PSYCHOLOGY OF ADJUSTMENT
PSYCHOLOGY OF ADJUSTMENT

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DEDICATION

This book is dedicated to Counselling Psychology students who have motivated us to put down this text and to all who labour to adjust to changing times.
ACKNOWLEDGEMENTS

We thank God Almighty for His mercies upon our lives. All the knowledge and understanding that enabled us to write this book came from Him. His mercies endure forever more.

We deeply acknowledge all authors whose works were consulted in the course of writing this book. We also appreciate our students that we have taught Psychology of Adjustment for many years. The idea of writing this book came as a desire to provide basic understanding to the need for adaptation for effective functioning with particular reference to global changes.

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FOREWORD

The adaptation or changing of oneself or one’s surrounding according to the external environment is the basic need for our survival. Psychology of adjustment as defined in this book is an applied psychology that teaches the basic human adjustment in everyday life. There are eleven areas of an individual’s adjustment that have been identified in this book.

This book is very important in times like this when everyone needs to adjust socially, economically, physically and spiritually. The issue of adjustment is of utmost importance to counsellors, psychologist, teachers and parents. The book is therefore, recommended to all for, the need of psychology of adjustment which cannot be over-emphasized.

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PREFACE

Psychology of Adjustment is the heart of counselling. If counsellors must be proficient and relevant to their clients, they must be equipped with what constitutes adjustment.

The book Psychology of Adjustment is a practicing text that has x-rayed the types of adjustment such as normal and abnormal, with a review of theories which a practicing counsellor may find interesting to apply. The process of diagnosing adjustment disorders and characteristics of well-adjusted individuals are outlined. Notable causes and symptoms of maladjustment which include personal crises, bereavement, poverty among others are also discussed. In spite of all that constitutes maladjustment both direct and indirect methods are provided which individuals can benefit from without the help of a practitioner. The book has also identified institutions such as the school, family, parenthood and marriage which are agents of adjustment. It has examined areas that could possibly cause maladjustment with coping strategies. Techniques of adjustment and methods of prevention are outlined. The book is arranged into 10 topical chapters for easy comprehension.

Psychology of Adjustment will serve as a resource material for teachers, trainees and all who need self-help to adapt in this era of “when the going gets tough, the tough gets going”.

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CHAPTER
1

INTRODUCTION

The word Psychology was originally derived from two Greek words -Psyche which means mind or soul, and logos which means study of science. Psyche-logos is therefore, the science of the mind. This view was later defined to mean the scientific study of human behaviour and thought process. It applies the accumulated knowledge of science to practical problems. Psychology has various branches based on the area studied, but all aimed at promoting health and solving human problems. Although this is not easily achieved because of the demands of daily life. These demands create overwhelming feeling of uncertainty even in normally resilient people. This is the reason why there is need for meaningful balance to life in a context of continuous change and challenges.

The concept of adjustment was originally a biological one and was a cornerstone in Darwin’s theory of evolution in 1859. In Biology, the term usually implied adaptation and it was strictly for physical demands of environment. It was efforts made by species to adjust to changes in the environment. Darwin observes that only organisms most fitted to adapt to the hazards of the physical world survived and multiplied, while others who
did not, died. The adaptation or changing of one’s surrounding, according to the demands of external environment, became the basic need for survival. Those who can adjust or adapt to the changing conditions can live happily and successfully. The demands sometimes conflict with each other and this makes the adjustment a complicated process for the individual. For example, if you gratify one of the conflicting needs, the need which is not met will produce frustration and sometimes lead to abnormal behaviour that needs to be adjusted.

Psychologists have viewed adjustment from two perspectives, adjustment as an achievement, and as a process.

**Adjustment as an Achievement**
Adjustment as an achievement means how effectively an individual could perform his or her duties in different circumstances: like in business, military, education and other social activities. Every society needs efficient and well-adjusted men for the progress and wellbeing of the people.

**Adjustment as a Process**
Adjustment is seen as a process when it does not take place in a snapshot. That is, the process of adjustment starts at one’s birth and goes on till one’s death. A child, at the time of birth is totally dependent on others for satisfaction of needs, but, gradually, with age, the child learns to control these needs.
other words, the child, at the early stage cannot differentiate between the various objects of environment. But as maturity sets in, the child learns to articulate the details of his or her environment through the process of sensation, perception, and conception. In general, adjustment process has four parts.

1. a need or motive in the form of a strong persistent stimulus,
2. the thwarting or non-fulfillment of this need,
3. varied activity or exploratory behaviour accompanied by problem solving, and,
4. a response that removes, or at least, reduces the initiating stimulus and completes the adjustment.

Adjustment is also used for varying conditions of social or interpersonal relations in the society since man is a social animal. It becomes difficult for him to live in isolation. They always live in groups and their behaviour is mutually affected. This mutual activity is the essence of social life. Webster (1951) views adjustment as the establishment of a satisfactory relationship as representing harmony, conformance and adaptation. Arkoff (1968) defines adjustment as the interaction between a person and his or her environment. How one adjusts to a particular situation depends on one’s characteristics and also the circumstances at hand.
In Psychology, adjustment is defined as a behavioural process by which a person maintains balance among various needs that one encounters at a given point in time. Each and every situation of life demands that the individual concerned should be able to effectively perform in accordance with some guiding principles, and be able to strike a balance among various forces (Deaga & Jada, 1981).

For an individual to be able to adjust, Rogers (1959) suggests that he or she needs an environment that provide genuiness (openness, self-disclosure, acceptance, being seen with unconditional positive regard), and empathy (being listened to, and understood). Without these relationships, healthy personalities will not develop as they should. It shows that for any person to reach the zenith of his or her potentials, a number of factors must be satisfied. One of them is the tendency to self-actualization. An individual who is self-actualized is a fully functioning person. Adjustment disorder occurs when there is an inability to make a normal adjustment to some needs or stress in the environment.

Having explored different definitions of psychology of adjustment, one can conveniently say that psychology of adjustment is an applied psychology that teaches the basic human adjustment in everyday life.

**Types of Adjustment**
There are two main types of adjustment.
i. Normal Adjustment
This is when a relationship between an individual and his environment is formed on established norms. For example, a child who obeys his parents, who is not unduly stubborn; who studies regularly, and has good habits is considered adjusted.

ii. Abnormal Adjustment
Abnormal adjustment is seen as a problem behaviour or maladjustment. Maladjustment takes place when the relationship between an individual and the environment is not in accordance with established standards or norms. For example, it is possible for a delinquent child to adjust to his environment, but found violating certain moral codes, this is seen as maladjustment.

Adjustment problems are further categorized by specific symptoms experienced. The Diagnostic Statistic Manual of Mental Disorders (2000) identifies them as:

1. Adjustment Disorder with Depressed Mood
People who are depressed with this disorder tend to experience feelings of sadness and hopelessness. It is also associated with crying. You may also find that you no longer enjoy activities that you formerly enjoyed.

2. Adjustment Disorder with Anxiety
Symptoms associated with adjustment disorder with
anxiety include feeling overwhelmed, anxious, and worry. People with this disorder may also have problems with concentration and memory. For children, this diagnosis is usually associated with separation anxiety disorder. This is children’s separation from parents and loved ones.

3. Adjustment Disorder with Mixed Anxiety and Depressed Mood
People with this kind of disorder experience both depression and anxiety.

4. Adjustment Disorder with Disturbance of Conduct
Symptoms of this disorder mainly involve behavioural issues like driving recklessly or starting fights. Teens with this disorder may involve in stealing and vandalizing of properties. They may also be playing truancy in school, and some other vices.

5. Adjustment Disorder with Mixed Disturbance of Emotions and Conduct
Symptoms linked with this disorder include depression, anxiety, and behavioural problems.

6. Adjustment Disorder Unspecified
Those diagnosed with adjustment disorder unspecified have symptoms that are not associated with other types of adjustment disorder. These often
include physical symptoms or problems with friends, family, work and school.

**Areas of Adjustment**

Adjustment in an individual consists of personal as well as environmental components. These two components of adjustment can further be subdivided into smaller aspects of personal and environmental factors. Arkoff (1968) in his book- Adjustment and Mental Health, identifies family, school or college, vocation, and marriage as important areas of adjustment. Joshi and Pandey (1968) in their research that covered school and college students identified areas of human adjustment as:

1. health and physical development,
2. finance, living conditions and employment,
3. social and recreational activities,
4. courtship, sex and marriage,
5. social psychological relations,
6. personal psychological relations,
7. morale and religion,
8. marital and family adjustment,
9. future-vocation and education,
10. adjustment at school and work,
11. curriculum and teaching, and
12. home adjustment.

This has clearly shown that adjustment of a person is based on harmony between his or her personal characteristics and the demands of the environment
which he or she is a part of. Personal and environmental factors that work side by side in bringing about this harmony.

**Objectives of Psychology of Adjustment**

Psychology of adjustment has the following objectives:

i. to improve self-awareness and ability to reflect on human relation issues,

ii. to weigh the pros and cons of self-help and professional psychologist when considering help for personal problem,

iii. to use constructive behaviour in coping with everyday frustration and conflict,

iv. to recognize the causes and consequences of stress and how to effectively manage our own level of stress,

v. to identify ways to establish healthy and ultimate relationships on our lives that support reaching our life goals,

vi. to recognize how environment influences our life choices and behaviours,

and,

vii. to train individuals to be able to solve life’s personal, social, vocational and economic problems.
There are many theories or models of psychology of adjustment, including:

1. **Moral Model**
   This model represents the oldest viewpoint about adjustment or maladjustment. According to this view, adjustment or maladjustment should be judged in terms of morality, that is, absolute norms of expected behaviour. Those who follow the norms are adjusted (good people) and those who violate or do not follow these norms are maladjusted (sinners). Evil supernatural forces like demons, devils, were blamed for making one indulge in behaviour against the norms (committing sins), while the religious gods, goddesses and other saints were responsible for making one a happy, healthy, prosperous, and pious person (adjusted) in the modern sense. As the medical and biological science advanced, scientific reasoning gained a firm footing in the 19th century, then the moral model was replaced by the medico-biological model.

2. **Medico-biological Model**
   This model holds that genetic, physiological, and bio-
chemical factors are responsible for a person being adjusted or maladjusted to self and environment. Maladjustment according to this model comes from diseases in the tissues of the body, especially the brain. Such diseases can be as a result of heredity or damage acquired during the person’s life, by injury, infection, or hormonal disruption, arising from stress, among other things. This model is still relevant and enjoys credibility for rooting out the cause of failure in adjustment in terms of genetic influences, biochemical defect hypotheses, and diseases in the tissues of the body. Though, it is not correct to assign physiological or organic causes to all maladapted and malfunctioning behaviour, especially when there is no evidence of physiological malfunction.

3. Psychoanalytic Model
This model has its origin in the theory of psychoanalysis propagated by Sigmund Freud (1938) and supported by psychologists like Adler, Jung, and other neo-Freudians. According to this model, the human psyche or mind consists of three layers, the conscious, the sub-conscious, and the unconscious. The unconscious holds the key to our behaviour. It decides the individual’s adjustment to self and environment. It contains all the repressed wishes, desires, feelings, drives, and motives, many of which are related to sex and aggression.

Freud sees man as a pleasure seeking animal by nature. He wants to seek pleasure and avoid pain or
anything which is not keeping his pleasure loving nature. The social restrictions imposed by the morals of society and moral standard dictated by superego come in conflict with the unrestricted and unbridled desire of his basic pleasure seeking nature. These pleasures are mostly sexual in nature, and one remains maladjusted until they are satisfied. An individual drifts to maladjustment if such satisfaction is threatened or denied.

A person’s behaviour remains normal, and in harmony with self and environment, if ego is able to maintain balance between the evil desires of ‘id’ and the moral ethical standard of superego. If the ego is not strong enough to exercise proper control over one’s ‘id’ and superego, malfunction of behaviour will result. When this happens, two different situations could then arise:

i. If the superego dominates, then there is no acceptable outlet for the expression of the repressed wishes, impulses, and appetites of the id. Such a situation may give birth to neurotic tendencies in the individual.

ii. If the id dominates, then the individual pursues unbridled pleasure seeking impulses, without care for the social and moral norms. In such a situation, the individual may be seen to engage in unlawful or immoral activities; resulting into maladjustment.
Maladjustment is not viewed only in terms of what the individual may be undergoing at present; what happened in early childhood is also important. This could be what the individual may have experienced as a child. That is, the type of sexual gratifications achieved, what has been repressed in unconscious mind, how he has passed through the distinct stages of sexual development, etc. These are quite important for making adjustment or maladjustment to self and environment.

4. Self-Determination Theory
This theory was developed by Edward L. Doci and Richard M. Ryan (2000). Self-Determination Theory (SDT) stresses that environment with objective support of autonomy facilitate psychological adjustment through their impact on people’s subjective perceptions of autonomy and self-determined motivation. Koestner & Losier, (1996, 2002) maintained that psychological need of autonomy is crucial for personal development as it energizes a wide variety of adaptive behaviours and psychological processes. Autonomy refers to being self-initiating in regulating one’s actions, to be able to make independent choices that are not constrained by others, and have sufficient opportunity for self-expression.

Self-determination theory also posits that exposure to autonomy, supportive environment leads to fulfilment of need for autonomy. Autonomy-
supportive environment refers to environmental conditions that facilitate one’s possibility for being self-initiating and choosing one’s own actions. The theory also proposes the existence of different types of motivation that fall into two broad categories:

i. Self-determined motivation- This refers to behaviour that one engages in out of pleasure (intrinsic motivation),

ii. Non-self-determined motivation- This refers to the behaviour one engages in because of an external pressure or force.

5. Theory of Cognitive Adaptation
This theory was propounded by Taylor (1983), the theory is seen as a process occurring after a threatening event such as a chronic illness. The theory maintains that when individuals experience personal tragedies or setbacks, they respond with cognitive adaptive efforts that may enable them to return to or exceed their previous level of psychological functioning. The themes around which such adaptations occur include:

i. A search for Meaning in Experience
The search for meaning involves the need to understand why a crisis happened or occurred and what impact it has. One of the ways in which meaning is addressed is through causal attributions. That is, following a traumatic event, people will make attributions so as to understand, predict, and control environment (Wong & Weiner, 1981).
ii. An attempt to Regain Mastery
Mastery involves efforts to gain control over the threatening event in particular, and over one’s life in general, by believing that one has control and by exerting behavioural control over threat related events.

iii. Restoration of Self-esteem
This suggests that optimism, perceived control, and positive self-perception promote well-being. Thus, cognition adaptation can occur not only when there is highly heartening event, but also in everyday life. The theory positively correlates with indices of social popularity, both actual and perceived, as well as with happiness and contentment. That is, the individuals that are happier are those who tend to perceive themselves as more positive, who have a tendency to believe that they exert control over uncontrollable events in their lives. They are more likely to be optimistic regarding their future.

6. Rational Emotive Behavioural Therapy
Rational Emotive Behavioural Therapy previously called rational emotive therapy is a comprehensive, active-directive philosophically and empirically based psychotherapy which focuses on resolving emotional and behavioural problems and enabling people to live happier and more fulfilling lives. This theory was developed by Albert Ellis in the mid 1950s. Rational
Emotive Behavioural Therapy framework assumes that humans have both rational and irrational behaviour. Thus, people to a large degree consciously and unconsciously construct emotional difficulties such as self-blame, self-pity, hurt, guilt, shame etc. The central premise of rational emotive therapy is that; events alone do not cause a person to feel depressed or highly anxious. Rather, it is one’s belief of events that contributes to unhealthy feelings and self-defeating behaviours.

7. The Humanistic View
The key people in the humanistic approach are Carl Rogers and Abraham Maslow.

Rogers’ approach emphasizes the role of self-concept and the actualizing tendency. Rogers defines actualizing tendency as the ability of individuals to be able to develop all their capacities in order to maintain or improve themselves to a better life. All aspects of a person’s self-concept must be consistent. This is because people cannot perceive themselves as being both self-assured and shy unless they can reconcile these differences in some way.

Maslow was interested in why people have differing motivations. The variation depends on the circumstances of an individual’s life and that the lower-order needs must be satisfied before a person would be motivated by higher needs. The needs are listed as follows:

i. **Physiological Needs:** These are hunger, thirst,
shelter, food, warmth, and these needs must be satisfied before the individual will be able to think about anything else.

ii. **Belongingness and Love Needs**: Every individual wants to have a sense of belonging to a group. Failure to satisfy these needs may lead to a feeling of loneliness. Thus, learners who feel they are loved and accepted will be more interested than those who feel rejected and maltreated.

iii. **Esteem Needs**: These are self-esteem and need for others; esteem in the positive way one perceives one’s self.

iv. **Self-Actualization Needs**: Self-actualized people are generally free from threat and anxiety. This enables them to behave in ways that are consistent with their own values and self-concept. They live and accept others but require time by themselves to pursue their personal development.

   Self-actualized persons also accept their human nature, as well as those of others. They can recognize the shortcomings of other people and view them critically. They do not derive their greatest pleasure in life from other people, things, or culture. That is, their main source of satisfaction comes from individual development and growth.
v. **Desire to know and understand:** This is the stage an individual thirsts and craves for more knowledge and understanding.

vi. **Aesthetic Needs:** It is the need to have and maintain beauty and cleanliness of self and environment.

**8. Behaviourists Model**
The origin of the behavioural approaches can be traced to J.B. Watson, the father of behaviourism, Ivan Pavlov, Joseph Wolpe, and J.B. Skinner. The behavioural theory is based on the idea that all behaviours are acquired through conditioning. Conditioning occurs through interaction with environment. The behaviourists model emphasizes the following:

i. Behaviour is not inherited, but is acquired or learned through social experience by the individual himself.

ii. The environmental influences provided by culture and social institutions are important, but the interaction of one’s psychological self with physical as well as social environment play a decisive role in determining adjustment success or failure.

iii. Behaviour, whether normal or abnormal, is learned by obeying the same set of learning principles or laws. The behaviour, once occurred or acquired, if reinforced, may be
learned by the individual as normal. As a result, one may learn to consider responses which are labelled normal or abnormal.

iv. Whether or not an individual is considered abnormal or maladjusted for a particular type of behaviour depends on the observer of the behaviour and also upon the social context of the behaviour.

v. Maladapted behaviour may be treated by applying the principle of behaviour modification, unlearning, deconditioning, and correcting environmental situations responsible for its occurrence.
CHAPTER 3

DIAGNOSIS OF ADJUSTMENT DISORDERS AND CHARACTERISTICS OF WELL-ADJUSTED INDIVIDUALS

Diagnosis
There is no biologically, physiologically or genetically, and independently valid test that can reliably identify adjustment disorders. But scientists have agreed that the diagnosis of the disorder can be done using psychological tests and non-tests techniques.

Psychological tests are written, visual or verbal evaluations administered to assess the cognitive and emotional functioning of children and adults. Specifically, psychological tests are used to assess a variety of mental abilities and attributes, including achievement and ability, personality, and neurological functioning. For children, academic achievement, ability, and intelligence tests may be used as tools in school placement, to determine the presence of a learning disability or developmental delay, in identifying giftedness, or intellectual development. Intelligence test may also be used to determine vocational ability.

Achievement and Ability Tests
Achievement and ability tests are designed to
measure the level of an individual’s intellectual functioning and cognitive ability. Most achievement and ability tests are standardized, meaning that norms were established during the design phase of the test by administering the test to a large group. The tests follow a uniform testing procedure, that is, test instructions, tests conditions, and scoring procedures, and their scores are interpreted in relation to established norms. Common achievement and ability tests include the Wechsler Intelligence Scale on children and the Stanford-Binet Intelligence Scales.

**Personality Tests**

Personality tests are inventories that evaluate the thoughts, emotions, attitudes, and behavioural traits that comprise the personality. The results of these tests can help determine a child’s personality strengths and weaknesses, and also identify certain disturbances in psychopathology. A test such as ‘Minnesota Multiphase Personality Inventory for Adolescents’ is used to screen children for specific psychopathologies or emotional problems. Another personality test is projective. A projective test asks a child to interpret some ambiguous stimuli, such as a series of inkblots. The child’s answer will provide insight into his or her thought process and personality traits. In Thematic Apperception Test, the testee is asked to tell a story about a series of pictures.
Neuropsychological Tests
These are tests used on people who have experienced traumatic brain injury, brain damage, or other organic problems. The essence of administering neuropsychological tests is to assess their level of functioning and identify areas of mental impairment. The tests may also be used to evaluate the progress of a patient who has undergone treatment or rehabilitation for neurological injury or illness. Certain neuropsychological measures may be used to screen children for developmental delay and learning disabilities.

Psychological tests should be administered, scored, and interpreted by professionals such as psychologists or psychiatrists with expertise in appropriate areas. Psychological tests have only one element of assessment. Thus, they should never be used as the sole basis for a diagnosis. A detailed clinical and personal history of the client and a review of medical, educational and other relevant records can be acquired to lay groundwork for interpreting the result of any psychological measurement.

Non-Tests
Under non tests techniques for identifying adjustment problems, the following are discussed.

i. Observation and Interview
The teacher can observe the behaviour of children in the classroom, outside the classroom, on the
playground, and library, etc. He can hold interviews with those whom he suspects are maladjusted and can reach definite conclusions regarding individual cases of maladjustment.

ii. The Bell Adjustment Inventory
Bell adjustment inventory scale was constructed by Bell, Professor of Psychology in 1961, to evaluate different dimensions of personal and social adjustment.

It can also be used to measure adjustment of an individual in major life challenges such as going away to school, starting a new job, breaking up with someone, death of a beloved one. Every major life movement comes with its fair share of stress. As one adapts to the latest version of life, he might feel anxious or over-emotional until he reagains his footing. But if these feelings do not go away or get worst overtime, it could be a sign of adjustment disorder.

iii. The Mooney Problem Check-list
The Mooney Problem Check list was developed by Craig Mooney as a way to help people identify and discuss their problems. Problem areas covered by the check list include courtship, sex, marriage, health and physical environment, home and family, morals and religion. The teacher, on the basis of observation may find out maladjusted children in the class.
iv. Taylor Manifest Anxiety Scale
The test sees anxiety as a personality trait. It was created by Janet Taylor in 1953 to identify subjects who would be useful in the study of anxiety disorders. The test originally consisted of 50 true or false questions a person answers by reflecting on them in order to determine their anxiety level. This was done using descriptive statements of overt symptoms of anxiety. Teachers can use this scale to screen children who have excessive anxiety.

Criteria for Official Diagnosis of Adjustment Disorders
In order to officially diagnose somebody with adjustment disorders, the following criteria must be met and reported to a professional:

i. Symptoms are observed or experienced within approximately three months after an event that is categorized as a stressor,

ii. one or all of the symptoms are unusually severe in length or intensity,

iii. symptoms do not indicate the normal reaction or grieving after a tragedy or catastrophic event, and,

iv. no other disorders are reported or associated with the symptoms.

Characteristics of Well-Adjusted Individuals
The healthy personality has certain well-defined skills and characteristics. They are:
1. Perception of Reality
Accurate perception of reality is essential to mental health. That is, if people are to adjust to and cope with the demands and stresses in everyday life, they must be able to interpret reality accurately. Accurate perception of reality is one of the characteristics of Maslow’s self-actualized persons. These people are quite perspective in their evaluation of situations and others. To see reality accurately, a person’s interpretation must be relatively free from personal motives.

2. Living with the Past and the Future
Healthy people are able to profit from the past experience and then plan for the future. They are capable of anticipating difficult situations that might arise in the future and are able to deal with them effectively. Well-adjusted people are able to achieve a balance between the past, present, and the future. This enables them to get the most of life. Donald & Miller (1950) noted that the inability to learn from experience is a sign of abnormal behaviour.

3. Social Relationships
Healthy people are able to achieve intimacy in social relationships. They have capacity to form relationships and go much deeper than mere acquaintanceship. Such people may not have large number of friends. Rather, they share their lives with a small circle of people to whom they are close to.
Healthy people are socially competent. They feel comfortable in interacting with others and can make use of social contacts to satisfy their needs. This does not mean that healthy people exploit others. They do not manipulate others in order to gain their own needs, but base their relationships on mutuality. According to Lazarus (1969), such people are cherished and trusted and people are willing to offer something of importance to them. In fact, most of us would be happy doing favour to someone we like, especially when we know that the person would be pleased to return the favour.

4. Emotional Experience
The healthy personality has the capacity to feel and express a full range of emotions. It is natural and desirable to feel happy, and at the same time feel sad and angry. Expression of emotion is often blamed for psychological difficulties, individuals who do not experience full range of emotions are not likely to find maximum satisfaction in life.

There are two characteristics that distinguish healthy emotional experience. The first is emotions should be realistic. That is, they should correspond to the circumstances in which they occur. For instance, a healthy person feels happy after achieving a personal goal, and feels guilty or unhappy after offending his friends’ feelings. The second characteristics of healthy emotional experience is concerned with effective negative regulation. It
shows that, healthy individuals are able to regulate their feelings. They do not often experience excessive and inappropriate feelings. They would not become so angry that they cannot control their behaviour. They would not usually become so sad and depressed that they have difficulty carrying out day-to-day tasks.

5. The Self
Healthy people view themselves in a positive way, and are viewed the same way by others. Rogers and Maslow noted that, well-adjusted people accept themselves, but less adjusted people often dwell on their shortcomings to the point that they cannot help having bad feelings about themselves. The person in this state might say “I am a worthless person”. However, a healthy person would say, “I may not be as intelligent as I would like to be, but I am still happy with the way I am”.

There is an agreement between how people view themselves and how others view them. This agreement is one of the hallmarks of the well-adjusted person. The presence of disagreement is a prominent feature of psychological disturbance. Healthy people are also able to see themselves accurately because their personal motives and defenses do not influence their self-perceptions.

It is also important to note that people acquire feelings about themselves as regards values, attitudes, perceptions, and behaviour from their
interactions with other people. For instance, children are influenced by parents, siblings, friends, and teachers. All those relationships contribute to their personality make up. Adjustment being a social concept; we must deal with every individual in the context of other people.

In the same vein, Chauhan (2007) asserts that a mentally healthy person has the following characteristics:

1. A mentally healthy person is able to adapt to the changing conditions of the environment.
2. A mentally adjusted person is socially awakened. He or she participates in social activities, and functions properly under strain and stresses of emotional disturbance.
3. The emotions of a well-adjusted person are trained and controlled, and he or she is free from persistent emotional tensions in life.
4. A mentally healthy person does not indulge in antisocial activities. But does everything in accordance to the social norms and values of the society. Such a person fulfils his or her objectives in harmony with other people.
5. A mentally healthy person has insight into his or her conduct, self-evaluates his or her behaviour and improves it on the basis of his or her self-examination. They do not claim to know everything.
6. Rogers also affirms that people could achieve their goals, wishes and desires in life if they
are self-actualized. He calls a self-actualized person a fully functioning person.

7. A fully functioning person is always in touch with different experiences as they occur in life, avoiding pre-judging and preconceptions, he or she is able to live and fully appreciate the present, not always looking back to the past or the future; but, lives for the moment.

8. Creative thinking and risk taking are features of a person’s life. That is to say, a creative person does not play safe all the time. He or she adjust, change, and seek new experiences.

9. A mentally healthy person is always happy and satisfied with life, and always looks forward to new challenges and experiences.

The feelings of self-worth are developed in early childhood, and are formed through the interaction of the child with the mother and father. As the child grows older, interaction with others affect feelings of self-worth. Thus, we need to feel valued, respected, treated with affection, and to be loved. Positive regard has to do with how other people evaluate and judge us in social interaction.

Furthermore, a conducive atmosphere should be created where parents and all significant others accept and love the person for what he or she is. Positive regard is not withdrawn if the person does something wrong or makes mistake. The consequence of unconditional positive regard is that,
the person feels free to try out, and makes mistake, even though this may lead to getting it worse at times. People who are self-actualized are more likely to receive unconditional positive regard from others, especially from their parents in childhood.

**Criteria for Adequate Adjustment**
Developing serviceable adjustment criteria for adequate adjustment requires value judgment which have no scientific basis, but depends on our beliefs as members of a particular society. There are four main classes of criteria for evaluating adequacy of adjustment. They include:

1. **Psychological Comfort.** It is expected that a person who is adjusted should be psychologically comfortable. Experiencing discomfort implies some inadequacy of psychological adjustment.

2. **Work Efficiency.** Work efficiency is often attributable to a state of stress, which can impair the ability of an individual to function up to expectation or personal capacity.

3. **Physical Symptoms.** Sometimes physical symptoms are only the evidence of inadequate adjustment. They appear in the form of damage to body tissues, Therefore, for a person to be declared as adequately adjusted, he or she must be free from the physical symptoms of adjustment disorder.

4. **Social Acceptance.** There are some kinds of
adjustments that are socially acceptable and quite useful; they are what other persons want. For example, responding positively to the financial need of a person seeking help in the treatment of an illness is socially desirable, whereas engaging in child trafficking is not socially accepted (Rutter, 1987).
The word personality comes from the Latin word “persona”, which means mask. However, it can be defined in different ways, depending on whether the focus is on an individual or a group of people. McCrae & Costa (2003), define personality as individual differences in characteristic patterns of thinking, feeling and behaviour. It is also seen as the pattern of thoughts, feelings, social adjustments, and behaviour consistently exhibited over time that strongly influence one’s expectations, self-perception, values, and attitudes. It predicts human reactions to other people’s problems and stress. Allport (1961) describes two major ways to the study of personality. The Nomothetic and the Idiographic. The Nomothetic seeks general laws that can be applied to many different people such as the principle of self-actualization or the trait of extraversion. Idiographic refers to an attempt to understand the unique aspects of a particular individual.

Distinguishing Features and Characteristics of Personality
The results of various experimental studies and observations have led to identification of the following characteristics of personality.
1. Personality is something unique and specific. Every one of us have specific characteristics for making adjustments. However, the uniqueness of an individual’s personality does not mean that there is nothing to share with others. Individuals have certain characteristics which they share with others, and at the same time many others that are unique to self.

2. Self-consciousness is seen as one of the main characteristics of personality. Man is described as having a personality only when the idea of ‘self’ enters into consciousness. In this case, we do not attribute personality to a child because the sense of personal identity is vague (Bhatia, 1968).

3. Personality covers the external and the internal, the essential and the non-essential. Allport (1948) notes that it covers conscious activities but goes deeper to the semi-conscious and unconscious.

4. Personality is not just a collection of so many traits, it is also seen as an organization of psychophysical system or some behaviour characteristics and functions as a unified whole. For instance, an individual’s personality cannot be judged by only looking at the physical appearance or sociability.

5. Personality of an individual remains stable to a large extent; but it cannot be said to be static. It is dynamic and continuously in the process
of change and modification. Hence personality is everything about the person, it gives all that is needed for adjustment in the environment. Adjustment being a continuous process, one has to struggle with the environment as well as the inner forces throughout life. Thus, people have to continually modify and change their personality patterns. This is what makes the nature of personality dynamic.

6. Personality is sometimes affected by disorganization and disintegration, leading to severe personality disorders on account of factors and conditions like severe anxiety, stress, traumatic experiences, prolonged illness, infections, and damage to the brain and nervous system.

7. Every personality is the product of heredity and environment. Both contribute significantly towards the development of the child’s personality. A child is not born with a personality but develops one as a result of continuous interaction with environment.

8. Learning and acquisition of experiences contribute towards growth and development of personality. Every personality is the end-product of process of learning and acquisition of knowledge.

9. The word ego is generally used for that unified part of personality which in ordinary language, we call “I”. The psychoanalytic view of
personality as advocated by Freud, is only a small aspect of the total personality. Personality, therefore, stands for more than what the ego carries.

10. Every person’s personality has one or more distinguishing features for the purpose of aiming towards some specific goals. Adler clearly states that a man’s personality can be judged through a study and interpretation of the set goals and the approaches to solving life problems.

**Personality Trait Model**
A personality trait is a durable disposition to behave in a particular way in a variety of situations. McCrae & Costa (2003) used factor analysis to arrive at five-factor models of personality as the ‘Big Five’.

1. **Extraversion**
This refers to people who score high in extraversion and they are characterized as outgoing, sociable, upbeat, friendly, and assertive. They also have a more positive outlook on life and are motivated to pursue social contact, intimacy, and interdependence.

2. **Neuroticism**
Neuroticism is a high-order personality trait in the study of psychology. Individuals who score high on neuroticism are more likely than average to be moody and to experience feelings such as anxiety, worry,
fear, anger, frustration, depressed mood and loneliness. People who are neurotic respond worse to stressors and are more likely to interpret ordinary situations as threatening and minor frustration as hopelessly difficult. They are often self-conscious and shy, they may have trouble controlling urges and delay gratification. They tend to be anxious, hostile, self-conscious, insecure, and vulnerable.

3. **Openness to Experience**
Openness to experience is associated with curiosity, flexibility, vivid fantasy, imaginativeness, artistic sensitivity, and unconventional attitudes. This is a correct description of a creative person.

4. **Agreeableness**
Agreeableness is one of the five personality traits of the Big Five personality theory. A person with a high level of agreeableness in a personality test is usually warm, friendly, and tactful. He generally has optimistic view of human nature and get along well with others. They tend to be sympathetic, trusting, cooperative, and conscientious.

**The Structure of Personality**
Human personality is complex and has more than a single component. In psychoanalytic theory of personality, it is comprised of three elements. **id**, **ego**, and **superego**. The id is the innermost core of the personality, the only structure present at birth,
and the source of all psychic energy. It exists totally within the unconscious mind. Freud (1965) maintains that the id has no direct contact with reality and functions in a totally irrational manner. Operating according to the pleasure principle, it seeks immediate gratification regardless of rational considerations and environmental realities. The id cannot directly satisfy itself by obtaining what it needs from the environment because it has no contact with the outer world. In the course of development, a new structure called the ego is developed.

The ego has direct contact with reality and functions primarily at a conscious level. It operates according to the reality principle, testing reality to decide when and under what condition the id can safely discharge its impulses and satisfy its needs.

The last personality structure to develop is the superego, the moral arm of the personality. Develop by the age of 4 or 5. The superego contains the traditional values and ideals of family and society. These ideals are internalized by the child through identification with parents, who also use reinforcement and punishment to teach the child what is right, what is wrong, and how the child should be. With the development of the superego, self-control is substituted for external control.

The Ego also strives to control the instincts of the id, particularly the sexual and aggressive impulses that are condemned by the society. The id says, ‘I want,’ and the superego replies, ‘do not do it’, ‘that
would be evil’. The ego simply tries to postpone instinctual gratification until conditions are safe and appropriate. The superego, in its blind quest for perfection, tries to block gratification permanently. For the superego, moralistic goals take precedence over realistic ones, regardless of the potential cost to the individual. Thus, the superego might cause a person to experience intense guilt over sexual activity even within marriage because it has internalized the idea that sex is dirty.

With the development of the superego, the ego tries to achieve compromise between the demands of the id, the constraints of the superego, and the demands of reality. This balancing act has earned the ego the title, ‘Executive of the Personality’. The three components need to be well-balanced in order to have a good amount of psychological energy available and reasonable mental health.

**Personality Development**

Personality development is relatively enduring patterns of thought, feelings, and behaviours that distinguish individuals from one another. The dominant view in the field of personality psychology holds that personality emerges early and continues to change in meaningful ways throughout lifespan. It also means the development of the organized pattern of behaviours and attitudes that make a person distinctive. It occurs by ongoing interaction of temperament, character, and environment. Temperament is the set of generally determined traits
that determine the child’s approach to the world and how the child learns about the world (Shaffer & David, 1995). There are no specific genes that specify personality traits, but some genes do control the development of the nervous system, which, in turn, controls behaviour. A person’s character continues to evolve throughout life time, although much depend on inborn traits and early experience.

According to Freud (1961), children pass through series of psychosexual stages, including oral, anal, phallic, genital, and latency. During the oral stage, which lasts throughout the first 18 months, the infant’s sensual pleasures focus on sucking, biting, and chewing.

At the anal stage, from about 18 months to 3 years, the sphincter muscles become sensitive and controllable, and bowel and bladder retention and elimination become a source of gratification.

During the phallic stage, from roughly 3 to 6 years, the pleasure zone shifts to the genitals. During this stage, the boy seeks genital stimulation and develops both unconscious sexual desires for the mother and jealousy and hatred for the father, whom he consider as a rival. Given these feelings, the boy would also feel guilty and a lurking fear of punishment, perhaps by castration, from the father. Freud called this collection of feelings the Oedipus Complex after the Greek legend of Oedipus, who unknowingly killed his father and married his mother. The girls experience Electra complex.
Children eventually cope with threatening feelings, by repressing them and by identifying with the rival parent. Through this identification process, children’s superego gain strength as they incorporate many of the parents’ values. Identification with the same-sex parent provides what we now call our gender identity, our sense of being male or female.

As their sexual feelings are repressed and redirected, children enter a latency stage. During latency, extending from around age 6 to puberty, sexuality is dormant and children play mostly with peers of the same sex. At puberty, latency gives way to the final stage, the genital stage, as the person begins to experience sexual feelings towards others.

Maladapted behaviour in the adults comes from conflicts unresolved during earlier psychosexual stages. At any point in the oral, anal, or phallic stage, strong conflict can lock, or fixate, the person’s pleasure-seeking energies at that stage. For example, people who were either orally deprived (perhaps by early weaning) might fixate at the oral stage. Orally fixated adults are said to exhibit either passive dependence or they might continue to seek oral gratification by excessive smoking and eating. Similarly, those who never quite resolved the anal conflict between the desire to eliminate at will and the demands of toilet training may be disorganized (anal expulsive) or highly controlled and excessively neat (anal retentive).

The dynamics of personality involve a never ending struggle between instincts and drives in the
id striving for release, and the counterforces generated by the ego and superego to contain them. Observable behaviour often represents compromises between motives, needs, impulses, and defenses. When the ego confronts impulses that threaten to get out or is faced with dangers from the environment, anxiety results. Like physical pain, anxiety serves as a dangerous signal and motivates the ego to deal with the problem at hand. In many instances, anxiety can be reduced through realistic coping behaviours - when a person who is extremely angry at someone, and works on the problem through rational discussion instead of a murderous assault (Rogers, 1995). However, when realistic strategies are ineffective in reducing anxiety, the ego may resort to defence mechanisms, unconscious mental operations that deny or distort reality. Some of the defence mechanisms permit the release of impulses from the id in disguised forms that will not conflict with forces in the external world or with the prohibitions of the superego.

**Determinants of Personality**

Man is a by-product of a complex system of variables such as heredity and environment, which constantly interact with personality and shape it. According to Chauhan (2007) genetic factors are the basics that determine the personality development of an individual. Psychological determinants such as ductless glands, nervous system, emotion and
motivation all play important roles in the development of an individual personality.

1. Genetic Determinant
Heredity is of two types, the biological heredity, which the child inherits from forefathers in the form of chromosomes, and the second is social heredity. This refers to all that one generation gets from the preceding generation in the form of social tradition, customs, and skills. Each generation transmits the acquired skills and knowledge to the succeeding generation. Under genetic determinant, the following points are considered:

i. Principle of Heredity
Every normal human being knows that a cat gives birth to kittens, dogs to puppies, and human beings have babies. Children, generally, resemble their parents or relatives. In some cases, children do not resemble their parents, and this variation is universal. Chauhan calls it “the principle of variability of inheritance.”

ii. Mechanism of Heredity
When the human sperm and egg unite, the fertilized egg is called zygote. Each parent provides 23 pairs of chromosomes. Chromosomes are called coloured body. Each cell in the body contains the same number of chromosomes. Within the chromosomes, there are thousands of genes. These genes are carriers of
heredity characteristics from one generation to another.

2. Social Determinants
Man is born in a social setup. All men are born alike with respect to their biological need. Differences set in by social environment in which needs are not met. Geographical and physical conditions of environment play important roles in shaping the personality of human beings. For example, people living in deserts, hilly areas, and plains have great differences in their body built, mode of living, colour, and habit. Social determinants have the following:

i. Role of the Home in Social Determinant
All psychologists will agree that the personality of an individual develops with constant interaction between biological inheritance and environmental factors. The home plays an important role in shaping the personality pattern of an individual in early infancy: the first environment the child comes in, is the home. Here, the child comes in contact with the father, and mother, and other members of the family. The child’s likes, dislikes, view about other people, expectancies of security, and conditioned emotional responses, are all shaped in early childhood.

ii. Role of School
School plays an important role in moulding the personality of children because, significant part of a
child’s life is spent in school between the ages of 6 and 20 years. While in school, he continues the process of liking and disliking, conforming and rebelling, acquiring a concept of the world and self.

iii. Teacher’s Role
The teacher has crucial roles to play in shaping the personality of students. The way the teacher teaches and handles students has an effect on the development of personality of children.

iv. Cultural Determinant
Every society is characterized by its cultural heritage which is transmitted from one generation to another in the form of social heredity. Culture is defined as the totality of life activities in a society; what people think or do and feel constitute the culture of a society. Culture is a great educator of human beings, sometimes directly and sometimes indirectly, by the methods of training and by great social heritage. It leaves permanent impression on the personality of a child.
CHAPTER 5

CAUSES AND SYMPTOMS OF MALADJUSTMENT

Maladjustment is a complex problem of human behaviour. This is because the exact causes of adjustment disorders have not been determined to date. Likely causes could be as a result of interactions of genetic factors exposed to stressors, and altered levels of certain chemicals in the brain. In other words, there is no single factor that is responsible for it. The causes are the outcome of multi-factors interacting with the developing personality of the child. Here are some commonly known stressors that are responsible for maladjustment.

1. Personal Crisis
Personal crisis could be widespread events that affect many people, such as motor accident, herdsmen attack on local farmers, September 11 catastrophe, the death of a loved one, loss of a job, and the need to care for a patient who has an incurable or terminal illness.

2. Bereavement and Grief
Bereavement is the period of grief and mourning after the death of someone significant to you. Kennedy and Charles (2001) view bereavement as a term that
helps us to distinguish human loss from that of depression. It is seen as a powerful word for our reaction to the overwhelming way death attacks us in the loss of a spouse, child, parent or another loved one. Grief is a normal process of reacting to a loss, one may experience it as a mental, social or emotional reaction.

The normal course of recovery from bereavement often extends to a year or more, and such a pattern of recovery is not considered to be an adjustment problem. It is only when a person’s response differs from this normal pattern and when coping difficulties and emotional distress continue without gradual improvement, that the diagnosis of adjustment disorder will be given. The behavioural and psychological aspects of bereavement in adults are identified by Sarason & Sarason (2013) as:

a. Crying,
b. agitation and restlessness,
c. preoccupation with the image of the dead person,
d. social withdrawal,
e. decreased concentration and attention,
f. depressed mood,
g. anxiety,
h. muscular weakness,
i. sighing,
j. sleep disturbance,
k. endocrine changes,
l. cardiovascular changes, and
m. decreased body weight.
3. Life Transitions
These refer to life transitions that grow out of an individual’s part of personal development. They include:

   a. Birth and development: mother-child relationship,
   b. initial step toward independence and transition out of home environment,
   c. the biological and social changes that mark puberty and adolescence,
   d. major educational transition such as going to college
   e. entry into the world of work,
   f. marriage, bearing and rearing of children,
   g. moving to a new place of residence, and
   h. retirement.

4. The Physique (Body Image)
The physique and appearance play an important role in the social development of a child. For example, if a child is physically weak, ugly, and has some sensory problems, he or she may be shunned by others. Comments by siblings, friends, parents, and strangers affect the behaviour of the ugly child.

5. Poverty
There is a clear relationship between poverty and maladjustment in children and adults. The highest percentage of maladjusted children seem to come from parents of low-economic status. But this does
not necessarily mean that all children who come from under-privileged families are maladjusted. The crucial point here is that, if parents fail to meet their children’s basic needs, this can lead to maladjusted behaviour (Chauhan, 2007).

6. Broken Homes
Several studies on broken homes have established that children who come from homes that have been broken by death of parent, divorce, separation, physical or mental handicap of the parents are often more maladjusted than children from stable homes. Children from broken homes hardly get love, security, and sympathy. Therefore, they are emotionally unstable or disturbed.

7. Personal Inadequacy
This refers to inability or failure to meet the demands of society, such as coping with problems and social relationships: usually reflect in emotional instability. If someone has feelings of inadequacy, he or she cannot cope with life in general. For instance, if you are ambitious and set high goals that you cannot achieve, you will be frustrated.

8. Lack of Employment
Every year, thousands of students graduate from various institution of learning in our country. These young people are very ambitious about what they can do to take care of themselves, but to no avail.
Most of them have become restless, anxious and sometimes, rebellious against the society.

**Symptoms of Adjustment Problems**
A person with adjustment problem develops emotional or behavioural symptoms as a reaction to a stressful event. These symptoms generally begin within three months of the stressful event and last not longer than six months after the event or situation. The person may exhibit behaviours that are against rules and regulations of family or place of work. The symptoms may include:

1. **Somatic Manifestations**
   A somatic disorder formally known as somatization disorder, is a form of mental illness that causes one or more bodily symptoms, including: cold hands and feet, shallow breathing, dried mouth, difficulty in concentration, heart palpitation, elevated blood pressure, and muscular tensions.

2. **Behavioural Manifestations**
   Under behavioural manifestations, the following signs are observed:
   i. Engaging in self-destruction behaviours,
   ii. withdrawing from friends and previously enjoyed activities,
   iii. increase in amount of time spent alone,
   iv. using drugs or alcohol to help combat feelings of sadness or stress,
v. fighting, and
vi. acting out.

3. **Physical Manifestations**
Under physical manifestations, the sufferer experiences muscle tension, or uncontrollable muscle movement.

4. **Cognitive Manifestations**
Cognitive manifestations take place in a person’s thought. They range from worry to panic. Severe forms can bring conviction of impending doom that makes one feel that the world is coming to an end. People under this group also find it difficult to focus on particular tasks, and they are overwhelmed by demands of school or work.

5. **Psychosocial Manifestations**
The term psychosocial refers to the psychological and social factors that influence mental health. Social influences such as peer pressure, parental support, culture religious background, economic status, and interpersonal relationships. Thus, individuals with psychosocial disorders frequently have difficulty functioning in social situations and may have problems in communicating freely with others. Psychosocial manifestations include:
   i. Anxiety,
   ii. stress,
   iii. feeling of hopelessness,
iv. worrying,
v. fear of separation from important figures,
vi. suicidal thoughts, and
vii. they also show signs of depression.

Any of the symptoms associated with adjustment problems might become more severe over time and will eventually interfere with social activities. (Schatzberg, 1990). People who are familiar with the affected person or know the personality traits are often best qualified to recognize these symptoms quickly.

**Symptoms of Chronic Adjustment Disorders**

Chronic adjustment disorders occur when the disorders continue for more than six months. The following kinds of behaviour are the major symptoms of chronic adjustment disorders:

i. Extreme restlessness, easily excited, destructive tendencies towards people and things, frequent emotional upsets, constant day-dreaming, feelings of extreme tensions, feelings of inferiority, abnormal fear of many things, preference for playing alone, stubbornness, resentful of criticism, excessive sulking, feelings of great importance, tendency to bully other children, constant need for attention; inability to work hard on anything, repeated truancy and inability to make decisions.
ii. The physiological symptoms of chronic maladjustment may take the form of reversal complications in toilet habits; obstinate constipation, diarrhea, excessive urinary. Chronic maladjustment is also frequently reflected in feeding disturbances, obesity, and anorexia.

iii. Non-pathological withdrawal is characterized by the following kinds of behaviour:

I. The child prefers solitary activities at the expense of social interactions; likes to read, listen to music, and watch movies.

II. The child prefers to make psychological adjustments on the unreality level: likes to day-dream about a romantic and glorious future for himself, about being loved by friends, about defeating his ‘enemies’ and about satisfying all of his psychological needs that are difficult to satisfy in reality. Most of these behaviour patterns are displayed at one time or another by all children.

4. The nervous habits in children living under conditions of extreme psychological stress usually appear as thumb sucking, fingernail biting, nose picking, head scratching, head banging, face rubbing, nervous finger movements or hand wringing, restless pacing, frequent crying over minor circumstances,
body rocking, lip biting, facial tics, nervous singing or talking in the absence of others, frequent urination, and the like (Kundu & Tutoo, 2012).
A method of adjustment is an experimental technique where a participant is able to adjust to a variable stimulus to match a requested standard. There are two methods of adjustment; direct and indirect. These methods are used in attempt to restore harmony between the individual and environment. These methods are also known as methods of tension reduction. They are always pointing to the relief of distressed feeling.

**Direct Methods**
Direct methods are always conscious and rational. The need for which satisfaction is sought is also conscious. They are typically employed to solve a typical problem, once and for all. Kundu & Tutoo (2012) identified them as:

i. **Substitution of other Goals**
This is an attempt to achieve an original goal that failed. For example, if someone’s Joint Admissions and Matriculation Board (JAMB) score is not up to the cut-off point of the course of choice, he or she can consciously substitute for another course. Still under substitution, there is substitution of partial goal, which states that a man who dreams of a palace,
brings a few pieces of marble and keeps them in the house. A girl who failed an examination purchases a new dress. By doing this, her tension is reduced.

ii. **Analysis and Decisions**

This explains that when a person is confronted with two or more goals, he or she has to renounce one goal for another or makes a compromise. This requires the ability to make a decision between one goal or another. For instance, an M.Ed. student who is in Government service may be confronted with two goals; whether to do M.Ed. or to resign from Government service. He or she has to make a choice. This is a conscious method of adjustment.

**Indirect Methods**

Indirect methods are also called mechanisms. According to the Freudian psychanalytic theory, defence mechanisms are psychological strategies that are unconsciously used to cope with anxiety arising from unacceptable thoughts or feelings. They are different from direct methods because they are typically unconscious and they do not solve the adjustment problem once and for all, but only for a particular period. Under indirect methods, the following subheadings are considered:

1. **Simple Denial**

Denial is the refusal to accept reality or fact, acting as if a painful event, thought or feeling does not exist. It is considered as one of the most primitive of the
defence mechanisms because it is characterized by early childhood development. Many people use denial in everyday lives to avoid dealing with painful feelings or areas of their lives they do not want to identify with. In adults, the percentage of denial is higher than in children. Adults are not always ready to admit failures in their daily lives. This is because denial helps them to postpone facing problems or failures.

2. Aggression
Aggression is an umbrella term for behaviours that are intended to inflict harm. Though it can be interpreted in several ways. For instance, We call a vigorous person aggressive. The person who tries to dominate is also called aggressive. Aggression is a typical adjustment mechanism used in attempt to hurt or destroy the source of frustration. It may be classified into two broad categories:
   i. Extra punitive: Extra punitive responses are those in which the individual aggressively attributes the frustration to external persons or things. It may be physical attack on the source of obstacle. It may take the form of retaliation or revenge from the person in form of verbal expression. It may be in the form of criticism against the person. Sometimes, the individual fails to take any aggressive step against the person in authority who is the source of frustration. In such a case, aggression
is shifted to inanimate objects or animals. The child beats his doll; the boy kicks the dog, if women are offended by their husbands, they maltreat the children in the house.

ii. Intropunitive: Intropunitive responses are those in which the individual aggressively attributes frustration to self. Sometimes, the person is the source of frustration. He criticizes self and may inflict physical punishment.

3. Compensation
Everybody tends to make-up deficiency of one trait or area of development in another area. When a person feels weak and fails in one area, it may be compensated in another field. Needs which are frustrated and unmet are gratified in order to release tension and conflict. The compensation may be in areas of biological, psychological, and social weaknesses. The student who does poorly in academics compensates in non-academic activities.

4. Sublimation
Freud defines sublimation as a device by which an individual’s anti-social impulses are made socially acceptable. Among all the mental mechanisms of defence, sublimation is the most advanced, highly developed, and constructive mechanism. Their direction and aim thus become deflected and redirected towards substitute goals. It contributes to character and personality development and plays
an important role in the prevention and resolution of emotional conflicts, anxiety, and maintenance of emotional and mental health. Sublimation also plays a major role in moulding personality and in the development of specific character traits, such as research ability, curiosity and literary interest.

5. **Identification**
Identification may be defined as a mental mechanism operating outside and beyond conscious awareness, through which an individual, in varying degrees, makes his or her personality like someone else. Identification may be a conscious process; the person seems to be aware of his personality, and to equate with a similar model who has the characteristics that are supposed to reduce anxiety.

6. **Projection**
This is placing one’s own unacceptable impulses on others, as in the case of blaming the question setter for low grade in examination. It is the most common adjustment mechanism which is used by all people in daily life. Freud views projection as a process by which we ascribe to the external world, the rejected impulses of the id. Children who are doing poorly in the class are often very critical of the teacher. When projection is used frequently, it indicates symptoms of mental ill health. The most extreme form of projection is known as paranoia, in which the patient experiences delusion. Projection provides an
unsatisfactory solution to frustration and can cause harm to the person because it involves distorting an important part of the world.

7. **Rationalization**

Rationalization is defined as a mechanism by which an individual justifies his beliefs and actions by giving reasons other than those which motivated him. Rationalization is the most popular adjustment mechanism which is used, almost by all persons in daily life. It is a response to reality that falsifies circumstances. The aim of rationalization is to lessen frustration by giving sound and worthy reasons for an action which is frustrating. No one is ready to accept failure, but strive to achieve desired goal and does not accept behaviour that falls short of what people expect from him. The child who fails in the examination blames the paper setter or lack of books, the stumbling child blames the chair, the man who is arrested for stealing, blames the devil. This is how people give socially acceptable reasons for failures. It is a mild form of repression in which the facts are distorted rather than forgotten.

8. **Regression**

Regression is defined as the reversion to an earlier stage of development in the face of unacceptable thoughts or impulses. The adult who has been frustrated in fulfilling his needs may return to more primitive modes of behaviour, by crying like a child.
Sometimes psychologists call regression the process of fixation. For example, the old man who always talks of his youth, shows the mechanism of regression. It is useful for maintaining mental balance in social environment. As useful as regression is, it can pose a serious problem for those who use it habitually to all problems. In its extreme form may indicate severe forms of mental ill health.

9. Repression
Repression is a psychological defence mechanism that occurs when a person consistently pushes away a particular painful or disturbing thought, memory or desire in an attempt to keep his or her mind in a more pleasurable, less anxious state. Freud holds that although these thoughts are out of the conscious mind, they inevitably remain in the unconscious mind and often lead to psychological problems (White, 1983). Repression is caused by forces active within an individual. This is why people try to forget what makes them feel inferior, ashamed, guilty, and anxious.

In repression, painful and anxiety producing experiences are unconsciously and automatically excluded from the conscious thought process. Through the process of repression, the individual forgets sad and painful experiences in order to escape from troubles and conflicts. The ego drags into unconscious those impulses which conflict with social norms. In brief, we can say that repression is a mental
mechanism by which we keep out of consciousness what is dangerous and anxiety producing ideas.

10. **Reaction Formation**
In Sigmund Freud’s psychoanalysis, reaction formation is a defence mechanism in which anxiety-producing or acceptable emotions are replaced by their direct opposites. By using the reaction formation, the id is satisfied, while keeping the ego in ignorance of the true motives. Conscious feelings are the direct opposite of unconscious. For instance, life versus death, construction versus destruction, dominance versus submission etc.

11. **Negativism**
Negativism is a mechanism by which an individual draws the attention of another person. It is partly a defence and partly an escape mechanism. The person develops strong and irrational resistance in accepting the suggestions of others. Negative feelings do not serve some useful purpose, but they hinder the achievement of some goals.

12. **Fantasy**
Fantasy is a mechanism of wish fulfilling. Day-dreams reflect our wishes and frustrations, hopes, and disappointments. By a simple flight into fantasy, we escape the hardships and unpleasant aspects of real life, compensate ourselves for some inadequacy or gratify in our imagination some frustrated ambitions.
In fantasy, all obstacles disappear and those who offend us are punished. Fantasy is at its peak in adolescence. Adolescents day-dream of their future success in life. A world without fantasy would be one without music, painting, literature, drama, or new ideas. However, excessive fantasy without action may be harmful for the individual and the society.

13. Acting Out
Acting out refers to performing an extreme behaviour in order to express thoughts or feelings the person feels incapable of expressing. Instead of saying, “I am angry with you” a person who acts out may throw something like a book at the person he is angry with. When the person acts out, it leads to pressure release, and the individual becomes calm and peaceful again.

Characteristics of Adjustment Mechanisms
There are many characteristics of adjustment mechanism including:

1. Adjustment mechanisms are used by almost all people. They are ideas which are inferred from the behaviour of individuals. All mechanisms are used to protect or enhance the person’s self-esteem against dangers. They increase satisfaction and help in the process of adjustment, if used within limit.

2. In all adjustment mechanisms, the individual distorts reality in one way or the other, because the method of protecting against dangerous
inner impulses or escaping from anxiety involves some kind of distortion of the conscious representation of the person’s impulses.

3. The overall effect of adjustment mechanism is to cripple the individual’s functions and development through falsifying some aspects of impulses, so that the person is deprived of accurate self-knowledge as a basis for action.
CHAPTER 7

ADJUSTMENT AND SCHOOL

The school assumes great responsibility in the process of harmonious development of personality. Children spend six to seven hours in school on school days. Thus, the school helps in the development of children’s’ potentials, by catering for their needs. These students face adjustment in school year after year, because there are challenges to adjust to like: strange buildings, new teachers, new academic activities, and they need to mix with new and diverse groups of children. As daily schedule is more structured with more formal rules, children are faced with large groups of children of different ages and sizes, especially during assembly and playtime. They are also confronted with challenges of making new friends, new environments as compared to home.

There are other conditions that require school adjustment including:

1. Lack of Guidance and Counselling
Mastery over content and subject matter only, without caring for the interest of students, causes maladjustment. If no guidance is provided for various areas at different levels, students will become confused, frustrated, and become maladjusted. In other words, lack of guidance is liable to lead an
individual to inadequate thoughts, decision and, wrong behaviours.

2. Social Laws and Bindings
The social laws and legal bindings are the most common sources of frustrations in one’s life. Similarly, restrictions imposed by parents, teachers, ethical values of other groups are common sources of maladjustment.

3. Problems with Sexuality Changes
Adolescents who respond to sexuality changes in their bodies often end up with teenage pregnancy and school dropouts. Changes across a person’s lifespan affect what is considered normal and healthy. Aging and related physical concern may have an effect on sexuality. That is, there are adjustments to physiological changes happening to the human body throughout ones lifespan. In old age what causes sexuality problems may include joint pains due to arthritis, chronic pain, that is any pains that can interfere with intimacy between older people.

Manifestation of Maladjustment in Children
Maladjusted children are ineffective in their immediate environments such as home, school or other social settings. Depending on their temperament and personal experiences, their emotional and behavioural difficulties may be manifested in esteeming diversified manners. These manifestations are seen in the following areas:
1. The family
Manifestation of maladjustment in the family reflects in the child’s relationship with other members of the family, such as being rebellious against parents, staying out late or even absconding from the homes, sibling rivalry, and being unconcern to the needs of other family members.

2. School
In school, the following manifestations are observed:
   i. Disagreeing with school disciplines, resulting in frequent violation of school rules and regulations, despite counselling being provided; e.g. fighting and disrupting classes.
   ii. Influencing others to join them in breaking school rules and regulations.
   iii. Openly challenging school authorities and insulting teachers.

3. Learning
Learning is defined as a relative permanent change in behaviour as a result of experience. In learning, the following manifestations are observed:
   i. Weak concentration and short attention span
   ii. Long-term experiences of school failure do not only impede their interest in academic work, but also diminishes their confidence in other aspects, particularly in new areas of learning.
   iii. Their academic attainment may not be comparable to their intelligence and social maturity.
iv. Their non-academic ability and achievement may not be appreciated in their school environment.

v. Both the children and their family members have no positive expectation on academics or school achievement, thus hindering children’s motivation to learn.

4. Social Aspects
Under social aspects the following manifestation are noticed.

i. Being weak on self-control; some of them exhibit impulsive behaviour such as temper tantrums, use of foul language, vandalism, and isolating themselves without any contact with others.

ii. Involvement with undesirable peers, resulting in truancy or delicate behaviour.

iii. Ignorance of social norms and conventions, resulting in wayward behaviours.

Successes in handling these challenges predict school success. If these difficulties are not addressed, students’ motivation for school changes, and behaviour problem will increase. Thus, there are various measures which can be used by the school for proper development of physical, mental, and spiritual abilities of children. Mangetts (2002) and Mangal (2006) identify measures in students’ adjustment as:
1. School Environment
The school environment plays an important role in the development of positive attitudes. Therefore, the school environments should be free from favoritisms and greed. It should also provide feeling of security in each student irrespective of their religion and socio-economic conditions. Schools should provide conducive environment that is free from fear, tension, and frustration.

2. Democratic Environment
School, as a social institution, should function on democratic lines. That is, students’ representation should be made on various committees so that they will identify themselves with the institution. School problems should be discussed with teachers and students and decisions should be reached by taking students into consideration.

3. Provision for Curricular Activities
The school should organize a number of curricular activities to suit the needs of individual students to release their pent-up emotional feelings. The school can also organize regular games, discussions, debates, scouting, guided reading, dramas, educational exhibitions, as well as magazines, etc.

4. Classes in Human Relations
The school should organize classes in human relations. Here, daily life problems are discussed.
The importance of how to live should be emphasized. Students should also be invited to discuss their problems freely.

5. Provision for Sex and Moral Education
Most of the problems of adolescents are concerned with sex and moral conflicts which cause mental disturbances. It will be of great use if sex and moral education are made as an integral part of regular curriculum.

6. Guidance
Guidance is defined as a range of activities designed to assist people to make appropriate choices or decisions. Guidance is of three types: personal social, educational, and vocational.

i. Educational guidance is the type that a child needs while learning in educational institutions or schools. Educational guidance gives all kinds of information that the children or students need to join the type of school he or she may find most suitable. Educational guidance also assists the child to make curricular adjustment according to his or her ability and capacity.

ii. Vocational guidance is the type of guidance where information and assistance is given in regard to choosing an occupation, preparing for it, entering in it, and progressing. Or it is the assistance that students or children get in schools to know the world of vocations in their
lives, an early exposure to a variety of jobs they will have to choose from, later in life.

iii. Personal social guidance is an assistance given to an individual or person to solve social, emotional, as well as health problems. So, schools should organize guidance services for the benefit of students (Nugent, 1994).

7. **Proper Training of Teachers**
Proper training of teachers in educational psychology and their democratic attitudes are important in promoting adjustment in students.

8. **Adequate Curriculum**
The curriculum should be planned and translated in such a way that it should fulfil psychological and social needs of students. Indeed, fulfilment leads to better adjustment.

9. **Adjustment within Self**
This refers to self-understanding and acceptance, proper insights into needs, attitudes and values, help in overcoming emotional difficulties, and maintenance of personal hygiene.

10. **Adequate Recreational Facilities**
Facilities such as sports, library, debate, and excursions may help students in their adjustment.
11. **Proper Relationship**
Cordial relationship between the principal and the teachers, between teachers and students, between teachers and other office staff play important roles in creating harmonious and congenial environment in the school.

**The Role of Classroom Teacher in Students’ Adjustment**
The classroom teacher plays the most significant role in students’ adjustment. Therefore, he must have the knowledge of fundamental principles of human behaviour in order to tackle the problems of students. He must be emotionally stable and should have a positive attitude towards teaching. He must be interested in students and their welfare. His relationship with students should be of a friend, philosopher, and guide. He should not show partiality or favouritism to any students, bearing in mind that every student is important. He should try to develop a philosophy of life in his student, and should create confidence in students, so that they can face realities of life with ease. Students should not be criticized unnecessarily and no sarcastic remarks should be passed against any student. Agarwa (1995) opines that a good teacher develops cooperation, team spirit, and group participation in the students. Thus, conducive social climate should be created in the class and the school. If the classroom climate is affectionate and cooperative enough, it can facilitate better adjustment in students.
Children should be provided opportunity in the class to express their views freely on problems. The teacher should also try to develop a variety of interests in the students such as games, reading, and hobbies of different types, which may help in the development of sound attitudes. The teacher should also learn to appreciate and encourage worthwhile activities of the students.

The teacher should select books which are appropriate for specific age levels and students be advised to read those books. He should practice good mental health and care of individual differences that exist among children.

**Teachers’ Maladjustment**

In as much as teachers play important roles in students’ adjustment, they also have adjustment problems. A teacher is a member of a larger society. He develops maladjustment as people in the general society do. Blair, Jones and Sampson (1986) have shown that in every hundred teachers, five are maladjusted, and need immediate professional help. It is possible that teachers who are maladjusted will produce students after their kind. Such students will exhibit characteristics such as truancy, instability, dislike, inferiority among others.

Chem, Rubin & Li (1995) have given a number of factors and conditions that cause maladjustment in teachers as:
1. **Lack of Professional Aptitude and Spirit**
In Nigeria today, many find their way into teaching profession not because they are professionally trained, but because of lack of employment opportunities in their fields of study.

2. **Occupational Hazards**
Every profession has frustrating conditions that lead to maladjustment. For example, teaching especially in our country Nigeria, faces non-payment of salaries for many months, worst of all is the primary school teachers.

3. **Frequent Criticism**
It is a habit with the people, right from lower to the highest rank, that they criticize teaching and teachers. We also get to read in newspapers that teachers do not work the way they should, and there is fallen standard of education.

4. **Restrictions**
Several types of restrictions are imposed on teachers. There are institutions which impose restrictions as regards clothing, food, religious affiliations, and participation in politics.

5. **Extra Work**
Private institutions in our country are mostly run by politicians, who in time of elections, employ the services of teachers for canvassing and clerical work.
Not only this, but every time a dignitary is to pay a visit to school, teachers and students are ordered to welcome him by standing in the streets and roads for many hours.

6. **Lack of Social Prestige**
All leaders and educationists give lip sympathy to the importance of teachers. All agree that teachers are *the builders of the future nation*. The slogan sounds very sweet to the ears, but in the society and at functions, teachers are not recognized.

7. **Poor and Non-payment of Salaries**
In spite of the high cost of living, the salaries of teachers have not been increased in that proportion, and for several months, teachers go without pay. This often leads to low-self-esteem and maladjustment.

8. **High Moral Expectation**
The society expects the teacher to be a saint. No wonder, the teacher is expected to be an ideal model for students to imitate. But in actual sense, not many students identify with the ideal teacher. The teacher is a member of the society, and it is natural that the evils of social environment may also affect his or her personality. Failure to rise up to the expectation of the society causes conflict and frustration in the mind of the teacher. This might also result to maladjustment.
9. **Work Load**  
In most schools, the work load is too much. The teacher has to teach 7 out of 9 periods in a day. This excessive work results in emotional tensions and mental fatigue, which if continued for long, leads to anxiety.

10. **Relationship among Teachers**  
It is expected that fewer conflicts exist among teachers, but reverse is the case. This idea is quite true in the case of teachers. There are few schools where perfect harmony, cooperation, and goodwill exist. Most teachers indulge in leg pulling of each other especially when there is unequal promotion or treatment.

11. **Insecurity**  
There are private institutions where the teacher feels insecure. This causes anxiety in the mind of the teacher, if persisted for a long period, may cause mental disturbances.

12. **Lack of Facilities**  
There are many institutions which do not have facilities such as library, audio-visual aids, and science laboratories. Lack of facilities causes frustration in the minds of the teachers.

**Steps to Improve Teachers’ Adjustment**  
Not all problems of teachers’ maladjustment can be
controlled, but there are principles from the field of mental hygiene, that seem to help the teachers in adjustment. Blair, (1986) notes them as:

1. to recognize that differences in opinions are healthy and learn how to use the criticisms of others constructively,
2. expect a certain amount of aggression and rebellion in young people, such expression is a normal developmental pattern in our culture,
3. become a member of some organization, civic or professional, a church, or a community. Belonging to a group tends to make one feel secured and to satisfy a need for belonging and status,
4. develop a satisfying philosophy of life. Believe in something,
5. become so absorbed in teaching and vocational activities that there is little time for worrying about petty problems and engaging in unhealthy preoccupations with one’s self,
6. express hostile feelings once in a while. because repressing them may lead to anxiety,
7. put yourself where you can periodically learn something new. It may be gardening, computer applications or anything else that will keep you active, and
8. make a plan for your life, but do not be overly ambitious. Over ambition can just be as harmful as under ambition. Avoid over ambition for things beyond your level or control
Similarly, if teachers are exposed to different programmes, it will help to improve their mental health. The programmes include:

1. **Improving teacher-teacher relationship**
The success of the school depends on the willingness, co-operation, and ability of its members to work together. The school should provide a better environment for creating goodwill among members of the teaching staff. Frequent meetings should be held to discuss the problems and to remove any misunderstanding created among members of staff. Teachers’ clubs should be established in every institution to bring the teachers close to each other. Education tours and excursions should be arranged to develop necessary skills to work with other teachers successfully.

2. **Improving Teacher-principal Relationship**
There is a tendency to blame each other in the school system. The administrator blames teachers for any failure in school, and teachers blame the administrator for his authoritarian attitude and partial treatment. The principal works as a leader of the group and much of the success depends on the quality of leadership and personality.

3. **Professional Growth**
The school should arrange for in-service programmes for teachers to refresh on their knowledge and
methods of teaching. The principal should make arrangement for good library and good teaching facilities. He should encourage his colleagues to experiment with innovative ideas in teaching methods. He should work as a friend and guide to his colleagues. Similarly, teachers from distant schools should be invited to discuss problems of education in workshops and seminars. These activities will provide the opportunity for knowing the points of view other workers hold in the field through mutual discussion.

5. **Service Security**
Rules and regulations should be formed to check the exploitation of teachers. That is, the teacher should feel secured in service. Payment of salaries should be made regular so that they will not go hungry, and put in their best.

6. **Teacher-community Relationship**
There should be cordial relationship between teachers and the community where the school is located. The Purpose of doing this is to close the gap that has exists between the two and to avoid unusual criticism of teachers by the community. In order to close this gap, the following steps should be taken:

i. The school should adopt local community for improving sanitary conditions, roads, and water. If the students under the guidance of teachers visit local villages and assist to do
some useful work for the improvement of the place, then, rapport will be established between the school and the community, which will enhance prestige and importance of the teacher.

ii. The criticism given by the society should be used by teachers in a constructive way to improve their existing conditions.
Adjustment is influential to institutions such as religion, marriage, and family.

**Adjustment and Religion**
Religion is an important component of many people’s lives. The critical function of religion is spiritual in nature. This spiritual aspect is a critical dimension of life, and cannot or should not be explained anyhow because it is seen as a higher dimension of human potential. Pargament (1997), defines religion as a process, a search for significant ways related to the sacred. It is helpful in coping with an aversive event. People who engage in religious activities may be associated with integration into a social network or community. These social ties may lead the individual who has experienced a loss to perceive greater social support. It may also provide a belief system that enables individuals to deal differently, and perhaps deal better with crisis in general and death in particular.

Religious beliefs and practices contribute substantially to the formation of personal, moral, and sound judgment. The regular practice of religion encourages such beneficial effects on mental health, such as less depression, higher self-esteem, family
and mental happiness. It can also provide hope in despair. In daily life, many people report that they are able to experience deep peace in the midst of mental distress, such as psychoses, low self-esteem. Schumaker (1992) asserts that the practice of religion has significant effect on happiness and an overall sense of personal well-being. That religious beliefs can shape a person’s psychological perception of pains or disability as it creates a mindset that enables the person to relax and allows healing to take place.

Religious coping methods are important to people with chronic and acute illnesses. For example, people who are suffering from terminal illnesses may be encouraged to continue to put their trust in God, that even if they die, they are going to be with the Lord. Religious coping may also serve multiple functions in long-term adjustment such as maintaining self-esteem, providing a sense of living and purpose, giving emotional comfort, and providing a sense of hope. Specifically, religious coping performs five major functions:

1. to discover meaning in life,
2. to control,
3. to acquire comfort by virtue of closeness to God,
4. to achieve closeness with others, and
5. to transform life.

Psychological research has found that religious people feel great about themselves with a tendency toward higher social self-esteem and are more
psychologically adjusted than non-believers. But this is only true where people put higher value on religion.

**Adjustment and Marriage**

Marriage is defined as a social relationship involving two people of opposite sex, whose relationship is expected to endure beyond the time required for gestation and the birth of children (Olayinka 2000). This implies that successful partners do not graduate out of marriage. Understanding the individual traits of the spouse is an ongoing process in marriage, because even if two people knew each other before or at the time of marriage, there is possibility that people may change during their life cycle. Thus, there is need for adjustment. Siegrist (1996) stresses that adjustment between spouses does not happen automatically, it grows gradually and systematically. Both partners must realize that they are separate individuals from their background and should be ready to make adjustments every now and then.

**Factors that Aid Adjustment in Marriage**

There are a number of factors that aid adjustment in marriage including proper communication strategies and religion. Epstein (1995) defines communication as the ability to pay attention to what others are thinking and feeling. For proper adjustment, the role of the couples must be clearly communicated. This will go a long way to avoid many problems in marriage.
In marital relationship, couples with higher levels of religiosity tend to invest more in their marriages, have a higher quality of marital life, and less cases of divorce. The couple are not likely to be involved in incidents of domestic violence. Spouses who have common beliefs, and ideas get on better than those who have divergent views on religious matters. David & Jeffrey (2009), also maintained that more religious adolescents tend to have higher expectations that they will marry properly and are likely to disapprove of cohabitation and pre-marital sex.

In the same vein, Akinade (2015) outlines strategies that religious couples apply for effective marital adjustment:

1. accept any reasonable explanation from your spouse,
2. be contented with what you have,
3. argue and disagree amicably,
4. be open and accommodating,
5. avoid supremacy in the home,
6. pray daily,
7. do not let your anger sleep overnight,
8. be tolerant of any behaviour that is irritating to you, and
9. practice financial prudence

**Adjustment and Family**
The family is the oldest and most important of all the institutions that man uses to regulate and
integrate behaviour as he strives to satisfy basic needs. It has been confirmed from various studies that if family relationship is good, not only during childhood, the person will develop into a well-adjusted individual. Westlake and Westlake (1992) reiterate that adolescents who have high regard for their parents, who feel secured in their parents’ love and who have high confidence in the parent’s judgment are apt to be receptive to the values, morals, ethics and traditions held by their parents. When a child becomes aware of other individuals who make up his social environment such as siblings and peers, he tends to regard them as a means through which he may attain personal satisfaction. He needs to be trained to modify his self-centered interest in order to cooperate in his activities, the welfare of others. Good or bad behaviours that are shown at home are carried into the child’s relationships with persons outside the home. As a result, the family attitudes become important considerations in the adjustment of a child.

For continuity purpose, early parent-child relationship plays a basic role in constructing relations with people throughout a lifespan. Parental relation and the nature of the family process have a great effect on the adjustment process. Children of divorced families show poorer adjustment than their counterparts in non-divorced families. Those who have experienced multiple divorce are at greater risk of maladjustment. Children in step families also have
adjustment problems as compared to their counterparts in biological families or non-divorced families. It is also noted that children from single parent family structures are more likely to be maladjusted when compared to those living in non-divorced biological family structures.

**Adjustment and Parenthood**

After marriage, the husband and the wife normally look forward to becoming parents. As new parents, the following guidelines will be useful in adjustment:

1. **Life-style adjustment**
   Parenthood requires that the couple should have time for their children and satisfy their needs. Olayinka (2000) observes that some parents are too preoccupied with their jobs or businesses, to the extent that they seem not to have time for their children. As a result, such children are left in the hands of grand-parents and other relations, resulting to improper training. Thus, Kolo (2010) suggests that parents should adjust their lifestyles to create physical, social, and even financial environments, for the upbringing of their children. They must understand that their children need their physical presence especially during the formative years.

2. **Financial Adjustment**
   Parenthood requires a lot of spending on various things. Thus, they should know what should come
first with the arrival of children. Financial adjustment here entails planning for pregnancy, ante-natal care, hospital bills, child clothing, and feeding. Improper financial adjustment can affect the existence of a family.

3. **Security and Adjustment**
Parents need to adjust to the security needs of their children by being physically present. Security is needed both during the day and night as a result parents must rest well to be alert even at night (Kolo, 2010).
Many people with adjustment problems find treatment helpful and they often need brief treatment. However, those with persistent adjustment disorders or ongoing stressors, may benefit from longer treatment. No particular treatment may be considered optimal. Most studies acknowledged that Psychotherapy is the main treatment of choice for any adjustment disorder, since the disorder is seen as usually a quite normal reaction to a specific event. Psychotherapy is a generic term that includes a variety of techniques which typically use dialogue and communication, designed to improve the mental health of a client or to improve group relationships, such as family. The type and form of psychotherapy vary with the therapist, but as with all psychotherapies, it should take place within a supportive, non-judgmental environment that encourages the client’s growth through exploration of new ideas.

Psychotherapy begins with the identification of the stressor, as consciously acknowledged by the patient. The person’s non-adaptive responses may diminish if the stress can be reduced. Strain (2010) maintains that the goals of psychotherapy include the following:
1. To analyze the stressors affecting the patient and find out if they can be eliminated or minimized,
2. clarify and interpret the meaning of the stressor for the patient,
3. reframe the meaning of the stressor,
4. illuminate the concerns and conflicts the patient experiences,
5. identify a means of reducing the stressor,
6. teach or reinforce coping skills, and
7. help patients gain perspective on the stressor, establish relationships, attend support groups, and manage themselves and the stressor.

Other goals include:
1. helping the patients to see their role in the stressor,
2. reviewing and reinforcing positive steps the client has to take to deal with the stress,
3. teaching ways to cope or avoid stressors in the future,
4. helping the individual to place stressors in perspective to overall life
5. helping the client to view stressors as chance for positive change or improvement (Casey, 2009).

Specifically, the following therapies are considered.
1. Cognitive Behavioural Therapy (CBT)
Cognitive behavioural therapy is a form of treatment that focuses on examining the relationships between thoughts and behaviour. It is based on how we think (cognition), how we feel (emotion), and how we act (behaviour); all interact together. Specifically, our thoughts determine our feeling and behaviour. By exploring patterns of thinking that can lead to self-destructive actions and the beliefs that redirect these thoughts, people with mental illnesses can modify their patterns of thinking to improve coping.

Cognitive behavioural therapy is useful for a variety of illnesses including personality disorder, depression, anxiety disorders, etc. Cognitive behavioural therapy cannot remove problems, but it can help an individual to deal with them in a more positive way. It is based on the fact that thoughts, feelings, physical sensations, and actions are interconnected, thus, negative thoughts and feelings can trap the patient in a vicious cycle. The aim of the therapy is to help crack this cycle by breaking down overwhelming problems into smaller parts and showing how to change these negative patterns to improve the way the patient feels. Cognitive behavioural therapy deals with current problems, rather than focusing on issues from the past. It looks for practical ways to improve the state of mind on a daily basis.

Cognitive behavioural therapists use a wide variety of techniques to help patients change their
cognition, behaviours, moods, and physiology. The therapists select techniques based on their ongoing conceptualization of the patients and their specific goals for the sessions. These techniques include:

i. Exposure
It is used for the treatment of patients suffering from phobia, where the patients are asked to vividly imagine or actually revisit the frightening issue or situation.

ii. Relaxation Technique
It is used for treating anxiety disorders. This treatment is often a good place to start.

Cognitive behavioural therapy has also proven to be an effective way of treating a number of different mental health conditions in addition to anxiety. They are:

i. Obsessive compulsive disorders,
ii. panic disorder,
iii. post-traumatic stress disorder,
iv. phobias,
v. eating disorders, such as anorexia and bulimia,
vi. sleep disorders such as insomnia, and
vii. problems related to alcohol misuse.

2. Psycho-pharmacology Therapy
Psycho-pharmacology is defined as the study of the effect of drugs on the mind and behaviour. It is also known as medication or drug therapy. The use of drugs has generally replaced shock treatment and
psychosurgery for treating serious behaviour disorders. Drugs most commonly used in treating psychological disorders are:

i. **Anti-anxiety Drugs (minor tranquilizers)**
These medications can be addictive and have impact on psychomotor skills. Thus, they relax and reduce anxiety in patients.

ii. **Antipsychotic Drugs (major tranquilizer)**
They can be used on patients that are suffering from hallucination and distorted thinking.

iii. **Anti-depressant Drugs**
They are used on patients with minor or major depressive disorders who have not responded to psychotherapy or other supportive interventions for three months.

iv. **Anti-manic Drugs**
These are effective in treating people with bipolar disorders. For many people, aerobic exercise stabilizes the automatic nervous system and may be associated with the release of endogenous transmitters that induce positive mood states. Encouraging activity of any kind, and especially vigorous exercise may contribute to recovery from a disabling stress reaction. It must be noted that any drug taken for this purpose must be with the prescription from a doctor.
3. Family Therapy
Family therapy is another technique used for the treatment of adjustment disorders. It is designed to address specific issues that affect the psychological health of the family, such as major life transitions or mental health conditions. It may be used as the primary mode of treatment, or as a contemporary approach.

The family can benefit from this therapy when they experience any stressful event that may strain family relationships, such as financial hardship, divorce, or the death of a loved one. It can also be effective in treating mental health problems that affect the entire family, such as depression, substance abuse, chronic illness, interpersonal conflicts or behavioural problems in children and adolescents. This therapy aims at promoting understanding and collaboration among family members in order to solve the problems of one or more individuals. For example, if a child is having social and academic problems, the therapy will focus on the family patterns that may contribute to the child acting out, rather than evaluating the child’s behaviour alone. As the family uncovers the source of the problem, they can learn to support the child and other family members and work proactively on maximizing the conditions that contribute to the child’s unwanted behaviour.

The mode of therapy is solution-focused and short-term, with sessions required. Meetings are often held once per week and typically last for 50
The number of family members who attend each session may vary, depending on the therapist’s goals, and often, therapists will offer individual sessions to supplement the family sessions. Family counselling is conducted in a variety of settings, including family counseling services, community agencies, and residential centres. Family counselling is provided by licensed marriage and family therapists. Others include mental health professionals, such as social workers and psychologists who have received formal training in family therapy approaches.

4. Psychoanalytic Approach
Freud’s theory of personality stresses that people are born with certain instinctual drives, that urge them to always seek to discharge or express themselves. As the personality structure develops, conflict occurs among the id, ego, and superego. If the conflicts remain unresolved, they will resurface during adulthood. The unresolved conflict depends on the psychosexual stages, such as oral, anal, phallic, and genital in which they occur. The psychoanalysis therapeutic process helps patients understand and resolve their problems by increasing awareness of their inner world and its influence over relationships both past and present. The aim of psychoanalysis is also to help people with serious psychological disorders to understand and change complex, deep-seated and often unconsciously based emotional and
relationship problems, thereby reducing symptoms and alleviating distress.

5. Client Centered Therapy
Client centre therapy, known as Rogerian therapy involves face-to-face conversations between the therapist and client. The length of the therapy depends on the severity of the client’s problems.

The goals of client-centred therapy rests on Rogers’ assumptions about the human personality. He believes that all individuals possess strong drive toward personal growth, health, and adjustment. However, defensiveness, tension, and anxiety interfer with these drives. The therapist’s job is to create an atmosphere in which clients can experience personal growth.

The therapist does this by reducing destructive forces, such as anxiety and defensiveness. Client-centred therapists believe that disturbed individuals lose sight of their own values and take on the values of others, thus, the therapists help clients to regain contact with their true feelings and values. Hence, the therapist provides an enabling or conducive atmosphere of acceptance, clients will eventually accept themselves as they really are.

Rogers emphasizes three characteristics that are crucial for successful treatment: unconditional positive regard, empathy and, genuineness.
i. **Empathy**
This is the willingness and ability to view the world through the client’s eyes. In a good therapeutic relationship, the therapist comes to sense the feelings and meaningful experience by the client and communicates the understanding to the client. The therapist does this by reflecting back to the client what she or he is communicating by rephrasing what the client has just said in a way that captures the meaning and emotion involved. In other words, empathy refers to the therapist’s ability to understand the client’s feeling as if he or she were in the client’s shoes.

ii. **Unconditional Positive Regard.**
This is the situation whereby the therapist totally accepts the client as a person, regardless of how socially unacceptable the behaviour and feelings of the client may be.

iii. **Congruent or Genuineness**
This refers to consistency between the way the therapist feels and the way client behaves. The therapists must be open enough to express their own feelings honestly, whether positive or negative.

6. **Behavioural Approaches**
The behavioural has the following techniques:
i. Systematic Desensitization

The technique attempts to reduce anxiety in response to a stimulus situation by eliciting in the given situation an alternative response that is compatible with anxiety. For example, if a woman is afraid of having a baby girl, her anxiety response could be reduced by training her to relax while pregnant. Behavioural therapists believe that systematic desensitization is more effective than psychotherapy for certain kinds of problems, such as phobias; for it requires fewer sessions to achieve desired results.

To begin the process of systematic desensitization, one must first be taught relaxation skills in order to control fear and anxiety in response to specific phobias. Once the client has been taught these skills, he or she must use them to overcome situations in an established hierarchy of fears. The goal of this process is that the patient will learn to cope and overcome the fear in each step of the hierarchy, which will lead to overcoming the last step of the fear in the hierarchy.

In systematic desensitization, when individuals possess irrational fears of an object, they tend to avoid it. So since escaping from the phobic object reduces their anxiety, the clients’ behaviour to reduce fear is reinforced through negative reinforcement. The goal of systematic desensitization is to overcome this by gradually exposing the clients to the phobic object until it can be tolerated.

Prior to exposure, the therapist teaches the clients
cognitive strategies to cope with anxiety. This is necessary because it provides the clients with a means of controlling their fear than letting it build until it becomes unbearable. Relaxation training such as meditation, is a type of coping strategy, where clients might be taught to focus on their breathing or to think about happy situations. Another strategy is cognitive reappraisal of imagined outcomes. Here, the therapist might encourage the clients to examine what they imagine happening when exposed to the phobic object, allowing them to recognize their catastrophic visions and contrast them with the actual outcome.

Another component of systematic desensitization is gradual exposure to the feared object. This is when the therapist would ask the client to develop a fear hierarchy, listing the various unpleasant types of fear he or she is exposed to. An example could be, seeing a picture of a snake in a newspaper. But having several live snakes crawling on one’s neck would be the most fearful experience. Once the clients practiced their relaxation technique, the therapist would then present them with the photograph and help them calm down. They would then present increasingly unpleasant situations. At each step in the progression, the client is desensitized to the phobia through the use of the coping technique.

ii. **Flooding and Implosion**
Flooding is defined as an attempt to extinguish fear
by placing the client in a real-life anxiety provoking situations at full intensity, while implosion attempts to extinguish fear by having the client imagine the anxiety-provoking situation at full intensity. Both of them require the client to immediately front the feared situation in its full intensity. The belief is that the client’s fear will be extinguished if he or she is not allowed to avoid or escape the situation. In flooding for example, a client who fears heights may be taken to the top of the building, mountain or bridge, and physically prevented from leaving (Sonmator, 2004).

7. Self-help
Self-help is another technique used for assisting people that need adjustment. People with specific problems form groups, and they gain much from attending a group meeting related to their specific problem. This could be anything ranging from someone who just got divorced, is bereaved, and to someone who is diagnosed with HIV/AIDS. Such support groups exist in our communities. This allows for sharing of information and experiences which can be vital on the road to recovery.
Mental health is part of one’s overall well-being. It includes the way we feel about ourselves, the quality of our relationships, and our ability to manage our feelings and deal with difficulties. Being mentally or emotionally healthy is much more than being free from depression, anxiety or other psychological issues. Apart from the absence of mental illness, mental and emotional health refers to the presence of positive characteristics. People who are emotionally healthy are in control of their emotions and their behaviour. They are able to handle life challenges, build strong relationships, and recover from setbacks. Just as efforts are required to build or maintain physical health, it is with mental and emotional health, therefore, improving emotional health can be a rewarding experience, benefitting all aspects of life, including boosting of mood, building resilience, and adding to overall enjoyment of life.

As noted by Lavahare & Hswanka (1995), people who are emotionally and mentally healthy have the following:

a. a sense of contentment, having reasons for living and the ability to laugh and have fun,
b. the ability to deal with stress,
c. a sense of meaning and purpose, in both their activities and their relationships,
d. a flexible mind to learn new things and adapt to change,
e. have a balance between work and play, rest and activity,
f. the ability to build and maintain fulfilling relationships, and
g. self-confidence and high self-esteem.

The positive characteristics of mental and emotional health allow an individual to live life to the fullest through productive, meaningful activities and strong relationships. These characteristics also help people cope when faced with life challenges and stress. Thus, prevention of adjustment disorders is required. Though there is no sure way to prevent mental illness, the following methods of prevention can be of tremendous help.

1. **Primary Prevention**
Primary prevention targets individuals who are at high risk of developing a disorder based on biological, social, and psychological factors. It is concerned with preventing the onset of adjustment disorder, rather than treatment. The primary prevention programmes might include teaching emotional regulation skills, teaching parents effective parenting skills, or providing social support for children from divorced families (Raphael, 2000).
One way children can be helped to prevent adjustment problems is for parents to identify their physical needs. For instance, need for nutritious food, warm clothes when it is cold, and bedtime at a reasonable hour. Though, a child’s mental and emotional needs may not be psychically observed, but, every child needs it. The reason is that good mental health allows children to think creatively, develop socially, and learn new skills.

Love, security, and acceptance should be at the heart of family life. For this reason, the child should be made to understand that parental love does not depend on accomplishments. But on unconditional love and affection. Encouraging children to learn new things help them develop a desire to explore and learn about their surroundings. Paying attention to what they do also help to build their self-confidence and self-esteem.

For children to enjoy good mental health, parents should not hide their failures from them. It is important for them to know that we all make mistakes. This may interest the children to know that even adults are not perfect (Schwartzberg, 1990). Therefore, both parents and teachers should avoid discouraging remarks. If a child fails an examination, find out how he or she feels about the situation. Find convenient time to talk and offer assurance. Encourage children, not only to strive to do their best, but to also enjoy the process. Trying new activities expose children to team work, self-esteem, and other skills.
It is also observed that many parents use Television (TV) as a ‘baby sitter.’ They expose the children to watching cartoon, films, and wrestling. Most parents do this on a regular basis. As a result, many children copy or learn many things that are harmful to themselves and the general society. So parents are encouraged to be selective in choosing television shows for children. Some shows can be educational as well as entertaining, but others are rather harmful. Children also need to know that certain behaviours are unacceptable and they are responsible for the consequences of their actions. As members of a family, children need to learn the rules of the family unit. So the family should give the children a discipline that is fair and consistent. When this is done, they can take these social skills and rules of conduct to school and eventually to workplace.

Other measures of preventing adjustment problems among children are identified by Vitaro & Tremblay (1994) as:

i. **Proper Encouragement**
Parents and teachers should speak daily with the child about daily activities, so that the child can begin to learn the principles of socialization.

ii. **Proper Appreciation**
Parents and teachers should directly praise the child for good things done.
iii. **Delegating Responsibility**
Parents and teachers should assign responsibility to the child. This responsibility should involve tasks which the child perceives as real and important.

iv. **Provision of Entertainment:**
Entertainment facilities like parks, sports clubs, amusement places, theatres, museums, should be provided for children. Children should also be encouraged to play with their peers.

v. **Informing Progress**
Teachers should inform the children of the progress they are making.

vi. **Timely Help**
The teacher should help the children when they need it, not only when they ask for it. If the teacher knows when the children need help, he or she will be able to help them avoid many traumatic experiences.

Taking care of one’s body is the powerful first step towards mental and emotional health, since the mind and the body are linked. If someone’s physical health is improved, he or she will automatically experience greater mental and emotional well-being. For this to work well, Roe (1994) suggests that the following must be done:

1. **Get Enough Rest**
To have good mental and emotional health, it is
important to take care of the body. This includes getting enough sleep. Most people need seven to eight hours of sleep each night in order to function optimally.

2. **Exercise**
Exercise is a powerful antidote to stress, anxiety, and depression. Thus, it is necessary to add activities like trekking to shorter distances instead of using car or motor cycle. To get the most mental health benefits, aim at 30 minutes or more exercise per day.

3. **Avoid Drugs Abuse**
These are stimulants that may unnaturally make you feel good in the short term, but have long-term negative consequences for mood and emotional health.

   No matter how much time is devoted to improving mental and emotional health, there is still need for the company of others, because human beings are social creatures with an emotional need for relationships and positive connections to others. Specifically talking to someone else about problems can also help to reduce stress. The key is to find a supportive relationship with someone who is a good listener, someone you can talk to regularly, preferably face-to-face.

2. **Secondary Prevention**
Secondary prevention refers to intervention targeting individuals, and groups who, because of known risk
factors are vulnerable to developing social, behavioural, emotional, and physical disorders. It seeks to lower the rate of established cases of adjustment disorders in the population through early detection and treatment of diagnosed problems to slow its progress. It also encourages personal strategies to prevent reoccurrence, and implementation of different programmes to help prevent long-term problems. There should be regular examination and screening tests to detect its earliest stages, such as breast cancer, and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS).

All patients with psychological problems cannot be treated by the existing force of mental health professionals. Therefore, training of professionals, like teachers, counsellors, social workers, and managers for educating the public is essentially required for early diagnosis. Only those with severe mental health problems should be referred to a tertiary care professional. A report from World Health Organization (WHO) (2004) has shown that successful secondary prevention has major impact on health outcome in terms of improvement in life expectancy, and reduction in complications.

3. **Tertiary Prevention**
Tertiary prevention includes intervention that reduces disability, enhances rehabilitation and prevent reoccurrence of the illness. Mental disorder prevention has as its target of the reduction of symptoms, and ultimately of mental health
disorders. It uses mental health strategies as one of the means to achieve these goals.

There is strong evidence that improving nutrition and development in socio-economically disadvantaged children can lead to healthy cognitive development, improved educational outcome, and reduced risk for mental illness, especially for those at risk or who are living in impoverished communities. The most effective intervention models are those that include feeding (Ingram & Price, 2000).

In developing countries like Nigeria where economic recession and insecurity are consistent sources of stress and worry, there should be a programme for poverty alleviation. This should be done by provision of loans from Non-Governmental Organizations (NGOs). This may reduce the risk of mental illness by removing the key cause of stress.

Finally, mental health is important to every stage of life, from childhood, adolescence through adulthood. Therefore, mental health professionals, community leaders, trainers, and preventive care providers should take prevention of mental illness as a public health priority. This will go a long way in ensuring proper adjustments by all.
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