A study of depression in relation to adjustment and personality characteristics

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Abstract
Depression, in psychology, a mood or emotional state that is marked by feelings of low self-worth or guilt and a reduced ability to enjoy life generally characterised by feelings of sadness, hopelessness, or pessimism; lowered self-esteem and heightened self-depreciation; a decrease or loss of ability to take pleasure in ordinary activities; reduced energy and vitality; slowness of thought or action; loss of appetite; and disturbed sleep or insomnia. The relationship between depression and adjustment; we find that adjustment is something which is related to stress and is a short term condition that happens when you have great difficulty managing some kind of over work or major life change, loss of events. Personality characteristics appear to contribute to the onset and course of depression through a variety of pathways. A variety of models of the relations between personality and mood disorders have been proposed. Classical models of personality- depression relations and dynamic models of personality-depression relations are main two and under it various sub-models are included. Depression can be cured but there should be proper interaction between the person who is in depression and with the peer groups and family members.

Keywords: Low self-esteem and self-loathing, Depression and adjustment disorder, Personality characteristics and depression

1. Introduction
Depression is a common but serious medical illness that negatively affects someone about how they feel, the way they think and how they act. It is feeling of sadness or a loss of interests in activities that they once enjoyed. It affects an estimated one in 15 adults in any given year. One in six people experiences depression on at some time in their life. It can firstly appear during the late teen to mid 20s. Women are more prone to this than men. Now some people will misunderstand this with sadness and grief but both are different. Being sad for something like death of loved once, loosing a job, breakup in relationships are different. This also involves grief and withdrawal from useful activities but depression is like long term process and this type of feelings stay for a long time and there is constant feeling of self-loathing and low self-esteem. There are several factors which can play role in causing depression, these are genetics, stress, poor nutrition, certain medical condition like serious illness and also social isolation.

Now when we look at the relationship between depression and adjustment we find that adjustment is something which is related to stress and is a short term condition that happens when you have great difficulty managing some kind of over work or major life change, loss of events. It is like some situation in our life so sometimes it’s called situational depression. The social adjustment in depression does not vary across different countries but varies according ti the sample source. Adjustment disorder can vary from person to person. Adjustment disorder in depression affect how you think and feel about yourself and the about the world and may also affect your action or behaviour. Some examples are frequent crying, worrying or feeling anxious, nervousness, jittery or stressed out, difficulty in concentrating, difficulty functioning in daily activities and suicidal thoughts. It’s symptoms start within 3 months of stressful event and last no longer than six month after the end of the stressful event. Sometimes the persistent or chronic adjustment disorder can continue for more than 6 months, especially if the stressor is ongoing, such as unemployment.
Understanding the associations between personality and depression has implications for elucidating aetiology and comorbidity, identifying at risk individuals and tailoring treatment. Current evidence suggests that depression is linked to traits such as neuroticism or negative emotionality, extraversion or positive emotionality, and conscientiousness. Moreover, personality characteristics appear to contribute to the onset and course of depression through a variety of pathways. The hypothesis that depression is linked to personality can be traced to antiquity, when Hippocrates and later Galen, argued that particular “humours” were responsible for specific personality types and forms of psychopathology. A variety of models of the relations between personality and mood disorders have been proposed. Classical models of personality-depression relations and dynamic models of personality-depression relations are main two and under it various sub-models are included.

Understanding the associations between personality and depression has a number of potentially important implications for research and practice.

They are
1. Personality traits associated with emotional experience, expression, and regulation may be intermediate phenotypes that provide more tractable targets for genetic and neurobiological research than depressive diagnoses.
2. Personality may be useful in identifying more homogeneous subgroups of depressive disorders that differ in developmental trajectories and etiological influences.
3. Tracing the pathways between personality and depressive disorders can help elucidate more proximal processes involved in the development of mood disorders.
4. Personality may be useful in tailoring treatment and predicting treatment response.
5. Temperament/personality may provide a means to identify at-risk individuals who could benefit from prevention and early intervention efforts.
6. There is substantial comorbidity between depressive disorders and other forms of psychopathology. Some personality traits, such as neuroticism, are associated with multiple psychiatric conditions. Thus, personality could help explain patterns of comorbidity and point toward more etiologically relevant classification systems.

Depression is a real illness and help is available. With the proper diagnosis and treatment, the vast majority of people with depression will overcome it. If you are experiencing symptoms or any of your family members or relatives, a first step is to see your family physician or psychiatrist. Talk about your concerns and request a thorough evaluation. This is a start to addressing your mental health needs.

References
1. SS Mathur. Educational psychology
2. Pal Agrawal. principle of education
3. RN Sharma, M Sulman. Modern Educational psychology.