

NARRATIVE REVIEW OF ADJUSTMENT DISORDERS AMONG FRESHMEN

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Abstract

Adjustment disorders refer to the psychological reactions to adapt to new circumstances, including situations such as divorce, major work change, transition from school to university, or migration. This study aimed at summarizing adjustment disorders in a single short paper by using different recent sources and references. This review article was conducted by using deferent recently published articles considering adjustment disorders generally and its occurrence among first year student of colleges specifically. Adjustment disorders are very common mental health issues that arise in response to significant changes in life style and warrant proper assessment and evaluation in order to maximize daily functioning.

Keywords: Adjustment Disorder, Major Work Change, Migration

1. INTRODUCTION

Adjustment disorder pertains to the emotional responses triggered by different situations that require adapting, such as moving to a new place or starting a new job (Harrison et al., 2017) characterized by temporary duration and absence of psychotic symptoms. It is one of the very few mental disorders that have direct association with preceding external stressors (Sadock & Sadock, 2008). It may resolve spontaneously when the stressful event is removed or when adaptation is reached (Anbesaw et al., 2022).

Freshman students often distance themselves from their current relationships and social groups. They may not only physically isolate themselves from their previous relationships and communities, but they may also a break their social roles break in a hope of trying to realize the advantages of their new environment. These feelings are crucial to enhance their educational and social benefits. According to Astin, during this phase, students exert effort and focus on participating in campus events that enhance both their academic and social experiences, ultimately setting them up for a seamless transition (Dlamini et al., 2020).

The relation between adjustment disorders in first-year college students and attending their favorite college can vary. While attending a favorite college might reduce stress initially due to preference, adjustment disorders can still arise due to multiple factors like social obstacles, academic pressure and personal expectations. The mismatch between what is anticipated and what actually occurs can cause challenges with adapting, regardless of the popularity of the college or individual preferences.

Many studies illustrate the significance of considering family history of mental illnesses when assessing the risk factors for adjustment disorders. Individuals with a family history of mental health disorders may be more susceptible due to genetic predispositions or other behavioral or environmental factors within the family dynamics (Kareem & Mahmood, 2022).

The World Health Organization (WHO) reports that the symptoms of adjustment disorder can vary in their onset and intensity, a variation that can be attributed to numerous factors, that can play a basic role, including individual predisposition, weakness or the type of the stressful event (Carta et al., 2009). This study aimed at summarizing adjustment disorders among first year college students in a single short paper by using different recent sources and references.

2. RESEARCH METHODS

This review article was conducted by using deferent recently published articles considering adjustment disorders generally and its occurrence among first year student of colleges specifically.

3. RESULTS AND DISCUSSION

Every year, accomplished high school graduates relocate to different locations in order to pursue higher education. The number of students transferring to colleges is on the rise due to the expansion of institutional capacity (Jemal, 2012).

Students at this stage are entering a new range of experiences and so they might face difficulty in understanding offers of university life (David & Nită, 2014). They may do have some ideas, but understanding situation of academic or social life is in the real life might not be fulfilled yet (Elias et al., 2010). The shift from secondary school to university is commonly viewed as a time when individuals find themselves in a state of limbo between their past and future roles (Karp et al., 1998). This going to college is not like going back to school (Shatkin, 2007).

In college, students merge new aspects of their personal identities into their beings (Karp et al., 1998). Hence, this transition requires students to mentally prepare themselves as they evaluate fixed identities and aspire to create new ones. Additionally, they will consider various identities that they may encounter during their college years (Karp et al., 1998). As a result, adults in this developmental stage tend to take different roles to explore and solidify their personal identity. Individuals often choose to shape their identity and environment to best suit their needs, personal goals and their psychosocial well-being (Esmael et al., 2018).

Even though going to college is a positive step in life (Bernier et al., 2005), but it still is a significant psychosocial event for freshmen (Rodgers & Tennison, 2009). Individuals might find their security, ease, and ability to engage in enjoyable activities hindered (Rodgers & Tennison, 2009). Students may experience feelings of anxiety when faced with the challenges of taking their first exams, competing with their peers for grades, and having to absorb a large amount of information in a short period while in college (Abouserie, 1994), repeated homework and vague assignments (Kohn & Frazer,

1986) and difficulties in understanding English written textbook. All above reasons are source of anxiety for many students (Abdullah et al., 2010; Rodgers & Tennison, 2009).

Additionally, students in their first year of college frequently struggle to acclimate to the unfamiliar social environment, engaging with peers on a deeper level, navigating the campus, presenting in public, mingling with a large student population, residing in dormitories, forming connections for support, and occasionally being separated from their loved ones (Al-Qaisy, 2010; Esmael et al., 2018; Rodgers & Tennison, 2009).

Although Stress is omnipresent and drives people to perform to the best of their ability (Gradus et al., 2010). The American College of Health Association (ACHA) found that all those stressors were the leading obstacle to academic performance. In spite of the importance of all those stressors mentioned that could have important impact in attending college for the first time (Renk & Smith, 2007). Gerdes and Mallinckrodt found that the challenges related to social and emotional adjustment faced by freshmen were more accurate indicators of drop-out rates than academic difficulties (Gerdes & Mallinckrodt, 1994; Rodgers & Tennison, 2009).

When first year college students faced with those mentioned unfamiliar demands and challenge and since human is concerned with making changes to find a way to manage and successfully adapt to their surrounding environment (Emmanuel & Tptib, 2015; Olivas, 2020).

The term “Adjustment” could be defined as the process of adapting to new conditions in which in this condition (newly college attending) (Sime et al., 2023). It could be quite problematic or some defined it as a marker of integration between needs and satisfaction, that means that it’s still relevant to achievement, social acceptance, age, gender, economic security and ethical standards (Tamilselvi & Rajaguru, 2010). Scientists discovered that Adjustment is the mental mechanism used to deal with, adjust to, and handle a new lifestyle (Al-Qaisy, 2010).

According to Lazarus and Folkman, adjustment to life events is mediated by person’s processes of cognitive appraisal and coping skills. Appraisal is defined as individual’s evaluation of what is at stake and which coping options might be available, (Renk & Smith, 2007) whereas coping is described as the person’s cognitive and behavioral efforts to manage stressors (Elias et al., 2010). Besides the two mentioned factors, type and number of life changes experienced, social support network, and experience of previous similar stressors (Al-Qaisy, 2010), all those may affect the time and speed of change (Manee et al., 2015).

Various strategies and approaches can be beneficial in adapting to different scenarios, impacting an individual's well-being and resilience based on the context in which they are employed (Al-Qaisy, 2010; Renk & Smith, 2007). Lazarus and Folkman also discussed two distinct coping methods: problem-solving and emotion-oriented coping techniques (Renk & Smith, 2007).

When faced with a difficult, dangerous, or challenging situation, individuals often use problem-solving methods to address the issue and make improvements (Elias et al., 2010). Emotion-centered coping methods are centered on managing the feelings that arise when faced with a challenging situation (Elias et al., 2010). When someone believes that a harmful, threatening, or challenging event cannot be changed, they may opt to utilize either of the two strategies mentioned above (Renk & Smith, 2007). Some possible tactics

could involve avoiding, ignoring, hopeful daydreaming, or looking for comfort from others (Elias et al., 2010).

Roth and Cohen discuss different perspectives related to the coping strategies mentioned earlier (Renk & Smith, 2007): The initial setting enables a person to respond effectively in a way that can enhance control over a challenging situation (Elias et al., 2010). The second model is avoidance of the stressful event in order to reduce stress in a short periods of time (Elias et al., 2010). Using the avoidance strategy for an extended period may lead to psychological issues due to avoiding dealing with a crisis directly, potentially escalating into a long-term problem (Elias et al., 2010).

Researches find in the area of student adjustment process those who fail in the coping process may be regarded as emotionally immature, maladjusted or even mentally ill. They might refrain from their studies, extending to serious mental illness (Sime et al., 2023), and may end up in suicide (Jemal, 2012; van der Klink et al., 2003). (Van Der Klink et al., 2003). If emotional distress resulted in together sickness leave, it concurs with the “adjustment disorder” (van der Klink et al., 2003).

3.1. Clinical Features

Symptoms and signs of adjustment disorder are worry, anxiety, poor concentration, depression, irritability, along with physical symptoms secondary to sympathetic system activation such as palpitation, sweating and tremor (Harrison et al., 2017). Others symptoms may involve, excessive alcohol consumption, suspiciousness, impulsivity and even violence (Sadock & Sadock, 2008). The symptoms do not necessarily start immediately after the stressful event, sometimes it starts within 3 months (Sadock & Sadock, 2008).

3.2. Diagnosis

Adjustment disorder typically starts within one month of the stressor, as outlined in the ICD-11. It involves being overly focused on the stressor or its effects, experiencing intense anxiety, and dealing with persistent negative thoughts about the stressor that lead to difficulties in various aspects of daily life, such as personal relationships, work, or education.

Furthermore, the indications are not distinct or intense enough to warrant evaluation for a different psychological condition. Typically, these signs dissipate within half a year, unless the stressful factor continues for an extended duration (Glaesmer et al., 2015). On the other hand, according to the DSM-5-TR (American Psychiatric Association, 2022), adjustment disorder is diagnosed according to the following criteria:

- A. Development of emotional or behavioral symptoms within 3 months in response to identifiable stressor.
- B. Such symptoms or behaviors result in significant impairment in personal, social, occupational or academic functioning or they are out of proportion to the severity or intensity of the stressor.
- C. Such symptoms are not exacerbation of a preexisting mental disorder and not sufficient to consider another diagnosis.
- D. These symptoms do not represent normal bereavement.
- E. The symptoms resolve within 6 months after termination of the stressor.

Moreover, DSM-5 specify them with depressed mood, with anxiety, with mixed anxiety and depressed mood, with disturbance of conduct, with mixed disturbance of emotions and conduct. Furthermore, Abdulkareem and Mahmood recently suggested the possibility of regarding maternity blue as subtype of adjustment disorder (Kareem & Mahmood, 2022)

3.3. Epidemiology

Prevalence of adjustment disorders in community has not been extensively studied enough (Harrison et al., 2017). A study revealed that the prevalence of adjustment disorders in older people is about 2% (Maercker et al., 2008).

3.4. Etiology

While stressful situations are often the trigger for adjustment disorders, the vulnerability of the individual also plays a crucial role. This is because not all individuals will develop an adjustment disorder when faced with the same stressor (Harrison et al., 2017). Factors that contribute to adjustment issues may consist of ineffective coping mechanisms, limited social support, academic pressures, financial difficulties, feelings of nostalgia, obstacles in communication, being female, having a lower socioeconomic status, struggling with cultural differences, and facing high academic standards (David & Nită, 2014; Esmael et al., 2018).

3.5. Prognosis

Many adjustment disorders typically endure for a few months, however, some may linger for an extended period if the underlying stressor is ongoing and remains unresolved (Harrison et al., 2017). Studies have indicated that with the right treatment, the outlook for this condition is typically positive, and most individuals are able to resume their normal activities within a period of three months (Sadock & Sadock, 2008).

Adolescents, in particular, may go on to experience secondary mood disorders or substance-related issues as they get older. Generally, teenagers take more time to bounce back compared to adults (Sadock & Sadock, 2008). Jones and colleagues discovered that the result of this condition is similar to that of other forms of depression after a period of six months (O’Keeffe & Ranjith, 2007).

Studies have shown a potential connection between adjustment disorder diagnosis and an increased likelihood of suicide (Gradus et al., 2010). Studies examining the correlation between adjustment disorder and suicidal actions are not without flaws, as there are notable distinctions between individuals who contemplate or try to take their own life, and those who ultimately go through with suicide (Olasupo et al., 2018).

3.6. Treatment

Studies examining the correlation between adjustment disorder and suicidal actions are not without flaws, as there are notable distinctions between individuals who contemplate or try to take their own life, and those who ultimately go through with suicide.

Encouraging patients to open up about their issues and emotions can help reduce anxiety. In some cases, doctors may recommend a short-term use of hypnotic medication. Problem-solving therapy can assist patients in finding solutions to their stressors and

weighing the pros and cons of various actions. If the initial plan is successful, the focus shifts to addressing other issues. However, if the first approach fails, a different strategy is attempted for the original problem (Harrison et al., 2017). If issues cannot be resolved through concrete solutions, the patient is advised to accept and make peace with them (Maina et al., 2004). Both brief dynamic and supportive psychotherapy were found to be more effective than a waiting-list control in patients with adjustment disorder (Harrison et al., 2017).

4. CONCLUSION

Adjustment disorders are very common mental health issues that arise in response to significant changes in life style and warrant proper assessment and evaluation in order to maximize daily functioning.

Correct diagnosis is crucial and identifying the preceding stressful event is vital since the main treatment step is largely focused on resolving the preceding stressor if this potential. But if the stressor cannot be removed then other treatment modalities are favored such as brief dynamic and supportive psychotherapy. In case of the latter, the treating psychiatrist must have a high index of suspicion and alert for development of signs of secondary mental illnesses like depressive and anxiety disorders.

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