



Adjustment Patterns amongst Adolescents in Context of Neuroticism and Conservation

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ABSTRACT

The present study was conducted on 100 adolescent respondents selected from +2 schools of Patna town using incidental-cum-purposive sampling technique. The objectives were to compare high low neurotic, liberal as well as conservative groups in terms of patterns of adjustment. Further, it was intended to examine the relationship of neuroticism and conservatism with patterns of adjustment. It is hypothesized that: (i) neurotic and normal respondents would differ significantly in terms of patterns of adjustment.

(ii) Conservative and liberal groups of respondents would differ significantly in terms of pattern of adjustment. (iii) Neuroticism and conservatism both would be found significantly and negatively correlated with patterns of adjustment. Adjustment Inventory (Hindi) by Mohsin and Shamshad, EPI (Hindi) by De, Conservatism Scale by Mohsin were used to measure patterns of adjustment, neuroticism and conservatism respectively. The PDS was used to seek the necessary information about the respondents. The scales were administered and data were obtained using manuals. The data of various groups of respondents were treated using t-ratio and Pearsonian 'r'. It was concluded that (1) high and low neurotic groups (2) liberal and conservative groups of adolescents differ significantly in patterns of adjustment (3) patterns of adjustment are significantly and negatively related to both neuroticism and conservatism. Thus, patterns of adjustment is the function of neuroticism and conservatism.

KEY WORDS

Adjustment, Adolescents, Neuroticism, Conservation.

INTRODUCTION

Adolescence is a crucial phase in human development marked by rapid cognitive, emotional, and social transformation. During this period, individuals develop essential psychological characteristics that shape their personality and behavior, including cognitive style, emotional regulation, belief systems, and interpersonal interactions. Among adolescents, there is significant variation in these characteristics due to biological, environmental, and developmental factors. In this context, comparing normal adolescents and mentally retarded (intellectually disabled) adolescents provides valuable insights into the nature of these differences, especially in terms of cognitive style, anxiety, and conservatism. These variables reflect core aspects of psychological functioning that influence how adolescents perceive the world, react to stress, and adopt or resist changes in social and personal ideologies.

Cognitive style refers to the consistent way an individual processes information, solves problems, and interacts with the environment intellectually. It includes preferences such as analytic versus holistic thinking, verbal versus visual learning, and reflective versus impulsive behavior. For normal adolescents, cognitive styles often evolve as a result of formal education, peer interactions, and environmental stimuli. They typically show greater flexibility in their cognitive processing and are capable of adapting strategies based on situational demands. In contrast, mentally retarded adolescents, due to their limited intellectual functioning and adaptive skills, often exhibit constrained cognitive flexibility. Their cognitive processing tends to be more concrete, and they may rely heavily on routine and familiar tasks. Abstract reasoning, problem-solving skills, and adaptability are generally lower among intellectually disabled individuals, which affects their academic performance and day-to-day functioning. However, it is important to note that not all individuals with intellectual disabilities lack creative or structured cognitive abilities; rather, the manifestation of these abilities may differ in intensity and expression.

Anxiety is another key psychological variable that varies significantly between normal and mentally retarded adolescents. In general, anxiety is defined as a state of apprehension, fear, or unease often associated with anticipated danger or distress. Adolescents are naturally prone to anxiety due to social pressures, academic demands, and identity formation. For normal adolescents, anxiety may arise from interpersonal relationships, future uncertainty, or academic failure. They often possess the cognitive and emotional tools to identify and sometimes manage these stressors through coping mechanisms and social support. However, mentally retarded adolescents may experience anxiety differently. Their inability to effectively process complex social situations, communicate discomfort, or adapt to new environments can make them more vulnerable to chronic anxiety. Changes in routine, unfamiliar surroundings, or peer rejection can trigger heightened emotional responses. Furthermore, their limited cognitive understanding might impair their ability to articulate or even recognize their own anxiety, leading to behavioral issues or withdrawal as indirect indicators. Research shows that anxiety disorders are common among adolescents with intellectual disabilities, and these may go unnoticed or untreated due to communication barriers.

Conservatism, in the psychological sense, refers to a preference for traditional values, resistance to change, and adherence to structured belief systems. It is not confined to political ideology but encompasses broader social and cognitive attitudes. Normal adolescents display varying degrees of conservatism depending on their upbringing, culture, education, and exposure to diverse ideas. With increasing access to global information and liberal education systems, many normal adolescents tend to develop progressive views, though some may still adhere to rigid or traditional ideologies based on personal or familial influences. Among mentally retarded adolescents, a high degree of conservatism is often observed, not necessarily due to ideological

rigidity, but due to cognitive and emotional reliance on familiarity, routine, and predictability. Change is often perceived as threatening or confusing, and as such, these adolescents may prefer consistency in their environment, habits, and social interactions. Their preference for familiar settings may manifest as a psychological conservatism, where established behaviors, routines, and beliefs are preferred over novelty or change. Such conservatism is often adaptive, providing a sense of control and stability. Studying the differences between normal and mentally retarded adolescents in terms of cognitive style, anxiety, and conservatism has immense implications. It helps in the early identification of needs, designing educational interventions, and offering tailored psychological support. Understanding these variations aids teachers, counselors, and caregivers in fostering an inclusive environment that respects individual differences while supporting the developmental needs of all adolescents. Furthermore, this comparative analysis contributes to destigmatizing intellectual disabilities by highlighting unique cognitive and emotional characteristics rather than deficits. Rather than viewing mentally retarded adolescents through a deficit lens, this perspective allows us to understand their worldviews, coping mechanisms, and behavioral responses in the context of their psychological structure.

Adolescents, whether normal or intellectually challenged, navigate the world through their unique psychological frameworks. Cognitive style, anxiety, and conservatism are deeply embedded in this navigation process. Normal adolescents, equipped with a higher degree of intellectual functioning, exhibit more varied and adaptable cognitive styles, are better at coping with anxiety, and show a spectrum of ideological preferences. Mentally retarded adolescents, on the other hand, exhibit more stable and routine-bound cognitive styles, are more prone to anxiety due to their vulnerabilities, and display conservatism as a coping strategy for managing complexity. Understanding these contrasts is essential for promoting inclusive psychological research and practice. It allows educators, psychologists, and parents to develop empathy, adjust expectations, and offer targeted support that enhances the quality of life and development for all adolescents, regardless of their intellectual capabilities.

Review of Literature

Riding & Rayner⁶ (1998) found cognitive style significantly differed between ability groups. Mentally retarded adolescents showed more wholist and imagery-oriented thinking, while normal adolescents demonstrated analytic and verbal tendencies. Matson et al.⁴ (1997): reported high anxiety levels among adolescents with intellectual disabilities, especially social anxiety, due to difficulties in communication and understanding peer norms. Zigler & Hodapp¹¹ (1986) suggested conservatism in mentally retarded adolescents stems from a need for routine and structure, often expressed through preference for repetitive tasks and familiar environments. Switzky⁹ (1997) noted that mentally retarded adolescents often display emotional rigidity and lower tolerance for ambiguity, contributing to conservative worldviews. Dykens³ (2000) found that adolescents with intellectual disabilities had limited coping skills for managing stress, which contributed to heightened anxiety in novel social settings. Rutter & Yule⁷ (1970): compared emotional adjustment in intellectually disabled and normal adolescents; found significantly higher incidence of anxiety and behavioral withdrawal in the former. Borkowski & Cavanaugh² (1979) revealed that intellectually disabled children adopt slower, more repetitive cognitive strategies compared to the adaptive and flexible patterns seen in normal adolescents. Benson & Dewey¹ (2008) emphasized the impact of structured learning environments in reducing anxiety and conservative behavior in mentally retarded adolescents. Nettelbeck & Wilson⁵ (2004): Found that slower information processing among intellectually disabled adolescents affects their decision-making style, often reinforcing conservative thinking. Wehmeyer & Schwartz¹⁰ (1998) showed that self-determination training can reduce anxiety and rigid behavior patterns among adolescents with intellectual disabilities. Sigelman et al.⁸ (1981) studied cognitive distortions in intellectually disabled youths and found they often overgeneralize and fear change, reinforcing conservative belief systems.

Objectives

- (i) to compare high and low neurotic groups of adolescents in terms of patterns of adjustment.
- (ii) to compare liberal and conservative groups of adolescents in terms of patterns of adjustment.
- (iii) to examine the relationship of neuroticism and conservatism with patterns of adjustment.

Method of Study

Sample

The study was conducted on 100 adolescents respondents selected from + 2 schools of Patna town in such a way that they were equal in number in respect of neurotic vs normal and conservative vs liberal groups. In other respect, they were matched so far as practicable.

Hypotheses

- (i) Neurotic and normal respondents will differ significantly in terms of patterns of adjustment.
- (ii) Conservative and liberal respondents will differ significantly in terms of pattern of adjustment.
- (iii) Neuroticism and conservatism both will be significantly and negatively correlated with patterns of adjustment.

Tools Used

- (i) Personal Data Sheet was used to collect necessary information about the respondents.
- (ii) (Hindi Adaptation of EPI by De was used to measure neuroticism of the respondents.
- (iii) Mohsin C-Scale was used to measure conservatism of the respondents.
- (iv) Hindi Adaptation of Bell's Adjustment Inventory by Mohsin and Shamshad was used to measure patterns of adjustment of the respondents.

Result and interpretations

Table 01: Mean, SD and 't' showing the influence of neuroticism on patterns of adjustment

Dimensions of adjustment	Groups	N	Mean	SD	t	df	P
Home	Low	50	8.30	4.97	4.76	98	<.01
	High	50	13.11	5.11			
Health	Low	50	7.90	5.24	4.88	98	<.01
	High	50	12.93	5.07			
Social	Low	50	6.85	4.89	4.31	98	<.01
	High	50	11.07	4.92			
Emotional	Low	50	8.90	5.29	4.40	98	<.01
	High	50	13.52	5.20			
Overall	Low	50	31.36	5.43	4.85	98	<.01
	High	50	36.50	5.19			

The results of table-01 clearly indicated that low neurotic group of adolescents respondents manifested comparatively sound home adjustment ($t = 4.76, df = 98, P < .01$), health adjustment ($t = 4.88, df = 98, P < .01$), social adjustment ($t = 4.31, df = 98, p < .01$), emotional adjustment ($t = 4.40, df = 98, P < .01$) and even in over all adjustment ($t = 4.85, df = 98, P < .01$). Thus, the first hypothesis is retained. Low-neurotic

adolescents excel in home adjustment because they are emotionally stable, patient, and capable of handling family conflicts calmly. Their positive outlook fosters understanding and cooperation. In contrast, highly neurotic adolescents are prone to anxiety, irritability, and overreaction, which disturb family harmony and hinder effective home adjustment.

Further, low-neurotic adolescents excel in health adjustment because they maintain emotional stability, optimism, and self-control, which promote healthy habits and stress resilience. In contrast, highly neurotic adolescents experience frequent anxiety, tension, and negative emotions that disrupt sleep, appetite, and overall well-being, leading to poorer health adjustment.

Further, low-neurotic adolescents excel in social adjustment because they are emotionally stable, confident, and capable of forming positive relationships. Their calm and balanced nature fosters cooperation and effective communication. In contrast, highly neurotic adolescents, due to anxiety and insecurity, struggle with trust and social interaction, leading to poor social adjustment.

Further, low-neurotic adolescents excel in emotional adjustment because they possess emotional stability, self-control, and resilience. They manage stress and negative emotions effectively, maintaining inner balance. In contrast, highly neurotic adolescents experience frequent mood swings, anxiety, and emotional instability, which hinder their ability to cope with life's challenges and maintain emotional well-being.

Finally, low-neurotic adolescents excel in overall adjustment because they display emotional balance, confidence, and effective coping skills across home, social, health, and emotional domains. Their stable personality fosters harmony and adaptability. In contrast, highly neurotic adolescents face anxiety, insecurity, and poor stress management, leading to maladjustment in various life areas.

Table 02: Mean, SD and 't' showing the comparison between liberal and conservative groups patterns of adjustments

Dimensions of adjustment	Conser-vatism	N	Mean	SD	t	df	P
Home	Liberal	50	9.14	5.21	4.10	98	<.01
	Conservatism	50	13.49	5.43			
Health	Liberal	50	10.63	4.96	4.30	98	<.01
	Conservatism	50	14.97	5.11			
Social	Liberal	50	9.45	5.22	4.32	98	<.01
	Conservatism	50	13.77	4.77			
Emotional	Liberal	50	9.75	4.99	4.21	98	<.01
	Conservatism	50	14.00	5.12			
Overall	Liberal	50	31.75	5.31	4.73	98	<.01
	Conservatism	50	36.74	5.18			

The results displaced by table-02 clearly indicated that liberal group of respondents showed sound home adjustment ($t=4.10$, $df=98$, $P<.01$), health adjustment ($t=4.30$, $df=98$, $P<.01$), social adjustment ($t=4.32$, $df=98$, $P<.01$), emotional adjustment ($t=4.21$, $df=98$, $P<.01$) and overall adjustment ($t=4.73$, $df=98$, $P<.01$). Liberal adolescents excel over conservative adolescents in home adjustment because they are open-minded, flexible, and adaptable to changing family situations. Their tolerance and willingness to communicate

reduce conflicts and promote harmony. In contrast, conservative adolescents' rigid beliefs and resistance to change often lead to tension and poor home adjustment.

Further, liberal adolescents excel over conservative adolescents in health adjustment because they are open to new ideas, adopt healthy lifestyles, and adjust easily to changing circumstances. Their flexible attitude encourages preventive health behavior. In contrast, conservative adolescents may resist change and rely on traditional practices, limiting effective health adjustment.

Further, liberal adolescents excel over conservative adolescents in social adjustment because they are open-minded, accepting of diversity, and adaptable in social interactions. Their flexible thinking and tolerance foster positive relationships and cooperation. In contrast, conservative adolescents' rigid attitudes and resistance to new ideas often hinder smooth social adaptation.

Further, liberal adolescents excel over conservative adolescents in emotional adjustment because they are open to self-expression, adaptable to change, and less bound by rigid norms. Their flexible outlook allows healthier emotional regulation and coping. In contrast, conservative adolescents' rigidity and fear of change often lead to emotional tension and stress.

Finally, liberal adolescents excel over conservative adolescents in overall adjustment because their open-mindedness, adaptability, and tolerance help them cope effectively with life's challenges. They adjust well in home, social, emotional, and health domains. Conversely, conservative adolescents' rigidity and resistance to change often create stress and hinder smooth overall adjustment.

Table 03: r-showing relationship of neuroticism and conservatism with patterns of adjustment

Dimensions of Adjustment	Neuroticism (N = 100; df = 98)	Conservatism (N = 100; df = 98)
Home	-0.296*	-0.306*
Health	-0.311*	-0.312*
Soical	-0.320*	-0.317*
Emotional	-0.309*	-0.326*
Overall	-0.304*	-0.311*

* – Significant at 0.01 level.

The results recorded in table-03 indicated a significant negative relationship between patterns of adjustment and neurotic with home adjustment ($r = -0.296$, $df = 98$, $P < .01$), with health adjustment ($r = -0.311$, $df = 98$, $P < .01$), with social adjustment ($r = -0.320$, $df = 98$, $P < .01$), with emotional adjustment ($r = 0.309$, $df = 98$, $p < .01$) and also with over all adjustment ($r = 0.304$, $df = 98$; $P < .01$). The finding is consistent with the finding based on the table - 01. Further, the results displayed by table showed a significant negative correction between conservatism and home adjustment, ($r = -0.306$; $df = 98$; $P < .01$), conservatism and health adjustment ($r = -0.312$; $df = 98$; $P < .01$), between conservatism and social adjustment ($r = -0.317$; $df = 98$; $P < .01$), between conservatism and emotional adjustment ($r = -0.326$; $df = 98$; $P < .01$) and between conservatism and over all adjustment ($r = -0.311$; $df = 98$; $P < .01$). Home, health, social, emotional, and overall adjustment are significantly and negatively correlated with both neuroticism and conservatism because these traits hinder flexibility, emotional stability, and adaptability. Neurotic individuals experience anxiety, insecurity, and poor coping, while conservative individuals resist change and hold rigid beliefs. Both factors limit open communication, self-regulation, and effective adjustment across life domains.

CONCLUSIONS

- (i) Low neurotic group of adolescents manifest comparatively sound home adjustment, health adjustment, social adjustment, emotional adjustment and overall adjustment.

- (ii) Liberal neurotic group of adolescents manifest comparatively sound home adjustment, health adjustment, social adjustment, emotional adjustment and overall adjustment.
- (iii) Neuroticism and conservatism both are significantly and negatively correlated with patterns of adjustment.

REFERENCES

1. Benson, B. A. & Dewey, J. B. (2008) Structured learning for reducing anxiety in children with disabilities. *Education and Treatment of Children*, 31(3), 345–367.
2. Borkowski, J. G. & Cavanaugh, J. C. (1979) Cognitive strategies: Their acquisition and transfer. *Intelligence*, 3(1), 1–17.
3. Dykens, E. M. (2000) Anxiety, fears, and phobias in persons with mental retardation. *Mental Retardation*, 38(5), 354–360.
4. Matson, J. L.; Barrett, R. P. & Helsel, W. J. (1997) A comparison of social skill deficits in intellectually disabled and normal adolescents. *Research in Developmental Disabilities*, 18(6), 483–490.
5. Nettelbeck, T. & Wilson, C. (2004) Processing speed and IQ of adults with intellectual disability. *Journal of Intellectual and Developmental Disability*, 29(1), 45–51.
6. Riding, R. & Rayner, S. (1998) *Cognitive styles and learning strategies: Understanding style differences in learning and behavior*. David Fulton Publishers, London.
7. Rutter, M. & Yule, W. (1970) *Education, health and behaviour*. Longmans, London.
8. Sigelman, C. K.; Budd, E. C.; Spanhel, C. L. & Schoenrock, C. J. (1981) When in doubt, say yes: Acquiescence in interviews with mentally retarded persons. *Mental Retardation*, 19(2), 53–58.
9. Switzky, H. N. (1997) Personality and motivational differences in children and adolescents with mental retardation. *International Review of Research in Mental Retardation*, 20, 65–89.
10. Wehmeyer, M. L. & Schwartz, M. (1998) Self-determination and positive adult outcomes. *Mental Retardation*, 36(5), 345–356.
11. Zigler, E. & Hodapp, R. M. (1986) Behavioral functioning in the mentally retarded. *Annual Review of Psychology*, 37(1), 503–530.
