the dynamics of the network from these experiences. Changes in the environment triggers the interpersonal activities that can help achieve the needs. This serves two purposes— meeting needs in the changed environment and increasing expectancy of meeting needs in the future.

Thus, adjustment process engages inner-inner as well as an inner-outer relationship. This relationship could be harmonious or conflicting. The harmony and conflict within and among one's behaviour, value-belief systems, affective reactions, etc works as major determinants of adjustment. It is a continuous process but most of us are able to strike it. The very understanding

of this process also makes us appreciate whether the other person is adjusted or not. Discordance and inconsistency within and among these determinants is interpreted as maladjustment.

Adjustment also demands that one should strike balance between needs and environmental obstacles. Let us understand it with the help of the figure given below.

Motive → Barrier → Goal | Motive → Barrier → Goal | Motive → Barrier → Goal

Initial attempt   Subsequent trial   Perfected response

A commonly understandable process of adjustment comprises of four fractions. Initially one has a need or motive that makes him/ her persist with goal directed behaviour. In an order to overcome the barriers, one explores various activities to overcome it. This is the moment when one also experiences thwarting of the needs. Subsequently, many of the exploratory behaviour are eliminated. One learns how to achieve the goal. Successful accomplishment makes the person develop perfection in goal directed behaviour. However, the barriers are largely unanticipated and this makes adjustment a continuous process.

Adjustment: "The Normality"

The social construction of adjustment is equally important to understand. One of the connotations of adjustment is "normal". It is essential for us to be aware of those classificatory measures that are commonly used by people to construe "normality". "Normal" can be understood as — a statistical norm, an ideal standard, or a behaviour that is neither abnormal nor subnormal.

As discussed above the view of powerful majority prevails. If the majority of people in a given society accept a particular way of life to be correct then anyone who deviates from that norm is likely to be unaccepted and designated not to be "normal". Let us take the example of marriage. Hinduism describes marriage as a *sanaskar*. It is thirteenth of the sixteen *sanskars* and hence is a sacred act. Legally speaking, section 5 of the Marriage Act, 1955, which extends to all Indians except those residing in the State of Jammu and Kashmir puts the following conditions for a Hindu marriage—

    (i)   neither party has a spouse living at the time of the marriage;

    (ii)   at the time of the marriage, neither party-

        (a) is incapable of giving a valid consent to it in consequence of unsoundness of mind; or

        (b) though capable of giving a valid consent, has been suffering from mental disorder of such a kind or to such an extent as to be unfit for marriage and the procreation of children; or

        (c) has been subject to recurrent attacks of insanity;

[**Note:** only selected part of the Marriage Act, 1955, has been reproduced here.]

Overall in most of the sections of the Indian society marriage with a single partner has been practiced. Socially, morally, and legally monogamy is the norm and hence the "normal" form of marriage. Although legally valid for the entire nation, except one state, if you look at the social practices in certain regions of India a different picture will emerge. You will find polygamy (sex with multiple spouses) being practiced in both the forms, polygyny (man with multiple wives) as well as polyandry (woman with multiple husbands). For example, the *Jaunsar Bawar* in the state of Uttarkhand practices polyandry. You will find polyandry in the matrilineal community of *nair*s in Kerala. In the Himalayan foothills in the state of Himachal Pradesh women marries the eldest son of the family but lives as wife of all the brothers. This is fraternal polyandry. The *Toda* community in the Nilgiri plateau of South India also practices fraternal polyandry. On the other hand in the *Khasi*s of Meghalaya and the Nyishis of Arunachal Pradesh you will find non-fraternal polyandry being practiced. However, with the spread of modern lifestyle these customs are slowly being phased out. What is important to note is that although various practices prevailed in the society, the majority view became the norm and also the law.

Why was such norm evolved? Does it have to do with faithfulness and loyalty? If you analyze the norms from this point of view, you realize that all these criteria have come out of socially constructed evaluations. Faithfulness and loyalty are idealistic concepts. Thus, the definition of "normal" has come out of value-oriented idealistic concept of adjustment. Once you have value-oriented idealistic concept you can profess emulation of such concepts and those who fall short can easily be classified as good, bad, better or worse. Those who show gross deviation are not "normal".

What is equally important is to see that practitioners of some other faith can have more than one wife in the same society. It might not be serial monogamy where one remarries only after divorce or death of the spouse, but can have more than one wife at the same time. The interpretation of the norm changes here. Now you realize that the idealistic concept of adjustment is socially oriented but culturally limited.

You also found the reference of "unsoundness of mind", "mental disorder" and "insanity" in the legal framework of marriage. Although they also refer to medical taxonomy, they can be interpreted as social categorization of disorder. If one fails to infer the behaviour as abnormal or subnormal, then the behaviour is de facto "normal". We have already referred to Maddux et al. (2004) that the social categorization of disorders could be "heuristic social artifacts".

Hence, the dynamic of human adjustment process needs to be understood in totality.