A COMPARATIVE STUDY OF ADJUSTMENT, SOCIAL SUPPORT AND PSYCHOLOGICAL WELL-BEING AMONG PROFESSIONAL FEMALES AND HOMEMAKERS

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Abstract: 'Woman', is a world in itself. She works at all places, may it be professional workplace or home. Her professional and domestic works are not only opposite by nature, but are vital too. The list of her deeds is endless and the journey is short. Hence, due to the pivotal role of women in the arena of life, the researcher has taken her the very base of present study. The topic of the present study is, “A Comparative Study of Adjustment, Social Support and Psychological Well-Being among Professional Females and Homemakers.

Participants of the study were taken from Bhopal (MP). The sample size was N=200, with professional category of females (N=100) and homemakers (N=100) respectively. The assessment measures taken for the study were Bell's adjustment Inventory, Social Support, Social Support Scale developed by Cohen, Mermelstein, Knack and Hoberman and Psychological Well-being Scale (1996) developed by Nishizawa. t-test was applied to test the significance of difference between means. The age of respondents ranged from 25-50 years.

Results of study show a significant difference between adjustment among professional females and homemakers. However, they did not differ on social-support and psychological well-being. The implications of the study are culturally based. The enhancement of social support and adjustment clearly increases psychological well-being. And, also well-being improves adjustment among all.

Key Words: Adjustment, Social Support, Psychological Well-being

Introduction
Since time immemorial, women have been the axis of society. Her roles changes in due course of life but her importance remains vital. Across civilizations and cultures women's psychosocial role has been predominant. She has worked in all epochs of human history. However, historical and social factors have been responsible for variations in the nature of tasks, the location of work, reasons to work, the nature of execution of the work and finally, the performance on the work. The entry of women in the economic world gives impression of equality of women with men for the economic role is believed to provide automatic social pre-eminence.

The transformation in the pattern of women's role has received a lot of research attention. When a woman works, it may not impart her necessary status, as being employed increases her physical burden and it may intensify her family responsibilities (Pushpa Sunder, 1981). Indian society, particularly the middle class is confused to define the role of a working woman. Their role and positions at present are therefore, not clear. This situation leads to a role-conflict (Chakravarty, 1977). Family's greater demand on women takes a higher toll on women's mental health in dual-earning families as compared to male earning families (Barnett et.al, 1995).

Now, the real question arises that, what actually work mean to Indian women and how does it affect her life? The economic independence is often advocated as a solution to social equality and autonomy. If this notion is to be believed, then they must hold a parallel to their western counterparts. The other side of the coin is that, work for majority of Indian women is an
avenue of exploitation and discrimination, a source of conflict with spouse and other family members and at the inter-personal level, an inducer of doubt and guilt about ones role as a wife/mother (Thakur and Misra, 2007). This lack of social support incorporates maladjustment which leads to poor mental health. After considering such opposite consequences of being an Indian working woman, the need of the hour compelled to frame the topic of the present study as “A Comparative Study of Adjustment, Social Support and Psychological Well-being among Professional Females and Homemakers.”

Adjustment

Adjustment is vital phenomenon engrossed in our complex and civilized society. Problems may arise in facing /making adjustments but they are important to maintain personal as well as social peace and harmony. Adjustment refers to the extent to which an object fits the purpose for which it is intended. The purpose of the adjusting is to satisfy the needs or interests. We constantly attempt to adjust or fit into environmental elements to meet our needs and interests.

An individual's degree of successful life adjustment probably is closely related to past experiences, environmental influences and personal strengths. An individual possesses the power to select, and to apply to himself the environmental elements and the experiences that may seem to him to be best suited to satisfactory adjustment. At the same time, however, the operation in a person's life of scientifically evolved principles of cause and effect cannot be disregarded.

Satisfactory adjustment includes personal and social value standards. Among the criteria that encompass the components of adjusted behavior are the possessions of
- A wholesome outlook to life,
- A realistic perception of life,
- Emotional and social maturity,
- A good balance between the inner and outer forces that activate human behavior.

In psychology, two general adjustable models are recognized, Piaget (1952), who has been greatly concerned with the development of adaptive intelligence, has utilized the terms accommodation and assimilation to represent the alteration of oneself or the environment, respectively, as means of adjusting. In colorful analogy, Lerner (1937) referred to the two groups as chameleons and beavers. The chameleons adapt immediately to the situation with changing to suit the circumstances. Beavers in contrast, continue growing through the trends regardless of what happens. Scientifically interpreted, the term adjustment implies problem, in a cause and effect relationship. The kind and degree of adjustment achieved by an individual usually are dependent upon a multiple causes. Adjustment is a continuous process that tends to bring out more or less changing attitudes throughout the individual's life.

Social Support

Social support is turning to other people for support in times of personal crises. It is a Social way of categorizing the rewards of communication in a particular circumstance. An important aspect of support is that a message or communicative experience does not constitute support like the receiver views it as such. Health psychologists have extensively studied the association between social support, mental and physical health, and found that it is extensively beneficial in highly stressful situation social support is the physical and emotional comfort given to us by our family, friends, co-workers and others. It shows that we are part of a community of people who love and care for us, and value and think well of us.

Social support refers to the perceived comfort, caring, esteem or help a person receives from others people or groups (Cobb, 1976; Gentry and Kobasa, 1984; Wallston et al.,1983; Wills,1984). According to Cobb (1976) people with social support believe they are loved and cared for, esteemed and valued and part of a social network, such as family community organization,
that can provide goods, services and mutual defenses at time need or changes.

The term “social support” is often used in a broad sense, including social integration. However, social integration refers to the structure and quantity of social relationships, such as the size and density of networks and the frequency of interaction, but also sometimes subjective perception of embeddedness. Social support, in contrast, refers to the function and quality of social relationships, such as perceived availability of help or support actually received. It passes through the interactive process and can be related to altruism, a sense of obligation and perception of reciprocity.

The most common type of social supports perceived are available support and social support actually received. The former pertain to anticipating help in time of need, and latter to help provided within a given time period. The former is often prospective, the latter always retrospective. Another aspect of social support is the kind of help person receives from others, that is, emotional, personal, practical, informational, and instrumental. According to Caplan's theory (1974), social support implies enduring pattern of continuous or intermittent ties that play a significant role in maintaining the psychological and physical integrity of the individual over time.

Social support reduces psychological distress during stressful times (Cohen and Wills, 1985) and may be especially helpful in reducing psychological distress in vulnerable populations, such as the elderly, the recently widowed, or victims of sudden, severe uncontrollable life events. All of us need social support from other, particularly when we face stressful situation, like losing a job; break up of a relationship, or experience the death of a love one. Discussing or sharing one's worries and the problems with the significant others may help in alleviating the stress and may even give an insight into possible solution. It is possible to improve the mental health of a community by the provision of social supports.

**Psychological Well-Being**

Well-being is one of the most important goals which individual as well as societies strive for. The term denotes that something is in a good state. Well-being is an admixture of affective, cognitive and semantic state of affairs. It presents an overall view of well-being (Joseph and Lewis, 1998). It also includes motivational experiences of life with subjective feeling of satisfaction. Terms like happiness, hope, positive mental health, quality of life, optimism or satisfaction are in variedly used as synonyms of well-being. Happiness and satisfaction are the steps to the goal of well-being. They involve multiple life situations as belongingness, creativity, education, familial responsibilities, financial complexities, health (all mental, physical and social health), matrimony opportunities, self-esteem and trust in others. Satisfaction is an over whelming term which goes beyond the context of well-being. Restoration, homeostatic and drive reduction are its determinants.

Well-being is examined as a harmonious satisfaction on one's desires and goals (Chekole, 1975). Quality of life is a total measure of physical, mental, and social well-being. Well-being can also be defined as a dynamic state of mind characterized by a reasonable amount of harmony between an individual abilities, needs and expectations and environmental demands and opportunities (Levi, 1987).

Physical well-being is generally taken to be happiness, along with one's cognitive appraisal of how satisfaction his or her life has been, and it is also encompassing positive future, prospect of life, that is, “hope”. The level of adjustment is assumed to reflect individual and collective well-being. The successfully adjusted person is please with his or her life (Schwarz and Clare, 1983). Emotional stability and emotional maturity also indicate towards the sense of well-being. Sociologist use the word 'well-being' mostly in the sense of 'good living conditions'; ecologists and biologists in term of 'livability'; and politicians and social reformers refer to preconceptions of
what a good living environment is liked, such as
good standard of living and social quality
(Veenhoven, 2004). Thus, there is a long list of
biological, psychological and social indicators of
well-being. The knowledge of these indicators
enables state of living of individuals as well as the
community.

**Objective**

The objective of the present study is to
examine the behavioural difference between
**professional females and homemakers** on
variables of adjustment, social support and
psychological well-being.

**Hypothesis**

1. \( H_1 \) there will be a significant difference
   on adjustment among professional
   females and homemakers.

2. \( H_1 \) there will be a significant difference
   on social support among professional
   females and homemakers.

3. \( H_1 \) there will be a significant difference on
   psychological well-being among
   professional females and homemakers.

**Method**

**Participants**

The sample of the present investigation
was randomly selected from a large population of
professional females and homemakers from
Bhopal, Madhya Pradesh. The total strength of
the sample constituted of 200 women of which
100 were the working professionals and 100
were homemakers. In the processing of the
sample, the age range of the respondents was
from 25 to 50 years.

**Assessment Measure (s)**

**Bell's Adjustment Inventory:** In the present
study, Bell's adjustment inventory developed by
H.M. Bell (1934), as an adjustment measuring
tool was used. This scale consists of 150 items
with three choice response alternatives of 'Yes',
'No' and 'Can't Say'. The range of scores is 0-150.
The level of adjustment is negatively related to
the scores, which means higher the scores of a
subject on the scale lower the adjustment and
vice-versa. The scale is highly reliable and valid.

**Social Support Scale:** In order to measure social
support among professional females and
homemakers, **Social Support Scale** constructed
by Cohen, Mermelstein, Kamarck and
Hoberman (1985) was used. This scale is a four
point rating scale and the range is from 15-60.
Higher the score of the respondent on the scale
the higher the social support and vice versa. This
scale demonstrated high reliability and validity
across social support studies its test-retest
reliability is 0.87 and convergent validity is 0.46
respectively.

**Psychological Well-Being Scale:** Psychological
well-being scale developed by Nishizawa (1996)
was used. This scale comprised of forty items. It
is a five point scale having five alternative
response categories, ranging from, (5) Applies
very well (4) Applies quite well (3) Applies
moderately (2) Applies very slightly (1) don't
apply at all. The maximum possible score of the
respondent on this scale is 200 and lowest scores
are 40. Its test re-test reliability is 0.79 and
convergent validity is 0.83 respectively.

**Procedure:**

After selecting the participants of the
present study, the researcher distributed all the
three scales individually to the respondents.
Person-to-person contacts were made and each
individual was separately requested to read
scales carefully and get the doubts clear, if any.
The respondents were generally contacted during
their working hours in office and in many cases
appointments were fixed to meet at workplace
and home. Likewise, the researcher collected the
data from all the respondents.

**Statistical Analysis**

The data obtained from the respondents is
analyzed by means of the t-test. The mean
differences obtained between various facets of
the variable will determine that how far these two
groups of professional females and homemakers
differ in terms of their various levels of
adjustment, social support and psychological
well-being.
### Results

**Table-1:** Showing the comparison of adjustment between professional females & homemakers

<table>
<thead>
<tr>
<th>Group(s)</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional females</td>
<td>100</td>
<td>50.62</td>
<td>13.67</td>
<td>5.07**</td>
</tr>
<tr>
<td>Homemakers</td>
<td>100</td>
<td>62.03</td>
<td>18.31</td>
<td></td>
</tr>
</tbody>
</table>

* Significant at .05 level  ** Significant at .01 level

Above, Table-1 shows the comparison between professional females and homemakers. The mean scores for professional females is 50.62 and for homemakers it is 62.03, and their SDs are 13.67 and 18.31, respectively. The t-value is 5.07, which is significant at .01 level, indicating a significant difference between the total adjustments of professional females and homemakers.

Thus, H₁ is accepted. Hence, there is a significant difference of total adjustment between the two comparison groups of professional females and homemakers.

**Table-2:** Showing the comparison of social support between professional females and homemakers

<table>
<thead>
<tr>
<th>Group(s)</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional females</td>
<td>100</td>
<td>37.68</td>
<td>6.26</td>
<td></td>
</tr>
<tr>
<td>Homemakers</td>
<td>100</td>
<td>37.46</td>
<td>4.83</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

The above table-2 shows the comparison between professional females and homemakers for social support. The mean score for professional females is 37.68 and homemakers are 37.46 and their SDs are 6.26 and 4.83, respectively. The t-value is non-significant, indicating no difference between social support of professional females and homemakers.

Thus, H₂ is rejected. Hence, the two comparison group of professional females and homemakers did not differ on the variable of social support.

**Table-3:** Showing the comparison on psychological well-being between professional females and homemakers

<table>
<thead>
<tr>
<th>Group(s)</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional females</td>
<td>100</td>
<td>121.88</td>
<td>15.85</td>
<td>n.s.</td>
</tr>
<tr>
<td>Homemakers</td>
<td>100</td>
<td>120.24</td>
<td>13.83</td>
<td></td>
</tr>
</tbody>
</table>

The table-3 shows the comparison of psychological well-being between professional females and homemakers. The mean score for professional females is 121.88 and for homemakers is 120.24. And their SDs are 15.85 and 13.83, respectively. The t-value is non-significant, indicating a non-significant difference between the psychological well-being of professional females and homemakers.

Thus, H₃ is rejected. Hence, the two comparison groups between did not differ on psychological well-being.

**Findings and Conclusions**

For the variable of Adjustment the two comparison groups of professional females and homemakers differed significantly, whereas, they showed no difference for the variables of Social Support and Psychological Well-being. This may be attributed to the fact that adjustment is a multidimensional process. It balances life (Shaffer and Shoben, 1956). So being the pivot to live, it exercises its axial role in the work attitudes of people and working and non-working women are no exception to it. Working women have to move out of the 'walls', hence they are more accustomed to adjust as compared to their non-working friends. And, they differ on home, health, social and emotional adjustment areas, as their field of work, nature of tasks and working hours are different. The quality of life of working women is far better, which makes them well-adjusted (Cotton et al. 1999).

Social support is perceived in the same manner by professional females and homemakers. The two groups did not differ significantly on psychological well-being too. Well-being is a subjective feeling and is global rather than being limited to a specific domain (Levi, 1987). This is so as work stressors are greater than family stressors (Makowska, 1995). Women's job-related well-being is not at much risk from their performance at work (Wharton and Erikson, 1995). As working women play multiple roles, they get more satisfaction, so they have a better psychological well-being as...
compared to non-working women (Christensen et al, 1998).

In a nutshell, it may be concluded that adjustment plays a much crucial role in the life of working and non-working women as compared to social support and psychological well-being.

References