

# A Study of the Stress and Adjustment Levels, As Well As the Effect of Various Variables, In Persons with Movement Disorders

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**Abstract** – Stress may be brought on by a wide range of various circumstances or life events. A novel, unexpected, or life-threatening encounter, or a scenario that poses a threat to our sense of self, might set off this response. Environmental and internal pressures, as well as tensions among them, are referred to as "adjustment." "Adjustment" is a phrase that's often used to refer to things like mastery, defence, coping, or adaptability. Any reaction to external life stresses that helps prevent, minimize, or regulate external suffering might be considered and the study which discussed about stress, Adjustment, Adjustment styles, Movement clinical disorder, Movement disorder, Diagnostic levels.

**Keyword** – Stress, Adjustment

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## INTRODUCTION

Medical conditions, such as diseases, are when something abnormal happens to the body or mind of an organism. Disease is the objective perception of bad health, which is a complex phenomena including biological, psychological, socio-environmentally-related-to-family-related-to-psychosexual components. Stress responses and psychosocial adjustment are harmed when someone is sick. When we talk about adjustment, we're talking about our ability to meet the needs of others around us while also meeting our own requirements. It's a way of thinking that helps people balance their wants and needs in life. Physical sickness adjustment has multiple aspects, requiring interactions between the individual's physical and social. Psychological disorders including major depression and suicide thoughts may develop as a result of chronic diseases, which are traumatic life experiences. Normal actions need a very intricate control system, despite the fact that they look straightforward. The motor cortex, the cerebellum, and a set of brain regions known as the basal ganglia all work together to create and coordinate movements. If any part of this system is disrupted, it might have an impact on how someone moves about. Stress is the sensation of being overburdened or powerless in the face of intense mental or emotional strain, the body's reaction to pressure is stress.

## STRESS

Stress is something we all experience on a regular basis. Our responses to external circumstances lead to it arising. We will no longer be anxious if we cease responding. As a result of stress, the electrical transmission of information along neurons is heightened to the point where the nervous system collapses or physical functions are impaired. It's a generic phrase for the stresses in life that individuals experience. An imbalance exists between the demands on the environment and a person's ability to satisfy those demands. Some people use the word 'stress' solely in the context of a crisis or tragedy, while others use it to describe everyday troubles and minor irritations. Situations that cause stress, as well as how people react to stress, are quite personal. Many emotional and behavioral problems are exacerbated by stress, including melancholy, anxiety, rage, tantrums, suicidal thoughts, child abuse, physical assault, destructive outbursts of fury, bitterness and resentment, irritability, impatience, and stuttering.

Today's life is filled with anxiety and stress. Anxiety and tension were major themes in 20th-century culture. Humans are confronted with stressful situations on a daily basis and at various stages of their development. The young encounter inevitable stressors beginning with the trauma of birth and continuing through puberty. Stress comes in many forms, from the early stages of weaning and potty training in newborns through the formal schooling

process and the development of social skills in everyday life.

The term "stress" has been used to describe a wide range of situations and activities. Depending on whom you ask, stimulus may be anything from a simple thought to a complicated introspective state, while for others it's a visible reaction to a stimulus or event. As a result, the term's function is unclear, hence a definition is needed.

Stress, according to Chaplin (1982), is a condition of physical or mental tension. When things are seen as 'poor' from a personal standpoint, stress assures that they are, according to Ann (1982), and this is mostly subjective. Stress, according to Whiten (1983), is anything that makes us feel as if our well-being is in jeopardy or is seen to be in jeopardy. He also believed that stress might be physical or psychological, or even a combination of the two, and that they could overlap and/or interact. Stress, according to Brown (1985), is a negative impression of the social environment and its dynamics that endangers people's social and psychological well-being. It has been proposed by Jonathan et al. (1986) that stress is a normal mind-body reaction to stressful and/or developing events, whether they are chronic or episodic in origin.

stress can be categorized as either an external or internal stimulus, a person's emotional or physiological reaction to external or internal environmental events, or an interaction between the two. A person, environment problem results from perceptions and assessments of one's internal or external environments (French, Rodgers and Cobb, 1974).

For the first time, stress-induced psycho-physiological reactions were conceptualized by pioneering stress researcher Selye (1974). Stress, according to Selye (1976), is an organism's non-specific reaction to any demand. The General Adaptation Syndrome, which he named after three stages of a person's defensive reflexes when faced with stresses, was named after him (GAS). Defense responses were dubbed 'General' by Selye due to the fact that stresses have an impact on several parts of the body. When we talk about 'adaptation,' we're talking about stimulating defers to assist the body cope with challenges. 'Syndrome,' on the other hand, denotes a response in which several components occur in a group setting.

In every educational institution, there will be times when students are under a lot of academic pressure. When used properly, it unleashes the full potential of pupils, resulting in better performance. Overwhelming irritation and worry in students due to high levels of academic stress may have negative consequences for their morale as well as their academic performance and mental health. This can also alter their study habits and adjustment methods. Numerous research on the subject reveal that pupils are under academic stress. Academic stress may come from a variety of places, and the causes differ from one school or

student to the next. Overwhelming academic pressure may result in burnout, which is characterized by emotional tiredness, a sense of failure, and a loss of identity among students.

## **ADJUSTMENT**

In the same way that biologists use the word adaptation to explain physiological survival, we conceive of adjustment as psychological survival. When an organism attempts to maintain equilibrium between its needs and the variables that influence whether or not those demands are met, this process is known as adjustment.

Environmental and internal pressures, as well as tensions among them, are referred to as "adjustment." "Adjustment" is a phrase that's often used to refer to things like mastery, defence, coping, or adaptability. Any reaction to external life stresses that helps prevent, minimize, or regulate external suffering might be considered a workable definition. Several researchers have tried to categorize people's coping techniques in response to environmental changes, but no approach has yet evolved that can be accepted by everyone.

Existence on Earth has been plagued by the difficulty of adaptability. The antithesis of adjustment was maladjustment, which is a relative word since the emergence of the human race. Life is a never-ending process of learning and adjusting. In students, the process of adjustment begins from birth and continues until the death of the kid. There are two types of adjustment: internal and external. It's a multifaceted strategy. It's a skill that you develop through time. It is a condition in when the individual's requirements are met while also being satisfied. It's a combination of physiological and psychological factors that play a role. Adjustment is a rung on a ladder that teaches us and satisfies our wants and requirements in a logical order. Environmental and internal pressures, as well as tensions among them, are referred to as "adjustment." "Adjustment" is a phrase that's often used to refer to things like mastery, defence, coping, or adaptability. Any reaction to external life stresses that helps prevent, minimize, or regulate external suffering might be considered a workable definition. Several researchers have tried to categorize people's coping techniques in response to environmental changes, but no system has evolved that has been accepted by everyone

The notion of adjustment has its origins in biology, where it was used to describe how well a person adapted to their physical surroundings in order to survive. Physical adaptation is, of course, a person's most pressing issue, but he must also adapt to the social constraints and socialization needs that come with living in close proximity to other people. This is a lifelong process. Physiological requirements such as hunger, thirst, sleep, and elimination, along with

psychological ones such as a desire to be accepted, to gain respect, and achieve self-actualization, all affect how well a person's mind functions and adjusts.

No matter how much difficulties or tragedy (within limitations) a person meets, the most significant factor to assess personal effectiveness is how he reacts to or adjusts to the trials of life.

By making adjustments, living organisms manage their requirements in relation to the external factors that affect their ability to meet those needs. It's the process through which a person and his surroundings interact.

For psychologists, teachers, and parents alike, the process of adjustment is critical. The best way to understand the process is to track the growth of the person from infancy to adulthood. When a kid is born, he is completely reliant on others to meet his needs, but as he grows older, he learns to regulate those needs on his own. His ability to adapt is heavily influenced by how he interacts with the outside world in which he lives. When a kid is born, the whole world seems to hum and blossom with excitement for him. It's impossible for him to tell apart between distinct things in his surroundings, but as he grows older, he learns via feeling, perception, and conceptualization to verbalize the specifics of his world. Only tangible items in the child's immediate surroundings may elicit a response or a thought in an infant. After that, you'll go through an abstraction process. Children are unable to resist their natural inclinations since they are still developing their self-control.

The process of adjusting begins with the birth of the kid and continues throughout the child's life. Even while healthy habits may be developed at home and aid a kid's future adjustment, schools also play an important part in guiding a youngster. At addition, there are other circumstances in the school that may contribute to the child's inability to transition.

## ADJUSTMENT STYLES

Think about adjustment as a kind of psychological survival, similar to how biologists define physiological survival via the word adaptation. By making adjustments, living organisms manage their requirements in relation to the external factors that affect their ability to meet those needs.

The journey of life is a never-ending battle for physical and mental well-being. When attempting to reach a goal and being dissatisfied with the outcomes, either adjust your aim or your technique, Adjustment is the name given to this unique characteristic of living things. A person's relationship with his environment is known as adjustment.

They grab hold of everything that seems dazzling to their senses. Their growth is entirely based on instinct.

A variety of elements, including the child's internal requirements and external expectations, influence the 'adjustive process' character. Under these circumstances, there are three options when internal wants and external expectations clash.

- I. The person has the ability to limit or alter his or her own internal desire or need..
- II. He has the ability to change the surroundings and meet his needs.
- III. It's possible he can utilize a mental process to get out of the sticky circumstance and keep his personality in balance.

To better understand the adjustive process, Piaget looked at it from several perspectives. Accommodation and assimilation are terms he used when describing changing one's surroundings or one's self to accommodate. When a person retains his or her ideals and standards of behavior despite significant changes in the social milieu, such individual is referred to as an assimilator. An accommodator is a person who adapts his standards to changing societal values by drawing his standards from those environments.

Among all living things, man has the greatest ability to learn and adapt to new circumstances. In addition to adapting to physical needs, man, as a social animal, also changes in response to societal influences. A live organism's ability to adapt is crucial. Every person has a different approach to dealing with the numerous social and ecological limits that exist. Different psychological elements appear to have an effect on it, which is reflected in behavioural activity.

Adjustment is the process of reducing inner wants, tensions, and strains, and as such, each person's pattern of adjustment will be different based on their personality and requirements. Because each person is unique, so are his requirements and, as a result, his level of adjustment. If you think at it this way, adjustment is the harmonious interaction between a person and their environment that allows them to live comfortably without stress or conflict. Psychological adjustment is seen in this way.

- i. A well-adjusted person is free from inner conflicts.
- ii. A well-adjusted person is one who has learned to apply his intelligence to the effective solution of his problems of living.
- iii. A well-adjusted person has the necessary maturity to accept responsibility for himself.

## **MOVEMENT CLINICAL DISORDER**

Trembling, ticing, and dystonia are frequent symptoms of movement disorders such Parkinson's disease (PD). For example, the general prevalence of PD is 1% in adults 65–85 years old, rising to 4.3% in those beyond 85 years old. There is a 4 percent increase in essential tremor prevalence among those over 40 years old, rising to a 14 percent increase among those over 65. Tics affect up to 21% of school-aged and teenage children and adolescents.

Movement problems manifest clinically in a variety of ways, some of which are unusual. Even in the hands of skilled movement disorder experts, it may be difficult to establish the accurate diagnosis. The importance of proper diagnosis based on clinical knowledge cannot be overstated.

In order to properly diagnose a movement problem, it must first be correctly classified. There isn't a single biological sign that can be used to identify an illness without a doubt. There are several diagnostic tests available<sup>5,6</sup>; however, they may be costly, time consuming, and even intrusive in certain cases. These tests have limited diagnostic utility at early stages of the illness (as opposed to clinical judgement), and the diagnostic value of these tests increases as the disease advances. The wide variety of possible diagnoses makes it unproductive to hide clinical ambiguity behind a large number of supplementary investigations (the "scattergun" strategy). Once the kind of movement disorder is accurately recognised, the exploratory work-up may be substantially simplified since the approach to each type of movement disorder is then more targeted. Dystonia evaluations, on the other hand, are vastly different from chorea evaluations. To put it another way, accurate diagnosis relies heavily on categorization, and classification itself frequently has prognostic consequences. It's common to confuse early-stage tremor with Parkinson's disease, although the prognosis is very different. There may also be ramifications for the patient's family if a precise categorization leads to the right diagnosis of one or more inherited movement disorders (such as Huntington disease [HD]). Finally, figuring out the sort of movement issue someone has may have a big impact on their treatment.

### **Movement disorder**

Movement disorders include a wide range of disorders defined by changes in normal motility, posture, or tone. These illnesses do not include changes brought on by motor paralysis, significant sensory loss, painful syndromes, or skeletal abnormalities, for example, A variety of neurological conditions may cause movement problems, but the extra pyramidal system is the most often affected area (basal ganglia). This motor system is phylogenetically older and controls tone, automatic motions, and posture. The pyramidal system, not the basal ganglia, is responsible for fine voluntary movement in humans. The additional

pyramidal system "provides a framework for the pyramidal system's efficient operation."Hyperkinetic (excessive movement) or hypokinetic (decreased movement) symptoms may be seen in people with movement disorders (decreased movement). Among the hyperkinetic movement disorders include tremor, chorea and dyskinesias such as athetosis and myoclonus.

## **DIAGNOSTIC LEVELS**

When treating patients with several forms of movement disorders, doctors should use a methodical approach. Four important issues must be addressed in order to establish the accurate diagnosis in every patient throughout our work-up. Of course, not all of a patient's questions can be addressed definitively. Many illnesses, both neurological and non-neurological, may seem like different types of movement problems, and it's critical to keep an eye out for them.

### **Movement Disorder Types**

Some types of movement abnormalities appear all by themselves, without any other symptoms. save maybe for a somewhat unstable gait that becomes obvious only during the tandem walk test.. 32 When more than one form of movement problem occurs in one patient, it's called a "mixed movement disorder" (table 2). There are a variety of symptoms that may be seen in a patient with multiple system atrophy. These include things like ataxia and fine polyminimyoelonus in the extended hands. 33,34 Patients with movement disorders often have overlap in their symptoms, if you examine closely. the kind of overlap varies based on the condition, the patient, and even the patient's clinical stage within a specific ailment.

Importantly, if a patient has a combination of movement disorders, it's important to examine the likelihood that their drug might have negative effects. Patients with a history of movement disorders are more likely to have drug-induced movement disorders, but they may also occur in people who have never had a movement disorder before. Patients with chorea who had previously been diagnosed with primary dystonia may have chorea as a result of using anticholinergics, and further testing for secondary dystonia is not always necessary. Antipsychotics may cause tremor, hypokinetic stiff syndrome, or orofacial dyskinesias in patients without a prior history of movement abnormalities. Prolonged pharmaceutical usage raises the danger; nevertheless, single dosages are still at risk. It may be important to ask the general practitioner for a complete list of past drugs since the effects of an offending chemical might last for months after it has been discontinued.



## Dominant Movement Disorder Type

Even though many forms of movement disorders are present at the same time in the clinical condition, one type will often take precedence. Adult HD patients, for example, often exhibit chorea as well as bradykinesia if the condition is specifically sought. It is rare for a physician to have a hard time diagnosing chorea as the primary form of movement disorder in an early-to-mid-stage patient. This difference is critical, since the diagnostic process for chorea differs from that for bradykinesia. A crucial first step in diagnosing a person with Parkinson's disease is figuring out what movement disorder syndrome is most prevalent in that person.

Early on in the course of a movement condition, it's easy to identify the predominant kind. Advanced-stage individuals may have additional illness complications or newly emergent mobility problems obscure the previously dominating symptoms. For example, chorea may be less noticeable in later stages of HD, but akinesia, stiffness, and dystonia may take their place. Another example is Parkinson's disease (PD) individuals who have levodopa-induced dyskinesia. Levodopa-induced dyskinesia-dystonia may occur in different regions of the body in people with Parkinson's disease. In fact, levodopa-induced dyskinesias may eclipse tremor in the clinical picture and resemble choreoathetosis clinically (best defined as mobile choreodystonic movements). In such circumstances, the approach is to collect a comprehensive medical history and to be well-versed in all phases of the illness.

## CONCLUSION

Finding a link between stress and movement adjustment is the goal of this research project. Stress and adjustment in people with clinical disorders. To achieve this, the study's goals are to determine the level of stress and adjustment experienced by people with movement disorders, explore the impact of various variables on stress, a stress and adjustment scale for persons with movement disorders, as well as a daily activities scale for people with movement disorders, should be developed. This research also predicts how people with movement problems may change due to various factors. Persons with mobility problems face a variety of stress and adjustment issues, which the current research looks at. The researcher decided on a descriptive survey after weighing the benefits, drawbacks, and applicability of conducting a study among people with mobility problems. People with movement problems who are employed in different jobs have significantly different spirituality aspects of stress, according to the findings. When it comes to spiritual stress, those with movement disorders who are working reported the highest levels of it (compared to those who are unemployed or self-employed). The results show that

the spirituality element of stress differs significantly amongst people with movement disorders depending on the degree of movement problems. People with even moderate mobility impairments have greater levels of stress connected to their spirituality.

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