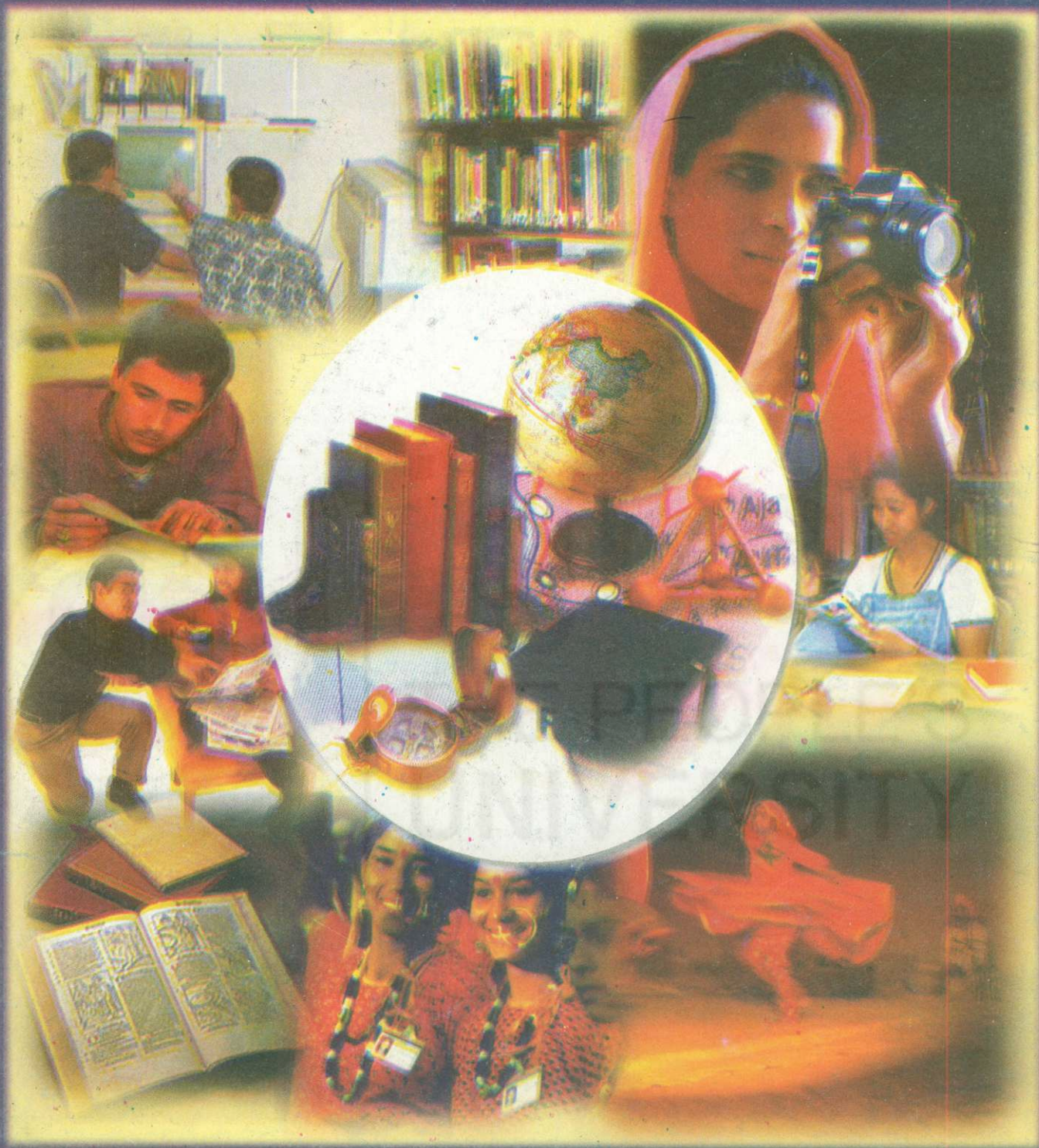




Indira Gandhi National Open University
School of Education

MES-103

Higher Education : The Psycho-social Context



Guidance, Counselling and Mental Health Issues in Higher Education:
Some Theoretical Formulations and Practical Insights

4

“शिक्षा मानव को बन्धनों से मुक्त करती है और आज के युग में तो यह लोकतंत्र की भावना का आधार भी है। जन्म तथा अन्य कारणों से उत्पन्न जाति एवं वर्गगत विषमताओं को दूर करते हुए मनुष्य को इन सबसे ऊपर उठाती है।”

— इन्दिरा गांधी



“Education is a liberating force, and in our age it is also a democratising force, cutting across the barriers of caste and class, smoothing out inequalities imposed by birth and other circumstances.”

— Indira Gandhi



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MES-103 *Higher Education : The Psycho-social Context*

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-

Block 4 *Guidance, Counselling and Mental Health Issues in Higher Education: Some Theoretical Formulations and Practical Insights*

Introduction to the Block

This block concentrates on the issues and challenges related to the mental health of young adults, significance of guidance and counseling and the role of the teachers in the higher education set-up in this context.

Unit 13 attempt to address some vital questions related to the young adults such as : what are their characteristics, why do they behave in manner that they do, what are their concerns and how can the teacher act as a support system for the student be it in the world of studies, work or the emotional domain.

Unit 14 focusses specifically on mental health problems of young adults and at the same time discusses how these can be dealt with and managed, acquainting you, both as a learner and teacher, with the existing forms of psychotherapy and intervention which are used in such situations.

Unit 15 dwells on the perspective that although parents of young adults fulfil the role of guidance and counseling to an extent, a large share of responsibility lies with the teacher. It is after all the teacher with whom they are maximally in contact with, who shapes their thought processes, and who develops in them the necessary cognitive and adaptive skills required for life. In this light, the unit emphasizes the importance of the university teacher as a counsellor and mental health worker.

The last unit of the Block, that is, **Unit 16** deals with the conceptual and theoretical issues related to mental health and human adjustment. Just as human nature and personality have been understood and explained in different ways, so it is with the concepts of mental health and adjustment. With the help of theoretical discussions, the unit presents an understanding of these concepts.

Tension!
Anxiety!
Frustration!
Pressure!
No Body Loves Me!
My Parents - UFF!
No Body Understands Me!
My Teacher - WHAT SHOULD I DO?
Love, Romance, Sexuality - TO DO OR NOT TO DO?
My Studies, Ambitions, Future.....



Guidance and Counselling Needs of Young Adults

Introduction

Let us begin by examining some representative images of youth and young adults.

1. The urban youth of today are the 'MTV generation'. They are interested in a fast life, typified by fast food and fast cars. They seek to be 'different' by wearing goggles, branded t-shirts and jeans, carrying mobiles and speaking in a special dialect called 'Hinglish'. They are passionate, easily carried away by momentary impulses, exercise no self-restraint, are fickle in their desires and opinions ... they are rebels without a cause!

The rural youth of today, likewise, show a distinct trend towards urbanisation. They are conscious of their appearance, of the opposite gender and of what they want to be in life. They tend to day dream, fantasise, listen to music and wish to be different from the normal village population which they represent.

2. The young adults of today are conscious of their duties and responsibilities in the family and society. They appear restless due to their intense sense of awareness of the decadence around them. They are grappling with the true ideological meaning of social change and the desire to use their energies towards bringing about a positive change in the society in which they live. This takes on different manifest forms in urban and rural areas, but holds good for both the contexts.

These images represent the two extreme ends of a continuum of opinions that the general public has about the young adults of today.

Which one of these do you tend to agree with?

As you would probably realize, there is no easy answer to the above question. Sweeping generalizations, myths and misconceptions about young adults abound. For instance

- What are their characteristics?
- Why do they behave in the manner that they do?
- What are the concerns that they face?
- Finally, most importantly, as teachers what efforts can we make in order to ensure that the young people of today are productively and happily engaged, rather than being 'rudderless' and aimless in a sea of complexities?

An attempt is made in this unit to seek answers to these questions.

Learning outcomes

After working through this unit, you should be able to:

- develop an alternative perspective of looking at young adults;
- understand the role of family in supporting and/or hindering the process of their development;

- appreciate the development of self in them;
- evaluate the role of college experiences in their lives;
- identify their key guidance and counselling concerns;
- develop a mental health perspective about young adults.

'Storm and stress' : myth or reality?

You have already been acquainted with the developmental issues concerning young adults in the first block, wherein you must have realised that the conceptualisation of the period of young adulthood is not an easy task. When does childhood end and adulthood begin? Since development is a continuous process and is culture specific, the concept of youth and young adulthood varies in different cultures, as well as in different times in society. It is usually characterized as stretching from late adolescence to adulthood, with the latter signifying economic, emotional and social independence.

In fact, anthropologists disagree with theories representing discontinuities between childhood and adulthood. They contend that young adulthood does not represent an abrupt change from one pattern of behaviour to another. Rather, the way childhood and adulthood are linked is a matter of cultural construction. In some parts of rural India, for example, you must have observed that girls are betrothed in childhood and married before puberty and boys are socialized into their family profession from a relatively young age via the mode of 'apprenticeship'. For them, young adulthood emerges fairly naturally with reference to their chronological age.

In sharp contrast to this is the technologically and industrially advanced urban Indian scenario, where exposure to higher education with parental support and preparation for career roles, as well as delayed marriage carves a niche for young people to explore alternative life choices. It gives them a good number of years in their lives to **discover** themselves, **resolve** their **identity** related queries and commit themselves to their **goals** for the future. You must be thinking that you have already been acquainted with all these issues in Block I. However, we will be revisiting them from a somewhat different perspective. Earlier, we discussed the developmental challenges of young adults and also tried to construct a profile of their psychological characteristics and needs. In the present unit we will focus on how to meet these developmental challenges and examine their role in the development of '**self**' and well being of the individual. We will thus be looking at young adulthood from a mental health perspective. We will try to understand what the problems and concerns of young adults are, how their familial and educational experiences contribute to their sense of well being, how their sense of self develops and evolves and most importantly how these processes can be mediated and made more meaningful for them.

The beginning point for any mental health perspective is to know how the developmental period in question is typically interpreted. Here it can be said that, the popular view of young adulthood is that it is a period of great '**storm and stress**'. It is characterized by rapid physical, sexual and intellectual changes within the individual as well as environmental changes in the nature of external demands placed on them by society. The rapid biological changes are supposed to cause severe disruption in psychological status. However, empirical studies challenge the inevitability of the storm and stress of young adulthood because biological changes alone do not directly affect psychological changes at this time. The cultural interpretations given to the events in question also determines their effect. This is evident from the range and variety of differences encountered in different parts of our country.

This leads us to an alternative conceptualisation of youth and young adulthood, where their concerns are not seen as '**problems**' but as '**challenges**'. The view is one of an enabling period of newly unfolding capabilities and potentialities, where the individual

learns to master new developmental skills and in turn develops a sense of mastery. If this positive connotation is shared by the 'significant others' in their lives, it can lead to a dramatic reappraisal of the period.

The contemporary view in mental health theory is to perceive the **individual as competent, capable, self directing and evolving**. Problems are thus not seen as overwhelming or inhibiting, but as challenges to be dealt with, adapted to and adequately met by the individual. Young adulthood, as a consequence is not interpreted from the 'storm and stress' perspective, but from the challenge and potential one.

Activity

Introspect about your own growing years, especially your adolescence and young adulthood years. Reflect on some of the challenges you faced and how you dealt with them. On the basis of your experiences, develop a group guidance talk for your students telling them how they should orient themselves towards more adaptive coping and how they should attitudinally deal with the problems and difficulties which they face.

Adjustment to a rapidly changing world

Although, the preceding discussion, might represent a somewhat utopian vision, the reality is perhaps more disturbing. The young adults today are under great pressure due to the increase in the magnitude and variety of stressors that they face. They are growing up in a complex environment and variety of change is increasing at a bewildering rate.

In earlier times, the tasks to be mastered by them were relatively simple and represented only a gradual emergence from earlier stages of development. There was thus a continuity and sequence to them. Now, instead of more consistent patterns of values, they are exposed to **competing patterns and conflicting demands**. This leads to increasing their vulnerability to stress and role confusion. It also threatens their sense of well being, unless suitably dealt with.

Furthermore, there is a wave of social, economic and political changes sweeping across Indian society today. These include the trends of industrialization and urbanization which have resulted in more and more people getting displaced from their places of origin, and concentration of settlements in urban centres which in turn have created their own problems of overcrowding, disorganised urban planning, unemployment, high population density etc.

Economic liberalization has brought in its wake, changing lifestyle patterns represented by a '**consumeristic society**'. While this has resulted in the easy availability of consumer goods and thus 'improved' the quality of life of most classes of people, materialistically, it has also caused employment problems, victimization and has increased the already existing disparity between the rich and the poor, and the mainstream and marginalized sections of society. New divides have thus been generated creating different psychological pressures on individuals.

In the context of our young adults, in contemporary society, they are expected to achieve a variety of complex developmental tasks like

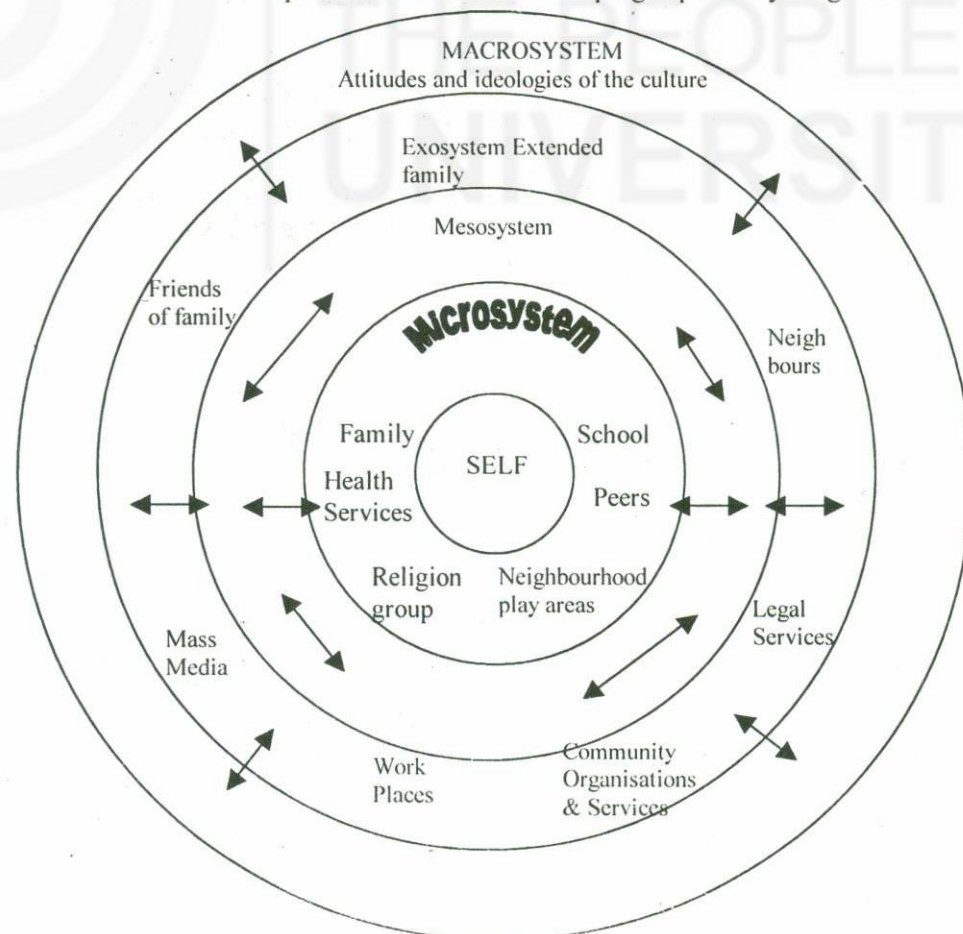
- achieving independence from parents
- establishing new kinds of social relationships
- deciding personal educational and vocational goals, preparing for the responsibilities of citizenship and developing a worldview which is uniquely their own,
- crystallising their values and
- preparing for family life.

However, they must achieve these in a world that demands new ways of dealing with life. Added to this, is the problem of **inter-generational conflict** which results in a gradual alienation of young adults from the prevailing norms and values of adult society. This might leave them with a lack of a clear sense of direction in life and may generate conflict, dilemma and tension for them.

The gravity of the situation in terms of the potential resources of the youth being lost, can perhaps, be appreciated if we look at the UN Demographic Yearbook figures, where in the year 2000, 35.82% of the Indian population comprised of people in the 15-34 year age bracket. Research trends in mental health also show an increase in the incidence of **mental health problems** in the last few years. These problems vary in their range of severity from mild to severe and take on the form of conflicts, dilemmas, tension, pressure, worries or anxiety. The areas in which they typically manifest themselves are related to **self, family and college**. Let us now try to study them in greater detail.

However, before we move on to the specific areas, it is imperative for you to understand that young adults develop within the multiple contexts of their families, communities and countries. Bronfenbrenner's (1987) ecological which you were introduced to in Block I is most appropriate model for understanding these influences. He has categorized them into the:

- 'Microsystem' : This includes those with whom they have immediate contact.
- 'Mesosystem' : This looks at reciprocal relationships among micro-system settings.
- 'Exosystem' : This represents the settings where the young adult/ adolescent does not play an active role, but is influenced nevertheless by forces within it.
- 'Macrosystem' : This includes the ideologies, attitudes, customs and beliefs of a particular culture which impinge upon the young adult.



Let us now study how the major influences on the lives of young adults affect them. We will begin with the self related concerns.

Self related concerns

**‘Standing in front of the mirror,
I’m wondering what that person is all about.’**

Adolescence and young adulthood is a kaleidoscope of ever-changing images. These individuals spend a great deal of time thinking about themselves, what they want to do and which interest they want to pursue.

One of the major challenges that they face is finding a workable and consistent answer to the question ‘Who am I?’ During childhood, this is usually answered in terms of factual information, social relationships and personality characteristics. However, with the development of the capacity to think abstractly and reason logically, young adults are able to form general concepts and understand the impact of the past on the present and the present on the future. They can question social institutions and think about the world as it might be and ought to be. Their sense of self thus gets linked with how they define and understand their identity.

Identity formation

Identity refers to one’s values, beliefs, morals and attitudes (Dusek, Carter and Levy, 1986; Erikson, 1982). It is a self-developed, internal and ever-changing organization of one’s perceptions, attitudes and beliefs. It helps one identify one’s strengths and weaknesses and one’s uniqueness, as well as similarity to others. It develops through successive identifications over a period of time with parents, peers, teachers, and other groups of which one is a member. However, it is not simply an additive influence. Rather, it is the capacity to synthesize these influences into a coherent, consistent and unique whole.

You were familiarized with the process of identity development and achievement in Block I, where it was dealt with as one of the most significant features characterizing psychological development at this stage. Here, you will understand how identity development becomes a genuine mental health concern for the young adult. This happens, because it is not a simple, time-bound process, but a gradual, evolutionary one which involves coming to terms with a number of vital issues like one’s body image, one’s gender commitment, one’s goals and aspirations, the self-image one holds about oneself and the futuristic construction of the kind of life one envisions for oneself. The process begins with awareness in which both positive and negative life experiences and attributes tend to figure. This is followed by evaluation, interpretation and acceptance of these experiences. The final stage is one of consolidation, where all the life experiences are synthesised into a coherent whole which constitutes the identity and sense of self. Theoretically, this path seems smooth and ongoing, but in real terms it is not necessarily so. A number of conflicts, dilemmas and negative feelings usually arise, which have to be negotiated, before the acceptance phase. Often, self-doubt indecision are known to cloud the path to identity achievement. A fairly prolonged stage of moratorium may thus exist which threatens the sense of well being of the young adult. When the synthesis occurs however and a sense of identity is achieved, there is a concomitant sense of well-being which is experienced and a much greater sense of direction and responsibility over one’s life. This is reflected in positive characteristics like, autonomy, trust and initiative. However, if moratorium or role confusion persist, the young person will be psychologically troubled and cope less effectively with subsequent crises.

In an interesting anecdotal reference, the famous psychotherapist, Sudhir Kakar talks about an incident of his own youth when he was facing a situation of ‘identity crisis’ and how his chance encounter with Erikson helped him to discover his calling in life.

Thus the process of identity development is best understood from the purview of mental health as a chance to realign the shape of one's outer world with the core of one's being, with one's true self or movement from confusion to searching for direction, 'trying out' alternative identities to resolution. When this path gets support from parents, peers, and elders, it results in an accepting person with a clear idea of who he/she is.

Self- concept

Closely allied to identity is the concept of self. The **self** has been defined as that part of one's personality of which one is aware. It is the conscious cognitive perception and evaluation by individuals of themselves. It is the way in which one views oneself, as well as one's roles of daughter, son, wife, mother, father, husband, brother and friend. Self has been a prime focus in theories attempting to understand the underlying dynamics of human behaviour. An individual who has a healthy sense of self and is happy and content in the way he/she is living is a mentally healthy person who chooses to become better not through social conformity but by looking within.

The self has many components which include the self image, the social self and the ideal self. **Self-image** is a component of the overall self-concept. It represents the way one sees oneself. This is influenced by the way we are seen and treated by others, especially our parents. We internalise their judgements and expectations and regard ourselves accordingly. For example, if a young person has constantly been exposed to remarks like 'you are no good', 'you can never do anything right!', you can well imagine how she would feel about herself. Self doubt and an image of inadequacy, lack of competence and capability, would characterise her.

Implications for teachers and parents are abounding as far as the self image development of young adults is concerned. Very often remarks made inadvertently by them carry messages of disapproval which leave them very unhappy and confused. Sometimes, young adults simply give up and develop a self definition which is fraught with things that they don't do right. In such cases in their self evaluation checklist, there will be more negative attributes listed than positive ones. If positive self-image development has to be nurtured, then positive regard, unconditional acceptance and an attitude of empathy will have to be inculcated on the part of parents and teachers. Only then will it be possible.

The **ideal self** is the self one would like to be, including one's aspirations, ideals and values. The 'do's' and 'don'ts' that we have assimilated from our parents, teachers and other figures of authority during the formative years formulate the ideal self. The ideal self is also constructed on the basis of the role models which one has set up for oneself.

When healthy adjustment is made, young adults re-examine their goals and values so that they are in consonance with the individuals that they wish to become. It serves as an incentive to do the best. However, 'perfection' is a tendency to accept nothing short of 'perfect'. Obviously, as this is not always possible, the person is disconsolate in the event of things not going his/her way. However, in this as well, the attitude of uncritical acceptance and positive regard on the part of significant adults will greatly help. Sometimes, young adults are very utopian in envisioning the future for themselves. Bringing them to a level of reality orientation is thus very much needed. This must be done with utmost sensitivity, however, so that the drive, motivation and spirit of striving of the individual are not lost. It has to be a journey which is nurtured and encouraged without halts, checks and jerks being created by overriding, adult intervention. Comments like, "You're stupid", "What do you know", "Don't dream and have illusions" are not desirable, since they discourage the individual from striving and break his/her spirit. Often out of exasperation, negative role models may begin to become preponderant, which leaves everyone unhappy – the young adult and his/her teachers, parents, etc.

Another significant feature of the 'self' is existence of multiple selves in the young adult. **Multiple selves**, represent the varying self-perceptions that young adults acquire

during the process of growing up. The person expresses different aspects of the self at different times. For example, a young person who is habitually calm and balanced, may, due to some provocation have a sudden outburst of emotion and then return to her calm self later on. Also, with different persons, a different kind of self is seen to exist. This explains why young adults are often argumentative and short tempered with their parents but charming, patient and accommodating with their friends.

Finally, **self-esteem** is the value that individuals place on their perceived self. If there is a high degree of correspondence between their self image and ideal-self, then this appraisal leads to self-acceptance and approval. Individuals whose identities are weak or whose self-esteem is low, manifest a number of symptoms of emotional ill-health. In their behaviour, "I'm useless", "I'm no good" "Others are much better" type of reactions tend to dominate.

As teachers, there are many ways in which you can help your students to develop a positive sense of self through simple reflective exercises.

Make them begin visualizing the young person that he/she would like to become (possible selves).

Ask them

- How would you look?
- What would you be wearing?
- How would you feel? What would you be doing?
- Where would you be?

This will stimulate them into a past-present-future configuration of themselves. Then ask them to make a list seeking the company of individuals who bring out the best in them and make them feel good about themselves. Ask them to spend time and plan activities with those individuals.

Inculcate in them the attitude of acquiring the ability of learning from criticism: By taking a positive approach towards criticism, young people can make it a valuable means of personal growth. Mahatma Gandhi considered his critics as his true friends because criticism is a way of improving one's performance. This is a very self enriching exercise.

Self - assessment

1. *Why is it important for you as a teacher to understand the concept of self?*
.....
.....
.....
2. *What are the different constituents of identity and how are they relevant for young adults? Think of the many ways in which you can facilitate the process of identity development and a positive sense of self in them.*
.....
.....
.....

Familial concerns

Let us try to understand the family related concerns of young adults by reflecting on the following.

You must have often wondered why some parents succeed, while others fail. Likewise, why do some individuals grow into adulthood confident, competent, caring and secure in their own sense of identity, while others emerge from adolescence, directionless, lacking in independence, low in self-esteem, alienated or victims of psychological disturbance?

Although, many factors play a role, research points out that the single most important influence in helping or hindering the average young adult to cope with the developmental demands characterising their stage in today's world, are his/her parents. This must have been evident to you from the narratives as well.

- "I don't know what to do. I have no freedom. I cannot decide what I should wear, which subjects I should pursue, or even which colleges I should apply to. Everything is told to me by my parents. Why can't they trust me?"
- "Why do my parents dislike my friends so much? They disapprove of my going out with them, my telephone conversations with them, my having them over at home to spend the day etc. It really puzzles me."
- "Study, study and achieve. That's all my father says to me. Will I be an inferior human being if I fail to achieve?"
- "My parents are never available. They are always caught up in their own life and work. Where is the time to have a dialogue?"
- "You must be like your elder brother. He has really done us proud. Everyone asks about him. Is life only about being worthwhile for others, is what I often wonder?"

Young adults face many challenges in their homes. For instance, becoming emotionally independent of parents and other adults and at the same time retaining or strengthening feelings of understanding, affection and respect is a big challenge. Experiencing autonomy in the sphere of decision making is another. As their children grow up, many parents have the tendency to regard them as 'my little baby'. This results in over-protection and pampering. Evidence shows that experiences in autonomy are essential if the young person is to develop an age-appropriate sense of independence. **Vocational autonomy** is another area of concern. Many parents use their children as 'vehicles of wish fulfilment' by trying to impose their dreams of a career goal onto them. Although the young person may go along or accept this temporarily out of a feeling of respect for his caretaker, sooner or later, it is bound to result in frustration, resentment and bitterness.

Another contentious domain is moral autonomy. **Moral autonomy** refers to having a unique and relatively stable sense of moral values which can bear the test of moral action. These may not mirror what the home advocates or professes and thereby lead to familial conflict.

Then there is the need for **emotional autonomy** which reflects the development of the ability in the young person to acknowledge his/her emotions and learn to express them in socially integrative ways. Parents can facilitate or hinder this process by consciously teaching their children or serving as role models.

Preparing for **marriage and family responsibilities** is another area of concern which entails the development of positive attitudes, social skills, emotional maturity and the necessary understanding to make a success of this vital interpersonal relationship. Once again one's experiences in one's own family can contribute significantly towards this.

Along with an increase in the age of marriage, young adults also have a greater role in selection of a mate which may also be outside of their caste and religion as opposed to the earlier unquestioned acceptance of their elder's choice.

Apart from these common age related concerns, research has highlighted a number of familial stressors which young adults face. These can be best understood in terms of the checklist given below.

Checklist of psychological problems and difficulties faced at home.

1. *Not being able to do what I want.*
2. *My father/mother not being available for me.*
3. *Being treated like a child.*
4. *Not being able to dialogue with my parents.*
5. *Home doesn't feel like a home.*
6. *Always being told what I ought to do.*
7. *Having to live up to very high standards set up by my parents.*
8. *Being asked to study all the time.*
9. *Not being allowed to spend as much time as I would like with my friends.*
10. *Never asked for my opinion or point of view about anything.*
11. *Parents disapprove of most of my activities and interests.*
12. *Always being scolded for not doing things right.*
13. *Too many rules and regulations to be followed at home.*
14. *Not getting enough freedom to live my own life.*
15. *Pressure to do well in studies from parents.*

In trying to understand how home dynamics contribute to the mental health of young adults, it is important to understand that family is the most important support system that a young person has. Familial happiness is associated with psychologically healthy parents and children who are involved with each other in appropriate ways. The home represents or should represent a warm, secure and stress free environment.

Changing families

In contemporary times, the composition of families is undergoing a major change. Earlier, the majority of Indian families, were of the 'joint' or 'extended' variety. They helped children and adolescents to benefit from inter-generational transactions at many levels and come across multiple ways of being. However, with the break down of the large family units due to many factors like urbanization, social pressures, migration etc., the **nuclear family** unit has become the norm. Resultant changes include a shift in patterns of hierarchy, family obligations, power structures and socialization practices. This, along with other trends like both parents working outside the house and single-child families, has left the young people of today (especially in urban India) deprived of a major source of support. The definitions of parenting in India are also changing from exclusivity to interchangeability in the parenting roles. Fathers are involved in nurturing their children along with their traditional advisory functions, while mothers are often wage earners with decision-making capacities. This provides greater opportunities to the young adults for exposure to diverse role models outside the home and breakdown of the traditional psychosocial groups. The most manifest form in which this is reflected are the parenting styles. You are already familiar with these since they were introduced to you in Block 1 in terms of how they mediated the process of personality development. Here, we will look at how they functionally operate and influence the well being of children.

Parenting styles

Based on dimensions of parental behaviour like '**love vs hostility**' and '**control vs freedom**' parents differ in the way they interact with their children. Parenting styles, as you have seen from the checklist constitute one of the most significant influences in the psychological development of all age groups of children. Let us now study them in detail.

Authoritative parents : "Let's talk it over"

These parents value both autonomous self-will and disciplined behaviour from their children. They encourage verbal give and take and when they exercise parental authority in the form of demands or prohibition, they explain their reasons for doing so. Their expectations are consistent with the maturity level of their child. They provide children with a family atmosphere consisting of affection, acceptance and reasonable rules. This is conducive towards developing positive feelings towards the self and facilitating positive mental health.

Authoritarian parents : 'Because I said so'

This line is most frequently heard in houses with authoritarian parents. They favour obedience as an absolute virtue and deal with attempts at protest with punitive measures. Any discussion, or two-way interaction is discouraged and orders are meant to be followed unquestioningly. This usually creates a low self-esteem among the children and leaves them with feelings of self doubt.

Laissez-faire parents : 'Don't ask me; do as you wish'

These parents place themselves at the footing of peers and they end up leaving their children to drift aimlessly. Such parents assume a false and exaggerated equalitarianism to avoid taking up parental responsibilities. Thus, they fail to provide the kind of support that their children need in terms of models of adult behaviour, responsibility and warmth. Parents in contemporary society, face the problem of maintaining a delicate balance between authoritarianism on one hand and over-permissiveness on the other, in their hope to provide the young with models of successful, independent, flexible and realistic behaviour.

Families at risk

As young adults get exposed to a wide variety of situations and experiences, they might find themselves developing conflicting views. This is a natural part of growing up because as their mental horizons expand, they begin to realize that their family's values and way of life are not the only possible ones. This is a time for developing alternative values and beliefs. The individuals at this stage are not only questioning stereotyped roles but also debating what they want out of life, both philosophically and vocationally.

An '**authority crisis**' results if the parents feel threatened by their child's striving for independence. Parents have difficulty in changing old rules and regulations which might have been more appropriate for a younger child. New forms of family relationships and authority patterns involving relating to their children as young adults is needed if this conflict is to be resolved satisfactorily. This is especially true in contemporary society where there is a dearth of clear cut guidelines as to what behaviour is appropriate for adolescents and young adults at a particular age. Somehow, parents tend to get guided by their own growing up experiences, failing to recognise that times have changed. This leads to a number of problems and difficulties for the young adults and develops a sense of resistance among parents, leading very often to a communication gap.

In fact, **lack of communication** is another area of concern. Many young people complain that their parents do not listen to their ideas, accept, value their opinions or even try to understand their point of view. Parents use their authority to impose their point of view. They sometimes see discussion or disagreement as a sign of disrespect.

As a result many parents do not come to know what their children think and feel about various issues. Supportive, open, encouraging communications as opposed to harsh, critical and hostile ones, are the key to harmonious relations between parents and their children. This infuses them youth with the feeling of being wanted as valuable members of their family.

Lack of trust can cause a variety of problems among the young adults. These include academic difficulties, impaired social relationships, neurotic disorders and psychosomatic problems. Some parents have difficulty trusting their children. This is due to projection of their own fears, anxieties and guilt onto their children. If parents have an atmosphere of mutual trust in the family rather than an attitude of 'policing', their children develop self-discipline.

Another significant factor is variations to the family system. For example, the incidence of **single-parent** and **parent absent families** is on the increase as the institution of marriage comes under pressure. Today, we see many variations in the traditional pattern like divorce, remarriage, separation, adoption, illegitimacy, death and desertion.

Let us take the example of **divorce** and see how it affects the young adult. Psychologically speaking, divorce is a process and not an event. The person might have to cope with perceived parental neglect, increased financial hardship and the stigma of divorce. It is characterized by acrimony and bitterness and children are often forced to take sides.

The various psychological tasks involved in adapting to parental divorce are as follows:

- Acknowledging the reality of the marital discord.
- Accepting the finality of divorce and realizing that one's parents will not live together again.
- Disengaging from parental conflict and distress and resuming a normal life wherein they can learn to distance themselves from parental difficulties.
- Resolution of loss: overcoming feelings of rejection, worthlessness and feeling 'unloved'.
- Resolving anger and self-blame.
- Overcoming anger over the decision and realizing that one was not responsible for the divorce.
- Achieving realistic hopes regarding relationships.
- Learning to trust others in intimate relationships and
- To develop the capacity to love and be loved by others.

You must have realised how the entire process involves emotions, cognitive restructuring and making adjustments. These often add to one's mental health problems.

Reactions to divorce include: immediate shock and disbelief followed by fear, anger, anxiety and insecurity about the future is frequently reported. Children of divorced parents might 'grow up' sooner due to the increased share of family responsibilities.

Academic difficulties might surface. There could be discipline problems, disinterest in studies, dropping out, expulsion etc. Such individuals are also likely to suffer socio-emotional problems like aggressiveness, anti-social behaviour, delinquency, drug abuse, neurosis, schizophrenia, insomnia, sexual disorders and low self esteem. However, a number of factors determine whether the overall effects of divorce are helpful or harmful.

The quality of care and attention given to the child by the parents, whether the divorce takes place amicably or acrimoniously and how the parents are affected by the process, are particularly important.

It should be emphasized that the family must be a happy unit, regardless of whether it is an intact one or not. If the parents are supportive of their children's needs, the teachers and friends are accepting of different lifestyles, and special strategies are employed to enhance their socio-emotional and academic development, there is a greater possibility of young adults coping successfully with divorce.

Self - assessment

3. *How does the family help in the development of young adults as autonomous individuals?*

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4. *What are the possible areas which pose challenges to the mental health of young adults within the familial context?*

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College related concerns

Let us now move on to the college related concerns of youth.

College life conjures up images of a new and exciting life. It represents the dawn of a new age where adolescents come out of the protected confines of school life into a world of new **responsibilities, opportunities and challenges** as young adults who have to be prepared to face the world.

The often feel that they have much greater freedom than their parents allowed and that they can control their lives to a considerable extent through the decisions they make. But this can also lead to a greater degree of confusion and conflict.

The **challenges** typically confronting the college student are:

- **developing cognitive skills and concepts necessary for social competence;**
- **choosing a vocation and undertaking appropriate preparation for its fulfillment;**
- **developing gender appropriate relationships with friends and age mates;**
- **understanding and achieving socially responsible behaviour;**
- **being goal directed and achievement oriented.**

This is a period where young adults acquire the academic, social, emotional and vocational skills necessary for participation in the adult world. The school and subsequently college environment have a profound effect on the young and are a major factor in their socialization in this regard. They are one of the strongest institutions in the life of the young adults and thus have an unprecedented opportunity to improve their lives, by providing a nurturing and safe environment for enhancing their mental health status.

To begin with, the transition from school to college needs to be adequately supported. The young person should be exposed to a variety of chosen options so that she can

mentally prepare herself for the skills required, aptitude, admission requirements etc., of a particular option. Now-a-days, the mass media offers support in the form of news-supplements and reports about various courses and colleges. **Participative planning** with parents, teachers and friends can be undertaken in order to gain the benefit of different view points. Students tend to get influenced by the status of the college, rather than focussing on the course which matches their vocational aspirations. They should be encouraged not to get taken in by extraneous factors and be allowed to choose freely according to their **interests** and **abilities** and not according to what their parents think they should become.

The main functions performed by the educational institutions could be divided into:

Maintenance-Actualization: This aims at giving the student an opportunity to grow socially and emotionally. It enriches the different spheres of the person's development. College life is a means to fulfilling this function.

Cultural-Transmission: This refers to the **acculturation** role of the college. It functions as a community organization that channelises people into future educational and vocational areas. It also serves as a conduit for the passage of beliefs, values, and traditions of a culture from one generation to the other.

As teachers, we must periodically ask ourselves, are colleges doing a good job? Do youth emerge from college with a sense of sensitivity, curiosity, self-initiative and involvement in their learning? Answers to these questions depend on various factors which determine the overall ethos of college life. In seeking the answers, we will automatically engage in a reform process if it is required. Let us now try to identify the main college related concerns of young adults.

Academic concerns

Majority of college students perceive the academic requirements as meaningless and outdated. Curricula are many years old, contain irrelevant facts and information which is expected to be learnt by heart. The reality is that students enter college with many aspirations and provided that they are supported by **parental encouragement** and the **right atmosphere** in college and a **challenging curriculum** they do try and succeed in academics. In today's competitive age, a simple bachelor's degree is not sufficient to secure a convincing job. Thus, many people join professional / job oriented courses along with college in order to get a head start in the job market.

Effective study habits are especially important in college because of a higher degree of self-discipline and self-motivation that is expected from students. A balance should be achieved between a wide repertoire of general reading and focussed, goal oriented subject related study.

The components necessary for success in college life include – regular attendance, planning for work and leisure, moderation, prioritisation, establishing proper working conditions which are free from distractions, improvement in reading efficiency and vocabulary, learning note making techniques and studying with genuine interest instead of compulsion.

Teacher-student relationships

Let us now look at the human relationships aspect of college life. One of the crucial factors influencing the attitudes of the youth as well as success in college, is the **teacher**. How students perceive college is dependent on individual teacher student interaction, curriculum transaction, attitudes about students and to some extent by the teacher-parent equation. In recent years, college teachers have been criticized for not performing their duties and for being unable to tap the creative potential of the youth. The majority of teachers, however, are well trained and competent people who are concerned about the

education of young persons and work hard to promote a suitable learning environment. They often have to work in unsupportive climates where lack of proper infrastructure, shortage of funds inadequate teaching materials, dogmatic leadership and non supportive staff play a role in reducing efficiency.

Teachers are a vital support system for the students, since they guide them through the 'bridge' between the world of studies and the world of work. Young adults need academic guidance and the feeling that the people in authority are concerned about their welfare. Derogatory comments and a negative attitude on the part of teachers induces **alienation** and **insecurity**. They need **attentive** and **empathetic** hearing from their teachers in order to develop positive perceptions of self, creativity, social productivity, make a meaningful contribution to the college and demonstrate effective learning.

College also marks the beginning of a new life where the young experience a **fresh sense of freedom**. It is also the setting in which peer group influences operate. The young adults growing up in our rapidly changing, confusing society place a high priority on close relationships with contemporaries. Their ties with parents become progressively looser in late adolescence and they turn to friends so that they can share their doubts and dreams about the future.

Friends are highly valued. They lend a sympathetic ear to each other's personal problems, share feelings, relax and be 'themselves' without the fear of rejection. Thus, they serve a **therapeutic** function by allowing the freer expression of suppressed feelings of anger and anxiety.

Peer relationships can be of the individual variety described above. The other types are groups, called **crowds** or **cliques**. A crowd is a larger group which is composed of a collection of cliques. The crowd organizes larger social activities while the more cohesive clique provides a source of security and companionship. They usually belong to similar backgrounds and have similar interests.

Youth culture

The youth have a heightened need to be different from adults. Another aspect is to 'belong' to the group. This translates into conforming to the group standards, behaviour, and fashions. In their effort to be unique they sport distinctive types of dresses, talk in a particular language (lingo), listen to one kind of music etc. These trends be it in fashion or music, keep changing at a fast rate and the youth are constantly on the look out for the latest 'in thing'!

Student aggression

"Students killed in clashes during college elections!" Headlines such as these have become commonplace in many Universities. They point towards a serious concern in our college campuses namely, **student unrest** and **negativity** in student politics.

Student unions which represents an attempt at **self-governance** by students so that they can develop qualities of leadership and function as 'effective citizens of a democracy, have been waylaid by vested interests. Political interference in educational institutions has resulted in the creation of turbulent situations. The impressionable youth, many a times are '**pawns**' in the hands of the **powers** that dominate.

Feelings of anger, hostility and resentment build up and often explode through anti-social behaviour. Thus, student aggression is a symptom of a deeper malaise.

The unrest that is prevalent is indicative of a sense of **disillusionment** with the system and a **lack of purpose and direction** in life. The range of maladaptive reactions of the Indian youth is alarmingly wide and reflects the increasingly chaotic societal conditions. Lawlessness and corruption have become the order of the day in spite of our commitment to the establishment of an equitable social order.

Unemployment is also on the rise leading to a scenario where educated youth are unable to find jobs, according to their calibre resulting in frustration and anger. **Influence and social position** are considered important for gaining employment instead of **merit and ability**.

The irrelevant, aimless and theoretical nature of higher education does not provide the youth with a strong enough motivation to **excel**. The curricula that they study have no relation to their lives, or to their future roles. Other factors like **obsolete teaching methods** and a **rigid examination system** put pressure on them.

Ragging

Ragging is one of the ways in which the senior students of the college get friendly with the new entrants. It allows an opportunity for interaction among the new and the old, familiarization, 'breaking' the ice and forging new friendships in an informal atmosphere. Taken in the right spirit, it helps the students to orient themselves in an unfamiliar place. However, as many cases bear testimony in the history of colleges, ragging can go wrong. Under the garb of 'toughening' the juniors and teaching them how to face the real world, many senior students sexually abuse them or become physically violent. Stripping, masturbating, mimicking sexual acts are part of the abuse. In our society, sexual impulses of adolescents are repressed so they often use ragging as an exercise for sexual experimentation. Sometimes violence is used to assert might.

It may result in life long trauma for the victim. In extreme cases, some students have been forced to leave the institution and jeopardize not only their careers but their entire lives. Feelings of **vulnerability, unworthiness, shame, depression, anxiety and low self-esteem** can occur. Although colleges and other institutions have banned the practice, the real change has to come from within the youth community.

Thus, we can look at the youth from a 'problem oriented' perspective or a 'challenge oriented' perspective. Depending upon the perspective taken, the implications will be varied for mastering developmental skills with a fair degree of competency and developing feelings of self-fulfilment, as well as for society at large with regard to how it views its young.

We will take up the mental health concerns related to society in the next unit.

Self - assessment

Based on your observations and experiences, answer the following questions :

5. *What are the indications of 'youth culture' that you see around you?*

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.....

6. *What are the factors conducive for fostering a 'learning environment' in colleges?*

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.....
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Common guidance and counselling needs

From what you have read so far in this unit, you must have gathered there are some common guidance and counselling needs of young adults which emanate from their age and stage related characteristics. Let us try to prepare a checklist of them.

- Need to make suitable career choices;
- Need to have a firm sense of identity;
- Need to have self esteem;
- Need for deep and meaningful friendships and interpersonal relationships;
- Need to achieve, gain recognition, enjoy prestige and have high self esteem;
- Need to formulate life goals;
- Need to have a sense of autonomy, independence and control over one's life;
- Need to make commitments and crystallise values;
- Need to affiliate belong and relate to different groups;
- Need to love, be loved, experience affection and intimacy;
- Need to express oneself, give meaning to one's life and pursue higher planes of being.

This checklist clearly shows us that all these needs are psychological in nature and if adequately met will ensure smooth and facilitative adjustment and well-being. The implication clearly is that we should be in a position to anticipate them and make adequate provision for them. Thus, rather than seeing them as unreasonable demands and stressors, they must be interpreted as common psychological needs which through adopting a counselling and guidance oriented approach would be suitably dealt with, contributing towards positive mental health.

Summary

This unit deals with some of the guidance and counselling concerns of Indian youth and young adults. It seeks to provide an alternative conceptualisation of young people. It also locates them in the multiplicity of influences that they face in contemporary India. Through an exploration of the self, society, family and college, an attempt has been made to map out the challenges that confront them and explore how they cope with them. Their common guidance and counselling needs have also been identified.

Visualizing the young as individuals with potential, enterprise and creativity, can lead to their serving as a valuable 'human resource' for the community. This is what mental health and healthy adjustment are all about.

Unit-end exercises

1. Interview some young adults in your college to explore the difficulties and problems which they face. Prepare a checklist of these and a suitable categorisation scheme.
2. Collect statements which young adults usually make with respect to themselves, their families and their college. Classify these as facilitative or non-facilitative based on the emotions which they embody.
3. Develop a dialogue showing
 - a. A conducive teacher-student relationship.
 - b. A democratic parent-young adult relationship.
 - c. A close friendship with an age-mate.
4. Knowing the range and diversity of the counselling and guidance needs of young adults, what special provisions do you think can be made by the home and the college. Give concrete suggestions.

5. Make a list of topics on which small workshops and group guidance programmes can be organised for young adults to deal with the challenges related to self, family, college and society.

Suggested readings

Dusek, J. B. (1991) *Adolescent Development and Behaviour*. New Jersey : Prentice Hall.

Jensen, L. C. (1985) *Adolescence: Theories, Research and Application*. New York : West Publishing Company.

Saraswathi, T. S. (1999) *Culture, Socialization and Human Development: Theory, Research and Applications in India*. New Delhi : Sage.

Srager, R. & Sadiman F. (1984) *Personality and Personal Growth*. New York : Harper Collins.



14

Mental Health Problems, Issues and Concerns

Introduction

In the previous unit you were already acquainted with some of the guidance and counselling problems and challenges which young adults face. You were also given the understanding that these problems and challenges vary in their range of severity. They can thus be routine, everyday problems or can pose a serious threat to the well being of the individual. In the present unit we will focus on those challenges and problems which are more serious rendering them into genuine mental health concerns. We will cover a range of problems which are encountered in institutions, particularly in college and University campuses. As part of this unit, an attempt will also be made at discussing and explaining how these mental health problems can be dealt with and managed, while acquainting you with the existing forms of psychotherapy and intervention which are used.

Learning outcomes

After working through this unit, you will be able to

- understand the stressors that impinge on the lives of young adults;
- recognize the manner of responses that occur as a result of stress;
- understand the mental health problems which they face;
- explain the genesis of these problems;
- get insight into the management of these problems;
- conceptualise the nature, need and significance of psychotherapy;
- appreciate the various therapies which can be used with young adults;
- explain the role of group and family therapies in promoting mental health.

Young adults at risk

The college festival is going on. Mayank is a talented singer and had been invited to participate in one of the events on vocal music. He was extremely interested but had to decline the offer because of a project that he had to work on. It was a difficult choice to make and he is not feeling his usual cheerful self. His father, who has had a hard day in office, comes home and starts accusing Mayank of being irresponsible and not helping in the household chores. Mayank stomps out of the house with his stomach churning and his pulse racing. He suddenly feels dizzy and and sits down to calm himself.

The description given above is an example of a “**stressful situation**” faced by young persons. Stress is a reality in our lives today. It is a multi-faceted process which typifies our interaction with our environment. Some amount of stress is beneficial for effective functioning but if it excessive, then it can lead to ill health. Stress is the physical, mental or emotional **strain** or **tension** caused by environmental, situational or personal pressures or demands.

We experience stress when events disrupt our usual level of functioning and require us to make our extra effort to re-establish our equilibrium. Coping with the changing face of

life is taxing for everyone. However, in the case of young adults, they are confronted with new roles all the time - each with differing rights and responsibilities. They are under **pressure** from a number of sources. These sources are also referred to as stressors. **Stressor** is the term given to the variety of external and internal stimuli that evoke stress. These could include performance, pressures, health problems, peer pressure, relationship issues, parental discord and financial difficulties.

Depending on the severity, duration and perception of the problem by the individual, his/her response to the stressor varies. It is the outcome of a complex interplay of physiological and behavioural factors. He/she has to strike a **balance** between the demands of the situation and individual, familial, peer and societal values. It is a balance between self and society. Whether an individual deals with stressors in an adaptive or maladaptive way determines his/her mental health status. The effects of stress may be **physiological** or **psychological** in nature. The physiological response is characterized by the 'fight or flight' syndrome where the autonomic nervous system gets activated in order to prepare the body to combat the threatening situation. Prolonged exposure to such situations can result in development of pathologies like cancer and heart disease.

The psychological effects include:

Emotional disturbances

Negative effects on psychological well-being might manifest in the form of anger, anxiety and depression. For example, if a student fails to get admission into a college or course of his/her choice, he/she might feel that his/her chances of entry into a good career have become negligible and consequently feel depressed.

Cognitive responses

'**Mental blocks**', during important examinations exemplify these types of responses. This means that although students have studied regularly and prepared well, yet they cannot think clearly at the time of the exam. **Catastrophising** is another type of cognitive response to stressful life events. Here, even a slightly negative event is blown out of proportion. For example, if a student gets a low grade on one of his/her tests, he/she might dwell on it excessively and even decide that he/she will fail in the final exam.

Behavioural problems

These denote changes in behaviour patterns as the young adults attempt to escape or avoid stressful situations. Behavioural responses can range from minor disturbances such as nervous mannerisms to major anti-social and acting-out behaviour. We see many examples of it in college campuses and hostels in the form of disobedience, verbal abuse, delinquency, substance abuse, aggression etc.

Activity

Have a focused group discussion with your students to know the stressors in their lives, their stress related experiences and how they cope with them. Prepare a checklist of events and symptoms based on this exercise

Eating disorders

These are serious mental health concerns which are afflicting group adults in large numbers in urban areas. In urban areas, young adults are becoming more and more pre-occupied with their **body image**. They are being exposed to the '**gym culture**'. Weight fluctuations are normal during the phase of adolescence as the body undergoes rapid changes, both physical and psychological. However, in recent times, the role models of the young are derived from sources where being slim is at a premium. More and more youngsters are going in for heavy exercise and 'crash diets' in the search for the perfect figure. This fad,

can become an obsession in some cases and manifest as eating disorders. Let us examine two prominent disorders of this kind.

Anorexia Nervosa

This is also referred to as '**starvation sickness**' or '**dieter's disease**'. It is characterized by severe under eating in the pursuit of a thin body. It is a life-threatening disorder where the individual is obsessively concerned about becoming 'fat' and hence starves herself. 95% of anorexics are women, perhaps because the pressure to 'look good' is much more in their case. It can result in excessive weight loss, amenorrhea (interruption of normal menstruation), excessive exercise, isolation, helplessness, insecurity, moodiness, loneliness, low blood pressure, dehydration and metabolic deficiencies.

Anorexics have a disturbed body image. They perceive themselves as fat even when they are emaciated. They are also unable to recognize hunger pangs. They usually reflect negative attitudes about their physical attractiveness and view their bodies with a feeling of disgust. As she grows up, the anorexic girl faces the developmental task of integrating her new body image with age appropriate female sexual roles. Inability to come to terms with her sexual identity manifests as attempting to reverse or delay the process by suppressing all signs of sexual maturity.

Another significant feature is an overprotective and strict parenting accompanied with a desire to exert control and encourage dependence on the parents. As a result, such persons lack a clear sense of their unique identity and the confidence to make their own decisions. Anorexia might be a way of asserting control over their lives. Treatment involves dealing with the immediate physiological distress to the body as well as the associated psychological factors.

Bulimia

It is known as a '**binge-purge**' syndrome. This refers to a compulsive and rapid consumption of large quantities of food in one sitting, followed by purging through self-induced vomiting and / or the use of laxatives and diuretics. This may happen several times during the course of one day. Bulimics (mostly females) are usually suffering from anxiety, depression, low self-efficacy, a sense of loneliness and isolation which is enhanced by their socially inappropriate behaviour. They are unhappy with their perception of their bodies as well as their relationships with family members, especially their mother. They are preoccupied with fear of rejection and failure. They are strongly driven by a desire for approval from '**significant others**' in society and tend to set up unrealistic standards for themselves. The need for perfection builds up pressure which is relieved through 'binge and purge' episodes, followed by feelings of shame and guilt. Cognitive-behavioural treatment programmes have proved beneficial in managing this disorder.

Sexuality issues

One of the major developmental tasks that adolescents and young adults face is an increase in sexual drive due to the dramatic hormonal changes taking place in them with accompanying mysteriously new thoughts and feelings. Along with this, social influences like peers, parents, value structures, moral and religious beliefs are major variables which determine the integration of sexuality into the self-concept of the young adult.

Young people have a number of mental health concerns about sexuality. These could be related to issues of masturbation, sexual intercourse, moral concerns, pregnancy, birth control, love and marriage. They need to be able to conceptualise sex in the context of mutually rewarding, constructive relations with other individuals. Unfortunately, they receive little help from an inconsistent, conflict-ridden, often hypocritical world in which they live which adds to their problems and difficulties and creates greater incongruence and discontinuities for them.

Cultural factors play a major role in the sexual socialization of young adults. For instance, although the situation is changing, pre-marital intercourse is still frowned upon by our society. This, in turn has implications for the kind and quality of interactions among young people of the opposite sex, determining appropriate behaviours and setting the standards for what is considered right and wrong.

Many stereotypes exist with regard to male and female sexual attitudes and behaviours. Common among these is an exaggerated notion of what constitutes masculinity and how it is different from femininity. This is typified by the popular assumption that 'Men are from Mars and Women are from Venus!'

Men are supposed to be aggressive, active, ambitious, strong whereas women are viewed as passive, submissive, weak and affectionate. Although research does point out differences in sexual drive among boys and girls, the reasons for the differences are both physiological and socio-cultural. Men receive greater social sanction for expressing their sexual urges while in the case of women, such impulses are denied and at best integrated with other needs, such as affection, reassurance and self-esteem.

Sex education

Discussion about sexuality and related issues is considered a taboo in our society. Most parents feel uncomfortable talking about these issues to their children. The need for sex education is all the more palpable in these times. One of the aspects of the adolescent and young adult culture is a '**new sexual morality**' characterized by openness and experimentation. Their growing disenchantment with the established social institutions, together with a need to **discover** and **express the self** are contributing to this phenomenon. However, this journey is hazardous. Young people have limited scientific information about sex. They are bombarded by explicit sexual messages from films, television, computers and magazines. In the absence of a guiding framework in which to contextualize these messages, they rely on half baked knowledge which gives rise to myths and misconceptions and sometimes irresponsible sexual behaviour.

One of the arguments against sex education is that it leads to greater sexual experimentation. Research points out that an open exchange of ideas related to sex leads to more mature and responsible sexual behaviour among the youth. Some of the components of a sex education programme are: Anatomy, sexual behaviour, sexual development, physiology of reproduction, pregnancy, sexual violence and diseases, discussions on concepts of 'normality', social milieu, aberrations etc. If the young adult copes adaptively with issues arising out of sexuality related concerns, he/she develops a healthy attitude towards sex. In contrast the sense of secrecy and shame associated with sexuality along with other factors leads to maladaptive behaviours, some of which are discussed below.

Pregnancy and sexually transmitted diseases

The incidence of pre-marital sexual intercourse is increasing among young adults with the changing mores of society. The reasons include, 'being in an emotionally satisfying relationship, to gain peer approval, to rebel against parents, as a means to gain affection' etc. Many among them realize belatedly that they are not equipped to cope with such interactions and report feelings of guilt, shame, fear, rejection and exploitation. They also lack reliable information about contraception. This has tragic consequences and may result in unwanted pregnancies. Youth are at a stage where they are in the process of establishing their own identities and value systems, which are not conducive towards taking on the responsibility of a new life.

Another risk is that of acquiring sexually transmitted diseases. This refers to a variety of diseases transmitted from one person to another through sexual intercourse. Some of these are: Chlamydia, Gonorrhea, Genital herpes, Syphilis and AIDS. Although, all these diseases are serious health problems, AIDS is the most dreaded because it has no overt symptoms of infection in the initial phase and is currently untreatable.

Homosexuality

Considered as an abnormality, till a few years back, homosexuality is now accepted as an alternative way of being. Adolescence and young adulthood is a time when majority of close socio-emotional relationships are confined to members of the same sex. Their changing physical appearance and interest in sex sometimes leads to sexual activities with others of the same sex. Usually, most people go on to lead heterosexual lives. Homosexuality refers to the primary sexual orientation of the individual being one in which he/she prefers to have sexual relations with another individual of the same sex. Psychologists feel that the causes of homosexuality are primarily a function of the individual's interaction with her parents. Domineering and overprotective parents who, directly or indirectly, develop a sense of fear and discomfort for the opposite sex, are seen as contributors to the phenomenon.

Sexual and gender identity disorders

Sexual dysfunction may take the form of sexual desire disorders which involve a lack of interest or aversion to sexual activities. **Sexual arousal disorders** involve inability to attain orgasm, premature ejaculation etc. Paraphilias signify disorders where unusual images, acts or objects, such as young children, are required for sexual arousal and fulfilment. Persons suffering from Gender Identity Disorders feel that they are trapped in the wrong body. They seek to change their sexual identity with the help of sex-change operations. There are quite a number of such persons. Alternatively **transvestism** develops.

Sexual abuse

Sexual abuse denotes a form of sexual exploitation where the victim is forced to comply with sexual acts under conditions of threat. We will discuss incest and rape as examples. Incest consists of interactions of a sexual nature with a close relative or parent, usually a man. It may start in childhood and continue into adolescence. The immediate effects include increased anxiety, guilt, anger and sleep disturbances. In the long-term they may bear psychological scars of the abuse in the form of depression, poor self-image and inability to form satisfying sexual relationships.

Rape or sexual intercourse under conditions of actual or threatened force is increasingly becoming an area of concern. This is exemplified by many such cases reported almost everyday in the newspapers. The problem is assuming alarming proportions as more and more women venture out for professional pursuits. The insensitive trial procedures and low rates of convictions in such cases, further reduce the chances of redressal. The victims are flooded with feelings of helplessness, inability to control one's own destiny, exploitation and distortion in the development of a normal association of pleasure with sexual activity.

The above areas, bring out a strong need for regarding sexuality as one of the important areas of concern for the young adult. Ignoring it can result in many perils not only for the individual but also for the community.

Self - assessment

1. *Keeping the sexual needs of young adults in mind, envision the role which your institution can play in facilitating healthy, sexual development and preventing mental health problems from occurring.*

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Depression

'I am depressed. Things just don't seem to be going my way!' Every person must have felt 'depressed' at some point in time. Such feelings are usually triggered off in young adults by the stresses of student life, academic pressures, the need to make a career decision, loss of a loved one, break-up with a close friend etc. Usually such states are transient, with the feeling of dejection passing within a few days. Clinical depression, is an emotional state characterised by feelings of inadequacy, worthlessness, sadness, melancholia, reduction of mental and physical activity and a pessimistic attitude.

It can be of various types. **Transient depression** is a passing phase where the individual responds to specific environmental events by reacting negatively.

In **Acute depression**, which is more serious, the young adult may complain of boredom and social isolation. She may also feel a sense of emptiness. **Chronic depression** results from longstanding, repeated experiences of failure, loss or rejection. This world weary state may last for several years.

Why does a young person commit suicide?

The suicide rate for young adults in the 15 to 24 year age group has gone up considerably in the last 30 years. It is usually the result of a long series of unsuccessful attempts to find alternative solutions to their difficulties. Individuals who take their own lives or attempt to do so, perhaps see it as the 'only way out.'

The immediate **precipitating events** may include failure in academics, conflicts with parents or friends break up of a romantic relationship, pregnancy, physical illness etc. Usually, such an event comes as a 'last straw among a series of problems.' One of the longer-term predisposing factors is disturbed family relationships with poor communication patterns which results in the person feeling unwanted, neglected and alienated. Many young people who attempt suicide suffer from depression.

Two types of approaches have been followed in order to prevent suicides by young adults. Firstly, making it more difficult for individuals to obtain the means for committing suicide like, drugs, guns and other arms. Secondly, and more importantly, increasing community, awareness about the phenomenon as well as equipping the person with coping skills. It is not true that someone who talks about committing suicide will not do so. Hence it is important to lend a sympathetic ear to the person as well as recognize the warning signs and seeking professional help.

Delinquency

Delinquency refers to the violation of the law by an individual. A person is regarded technically as a delinquent when his anti-social tendencies appear so grave that he becomes the subject of official action. This includes behaviours ranging from vandalism, running away from home, gambling, bullying, stealing to murder and rape.

Both psychological and socio-logical factors are involved in the causation of delinquency. Broken homes and strained **family relationships** have been associated with delinquent behaviour. The early disciplinary techniques employed by parents of delinquents tend to be erratic, strict and involve physical punishment rather than reasoning with the child about misconduct. Parent – child relations are mutually hostile, rejecting, indifferent and apathetic. The 'modelling effect' may also be at work in teaching adolescents delinquent behaviour.

Peer group influences can serve as motivators for delinquent behaviour. Fear of being rejected by the group is crucial, since the 'gang' represents a family substitute. Durkheim, one of the earliest sociologists to talk about the social structure, talks of the concept of 'anomic' or a feeling of alienation and isolation from society. According to him, this leads to deviance because of the mismatch between society's cherished goals and the

structure provided by society for reaching these goals. For instance, unemployment despite having the requisite qualifications, can be a source of delinquency. Its incidence has historically been found to be higher in socially disorganized, economically deprived areas. Today's youth are living in a period of rapid cultural change and unrest. Values which were once commonly accepted are now being questioned. Established social institutions no longer offer security. All this generates tension, pressure, frustration and exasperation.

Delinquents tend to be more impulsive, resentful, disrespectful of authority figures and lacking tolerance. Associated correlates are inability to adjust to the academic environment and poor grades. Treatment of delinquency entails provision of correctional services, youth wings as well as therapeutic and behaviour modification programmes.

Self - assessment

2. *Reflect on the controversial issue of whether "delinquents are born or created". Present your comments on it. What will you do in your college/ institution to prevent the spread of delinquency?*

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Substance abuse

The **drug culture** popular among adolescents and young adults is a symptom of a deeper inability to cope in a rational and reality - oriented manner. Forms of this drug culture or substance abuse include alcohol, nicotine, marijuana, LSD, heroin, morphine, opiates, tobacco etc. All these drugs can produce **psychological dependence** or habituation as well as **physical dependence** followed by 'withdrawal symptoms' on cessation of the drug. Thus, although substance abuse is both a response to and a method of dealing with stress, it is also a cause of further stress as the body and mind successively become dependent on the particular substance.

Drug use seems correlated to social influences such as peer pressure and social class and psychological factors such as family relations, poor self-esteem and stressful life events.

Prevention attempts relate to curtailing the free availability of these substances along with rehabilitation programmes, aimed at alleviating physical and psychological distress, improving social functioning and integration into the fabric of the community through meaningful programmes.

Activity

Have a group discussion on the importance of preventing substance abuse as part of the value education programme in colleges. Focus on the objectives strategies which you would adopt.

Management of mental health concerns

Recognizing the gravity of the mental health concerns of young adults, organizations have been engaged with the development of effective intervention strategies. Of these, the

National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore, has been planning and implementing many innovative programmes. One programme trained school teachers in early detection and management of mental health problems. This involved 250 teachers and 15,000 children from nine schools over a period of nine years. The World Health Organization has also developed a framework for a school mental health programme. A school health project covering all government schools was undertaken in Andhra Pradesh with funding by the Overseas Development Agency. The mental health component was an important part of this project. An enrichment programme was developed for the high school students of rural Karnataka by NIMHANS. It focussed on components like, how to study effectively causes of and remedies for failure in dominations, prevention of health problems, knowing about self and others and causes of interpersonal difficulties. While all these were school related programmes, they can be adapted and replicated in colleges and universities as well.

Intervention can be formulated at various levels. **Primary intervention** sensitises the young adult population through education in mental health. This can be in the form of group work and workshops with college students regarding study habits, family life education, possible risks to a healthy development life substance abuse, AIDS, etc. Meetings between teachers, students, parents and mental health professionals can help to emphasise the importance of a conducive family atmosphere, communication patterns, societal structures and their impact on the psychosocial development of youth and young adults.

Secondary intervention for the early identification of problems can be undertaken in the college. Teachers can provide guidance on issues which are problematic for the young adults.

Tertiary intervention provides for referral by the teachers of those students who might be suffering from severe psychological disturbances and would be benefited by treatment from mental health professionals.

In recent times, there has been a recognition of the need for a development and growth oriented perspective of mental health rather than an illness perspective. Mental health is not simply the absence of mental and physical illness but rather an **on-going process** of establishing **harmony** between physical, emotional and social areas of development in an individual reflected in an ability to lead an integrated life. This redefinition of mental health has lead to a shift from a predominantly clinical perspective which emphasizes treatment for people suffering from mental diseases to a **promotional, preventive and conservative** perspective. This is seen by a growth of psycho education, training paraprofessionals in counselling skills, humanistic education and consultancy services. In the absence of an adequate number of counsellors and clinical psychologists, there is a need for the expansion of the role of the college teacher. As a person who is in close contact with the students and easily accessible to them, the sensitive teacher can find innumerable counselling opportunities which extend beyond the academic sphere. She can provide a supportive, open, warm and empathetic environment for the youth where they can discuss the issues of concern to them in an open manner. She can also bridge the gap between the young adults and their parents by creating an awareness about the areas which affect them in contemporary times.

Let us now try to understand the different approaches and therapeutic strategies and techniques which exist to deal with all forms of threats to an individual's well being. In this unit, our focus will be on psychotherapy, which is administered by trained specialists who are either psychiatrists, psychologists or medical social workers. However, there are many implications for teachers as well. Anyhow, in the next unit you will be acquainted with a number of counselling and guidance techniques which you can use as teachers and significant adults in your students' lives.

Psychotherapy : defined

What kind of an image comes into your mind when you hear the word 'Psychotherapy'?

You must be thinking of doctors, shrinks, abnormal people, medicines, electric shocks, etc. Many people conjure up images similar to these. The classical image however is one of a 'patient' lying on a couch in a clinic with a therapist sitting in the background. As the session progresses, the 'patient' reveals the deep secrets of his mind and slowly progresses towards psychological health. This applies to only one approach that was developed by Freud. Modern forms of psychotherapy are quite different from this stereotype. Usually, people are reluctant to seek professional help because of the stigma associated with it. There is also an unwillingness to admit that there is a problem that the individual cannot solve himself/herself. In the popular mind, psychotherapy is for people who are 'crazy' or 'mad'. Actually, psychotherapy refers to **procedures** in which a **trained person** (therapist) establishes a **professional relationship** with the patient in order to **remove** or **modify** existing **symptoms**, change disturbed patterns of behaviour and **promote personal growth** and development. It provides resources and skills to people in order to fulfil their needs for meaning in life, security, love, self-esteem and self-actualizing growth.

Psychotherapy can have an individualistic focus or be systemic in nature with a contextual focus. According to Allport (1962), psychological theories which underlie therapeutic approaches fall into 3 groups.

- Man seen as a reactive being (**Behaviourism**)
- Man seen as a reactive being in depth (**Psychoanalysis**)
- Man seen as a being in process of becoming (**Humanism**)

Psychodynamic therapies derive from Freud's psychoanalytic theory. They are based on the assumption that psychological disorders originate from **inner conflicts** in the **deeper realms** of the personality. A person is unable to live effectively because many impulses which are deemed unacceptable are **repressed** into the inner conscious. This therapy works on the principle that if the therapist can help the individual gain an insight into these hidden thoughts and feelings, there is freeing and redirection of psychic energies into healthy growth.

Behaviour therapies locate the origin of disturbed behaviour in **faulty learning**. They use classical conditioning and operant conditioning for explaining and curing psychological disorders. They seek to provide the individual with the skills and behaviours needed for coping with the problems of daily life and altering maladaptive patterns of behaviour.

Cognitive therapies are often used in conjunction with behavioural therapies because processes such as perception, interpretation and memory may affect behaviour independently of the objective environmental stimulus. This might be in the form of **internal dialogue** or **'self-talk'**. Therapy is aimed at correcting dysfunctional beliefs and distorted modes of thought, thereby alleviating maladaptive behaviour. Albert Ellis's 'Rational – Emotive Therapy', which focuses on overcoming irrational beliefs, Donald Meichenbaum's 'Self Instructional Training' and Aaron Beck's 'Cognitive Therapy' are some examples of this approach.

Humanistic therapies focus on a positive conception of human beings. They see individuals as growth oriented and dynamic, who have within themselves, resources for **self-understanding, dignity** and **fulfilment**. The therapist is a person who facilitates this process by helping individuals to find **meaning in their lives** and to live in ways which are consistent with their inner values.

Although the various approaches to therapy differ in many ways, they have common goals like enabling the individual to develop a better understanding of his/her thoughts, feelings and motives and helping in improving relationships at home and work.

Let us now understand some of these approaches in detail.

Behaviour therapy

This comprises a body of related approaches held together by the tenets of behaviourism. Let us understand some of them.

Systematic desensitisation

This is used in conditions like test anxiety and school phobias. Based on the principles of classical conditioning, Wolpe attempted to reverse the process by allowing the individual to learn a new response that is incompatible with the fear. This is done through reciprocal inhibition where a relaxing response is paired with an anxiety producing stimulus so that the stimulus no longer provokes anxiety. For instance, if a student is afraid of taking examinations, she can first be given relaxation training. Next, an anxiety hierarchy can be constructed where all the parts of the anxiety – producing situation can be ranked in an increasing order. Then visualization of the imagined situations can be associated with the relaxed state building up to the highest level. This could have steps like imagining situations one month prior to the examination, preparing for the exam, the day of the exam, approaching the examination centre, receiving the question paper and so on.

Token economies

It is a systematic procedure in which tokens are given as immediate tangible reinforcers for appropriate behaviours. They can be encashed later by the individual for articles or privileges. It has been used to help adolescents learn self-control and improve academic performance. Desirable behaviours are reinforced by the addition of points to the adolescent's total and undesirable behaviours result in point fines. For example, young adults may earn points for cleaning their room, getting up on time while they lose points for undesirable behaviours. The fine can be directly proportionate to the inappropriateness of the behaviour. He/she may receive a ten-point fine for not cleaning her room but a fifty point fine for smoking.

Extinction

Operant conditioning works both for strengthening desirable behaviours as well as weakening undesirable ones. Extinction is a process through which behaviour is weakened when it does not produce positive consequences. For this to happen, we first need to determine what rewards are maintaining the behaviour. In the case of such behaviour among young adults like aggression, withdrawal and cheating, the reward commonly is gaining attention from significant others. Thus threatening or warning them is not as effective as not paying excessive attention to that behaviour. They realize that the behaviour does not have the desired 'payoff' and ultimately stop indulging in it. **Flooding** is used to weaken phobic behaviour by depriving the person of his/her normally rewarding escape pattern. This is a rather drastic technique where the person is exposed to the full blown form of the fear inducing stimulus and learns to not feel threatened by it.

Modelling

This is the technique of learning new forms of behaviour through observing the behaviours of others. It can have either positive or negative effects. For example, if a young adult is exposed to friends who are regular smokers, he/she might also learn to start smoking. Modelling has been found to be effective in helping individuals deal with a variety of maladaptive behaviour like phobias, sexual dysfunction and aggression. Aggressive youth lack basic social skills. They can be taught how to respond non-aggressively to teasing, dealing with feelings of anger etc. through the process of modelling.

Assertion training

Consider the following situations

- An individual is unable to say no to any request that is made to her, no matter how unreasonable it may be.
- A person feels that her friends always take advantage of her and although this troubles her, she cannot seem to change this pattern.

In such cases, training for assertiveness can be considered as an option for effecting behavioural change. The goals of this form of therapy are:

- i) Empowering clients to actively initiate and carry out desired choices and behaviours that do not harm other people physically or emotionally.
- ii) Teaching clients alternatives to passive, helpless and dependent ways of dealing with life situations.

The therapist helps the client to learn and practice being more direct and expressive in social situations and standing up for one's own rights while respecting the rights of others. It is done with the help of modelling and role playing.

For instance, if a young adult is unable to put forth his point of view in discussions with parents, the problem is explored and specifically defined followed by modelling of passive, aggressive and assertive situations and the successive approximation of the desired behaviours.

Behavioural contracting

Contracting has been used for issues such as drug abuse, weight management and alcoholism. The client enters into an agreement with another person to attain specific pre-determined responses. The contract contains specified consequences related to the time and level of performance. There is considerable flexibility in formulating contracts and their effectiveness depends on factors like clarity of contractual terms and conditions, appropriateness of rewards in the context of the behaviour and provision of a progress chart.

The effectiveness of behavioural therapy is contingent on the specificity of criteria constructed to earn rewards, consistency in delivering rewards once the criteria have been met and fair distribution of rewards. The strength of this system lies in defining and directly attacking problems. Such approaches are critiqued on account of being rigid and mechanical and not giving autonomy and freedom of choice to the individual. They reinforce conformity, stifle reactivity and ignore the person's needs for self-fulfilment, self-actualization and feelings of self-worth.

Person centered therapy

Humanistic psychotherapy is one of the approaches which has emerged as an alternative to behavioural techniques. The person-centered approach developed by Carl Rogers has been one of the most influential ones. It is characterized by belief in the **innate positive growth potential** or **self-actualizing tendencies** of the individual. The approach focuses on a trustworthy non-threatening and genuine relationship between the counsellor and the client which helps in promoting healing and growth. The therapy is non-directive in nature because Rogers believed that human beings are essentially rational, constructive, positive, independent, trustworthy people who have resources for self-understanding and altering their behaviour, provided that a proper climate for change is established. The therapy is based on the following concepts :

Unconditional positive regard : This is a genuinely caring and accepting of the therapist towards her client. It shows a willingness on the part of the therapist to listen to and accept the feelings of the client without attaching value judgements to them.

Genuineness (Congruence): A consistency between the way the therapist feels and the way she acts towards her client is important. She does not hide behind a professional demeanour or psychological jargon but opens herself to the emotive experience taking place. When the client experiences the therapist's genuineness, she might see that warmth and honesty can be the foundation of a human relationship and thus try to be genuine in her other relationships as well.

Empathy : The ability to accurately and sensitively enter into the inner world of the client and experience at the deepest levels what the client is feeling connotes empathy. Thus, the therapist is not an outsider but someone who wants to understand how the world looks from her clients point of view. This makes the client feel valued, worthy, more aware of her real feelings and more effective and genuine as a human being.

Group therapy

The therapeutic sessions are conducted with groups of individuals. As compared to individual based therapies, group psychotherapy has several special features. The clients get the feeling 'I'm not alone!' They feel relieved and hopeful as they realize that many other people are struggling with problems and difficulties. **Group cohesiveness** develops because of the presence of a unique opportunity for practising new social interactive skills with peers in a non-threatening setting. As feelings of trust, acceptance and caring develop among the members of the group, they become less guarded, willing to learn from each other as well as share their concerns. They share ideas for solving problems and give feedback about their behaviour. It also allows the therapist to observe the clients interacting with one another in a real social situation. Such therapies may be especially beneficial for young adults because of their faith in the **peer group culture**. Concerns stemming from issues about college life, lifestyles, parenting etc. might be resolved through discussions among contemporaries in informal settings. They can also inculcate leadership skills by playing a role in assisting others, establishing and monitoring group goals.

Family therapy

Family therapy is extremely relevant in the Indian context because the family forms the **primary psychosocial unit**. It works on the implicit assumption that an individual's problems are not isolated but reflect problems in overall family patterns and are thus, best understood and treated as an integral part of the family unit. Many a times, incidents of aggression, delinquency or drug addiction by young people are actually symptoms of deep rooted problems at home. These would be discord between the parents and the resultant 'divided loyalty', divorce and punitive parenting. Family therapy can help to change the relationship among family members in constructive ways creating harmony and balance within the family, in turn, alleviating the individual's symptoms.

Cohesion and adaptability are the central concepts in family therapy. **Cohesion** describes the emotional bonding and the degree of individual autonomy that family members experience. Difficulties occur when families are highly disengaged or extremely involved rather than maintaining a balance between the two extremes. Families can vary along a continuum of **adaptability** from chaotic to rigid systems. The strength of a family system is dependent upon its ability to change in terms of its power structure, role relationships and relational rules in response to situational contexts. Flexibility is important if the family system is to meet the developmental tasks of the family. **Communications approach** is one type of family therapy where the therapist helps the members recognize that they often send out contradictory messages creating an atmosphere of confusion and distrust. In **structural family therapy**, the therapist focuses on the relations between family members which reveal disturbing patterns of interaction. For instance, if the mother and

child form such a close relationship that it excludes the father, it can lead to isolation and hostility between the parents. The therapist points towards more adaptive means of interacting creating an atmosphere for positive change.

Indigenous therapy

Spirituality has been an inherent component of ancient Indian psychological development. Today, Indian mental health concepts and practices are being rediscovered not only in India but the world over, like, yoga, meditation, pranic healing, they focus on as holistic approach to healing which integrates the mind and the body.

Yoga

Essentially, yoga is a reformation of the psyche through a system of concrete, practical exercises designed to transform our consciousness. It helps in developing self discipline, a sense of inner peace and self-realization in the individual. As the energy flows outwards, it becomes distorted by our subconscious tendencies, and personality. The self thus, cannot manifest itself in its pure form. Yogic practice reduces this distortion and redirects the flow of consciousness to its sources. This occurs when the consciousness is turned within and united with the self. Yoga is a Sanskrit word meaning 'to unite'. The discipline of Yoga as given in the 'Yoga Sutras' of Patanjali is represented by the eight-fold path.

- **Yama or Abstentions** include non-violence, truthfulness, chastity and non-greed. Following these, strengthens the effectiveness of the other practices of yoga.
- **Niyama or observances** are purity, austerity, study, contentment and devotion. These lend a sense of calm and discipline to the daily life of the person.
- **Asanes or Postures** are positions of the body in turn helping providing comfort and stability to the mind and body.
- **Pranayama or control of vital energy** is achieved through control over various physiological processes like breathing and heartbeat. This helps to slow the metabolism and free vital energy.
- **Pratyahara or Interiorization** is the withdrawal of vital energy from the sense organs so that the person is unaffected by distracting environmental stimuli.
- **Dharana or Concentration** means fixing one's attention upon an object by progressively withdrawing one's attention from the surrounding objects of distraction.
- **Dhyana or Meditation** is a practice in which the object of meditation alone, remains in the consciousness.
- **Samadhi or Illumination** is a state where self-realization occurs and the person is said to have become free of the influences of Karma and his/her subconscious tendencies. The mind becomes calm and concentrated, reflecting the qualities of the self within.

There are several major schools of Yoga which suit different kinds of people, like Karma-Yoga, Jnana-Yoga, Bhakti -Yoga, Hatha-Yoga, Kundalini-Yoga, Raja Yoga.

Meditation

Meditation is based on the principle that human beings are capable of 'higher' states of consciousness characterized by an experience of wholeness and expansion together with a deeper contact with nature. 'Transcendental Meditation' technique is a popular

technique which is a procedure for experiencing the mechanics of the thinking process in a new direction. It is practiced by beginning to use the thinking process with the help of a mantra (set of sounds) as a medium. There is a 'settling down' of thought activity followed by an expression of conscious awareness leading to a state of 'pure consciousness' which has been described by practitioners as a restful state. There is a considerable body of scientific research describing a range of beneficial effects of transcendental meditation, both in the physiological and psychological domains.

Summary

The problems and difficulties faced by young adults range in their level of intensity, from mild to severe. Among the more serious problems which threaten their sense of well-being are eating disorders, sexual disorders, depression, suicide, delinquency and substance abuse. The genesis of each one these problems lies in the individual's inability to cope adequately with life stressors. These stressors may operate at both a conscious or unconscious level. Management of these disorders requires psychotherapeutic intervention. A number of behavioural, cognitive behavioural and humanistic techniques are used in this regard. These techniques are usually administered by trained specialists, but knowledge about them and how they are conducted and conceptualised is important for teachers and adults who deal with such persons, as well.

Unit-end exercises

1. What are the major stressors that young adults faces in today's world?. Prepare a checklist of them in order of prevalence. You may conduct some interviews for purposes of identification if you wish.
2. How would you deal with a student who comes and tells you that she is depressed and wishes to commit suicide?
3. Develop a framework for a Sex Education Programme for college students. Focus on the objectives, content areas and dissemination strategies.
4. If a student in your class is in need of professional help, but fears that going to a mental health clinic will label him as 'mad', what advice will you give him?
5. What are the techniques of behaviour therapy which, according to you will be helpful for the students in your and why?
6. What are the advantages of family therapy over methods which deal with the individual?

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15

Envisioning the University Teacher as a Counsellor and Mental Health Facilitator

Introduction

From the foregoing units which you read, you must have realized that if you thought that a college student is an adult who can handle his/her life well, or is one who has made his/her career choice, is crystal clear about what he/she is aiming for in life, knows how to handle his/her personal relationships, then, you are not talking about the “usual” college student, but about a mature young adult whose life path is moving on an even keel. In reality, if such had been the case, there would not have been any strikes in colleges, no drop-out cases, no substance-abuse problems, no ragging issues and no suicide cases. This we all know is not true. You have already read about the guidance and counselling challenges and the mental health concerns which confront the young adult.

No matter at what age we are and at what stage of development, as students, guidance and facilitation help us to **formulate our life goals and make commitments**. While our parents may fulfill this role to some extent, a large onus of responsibility lies with the educational institutions which we attend and particularly with the teacher. It is the teacher whom we are maximally in contact with, who shapes our thought processes, who develops in us the necessary cognitive and adaptive skills required for adult life. **Teachers often inspire us, become our role models and mentors** and make all the difference to our lives. It is with this conceptualization of the role of the teacher that the present chapter tries to highlight the importance of the university teacher as the counsellor and mental health worker.

Learning outcomes

After going through this unit, you should be able to

- define the role of a teacher as a counsellor;
- understand what guidance and counseling are;
- realize the importance of the teacher's role as a counsellor and mental health facilitator;
- identify the various characteristics and attitudes required for counselling and guidance;
- use various guidance and counselling techniques with your students;
- be sensitive towards their needs.

Envisioning the teacher as a counsellor

To understand the counselling and guidance functions of a teacher let us begin with a small experiential exercise.

Think about a college where you are a student. There are no teachers in that college. The computers are your teachers, guide and information source. Do you think you will be able to learn and grow as an individual? What will be the difference between a normal college and your college? Will the environment not be too mechanical and devoid of the personal touch that is normally there in teaching? How will this affect the students?

While you are reflecting on this situation, list out the people who have made significant contributions to your life. I am sure there would be at least one **teacher** if not more in the list. Have you ever thought of the reason for this? If teachers were simply there to teach academic subjects, how would they make a contribution to your life at a **personal level**? In fact your memories of your teachers, especially the nurturant ones will date back to your early childhood years. Many of them leave an **indelible** impact on their students.

At the college level the teacher's acts not only as a knowledge transactor trying to create passion and scholarship for a particular discipline, but also as a **friend, philosopher, guide and counsellor**. Teachers never restrict themselves to cognitive aspects of students' development alone, while ignoring the other aspects of their personality. They always create ideational expansion and inculcate in their students certain attitudes, habits and values which greatly facilitate the process of personality development. Let us analyze a few case vignettes to understand this point in greater detail :

1. Rohit loves history. He reads a number of books and has many questions to ask. Teachers love to have him in their class. But since he came to third year BA, he has started thinking about his career and he doesn't know what are the options available to him after doing graduation in history. Instead of reading he now spends most of his time worrying about the future.
2. Reena was the university topper in the first year of her BA. But these days she is hardly seen in the class. Whenever she is present, she is lost in her own world. She doesn't talk to anyone and has got a compartment in one paper in second year.
3. A group of students were found engaging in perverse sexual practices in the college campus. When asked for explanatory reasons, they said, they were simply ragging the freshers and having fun.

These are a set of case examples which when analyzed, clearly indicate the arenas where teachers can make a difference to student's lives. Can you teach a student who is looking low, has tears in his eyes and is not interested in the class? Is it not your duty to give career directions to your students or help them deal with low performance? There are a number of helplines working for school students but suddenly when it comes to college students, they are almost non-existent. This makes the role of the **college teacher as a counsellor** even more **crucial**.

The problems of the college student you have already seen are many and can be placed on a continuum of severity, starting from minor adjustment problems like adjusting to the new college environment to major mental disorders. There are **career** related problems, **personal** problems and problems related to **society**. Thus, it is simply not possible for a college teacher to restrict his/her role to teaching. There is a dire need for him to redefine his/her role as a counsellor. The teacher who is sensitive to the mental health concerns of college students, can work at all the four levels of mental health, the **preventive, promotional, conservative and curative**. The preventive and promotional roles are particularly important. At the preventive level the teacher can define his/her role as a person who can help students in dealing with their personal problems, career concerns and increase awareness and sensitivity to issues related to body-image consciousness, sexuality, low self-esteem, confusion about identity and interpersonal relationships by organizing group talks, discussions, lectures etc. At the promotional level, the teacher can encourage an open and facilitative learning environment, thus helping the student to discuss all his/her concerns in an open and friendly manner. The conservative role is best met by keeping the teacher-student relationship warm and facilitative and the curative role is one in which mediation is undertaken to alleviate the problem being faced. In order that teachers can discharge their counselling functions effectively it is necessary that they understand what guidance and counselling mean and imbibe the qualities required for effective guidance and counselling. The subsequent sections address these issues.

Guidance and counselling : nature and concept

Guidance was historically defined as an activity restricted to vocational and educational concerns of students, but nowadays it is accepted as an integral part of the educational process that is particularly concerned with helping individuals **discover their needs, assess their potentialities, develop their life processes, formulate plans of action in service of these processes and proceed to their realization.**

It is important to understand that guidance is not about solving a particular problem, but about **empowering the individual** to learn how to solve problems. In Rohit's case, cited earlier, for example, the role of the teacher as a guidance worker would be not only to tell him about the various careers available for him, but also to help him find various sources where information regarding these careers would be available and to prioritize his career goals.

Thus, guidance can be seen as the process, which makes the individual **self-directing and capable of taking his own decisions.** It also helps the individual in maximizing the development of his potentials, abilities and utilization of opportunities available to him.

The goals of guidance as identified by Bhatnagar and Gupta (1999) in the Indian context are :

- Self understanding;
- Self acceptance;
- Self direction; and
- Self realization.

Let us now focus on counselling.

Counselling, in the past was seen as synonymous with advice giving. Try to recall how many times you have given advice to a colleague regarding some problems he/she was facing, or to a student telling him/her about how he can deal with his life in a more effective manner? Did you ever think that you were counselling them? In a sense, you were, but counselling is more than this. Counselling is often described as a form of psychotherapy in which the counsellor adopts a permissive and supportive role in enabling a client to solve his or her own problems. Some conceptualizations include self-development as an integral part of the counselling process, involving the development of a range of techniques and skills routed through a relationship to facilitate a process of helping positive change from :

Dissatisfaction	—	to	—	→	Satisfaction
Pain	—	to	—	→	Comfort
Low esteem	—	to	—	→	High esteem
Low social skills	—	to	—	→	Social skills

(Adapted from McGuinness, 1998)

Thus, counselling is not centered around a single approach to problem resolution but aims at making the individual more self dependent, and helps him/her to become more self actualized, by gaining deeper insights into himself/herself and his/her potentialities and abilities.

Evaluating the definitions of guidance and counselling, we can easily see that they are both universal processes. Whether it is guidance or counselling, development and making him/her more **competent** and **contented**, they are meant for the **whole individual** and cannot be restricted to certain parts of his personality, alone.

While some theoreticians, may cite differences between guidance and counselling in that, guidance is a relatively short-term process as compared to counselling; which works at a more intimate and deeper level, yet, in practical terms, there is no significant difference between the two. A counsellor engaged in a helping relationship, cannot explain when he/she is guiding and when he/she is counseling.

Self - assessment

1. *How will you counsel / guide a student who comes to you with a problem relating to interpersonal behaviour with her classmates? Her problem is that she feels very left out.*

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2. *Think about the time when you were a student and were going through the most eventful phase of your life. List out five situations in which you felt that had your teacher been more understanding and helpful, it would have made a lot of difference to you. Describe them.*

.....

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Guidance and counselling arenas of young adults

As we have already seen, guidance and counselling aim at the overall development of an individual. Thus, they touch every aspect of an individual's life and cater to him/her as a whole, not restricting themselves only to some aspects of the individual's personality. As a teacher, let us try to engage in an identification task wherein specific areas where guidance and counselling are warranted can be listed out. While we have done some amount of this for you in unit 13, nevertheless, here is an opportunity for you to use your own experience as a teacher and your discretion and judgment.

Please make a list of your students' needs, problems, difficulties and areas where you feel they require facilitation. All sorts of images will probably come to your mind. You may be able to recall many occasions when you had to bail out your students from their difficulties, provide nurturance, succourance, positive regard, etc. You can never be a teacher without being a counsellor, whether you like it or not.

The teacher as a counsellor caters to every aspect of a student's life, starting from minor adjustment problems they might face because of the new and freer environment in college as compared to what they experienced in school. Students, at times, do not realize that this freedom comes with responsibility and accountability towards college, their parents and above all, to themselves. Many of the other problems which they face may be related to interpersonal relationships, career guidance, dealing with sexuality, dealing with heterosexual relationships, having communication gaps with their parents and having low self-esteem. This is only the tip of the iceberg for the list of problems is often endless.

Given that this is the scenario, the teacher needs some preparation in counselling skills.

The first stage of your preparation is internalizing the realization that students have problems not only in the cognitive domain, but in other domains as well, especially the social, emotional, moral, and personal. It is also important for you to realize that you not only have to deal with problems, but also consciously work towards the development of these domains. For the cognitive domain, you can give students various articles and discuss them in class, while relating them to their personal experiences. You can also draw students' attention towards how these articles can be used to improve their daily life. Similar exercises can be developed in other domains.

Friendship skills and stress management training will be particularly useful for the social domain. Autonomy training and reflecting, on convictions will be useful for building moral aspects. These will be discussed in greater details in a subsequent section.

Activity

Interview five students in your college and ask them about the various problems they might be facing in various areas such as college, home, friends, etc. Then engage your students in a group exercise to find solutions to the identified problems.

Apart from the guidance and counselling arenas, it is also very important for you to know the basic assumptions which govern guidance and counselling particularly in the field of education. Let us reflect on them and try to understand them:

- Human behaviour is changeable either from within or from without.
- Man is basically rational and reality oriented.
- Most behaviour problems and psychological difficulties are transient in nature and can be handled and dealt with.
- Guidance, counselling and mental health are preventive, promotional and curative in nature.
- All teachers are consciously or unconsciously counsellors, guidance personnel and mental health workers. This must be subsumed within their role definition.

Characteristics, attitudes and values required by a teacher as a counsellor

To understand these, let us begin with a small **reflective** task.

Describe yourself only in terms of the physical characteristics, which you think you possess, then, only in terms of the non-verbal behavior which typifies you and finally in terms of the observable behavior, which you show. While you are describing yourself in one aspect, keep in mind that other aspects need to be ignored completely. You may do this task orally or in writing.

Now, while reflecting back, think about how difficult it was to describe yourself only on one aspect, while ignoring the others completely. Could you do it successfully? Most probably, your answer would be, 'no'. The aim of this exercise was to make you realize that we do not perceive people in parts, we see them **holistically**. This also applies to the teacher's role as a counsellor. Therefore, it is important for us to realize that it is the **whole personality** of the teacher that determines whether he/she will be an effective counsellor or not.

To begin with, as a counsellor, you have to be **genuinely interested** in students and their **overall development**. A teacher who is genuinely interested in students' development would make a conscious effort to know about his/her students, would have enough time and inclination to listen to their problems **patiently** and **actively**, thus, helping them to

engage in a **cathartic process of unwinding, ventilation of emotions and sharing**. He/she has to possess **active listening skills** and be **sensitive** about various cues in a student's behavior. For example, if there is a student in your class, who is generally very lively and spirited and likes to engage in a lot of discussions, but, lately has started remaining quiet, then, as a counsellor, you have to be observant about the change in her behavior and discuss it with her. It might be a manifestation of some problem or difficulty for which she needs counselling help and facilitation. It is also important to remember that as a counsellor, you not only have to listen to the problems of the students, but actively get involved in their analysis, identification and resolution. Your **non-verbal cues** should show genuine concern. For example, your gestures, nodding, eye-contact, seating position etc., will reflect your level of concern and involvement and will also motivate your student to share more and trust you further.

You should also be **empathetic** towards your students and have an **open-minded** and a **non-judgemental** attitude. Try testing your attitude towards the students by doing a small **self-test**.

Answer the following questions in yes or no:

- If a student approaches you, do you start assuming his/her problem, even without listening to the problem?
- Do you feel that most of the students' get into problems because of their own attitude and they are to be blamed?
- Do you look for the problems with students' behavior rather than looking for the solutions?
- Do you generally want your students to behave in a certain manner and if they don't, do you reprimand them?
- Do you believe that students should simply follow what their teachers are asking them to do?

If your answers to most of the questions are 'yes', then you need to re-think your attitude. You have to realize that students have their own set of ideas and they need some space and forum to present their ideas. Therefore, try to listen to the students with an **open mind**. Do not try to compare everything and interpret it with your own experiences, or try to contextualize it in the present ethos of society, for this is not desirable. In fact empathy means the ability to step into the world of your own students' experiences and feel it the way he/she actually undergoes it. It is based on the principle of entering the **inner world** of the person and is very different from concern based on sympathy.

It is also important for you to have a **positive attitude**. As a teacher, you need to be sure that there is a **feasible** and a **practical solution** to every problem. The only way to find that solution is to look for it. There are so many questions, for instance, in every discipline to which we have no answers, but none of the academicians have given up hope and all of us constantly try to find answers to the questions. The same can be applied to a human being's life. There is no problem to which there are no solutions. The only way to find them, is to look for them. As a counsellor, you need to have a very positive attitude towards students. For this will assist you in your quest.

Apart from these, there are certain **counselling ethics** which you need to follow. Maintaining the **confidentiality** of your students' problems is one of the foremost commitments which is expected of you. Very often, teachers are found to engage in loose talk in college staff-rooms where they discuss students' problems openly. This has to be safeguarded against. We must never forget that students have reposed **faith** and **trust** in us, and we must live up to that standard expected of us.

As a counsellor, you should not be afraid to address various issues in the classroom itself and should be able to deal with them. For example, you can carry out a conflict management exercise with your students. You can divide them into two groups and let them debate on various social issues such as, privatization of higher education, image of women as projected on media or personal issues, such as the identity crisis, body consciousness, which they face, etc. Finally, you can ask them to resolve this conflict themselves. You can act as a facilitator during this activity. This will build decision making and perspective taking skills in them.

It is important for the teacher as a counsellor to remember that the ultimate idea of guidance and counselling is to help the young adults with their problems and developing in them a **firm and positive self-concept**. Thus, the purpose of guidance and counselling is to assist students to **know themselves, to test this self-knowledge against reality** and to manifest the sense of self in the form of **life plans and goals**, which will benefit the individual and society.

The most important role for the teacher as a counsellor is to develop a **conducive learning environment**. The teacher can try to address the various mental health concerns of the students in the class itself through focused group discussions, brainstorming sessions, reviews, sharing sessions etc. This will integrate mental health with college life.

The role of the teacher goes to a more **individual level** where he/she helps the concerned individual to learn to understand himself and accept himself, in terms of capabilities, aptitudes and interests. Thus, helping the student in becoming more self-dependent and giving guidance for self-growth and development become priorities. Besides this, it is also important for the teacher as a counsellor to realize his/her limitations and not to be hesitant to ask the student to take professional help, if they feel that they are incapable of dealing with the problems faced by the students.

The most important value which the teacher as a counsellor needs to realize is, to respect the **uniqueness of a student and accept him/her as he/she is**.

This would be very easy to do, if you do a small self-reflection exercise.

Activity

List five qualities of any five of your colleagues teaching the same discipline. Try to go beyond the physical aspects. Are all five of them same? I am sure the answer would be no. Compare yourself to them. Are you like them?

If you as an individual are so different from your colleagues, so are the students. Thus, it is important to remember that **each student** is a **different individual** and it is important to respect the **uniqueness** of each student.

Simple techniques of guidance and counselling

In the earlier unit, you were already acquainted with some of the therapeutic techniques which, may be used to manage students' mental health concerns. Apart from these there are some common, yet effective techniques which you can use as a teacher to counsel, guide and improve the life situation of your students and enable them to lead better lives. Let us try to understand them.

Rational analysis

In this technique we try to de-link our thoughts from our feelings. Usually, when we are very worked up, we distort reality and react to situations emotionally. As a consequence, we may develop unsound and irrational negative feelings. In this state, we also lose the ability to try to understand the behaviour of the other person and continue to perceive ourselves as victims and others as offenders. While using rational analysis, students are

asked to relax, cool down and when their anger or anxiety dissipate, then they are asked to use logic and reason to analyse the reasons why the person who offended them, behaved in the way he/she did. When they are able to find reasons for this they learn to accept the situation and tend, to generalize the use of this technique of ascribing motives to other situations, as well. It operates on the principle that negative thoughts and attitudes have to be combated and replaced by more positive and reality oriented ones.

Preparing an emotional balance sheet

This technique as the name suggests is based on the assumption that all human beings have positive and negative qualities and attributes. It is important to promote a sense of awareness and acceptance of them and also encourage the potential for change. Accordingly, just as the balance sheet of a company carries a 'debit' and 'credit' column displaying the assets and liabilities, so also, students are asked to prepare a balance sheet of their strengths on one side and weaknesses on the other. The idea is, that by listing these discretely, students' will get an insight into themselves. They are then asked to examine their weaknesses and suggest ways in their own life situations as to how these can be converted into strengths. This process enables them to assume responsibility for their own lives and also realize that negatives or weaknesses are not permanent and can be changed and converted into positives. It is a very empowering experience.

Negotiation

This technique is based on the assumption that all interpersonal difficulties can be overcome if a dialogue oriented approach is used to solve them. To negotiate means to come to a compromise, to achieve an understanding or to be able to reach out to a difficult person. Negotiation involves self talk as well as having a dialogue with others. In self talk we get into a dialogue with ourselves reflecting on our motives, intentions, feelings, analysis of our behaviour etc. It leads to a better understanding of ourselves. Very often when we find that we were prejudiced, or biased or faulty in our perceptions, we are able to reconstruct them through self-negotiation. In negotiating with others, we get an opportunity to present our point of view, clarify our intentions, re-state our motives, reasons etc., for our behaviour so that the other person understands. We may also engage in a process of asking for forgiveness, a second chance, etc. It usually works very well, subject to the atmosphere and conditions being conducive.

Disputing irrational beliefs

In this approach, students can be taught to debate and discriminate between rational and irrational beliefs. For instance, very often we have a tendency to carry beliefs which are unrealistic and based on faulty reasoning. That everyone should love us, or if anything is going wrong, that we are responsible for it are two typical examples of this. These beliefs if they persist, lead to feelings of unhappiness and discontentment and thus it is important that they be disputed. For example students can be taught to ask themselves many questions like

- What is the basis for feeling like this?
- Is this really true?
- Am I right in feeling like this?
- Are there other possibilities which exist?
- Am I over-reacting to stimuli?

This will enable them to discriminate the real from the unreal and the rational from the irrational and ultimately overcome their negative and faulty beliefs.

Count your blessings

In this technique, when students' wallow in excessive self pity and feel very sorry for themselves, they are encouraged to focus on the positives in their life situation and count

each of these positive aspects as a blessing. This helps the negative mind set to change towards a more positive self-help oriented one. In this techniques students' can also be asked to compare themselves to students who are worse off than them, or are facing greater problems than them, so that through a comparative analysis they begin to realize that they are not as badly off as they think and that there are people with greater problems and many more challenges than them.

Cognitive restructuring technique

Here, the teacher usually asks the student to think of various possible ways in which his/her life situation can be changed for the better. It begins with identifying those aspects which warrant change and moves on to planning ways in which these changes can be mediated. Faulty attitudes, perceptions beliefs etc., are also targeted, apart from environmental conditions which need to be changed. It is more like imagining a new life style for a better quality of life.

You must have realized that all these techniques are not difficult to implement. Moreover, they place the locus of responsibility for change largely on the individual himself/herself. It is felt that when the individual is involved, the change will be more sustainable and effective, as well. Based on these techniques, you can evolve your own strategies and contextualize them the way you wish to suit the needs of your students.

The life-skills approach

The teacher's role as a counsellor will be incomplete unless the life-skills approach is incorporated into it.

Let us see what it involves.

This form of psychological education is a significant facet of the umbrella of the promotional perspective of mental health. It aims to assist people in acquiring important life-skills by means of structured programmes conducted on a group basis. These skills include **listening, conflict resolution, problem-solving, anxiety management, decision making and coping** with life transitions effectively. It can help young people live more productive and fulfilling lives, and should be a part of the curriculum for all children and youth.

A framework for a comprehensive approach to mental health promotion, prevention and treatment in educational institutions has been developed by the World Health Organization (WHO).

It is represented in the figure below:

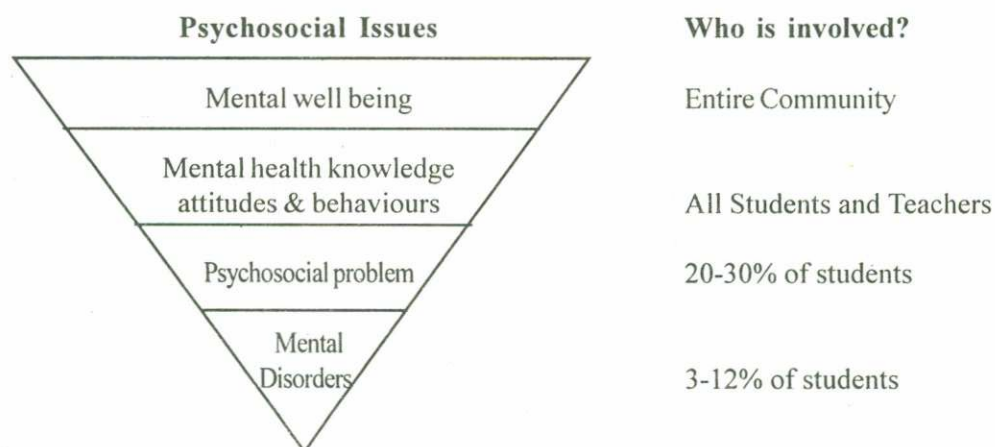


Figure 1 A comprehensive approach to mental health promotion

Although all students benefit from mental health education, special attention is needed for

the early identification of students with psycho-social problems so that intervention can be attempted before these translate into serious problems like academic failure, early pregnancy, drug and alcohol abuse, delinquency etc.

Intervention is possible at four levels as depicted in the diagram given below:

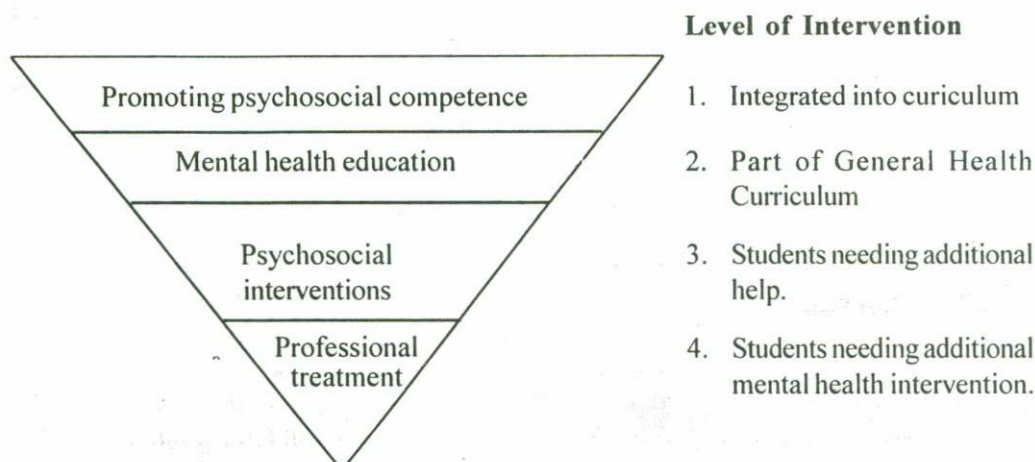


Figure 2 Levels of intervention

Promoting psycho-social competence

Psycho-social competence denotes the person's ability to deal effectively with the challenges of everyday life. Life skills can be taught for promoting psychosocial competence by enhancing the person's coping resources.

Life skills include:

- **decision making and problem solving;**
- **critical and creative thinking;**
- **communication and interpersonal relationship skills;**
- **self-awareness and empathy;**
- **skills for coping with emotions and stressors.**

Life skills can be effectively taught through active rather than passive methods. This can involve distribution of fact sheets, discussions in small groups, modeling, role play, activities, presentations etc. They have benefits for the students in terms of protecting their health and promoting social interests. They also result in **improved teacher-student relationships** and **a nurturing institutional atmosphere**.

Mental health education

This focuses on issues like the value of positive mental health attitudes, causes and effects of mental illness, role of prevention and should be a part of the overall health education programme. Thus, health is seen in a broader manner with interaction of physical, mental, social and environmental aspects.

Examples of topics are:

- **brain and behaviour;**
- **psychological and emotional development;**
- **effects of stress;**

- **successful coping strategies;**
- **common psychological problems in youth;**
- **risk factors;**
- **how and where to seek assistance;**
- **healthy relationships between the sexes etc.**

As teachers are an indispensable part of this endeavour, the requisite knowledge and skills should be included in the curricula for teacher education institutions as well as in-service teacher training courses. They can include life skills education, basic knowledge about common mental disorders and recognition of their early signs, classroom management of psychosocial problems and use of referral resources. Parenting education courses would go a long way in promotion of student mental well-being.

Psycho-social concerns

Identification and intervention are both important aspects whether the student is suffering from transient disturbances or serious, long term disorders, for example, substance abuse, depression, psychosis, eating disorder. Identification can be done by awareness about the specific symptoms of various commonly seen psychological disorders. Other indicators are aggressiveness, withdrawal, poor attendance, fluctuating moods, declining academic performance, poor peer relationships, indulgence in behaviour such as smoking, substance abuse, early sexual activity. Teachers need to be sensitive and alert to the students' needs so that they can recognize the gravity of the situation and recommend appropriate action which could be in the form of giving additional time and attention to the student in the institution or referring him/her to a mental health professional for counselling and therapy. Teachers and other personnel who understand the nature of the student's problem, can work in tandem with professionals in designing **classroom programmes** that provide support and enhance the coping abilities of vulnerable students.

Some activities dealing with different areas of concern among young adults have been provided below:

Body image concerns

"What makes people attractive?"

Diamond 9 forms are provided to the participants and they are asked to choose a quality from the given list and arrange them in a diamond shape viz one point at the top, two points of equal descending merit in the second line and so on. They are supposed to choose any 9 qualities from the following:

Honest, sincere, handsome/beautiful, respectful, friendly, tall/good figure, makes others feel comfortable, is cool under stress, smiling face, talented, sensitive to others, fair skin, good at studies, think clearly.

Diamond 9

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  _____
   _____
  _____
 _____
  _____
   _____
  _____
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Discuss the answers in relation into the common body image concerns of young adults.

Preparations: Allow the students to read the case study provided to them.

Instructions: The students should discuss the case study among themselves with the teacher moderating the discussion.

Rahul is a good student, well linked and popular in college. "Rahul's widowed mother has recently started noticing some changes in him. He has stopped playing football, he comes home late at night and sleeps all day and often misses college. He is irritable and is constantly asking for money. Sometimes, he breaks into sobs and asks his mother to forgive him. His mother suspects that he may be stealing money from her kitty. His results are suffering and his principal has issued a warning. Rahul's mother is at her wits end. She is frightened of her son and has no close friends or relatives she can confide in. She finds out that Rahul is taking drugs. He started experimenting with drugs just for fun! Rahul's mother does not have the money or the courage to take her son to a de-addiction clinic. She is frightened that her landlord will ask her to vacate the flat and Rahul will be rusticated from college. Her life has become a living hell.

Ask the students what they think Rahul's mother should do.

What would they ask Rahul to do?

What are the risks Rahul is taking?

Based on these you can devise any number of activities which your students are likely to enjoy and benefit from.

Summary

That counseling is integral to the role of a teacher is evident in college life. Students require facilitation and help in dealing with the challenges and difficulties confronting them from time to time. Counselling and guidance involve empowering individuals to take charge of their lives and assume a more pro-active role. To be effective counsellors, teachers need to acquire a number of attitudes, characteristics and values conducive to the helping process. They can also implement some simple guidance techniques on a regular basis in their colleges like rational analysis, negotiation, emotional balance sheets etc. Life skills education can also become a meaningful mental health input.

Unit-end exercises

1. Enlist various techniques of guidance and counseling. Try to enlist at least three situations where you can use these techniques.
2. Do a brainstorming session with your students to find out their expectations from you as a teacher. Match them with your role as a counsellor.
3. Develop an "individual map" i.e. enlist the various characteristics and aspects of any one student of your class. Try to use different data collection techniques.
4. Analyse the importance of having understanding and empathetic teachers.
5. Why is counselling integral to the role of a teacher?

Suggested readings

Bhatnagar, Asha and Gupta, Nirmala (1999) *Guidance and Counselling*. New Delhi: Allied Publishers.

Jones, Jones and Nelson (2001) *Theory and Practice of Counselling and Therapy*. London: Continuum.

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Adjustment and Mental Health: Concepts, Processes and Perspectives

Introduction

In the previous units of this block, you have already been acquainted with the challenges and issues in guidance, counseling and mental health of young adults. An elaborate discussion of their problems and difficulties, ways of coping and services which can be professionally provided to them have also been discussed. It is now important for you to understand the conceptual and theoretical basis of mental health and human adjustment. Human nature and personality have been understood and explained in various different ways. Likewise, mental health and adjustment have been variously interpreted. An attempt will be made in this unit to enable you to build up a perspective on mental health. The characteristics of a well adjusted or mentally healthy individual will also be explained.

Learning outcomes

After working through this unit, you will be able to

- understand the concept and importance of adjustment and mental health;
- conceptualize the different models of adjustment;
- recognise the characteristics of a mentally healthy individual;
- analyse and understand the different adjustment mechanisms which persons use;
- reflect upon the failures of adjustment and suggest ways of enhancing adjustment.

Adjustment: the concept and its importance

All of our behaviour conscious or unconscious, voluntary or automatic, planned or unplanned, wise or foolish represents our attempts to meet our needs. Throughout life, our physiological and psychological needs are continually being aroused and we engage in behaviour that reduces or satisfies the needs. This constant cycle of **needs arousal and their satisfaction**, in a broad sense, is the process of **adjustment**. For instance, in meeting our physiological needs like dressing warmly when cold, eating food when hungry and coping adequately with psychological demands like appearing for a job interview, preparing for an exam, bereavement, transfer of residence, etc, if we observe the behaviour of an individual from morning till night, we will find that most of his behaviour represents attempts to fulfill his needs which may be **physical, psychological or social** in nature. When an individual's current needs are satisfied, they are replaced by another set of needs. In this way the process of needs arousal continues throughout the life cycle of an individual.

In addition to his own basic needs, an individual is also subject to certain demands of the society. If he thinks only in terms of satisfying his own needs without a thought for the norms, ethics and cultural traditions of the society in which he lives, he will not be adjusted to his environment. Adjustment does not only cater to the demands of an individual, but also to the demands and expectations of the society of which he is a part. It may thus be stated that adjustment is a state or condition in which the individuals behaviour conforms to the demands of the culture or society to which he belongs and at the same time, he feels that his own needs have been or will be fulfilled. Psychologists often define **adjustment as a compromise between the needs of the individual and**

the demands of the society in which he lives. This may be represented diagrammatically as follows:

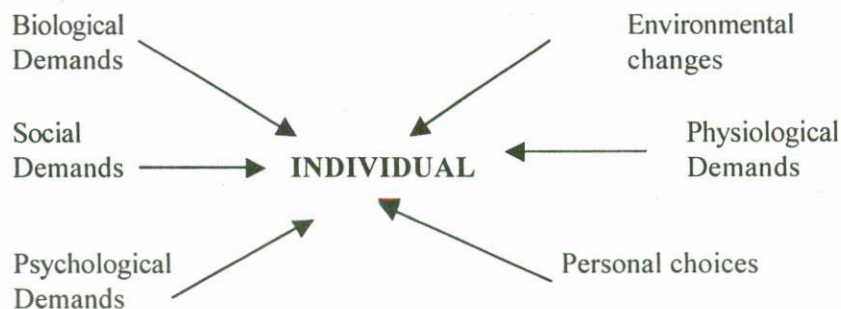


Figure 1 Harmony between Self and Environment = Adjustment

Adjustment may also be defined as a continuous process in which a person varies his behaviour to produce a more harmonious relationship between himself and his environment. Alternatively, it can be conceptualized as a state of **equilibrium** between the individual and his environment. It may also be understood as **psychological survival** in much the same way as biologists use the term adaptation to describe “physiological survival”.

Historically, the concept of adjustment dates back to the **Darwinian theory of evolution** which propounded the concept of survival of the fittest, wherein only those organisms most fitted to adapt to changing circumstances could survive. Adjustment as a psychological term may thus said to be another name for the term adaptation, as used in the biological world i.e. physiological survival of the species. In essence then, adjustment in all its connotations, suggests a satisfactory adaptation to the demands of our day-to-day life in an ever changing environment.

The process of adjustment helps a person to lead a happy and contented life by enabling him/her to maintain a balance between his needs and his capacity to fulfill them. It enables him/her to change his/her way of life according to the demands of the situation and likewise provides the strength and ability to bring about the necessary changes in the conditions of his/her environment where required. Adjustment must thus be envisioned as a **dynamic interactive** process between the individual and the world in which he/she lives and experiences.

Adjustment to our world today is no simple task. The fast pace of life and rapid changes in society, pose great challenges to our well being and create a number of choices for the individual. These choices may often baffle the individual completely and generate internal conflicts and dilemmas. The present century for instance offers us a lot of choices in issues as trivial as buying a pen to more serious psychological commitments like choosing a vocation. These choices if not made sensibly and satisfactorily, can cause an imbalance between an individual's needs and aspirations on the one hand, and environmental conditions, on the other. This in turn may lead to **maladjustment**. An important dimension of adjustment is **personal adjustment** which involves knowing and accepting oneself in terms of one's strengths and weaknesses. Positive personal adjustment is aided when we have goals which help us organise our lives and guide our behaviour. In setting goals, it is important to evaluate our abilities and understand our desires.

Much of the adjustment process involves interacting with others as well. We are influenced by other people and influence them in turn. Here, adjustment to our social world includes forming close relationships with others and helping them to lead more satisfying lives.

According to humanistic psychologist, Abraham Maslow, there is more to life than adjustment or responding to environmental demands. He believed that our capacity for self actualization or self initiated striving to become whatever we feel we are capable of

being, separates us from the lesser beings and by doing so, we experience **personal growth**. Personal growth here results from successfully meeting demands to adjust to life and elevating ourselves beyond mere adjustment in the here and now. It denotes an evolutionary, growth oriented perspective in which there is striving for self enrichment and fulfillment.

Adjustment: a product or a process?

Adjustment can be interpreted both as a process and as the outcome of that process in the form of some tangible attainment or achievement. When a poor student studies under the street light because he has no electricity at home, he is said to be in a process of adjustment. What he attains in terms of success in his examination or the fulfillment of his ambition or pride in his achievement, is nothing but the result of his adjustment to his self and his environment. Thus, adjustment as an achievement or product refers to the effectiveness with which an individual can function in changed circumstances.

Adjustment as a process describes and explains the ways and means of an individual's adaptation to his self and his environment without reference to the quality of such an adjustment or its outcome, in terms of success or failure. It only shows how an individual copes under changing circumstances. It is a continuous and an ongoing process which starts at birth and continues throughout life. It is a two way process between the individual, his characteristic needs, desires and competencies on the one hand and the situation in which an individual finds himself and the demands of that situation, on the other.

All of what you have read so far in this block, will enable you to understand the diagram given below:

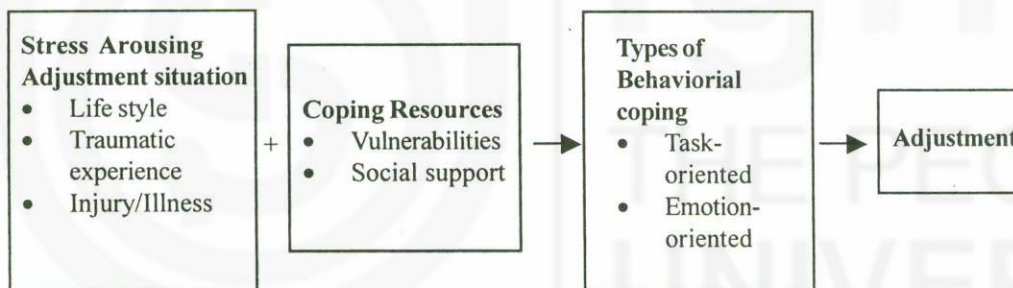


Figure 2 The process of adjustment

Self - assessment

- Reflect on your own behaviour and attitudes. Analyse whether you are governed more by your self or the social environment in which you live. Evaluate your level of happiness with the way you are and think of ways of inducing change in yourself which you desire.*

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Models of adjustment

Why do some people adjust to their environment better while others do not? What are the factors that make an individual well adjusted or maladjusted? There are several theories

that give different orientations to explaining the phenomena of adjustment. Many of these theories have been presented as models of adjustment. Let us discuss some important ones briefly:

The moral model

This represents the oldest view point about adjustment. According to this view, adjustment or maladjustment is judged in terms of morality or absolute terms of expected behaviour. Those who follow the norms are said to be well adjusted (virtuous or good people) and those who violate the norms are maladjusted (sinners). The moral standards and absolutes were prescribed by religious doctrines and provided the guidelines for expected human behaviour and terms for evaluating the quality of one's adjustment. In the moral model, the locus of control lay in societal forces and surrendering to them using religion, sin and the wrath of God as symbols of moral representation. However as the scientific reasoning advanced in the 19th century, the medico-biological model gained popularity over the moral model.

The biological model of adjustment

This model of adjustment holds **genetic, physiological and biochemical** factors responsible for an individual's adjustment or maladjustment with his environment. Maladjustment, according to this model is the result of malfunctioning or disease in the tissues of the body and brain. Such malfunctioning or disease can be the result of heredity or damage acquired during the course of one's life by injury, infection, hormonal disorders or psychosomatic problems. This model suggests and advocates correction of adjustive failures or disorders by correcting tissue defects and bodily malfunctioning through physical therapies, administration of drugs and surgery. This model is still prevalent and enjoys credibility for rooting out the causes of adjustive failures in terms of genetic influences, bio chemical defects and disease in the tissues of the body. There are other models which explain the adjustment problems which are **non- physiological** in nature. Let us take a look at them.

Psychoanalytic model of adjustment

From the psychoanalytical point of view, adjustment implies keeping our drives and instincts at a tolerable level. Adjustment means finding outlets for internal pressures that permit us to meet our needs and also permit us to avoid social sanctions and self condemnation. A mentally healthy or well adjusted person is one, who is able to maintain harmony between id, ego and superego or his biological, rational and social selves thus engaging in **healthy loving relationships and productive work**. A person is said to be well adjusted, when his behaviour remains normal and in harmony with his self and his environment to the extent that his ego is able to maintain the balance between the evil designs of id (operating upon the pleasure principle) and moral ethical standards dictated by the super ego (operating upon the moral principle) In case the ego is not strong enough to exercise proper control over the id or superego, maladjustment occurs resulting in:

- Development of neurotic tendencies in individuals due to lack of an acceptable outlet for expressing their repressed wishes and desires. (Super ego domination)
- Delinquent or impulsive behavior-the individual seeks unbridled pleasure without caring for social and moral norms (Id domination)

According to Freud, adjustment or maladjustment should not only be viewed in terms of what an individual is going through at present, rather what happened to him in his early childhood is even more important. How he resolves his early sexual conflicts will determine his adjustment in later years. According to him children, have a rudimentary 'pre-genital' sex life involved with fantasies about their parents and auto-erotic activities. Adjustment

becomes difficult until the individual overcomes his childhood fixations and has achieved the 'genital' state of psycho-sexual development.

Alfred Adler, a disciple of Freud, disagreed with his teacher and substituted the pan-sexualism with the desire to attain superiority and perfection to explain human behavior. According to him, all humans strive to attain superiority. Environmental situations, constitutional deficiency and other factors may make a man feel inferior. Thus a struggle for power to compensate for the inferiority is felt. Adjustment or the lack of it depends upon whether one's efforts result in success or failure to achieve one's goals.

Carl Jung advocated that man has an innate ability to move towards evolution and integration of the self. Accordingly, one utilizes one's life energy i.e the flow of libido as a channel for self expression to satisfy the urge for this self actualization and evolution which he calls individuation. The degree of adjustment of one's personality depends upon the extent to which one is successful in actualizing oneself. Humans experience the world in various ways. Jung recognised the basic polarity of life attitudes which he called extraversion-introversion. In the introverts, thinking is predominant while feelings and sensations are repressed. In extroverts, on the other hand, feeling and sensations are prominent and thinking is suppressed. Another criterion for adjustment according to Jung's theory is the reconciliation between one's conscious and unconscious behaviour. Failure on one's part to maintain or achieve such a reconciliation or harmony may lead to maladaptive behaviour, and mental illness.

Otto Rank was another of Freud's early followers who like Adler and Jung went his own way. According to him, a well adjusted person was one who had the courage to be distinct, who was a separate person, who had the conviction to impress and celebrate his/her differences from others and who was inventive and creative in various phases of life. Erich Fromm viewed personality as a **product of culture**. He believed that mental health must be defined in terms of how well society adjusts to the basic needs of all individuals not in terms of how well adjusted the individuals are to the society. Therefore, adjustment is not so much an individual affair as a social one. An unhealthy or sick society creates in its members, hostility, suspicions and distrust while a healthy society allows its members to develop love and joy for one another, be productive, creative etc.

Karen Horney, a neo Freudian believes that it's the inherent **need for security** of an individual which propels him to either move **towards people** (be dependent upon them), **move against people** (be hostile, rebellious) or **move away from people** (withdraw completely) If an individual can integrate these three attitudes, sometimes withdrawing, sometimes rebelling and at other times, giving in, he remains well adjusted to his environment and his self. But in case, he turns too much in either of these directions, maladjustment results.

The behavioristic model of adjustment

This model believes behavior is not inherited. Skills and competencies required for successful living are largely **acquired or learnt** through the social experiences of the individual. People engage in certain behaviors, because they have learnt through previous experiences to associate these behaviors with **rewards**. Likewise, they stop engaging in certain behaviors, because these behaviors are either not rewarded, or are punished. Behaviors, whether normal or abnormal are learnt by obeying the same laws of learning. A well adjusted person is the one who has learnt behaviors which help him deal successfully with life's demands and one who fits in with the ideals which are determined by society.

The Humanistic - Existential model of adjustment

From the Humanistic-Existential point of view, adjustment implies our conscious effort to **cope with stress** and furthermore assumes that all human beings are capable of finding

self fulfillment if they strive to achieve the goals that they have set for themselves. Humanists view persons as actors and not as reactors. Reactors can do no more than adjust. Actors can enhance themselves, actualize themselves and grow, even when they are not moved by biological needs or environmental stimulation. Reactors attempt to reduce or remove sources of stress. There is thus an emphasis an adjustment or mental health being defined in relation to **growth orientation** and **positive striving**.

The Indian concept of adjustment

The Indian concept of adjustment emphasizes meditation and yogic practices to enhance self discipline and concentration by focusing on the flow of the thought .The mind in such a position achieves openness with the object. The practice of meditation fortifies and rejuvenates the mind, thus enhancing its powers in manifold ways. Memory, concentration and the capacity to understand abstract concepts increases. It reduces stress physiologically calms the body and the mind also comes to a state of equipoise and peace.

Cultural relativistic model of adjustment

Each culture has its own description of what it considers normal or healthy adjustment. This notion varies from culture to culture, significantly. The process of adjustment is not universal in its orientation and the shape it acquires is culturally determined and based on the norms pre-established by the socio-cultural agencies of that culture.

You must have realized after reading the models of adjustment, that although there is differential emphasis in the concepts which they use, there is nevertheless a commonality in how they interpret adjustment. All the theorists for instance, discuss adjustment in relation to the self and society dynamic, interpret adjustment in terms of its range of possibilities from healthy adjustment to maladjustment and equate the phenomenon of adjustment with mental health. A well adjusted individual is thus one who has positive mental health, while a maladjusted individual is one who shows a disposition towards mental ill health.

Characteristics of a mental healthy person

Regardless of whether adjustment is seen as a process or a product, or the theoretical orientation one follows , there are certain characteristics which represent the different aspects of the adjustment process. There are a number of criteria which denote good or healthy adjustment which also serve as the indicators of a mentally healthy person. Let us now examine them.

- An important criterion of good adjustment is **freedom from inner conflict**. A well adjusted individual presents a solid unbroken front to the world and is free from conflicting trends within. He can love fully when the occasion demands. Integration also means the resolution of conflicting personality trends.
- The person reflects **ego development** and **effective intelligence** The well adjusted person is one who has learnt to apply his intelligence to the effective solution of the problems of living. He/she draws lessons from his failures in the past, in order not to repeat them in future. Effective intelligence shows itself in the capacity to work and in one's efficiency and adequacy in work. The well adjusted person finds reasonable enthusiasm, satisfaction and pleasure in his work. He works out a certain feeling of happiness and pleasure in life and a subjective sense of well being. He has adequate self esteem, self confidence and is free from excessive anxiety, depression, worry and disturbing fears. His interpersonal relationships are characterised by emotional warmth, naturalness and spontaneity.

- The person is aware of his/her **capacities, strengths and weaknesses**. A well adjusted person can correctly assess his capacities, strengths and weaknesses without over or under estimation. He tries to capitalize his assets and seeks improvement over his weaknesses, because he is realistically oriented and reasonably focussed. He has a positive self concept and thinks favourably of himself. A well adjusted person is intrinsically motivated and is capable of making up his mind independently.
- There is **absence of a fault finding attitude**. Such an individual is not over critical of himself or the world around him. He realistically appraises objects or people. He accepts people for what they are, without imposing any conditions upon them.
- His basic **organic, emotional and social needs** are fully **satisfied**, or are in the process of being satisfied. He does not suffer from emotional cravings or social isolation. He feels reasonably secure and maintains his self esteem.
- He shows an acceptance of reality. A well adjusted person has the ability to **accept reality** particularly the reality within. He/she recognises the reality and inevitability of the conditions to which he/she must adjust. The most important kind of reality which must be faced and accepted however, is the drives, fears, inadequacies within the self. Acceptance of reality also means absence of excessive fantasy. The man who lives in a real world around him does not have to depend upon fantasy for fulfillment of his wishes.

Shows responsibility for self

This implies taking responsibility for all one's feelings, fears, dislikes and hatred as well as one's loves and sources of admiration. It also reflects independence, self control and the ability for inhibition and restraint when warranted.

- A well adjusted person is to a certain degree flexible, elastic and suggestible. He can make compromises or negotiations when the occasion so demands.
- **Emotional expression** : A well adjusted person is one who, in addition to the capacity for self control, has the ability to share his emotions and express his innermost thoughts and feelings in order to connect with his fellow beings.

Emotional perception of the world

The well adjusted person perceives his world as a warm and friendly place inhabited by pleasant and friendly people. He has an optimistic outlook and expects the best from everyone around him. He is both trusting of others and is trustworthy.

Consistency of personality

A person who has succeeded in adjustment maintains a course without deviation in that he reflects maturity, persistence and depth of loyalties in all his interactions.

Is socially responsible

A well adjusted person is one who lives with others and enjoys social contacts and interests. He has a good rapport with others, he is able to establish permanent relationships, he is able to get along well with other people, to understand them and to avoid distrust, jealousy, conflicts and quarrels. He is characterised by tolerance and the ability to accept others, whose beliefs, standards and tastes differ from his.

Self - assessment

2. *Keeping in mind the framework of a mentally healthy person, draw up a checklist of behaviour depicting a mentally healthy young adult.*

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3. *Observe and analyse the behaviour which your students show on an everyday basis. Which of these according to you need to be changed since they fail to reflect healthy adjustment and why?*

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Adjustment mechanisms

Individuals adopt certain ways and means to adjust to the environment around them, solve the problems confronting them and deal with the anxiety inducing and conflicting processes of life, using 'adjustment mechanisms'. An **adjustment mechanism** may be defined as any habitual method of overcoming blocks, reaching goals, satisfying motives, relieving frustration and maintaining equilibrium. Every individual uses his/her own mechanisms to maintain the balance of his adjustment within and towards society. Adjustment mechanisms which are also coping behaviours may be classified as:

- | | |
|-----------------------|--|
| Adjustment by Defense | <ul style="list-style-type: none"> • Repression • Suppression • Reaction Formation • Displacement • Fixation • Regression • Sublimation • Identification |
| Adjustment by Escape | <ul style="list-style-type: none"> • Drug Addiction • Alcoholism • Smoking • Truancy |
| Adjustment by Illness | <ul style="list-style-type: none"> • Psychosomatic Disorders • Psychoses, Neurosis • Stress disorders etc. |

Let us now try to comprehend them in greater detail.

Adjustment by using defense mechanisms

Most of the strategies that adults use for the management of anxiety are cognitive in nature, involving systematic changes in the way we think about the problem situation. These are referred to as defense mechanisms. Defense mechanisms arise when the ego

gets flooded with anxiety as a consequence of the id and super ego relationship being stormy and tension ridden. They may be defined as self protective thoughts and behaviours that usually involve some kind of **self deception**. The simplest self deception mechanism is **denial**, which can be distinguished from lying or malingering, in that the individual who denies genuinely believes that his behaviour involves deception. The basic concept underlying defense mechanisms is **repression** – a term used by Freud to refer to the process by which threatening thoughts are blocked from consciousness. Another defense mechanism named **suppression** refers to the conscious and deliberate avoidance of thoughts, topics and events that arouse anxiety, while in **displacement** an individual mislabels the true source of anxiety, by selecting a stimulus that has some similarity to the true source. Some other examples of defense mechanisms are **rationalization** (giving convenient logical reasons for our actions) **projection** (projecting one's own unacceptable behaviours on to others) and **reaction formation** (developing thoughts and behaviours which are directly opposite the anxiety – arousing behaviours).

Look at the table given below:

Quotations from a hypothetical adolescent girl illustrating various defence mechanisms to avoid the recognition of sexual needs.

<u>Defense Mechanism</u>	<u>Illustration</u>
1. Denial	"I have no sexual desire of any kind"
2. Rationalization	"I spend a lot of time with Jay because we take the same course"
3. Projection (similar)	"I'm appalled at the degraded morality of all the students here except me"
4. Projection (complementary)	"Although they never mention it but all the boys in this building are obsessed with me."
5. Reaction formation	"There is a strong need for nuns these days and I'm thinking of joining the convent"
6. Intellectualization	"The scientific study of sex sounds like a fascinating subject."
7. Fantasy	"I daydream a lot about physical relationships."

You would have come to realize that coping by defense mechanisms, involves **denying**, **falsifying** and **distorting reality** because defense mechanisms operate on the unconscious level so that the individual is not aware of what is taking place. Defense mechanisms were pioneered by Freud who felt that intra-psychic conflicts lead to increased anxiety which in turn lead to unconscious defense mechanisms. The representation may be understood as follows.

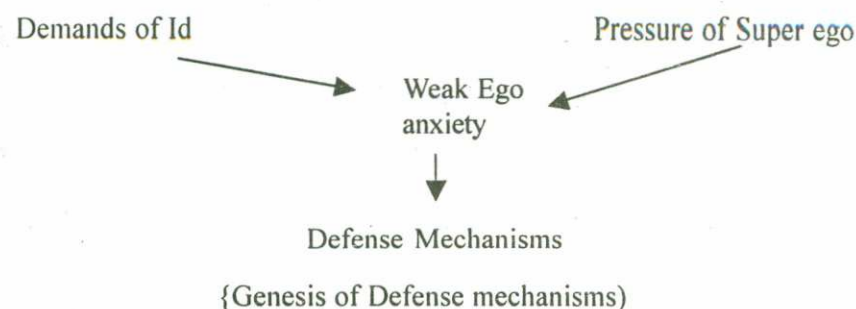


Figure 3 Defense mechanisms

Adjustment by escape

Individuals often indulge in alcohol intake, or use of drugs like marijuana, LSD, tranquilizers etc to escape from the discomforts and anxiety induced by real-life demands. The use of these substances, leads to an experience of lessened anxiety, in the troubled person thus acting as a positive reinforcer, producing a positive sensation in the brain. Substance use is also sought for its short term, excitatory impact and is reinforcing, because it makes people **feel good, competent and in control** over their environment.

Truancy, yet another example of coping by escape refers to actually running away from an anxiety inducing or potentially anxiety provoking situation. For instance, a child runs away from home, because he fears the result of his tenth class board examination.

Adjustment by illness

A variety of stressors in our daily lives, require an individual. to make some type of adjustment. Stress, conflicts, anxiety etc. have a considerably undesirable effect on behavior, thought and bodily functioning. The experience of stress involves uncomfortable psychological feelings which affect blood pressure, hormone levels, and biochemistry of the brain, leading to physiological illnesses like ulcers, coronary heart disease, hypertension. etc and psychological illnesses like sleep disorders, eating disorder (bulimia, anorexia) anxiety disorders (panic, generalized and anxiety disorder), adjustment disorders.

Direct methods of adjustment

When facing a problem, laughing it off, having a relaxed evening with friends, sharing a meal, bonding with family over a joke, are considered effective methods of adjustment. Moreover, talking about the problem always helps in bringing about a newer perspective and finding appropriate solutions.

Crying: We cough to clear our throats and sigh and cry to clear our heart. An occasional crying session is cathartic in nature and helps us to get the stress out of our system, thereby bringing about a related state of peacefulness and calm. Crying therefore may be a useful method of adjustment.

Concept of maladjustment

People differ not only in the life events they experience, but also in their vulnerability to them. One's vulnerability is influenced by his/her temperament, coping skills and the available social support. Higher vulnerability increases the likelihood of a maladaptive response to stress. For example, unloved children are more at risk to develop behaviour disorders than children who are secure and loved at home. Prolonged exposure to stress, coupled with a lack of social support and low resilience and lack of psychological hardiness, lead to maladjustment which manifest in the form of neurosis, hysteria, character disorders, addictions, etc. Some of them are discussed in detail below

- The **neuroses** are those behavior deviations that either involve disabling amounts of anxiety or represent attempts by the individual to avoid disabling anxiety. They tend to involve exaggerations of behavior that are seen in everyday life. In anxiety neurosis, the individual experiences very high anxiety, which may be accompanied by other forms of physiological distress. Prolonged and severe stress, can lead to such a condition.
- Another neurotic way of managing anxiety is through **hysteria**, the development of physical symptoms that interfere with anxiety arousal. Amnesia refers to the anxiety-motivated loss of personal memories, and fugue to the disorder of finding oneself in a strange place with no memory of getting there. It is often difficult to distinguish these disorders from malingering. Somewhat similar to malingering is

hypochondrias the exaggeration of real though minor physical symptoms in order to serve psychological needs. Obsessive compulsive disorders are yet another way of coping with anxiety. Obsessive thoughts are persistent irrational ideas that serve to keep the real causes of anxiety from coming to the individual's attention, while compulsions are motor activities that the individual feels compelled to perform, once again interfering with anxiety-producing behaviors. Phobias, are strong, persistent, unrealistic fears of specific objects or events, such as sharp knives or going out of doors.

- Psychosomatic disorders are neuroses in which there is direct bodily involvement with the anxiety. Common manifestations are bronchial asthma, migraines, high blood pressure, peptic ulcers, etc. When these cannot be attributed to a physiological cause, because they result from psychological causation then they are called psychosomatic disorders which mean bodily manifestations of psychological stress. These disorders are prevalent in both children and adults.
- The category of character disorders includes a wide variety of adjustment problems, in which, in contrast to the neurotic's problem of too much anxiety, the individual often seems to have too little anxiety. The psychopath engages in irresponsible and impulsive behavior, with a lack of concern for its consequences. Individuals with a passive, aggressive character disorder continually express hostility, but in indirect ways that are overtly denied. Addictions are also classified as character disorders. The most prevalent is alcoholism. Alcohol serves to reduce anxiety, but when taken to excess it can seriously interfere with everyday living. It can eventually cause a variety of physiological disorders, including damage to the central nervous system, the liver, and the heart. There are important differences in the degree to which different mind altering drugs are psychologically and physiologically addictive, and it is a mistake to treat them all as highly dangerous.
- The psychoses are the most serious of all behavioral disturbance, and psychotic individuals often require assistance in coping with the simplest demands of ordinary living. In the organic psychoses, the difficulty is linked to a known injury to the brain, such as a tumor, accident, senility, or disease. In the functional psychoses, there is no apparent physiological disorder. Psychotic individuals usually show gross distortions in their perception of reality and in their interpersonal relationships. Also common are delusions, or obviously false belief, and hallucinations, or obviously false perceptions.
- The most common psychosis is schizophrenia, the least understood of all the behavior disorders, which has been noted in all known cultures, both present and past. Some researchers distinguish two different patterns in the development of schizophrenia: **process schizophrenia**, with a gradual onset which includes withdrawal, reduced emotional responsiveness, and a poor prognosis; and **reactive schizophrenia**, with a sudden, dramatic onset and favorable prognosis. Distinctions have also been made between four patterns of schizophrenia according to their symptoms or behaviors. The paranoid schizophrenic experiences delusions, usually of persecution and of grandeur, the catatonic schizophrenic shows either a marked lack of physical motion or else extreme excitement, the hebephrenic schizophrenic shows silly, childish behaviour, withdrawal, and emotional confusion, and the simple schizophrenic shows withdrawal, seclusion, and a gradual deterioration of behavior. Theories of schizophrenia must take in to account both genetic and environmental factors.
- The affective psychoses refer to manic and depressive disorders. In psychotic depression, the individual is profoundly sad and lonely, feels worthless and guilty and may attempt suicide. In the manic state, there is intense elation, a speeding up of activity, and often wild and extravagant ideas. Manic and depressive problems may appear in a cyclical fashion in the same person. In understanding the affective disorders too, both hereditary and environmental factors must be considered.

Enhancing adjustment

In the previous section, we dealt with failures of adjustment, or problems which arise as a result of maladjustment. In the present section, let us closely look at some of the ways of extending or enhancing the adjustment of the individual to help adapt better to their environment and develop their real potential. Some orientations and techniques of enhancing adjustment are as follows:

The **Psychodynamic perspective** believes that intra psychic conflict causes unconscious **anxiety** which leads to a break down of the adjustment process. According to Freud, adjustment could be enhanced using defense mechanisms to cope with **stress arousing** situations. These have already been discussed in the previous section. The psychodynamic perspective also emphasises on psychotherapy i.e a clinical approach to help people deal with the psychological roots of their maladaptive behavior.

In the **behavioral perspective**, instead of symptoms caused by underlying event, the focus is on acquired responses which they believe can be **unlearned**. Behaviorists commonly use exposure therapy for the phobic and obsessive - compulsive clients. Three types of therapy based on the exposure principle are **systematic desensitization** in which fear arousing stimulation are presented in a graded series paired with relaxation exercises, **implosive therapy** in which the client imagines a complex and highly fear arousing situations and **in vivo exposure** in which the person is actually present in the feared situation. **Modelling** is used to help clients acquire adaptive and correct qualitative responses.

The **cognitive perspective** uses a number of techniques like **cognitive restructuring** which allows the client to restructure his thoughts, review his irrational beliefs and expectations and develop a more rational outlook. This process teaches individuals to develop a more realistic appraisal of self and others.

Thought stopping is another technique in which the individual actually breaks his chain of disturbing thoughts using a sudden distracting stimulus (for eg: a loud noise). It teaches the client with a specific self control technique for terminating an obsessive thought where it occurs.

A third cognitive technique used is **cognitive rehearsal**, wherein the client can mentally rehearse adaptive approaches to problematic situations.

The **biological perspective** entails the use of drugs for treating adjustment disorders which are the result of neuro-biochemical imbalance. For example anti-depressants are used to restore the biochemical balance in the brain and cure anxiety disorders, Anti-psychotic drugs are used for treating psychoses like schizophrenia.

A combination of **meditation** and **passive relaxation** is found to be useful in bringing about a physiological state of low arousal, that is of considerable benefit in dealing with stress related disorders like hypertension, anxiety disorders, panic attacks.

Group and encounter experiences which began in the 1940s when it was found that the analysis of discussion among group leaders yielded valuable personal information about the leaders themselves and provided a cathartic release. Such findings formed the basis for the development of encounter groups or t-groups. Later, the trend moved toward a focus on individuals, and on procedures designed to enhance personal awareness by providing cathartic release to them. Encounter group experiences vary in the extent to which they are structured, and the length of time the sessions last.

While some group experiences tend to be atheoretical in conception, others follow one of these theoretical orientations. Transactional analysis groups are based on child-adult-parent analysis corresponding roughly to critical, realistic, and impulsive behavior. In TA groups, the leader assists participants to understand their own behavior in these

three ego states, hopefully leading to increased self-awareness and more adaptive life behaviors.

A second encounter group style is that of gestalt therapy, in which the participants are helped to focus on their current feelings, and considerable use is made of role-playing procedures. Here, individuals play two or more roles corresponding to important people in their lives, while the group observes and provides feedback on the process. Alternatively, individuals might role play two different aspects of themselves. The third theoretical approach is that of psychoanalysis; here the focus is usually on the underlying 'dynamics' and motivations, and the group interaction is less intense emotionally than in other styles than in other styles.

Most research has involved sensitivity in training groups, and the following results have reported positive findings. Individuals tend to improve in their sensitivity to group processes, rather than to other individuals, or to themselves. There is some rather tentative evidence for improvement in managing personal feeling and motivations, attitudes toward the self show improvement; and at times there is a greater acceptance of others. It is important to understand the role of the leader and his or her powerful command. A comprehensive study of seventeen different encounter groups showed positive changes, but also showed a number of "psychological casualties," particularly from groups where the leader was charismatic and used the technique of direct confrontation. All these things have thus to be kept in mind.

Self - assessment

4. Match the following:

A

B

i) Biological perspective

(i) adjustment depends upon resolution of intra psychic conflicts.

ii) Psychoanalytic perspective

(ii) drugs help in adjustment

iii) Cultural model

(iii) adjustment is culturally determined by local beliefs and customs

5. Why is adjustment important to us?

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6. You are a counsellor who has to help a client adjust better to his environment. Suggest some of the methods you would use and describe the procedure you would follow.

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Summary

This unit provided us with an overview of the conceptual understanding of the process of adjustment. It also sought to explain the different orientations to adjustment adopted by various schools like the psychoanalytic school, the behaviorists, the biologists etc. Adjustment is a process of equilibrium between an individual and his environment which attempts to establish a harmonious functioning of both these entities to ensure better adaptation and an enriched quality of life. Failure to adjust may lead to various undesirable behaviors or behavioral changes, like depression, mood swings, image disorders, psychosomatic problems etc.

Since adjustment is the key to a healthy and happy existence, we often use a repertoire of methods to enhance adjustment like cognitive restructuring, praying etc. and to do so engage or employ adjustment mechanisms which help us deal and cope with the stresses of life and re-establish the equilibrium.

Unit-end exercises

1. Substance – abuse is a popular form of adjustment which college students use. Describe the ways in which you would prevent its incidence.
2. Think of the various ways in which your institution can promote the development of a mentally healthy personality among students.

Suggested readings

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