

# Psychosocial Adjustment and Its Relationship with Depression, Anxiety and Stress among Ex-Servicemen: A Quantitative Correlational Study

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## ABSTRACT

This paper has looked into the correlation between psychosocial adaptation and depression, anxiety, and stress in ex-servicemen. A purposive sample containing 250 retired adult men aged 50-80 years who served as the military was the sample design used and had a correlational research design of a quantitative character. The participants answered the Military to Civilian Questionnaire (M2C-Q) assessing psychosocial adjustment and the Depression Anxiety Stress Scales (DASS- 21) assessing the levels of depression, anxiety and stress. The descriptive statistics suggested moderate adjustment to psychosocial factors and very broad variation of emotional distress. The analysis of Pearson correlation demonstrated a high and statistically significant positive correlation of psychosocial adjustment with the overall depression, anxiety and stress. Out of the three measurements, stress was the most significantly correlated with psychosocial adjustment, then depression, and anxiety. The results denote that an increased rate of psychological distress, especially stress is linked with increased development of psychosocial adjustment complications amongst ex-servicemen. The paper points to the importance of prevention at an early stage and specific interventions focusing on stress management, social support, and reintegration programmes to enhance the mental wellbeing of retired military personnel and their bias to civilian life.

**Keywords:** Psychosocial Adjustment, depression, anxiety stress, ex-servicemen

## 1. INTRODUCTION

Ex-servicemen struggle with depression because it is that heavy vibe of sadness that cannot be lifted. We are talking anhedonia, or in other words, lack of interest in things that once brought pleasure, and this despair of feeling uselessness that is disrupting social and working life. It is not about being sad but an entire pain that can be caused by all the losses you accumulate following military life: the loss of your identity, community, purpose and the swagger of your social status. The studies continue to indicate that unemployment, money stress, and social isolation, which are typical indicators of poor psychosocial adaptation, constitute enormous risk factors of major depressive disorder among this population (Elbagen

et al., 2013). Topping it all, people may wait too long to be diagnosed or treated as the army fosters the spirit of stoicism, which allows those mild cases of depression bumps to develop into larger issues in the long run.

A bunch of stuff is covered by anxiety, generalized anxiety disorder, panic, social anxiety, you know the deal. In the case of ex-servicemen, it normally manifests itself through untimely, uncontrolled, worry about money, family safety, or simply roll with unknown civilian systems ( think healthcare, housing ). The sense of being out of place or being judged by civilians may cause social anxiety, which also results in the avoidance of any social hangouts and further isolation. PTSD represents a different monster that typically comes into the picture after the battle, yet it is important to bear in mind that even non-combat fears of re-entering the world are highly prevalent. The hyper-vigilance and jumpiness which have been conditioned in a battlefield becomes distorted when one is at a normal employment and becomes a normal nervousness (Pietrzak et al., 2010).

In this entirety picture, stress refers to the external pressure coupled with the perception that one is completely overworked. It is sincerely difficult to transition to civilian life, considering all the stressors of change, you are forced to adapt to a completely new culture, establish employment, and find new friendships. However, when that stress shifts to the chronic level and you do not have any stress coping mechanisms it can result in a state of suffering that destroys your mental and physical health. The effects of chronic stress are manifested in being overwhelmed, peeved, fatigued and simply unable to cope with it. It is simply placed in between the adjustment hurdles and more severe mental disorders. Similarly, constant financial strain may trigger depression and anxiety (Wooten, 2013). And even the opposite side of that chronic stress, such as disorganizing the hypothalamic-pituitary-adrenal axis, is also bad to your physical health, and results in a complete loss of well-being.

The cause and effect of psychosocial adjustment and mental health turns both ways. In essence, it is more difficult to adapt when you already have mental health concerns; however, the ability to reintegrate is the primary stimulus in a great number of individuals.

A model established by the Veterans Health Administration, as well as researchers such as Castro and Kintzle (2014), is that adjustment issues are the primary cause of post-service mental health issues. When a vet continues to be jobless, they become deprived of that aim, they lose that dollar security, which drives that worthlessness (depression) and concerns about the future (anxiety). When they become socially alienated, and become deprived of that unit camaraderie, they become deprived of an important buffer against stress and hence more prone to develop not only anxiety but also depression. The entire experience of moving through a new cultural space, which is the so-called civilian-military cultural divide, serves as a continuous source of stress that may erode resilience.

Moreover, cumulative stress is the main thing to know about this squad. The stresses of military life, the repeated deployments, combat, extensive separation with family members do not simply disappear upon discharge. Rather, they leave a minimum of vulnerability. Next, a second blow of the stressors of post-service adjustment may be added, and it can then overwhelm your coping resources, triggering or exacerbating disorders (Kleykamp, 2013). When a combat veteran has that latent PTSD, they may experience explosive increase in their symptoms when the veteran encounters a bad divorce or when dividing jobs, since that hyper-vigilance and irritation creates difficulty in maintaining civilian relations and gigs.

The transition between a military and a civilian is an enormous, stressful period with numerous psych issues. In the case of ex -servicemen, the process is complex and multi-layered - establishing a new

identity, orienting in new social and workplace environments, and finding a place in a culture that is so unfamiliar to them. There is nothing personal about that failure, it is usually a consequence of that vast distance between military and civilian worlds, lack of adequate support. What manifests itself in that failure are the shocking levels of depression, anxiety, chronic stress- the unseen casualties of service.

There is plenty of research on the prevalence of mental health issues among the vets and we need to take a closer look. Future research must extend beyond enumerating risk factors and explore in detail how particular adjustment problems, such as loss of identity, perceived cultural out of place, career confusion, etc., initiate and maintain depression and anxiety in life. And we must identify what creates resilience and protective variables that enable individuals to adapt effectively to create evidence-based interventions that are solid. Having learned more about the close connection between psychosocial adjustment and mental health, we can do more good to those who served, ensuring that their transition will not be a fight, but a new beginning, full of meaning and positive energy.

After the thorough introduction on psychosocial adjustment and mental health issues among former serving men, the necessity of the study (also known as the rationale or problem statement) and purpose of the study (the aims and objectives) are the next rational elements of a research framework. The following is a description of these two parts, in the view of a student of the university and backed up with pertinent quotes, which combined justifies the research to be conducted in this vital field.

## **Theoretical Framework**

### **Transactional Model of Stress and Coping (Psychosocial Adjustment & Stress)**

In 1984 Richard Lazarus and Susan Folkman created a Transactional Model to explain psychosocial adjustment. The transactional model explains that psychosocial adjustments are dynamic processes that are continuously changing through interactions (transactional processes) with the individual's Environment (environmental processes). Stress will arise when the individual perceives that they are unable to cope with the demands of their environment (an environmental demand). In order to assess and evaluate a demand (assess and evaluate a demand), the individual must engage in two types of appraisal: Primary Appraisal (evaluation of the Demand: Does it represent a threat?) and Secondary Appraisal (evaluation of one's ability to cope). Psychosocial adjustment is facilitated by an individual utilizing effective coping strategies (e.g., Problem focused coping or Emotion focused Coping), while maladaptive coping strategies will lead to Increased levels of stress, anxiety, and poor psychosocial adjustment. Thus, the transactional model may be useful for understanding how ex-servicemen transition into the civilian world since their ability and difficulty with adjustment will be dependent on how they appraise the situation and how effectively they cope with demands after leaving the military.

### **Erikson's Psychosocial Development Theory (Psychosocial Adjustment)**

Erik Erikson theorizes that the psychosocial development of individuals occurs through eight successive developmental stages during which developmental psychosocial crises are encountered and resolved. When these conflicts are resolved successfully, the individual will develop a positive adjustment on a psychosocial level. If unresolved, psychosocial adjustment problems will arise in adulthood. Two of the primary stages of adult psychosocial development that present difficulties for many Vietnam era veterans are that of generativity versus stagnation and ego integrity versus despair. Failed or unresolved crises in these two areas can create significant difficulties for elderly veterans with respect to their identity, purpose and social roles during retirement or transitional periods and will have significant ramifications on their psychosocial adjustment over the course of their lifespan. Therefore, the principle of psychosocial

adjustment is thought to be directly correlated to the successful resolution of psychosocial and developmental demands imposed on an individual throughout his or her lifetime.

### **Beck's Cognitive Theory (Depression & Anxiety)**

According to Beck (1967, 1976), both anxiety and depression have a large influence from unhelpful or faulty ways of thinking. In depression, people have the cognitive triad of negativity about loss (self, world, future), which creates a sense of hopelessness and helplessness. In anxiety, people tend to think there is a much greater threat from something than what is actually true; additionally, they underestimate their capacity to cope with the event that might happen. Faulty or distorted ways of thinking are related to emotional distress and poor function. In terms of psychosocial adjustment, negative thought patterns will also limit an individual from being able to adjust to their new environment, therefore increasing vulnerability to depression and anxiety in ex-servicemen.

### **General Adaptation Syndrome (Stress Theory)**

The General Adaptation Syndrome (GAS), proposed by Hans Selye in 1956, describes a three-phase physiological stress response: alarm – response to a stressor activating the body's fight or flight response; resistance – the body attempts to cope with and resist the stressor; exhaustion – prolonged exposure to a stressor leads to inadequate resources resulting in mental and physical breakdowns.

Selye's GAS theory emphasizes that prolonged chronic stress can have a negative impact on one's overall emotional health by depleting essential coping mechanisms, potentially resulting in anxiety, depression, or maladjustment.

### **Diathesis–Stress Model (Depression, Anxiety & Stress)**

The Diathesis stress model describes how a combination of an individual's predisposition (the diathesis) to become psychologically ill (anxiety, depression, etc.) and environmental stressors combine to cause that individual to develop a psychological illness. Individuals can have biological, psychological and/or social predispositions. When these predispositions are activated by experiencing a stressful life event, they may cause the individual to develop a psychological illness. Examples of stressors for both transient and former military personnel that may activate the individual's psychological predispositions to develop disorders such as depression, anxiety, and difficulties adjusting to civilian life are exposure to combat, trauma and/or transitioning from the military to civilian life.

### **Learned Helplessness Theory (Depression)**

According to Seligman's theory (1975), depressive symptoms will develop in an individual when the individual believes he/she has no control over the outcomes that would affect him/her due to the individual's repeated exposure to uncontrollable events. When a person becomes passive, has little motivation and feels helpless, these Mental States will produce depression in that person. Ex-reservists are particularly vulnerable to appropriate depressive experience due to their experiences during and after service, which have caused them to lose control, and therefore develop mood disorders, and make it difficult for them to make a psychosocial adjustment back into the community.

### **Need for the Study**

Re-entry into society is a very critical time in the lives of most military people and over the last twenty or so years, there has been growing academic and policy interest in the issue, which has been fueled by the long-standing wars in Iraq and Afghanistan and the resulting realization of the so-called invisible wounds of war (Tanielian and Jaycox, 2008). Nevertheless, with this increased awareness, there are enormous gaps in the knowledge of the delicate mechanisms by which issues related to psychosocial adjustment provoke depression, anxiety, and stress leading to levels in ex-servicemen. The necessity of the current study has

deep roots in a set of related demands: the fact that mental health disorders are highly prevalent among the groups of people who served in the army, the insufficiency of currently existing reintegration support systems, the interdependence of the adjustment domains, and the methodological shortcomings of the previous studies.

In essence, the prevalence of depression, anxiety, and PTSD is always higher among ex-servicemen than it is in civilians and there is no such thing as that data being out of fashion in epidemiological studies (Hoge et al., 2004; Seal et al., 2009). By the way, the risk of developing some mental disorders among OEF/OIF veterans is about 25-30 percent (Ramchand et al., 2010). Nevertheless, such statistics frequently represent clinical diagnoses, which leaves a significant percentage of veterans who are suffering subclinical distress (those with an increased level of symptoms of depression, anxiety, and stress) but do not fit the complete diagnostic criteria. Such subclinical conditions, however, are not harmless; they are linked to a high degree of functional impairment, poor quality of life and a high risk of progressing to the full-fledged disorders (Pietrzak et al., 2010). Thus, a dimensional scale study that considers the continuum of depression, anxiety, and stress (separate but related constructs) is imperative to achieve the full load of the psychological distress in this group of people by using standard dimensional scales of depression, anxiety, and stress (Depression Anxiety Stress Scales (DASS)).

Although combat-related PTSD is the main mental health issue in the population of veterans, an increasing amount of literature is devoted to the fact that the determinant of post-service psychological performance in many former members of the military forces may be much more proximal reintegration (military-to-civilian) (Castro & Kintzle, 2014; Sayer et al., 2010). It was found that challenges in other areas, including employment, social connectedness, and identity renegotiation, are strong predictors of depression and anxiety that their effects are usually independent of combat exposure (Elbogen et al., 2013; Kleykamp, 2013). However, much of available literature has focused on the adjustment challenges in isolation and as independent risk factors but not as a multidimensional psychosocial adjustment process. Multiple adjustment domains, including vocational, social, psychological, and cultural, must be evaluated simultaneously and their overall influence on mental health be critically needed to be investigated. This would better represent the actual life of veterans whose issues in one area often spread to other areas.

Another gap in literature is geographical and cultural concentration of the research. Most studies on veteran reintegration and mental health have been carried out in Western countries, specifically in the United States, the United Kingdom, and Australia, where a comprehensive military system and a well-developed system of Veterans Affairs are present (Castro & Kintzle, 2014; Iversen et al., 2005). By comparison, other nations with large stocks of veterans like India possess relatively thin bodies of empirical research on the psychosocial adaptation and psychological health of their former service personnel. The military culture, family settings, social support, and post service welfare in such circumstances vary drastically as compared to that in the west. Therefore, western research results cannot be readily generalized. It is necessary to conduct research in various socio-cultural settings to formulate culturally sensitive interventions, as well as, to guide policy in areas where the support system remains a developing initiative among the veterans.

Although different transition support programs have been developed, there is a high number of veterans who complain of being unprepared to live in the civilian world and still face difficulties with reintegration several years after leaving military service (Zoli et al., 2015). Another common theme in qualitative research is that existing programs tend to concentrate on practical issues and skills like resume writing and finding employment, but not on psychological and identity-based areas of adaptation (Sayer et al.,

2010). Besides, the mental health help-seeking stigma within military communities is an enormous obstacle that tends to force the veterans to endure rather than access the services that are in reality accessible to them (Hoge et al., 2004). The policymakers and clinicians would actually require hard data that identifies the most strongly associated adjustment problems with particular mental health outcomes, to construct interventions that actually hit the mark. As an example, when it is found that social isolation is the primary cause of depression we can make modifications to the programs to create peer-support groups; when vocational underemployment is the most important predictor of anxiety we may need to increase employment support programs. With no such in-depth evidence, any reintegration initiative will be blurry or simply ineffective. The current literature has mostly used clinical samples of those who seek treatment among the veterans who have served in the military, which can create a selection bias and restrict the extrapolation of the results to the entire ex-serviceman community (Pietrzak et al., 2010). There is a lack of community-based research that reflects the experiences of the veterans who do not access mental health care. Moreover, numerous studies have administered unidimensional scales of psychological distress that have not distinguished depression, anxiety and stress that, despite overlap, are concepts of different quality and they might have different correlates and treatment considerations. Depression Anxiety Stress Scales (DASS) provides a proven instrument to disaggregate these three dimensions, but the instrument has not been used extensively among the veterans. A research utilizing such a dimensional methodology in a community based sample has the potential to fill these gaps in the methodology and give a more detailed picture of the mental health situation of former servicemen.

### **Purpose of the Study**

The primary aim of the research is to take a closer look at the adaptation of the ex-servicemen to civilian life and the connection between such adaptation and depression, anxiety, and stress. Following what we discussed in the introduction, I would like to provide hard facts on how the entire transition process creates mental health pressure among these guys. In essence, I will consider a psychosocial adjustment as a huge amalgamation of factors such as occupation, social existence, mental stability, and cultural appropriateness. I will take time-tested instruments such as the Military to Civilian Reintegration Scale (Sayer et al., 2010) or a combination of the rest of the scales to determine the levels of difficulty ex-servicemen are experiencing in each area. That will provide us with a nice starting point of what they are doing globally and allow us to compare them to other groups or general norms.

The research will involve the use of Depression Anxiety Stress Scales (DASS 21) to determine the levels of bad depression, anxiety, and stress. Since it is a dimensional approach, we will be able to represent the entire spectrum, i.e. mild to severe, therefore not dividing people into case vs. non case. It will provide more acute estimates of the burdens; and will be able to identify those who are sort of in between (subclinical distress) that we would otherwise miss.

The fundamental analytical objective is to observe the relationships of particular components of psychosocial adaptation (such as uncertainty in the job, feeling alone, losing identity) to each of the three mental-health outcomes. I will apply multivariate statistics- multiple regression or structural equation modelling to determine the individual predictions of most significant adjustment factors that predict distress. It will also allow me to investigate the possibility of the risk being aggravated by multiple issues in various areas.

Other than the adjustment factors, I will also consider other demographic and military characteristics (age, rank, length of their service, combat experience, the amount of support they believe they receive and how they feel about seeking help) whether those make the correlation between adjustment and mental health

any different. Determining what are the triggers or safeguards in response to the effects of the adjustments issues would inform more specific changes.

Finally, I do not just want to describe and find links but I would like this study to have practical application. By identifying the adjustment issues that are most closely associated with depression, anxiety and stress, I will be able to offer concrete solutions to the veteran support services, policy makers and mental-health professionals in the form of recommendations on how to increase reintegration programs, minimize the stigma surrounding mental health care provision and also develop early-intervention strategies that address the true causes of mental distress in ex-servicemen.

## 2. REVIEW OF LITERATURE

E.A. Castillo, A.M.Sayer, K.F.Carlson and P.A.Frazier (2019) conducted a study titled Resilience and Veteran Community Reintegration. The aim of the study is to examine recently discharged military veterans with 45 participants. The researcher used Response to Stressful Experiences Scale, to measure resilience and Military to Civilian Questionnaire to measure their difficulties. Statistical analyses included multiple regression to identify how much total variance in VCR difficulties (measured by M2C-Q) could be explained by resilience scores and demographic/military factors. The findings revealed that increased resilience levels significantly lead to lower perceived difficulties in civilian reintegration

Ahern, J., Worthen, M., Masters, J., et al. (2015) chose a qualitative prism and in 2015, Jennifer Ahern and her colleagues developed a representative research. The aim of the study is to imagine the complex and intimate process of life transition in military to civilian life, as observed among Iraq/ Afghanistan war veterans. Going beyond quantitative measures, the researchers conducted semi-structured interviews with 24 veterans to gain a qualitative and objective account of the process of overcoming this most significant shift in life. The researchers were able to define the essence of the transition through thematic analysis which revealed three overall themes. The former, which was titled Military as Family, explained the sense of belonging, structure, and group identity that the military service provides, the absence of which can be devastating. The second, "Normal is Alien," embodied this strong feeling of alienation and disorientation that veterans experience when they re-enter a civilian culture that has not been through their own applied experiences and values. The last theme, which is Searching for a New Normal, described the active, and in most cases, the tedious cycle of establishing identity, purpose, and sense of belonging. Importantly, the research helped shed light on the fact that this transition is not uniform; it also revealed that female veterans, former soldiers who had negative military experiences (such as sexual trauma experience), and those with substance use problems, had exacerbated problems with the very support they sought. The conclusions strongly highlight the idea that, in spite of the fact that social support is an important buffer in transition, systemic alienation and inadequate resources on the part of veterans alone can put tremendous obstacles in the way of access to it.

Kolokotroni et al. (2017) carried out a cross-sectional study. The aim of the study was to explore the complex connection between psychosocial adjustment, quality of life, and psychological distress among 120 women with breast cancer under treatment in Cyprus. The researchers used the Psychosocial Adjustment to Illness Scale - Self Report (PAIS-SR) that is a well tested 46 item instrument to determine adjustment in seven major domains, namely; healthcare orientation, vocational environment, domestic environment, sexual relationships, extended family relationships, social environment, and psychological distress. The results showed a large and negative relationship between psychosocial adjustment and psychological distress, which means that women who have expressed more anxiety and depression were

high in probability of showing tough domestic and social, as well as occupational life challenges. This paper highlighted that successful psychosocial adaptation does not just consist of lack of distress but is a complex process that is vital in ensuring that the overall quality of life during cancer therapy remains fine. The PAIS-SR has been shown to be highly suitable with respect to high levels of internal consistency (Cronbach alpha > 0.85) in this population and so could be used as a valid measure to determine the multidimensional component of adjustment in clinical oncology practices.

Eagleson, K. J., et al. (2023) The aim of the study was to inquire about the instruments for measuring the psychosocial adjustment of families of children with congenital heart disease. The study found a number of standardized tools that include Psychosocial Adjustment to Illness Scale (PAIS-SR), Hospital Anxiety and Depression Scale (HADS), Parenting Stress Index (PSI), Family Assessment Device (FAD), and Pediatric Quality of Life Inventory (PedsQL). From the results, it was revealed that the families were found to have high levels of stress, anxiety and depression which have a negative impact on their psychosocial adjustment and overall functioning. The review pointed out that psychosocial adaptation is a multidimensional concept comprising emotional, social, and family dimensions and the need to use reliable evaluation tools to evaluate and intervene effectively.

Kronstrom et al. (2020) conducted a longitudinal study, large-scale, and followed changes in the psychosocial well-being of a group of Finnish adolescents aged 13-18 based on the period of time between 13 and 18. A broad and well-developed questionnaire was used in the study and included validated subscales of both behavioral and emotional problems, basing on other reliable instruments such as the Child Behavior Checklist (CBCL). The results demonstrated a subtle change in the trends of psychosocial adjustment during the decade. Although there were significant improvements in social functioning in adolescents with higher peer relations and enhanced involvement in social activities, there were parallel and disturbing increments of emotional concerns especially internalizing symptoms such as somatic complaints, anxiety, and depressed mood. This generational change is an indication that even though the social environment of adolescents has changed to enable them to be more socially connected, it could be the stressors amid this environment that are perhaps increased through social media and educational demands that are leading to the increase in emotional distress. The longitudinal design was essential upon the fact that psychosocial adjustment is not a static factor but a living, evolving process and that various aggregate areas of adjustment (social vs. emotional) may vary in terms of their paths throughout the course of time.

Munoz-Silva et al. (2020) The aim of the study is to investigate the social factors behind the social adjustment of psychosocial adaptation in a sample of 450 children attending primary school in Spain aged between 8-11 years. The researchers applied the mixed-methods design, in which using sociometric methods (peer nomination) the measurement of the social status and acceptance among peers were conducted objectively, and the measurements of emotional and behavioral adaptation were made through the application of standardized scales of behavioral assessment on the side of teachers. The findings revealed that there was a strong association between peer acceptance and psychosocial adjustment. Popular and average children who were rated as such in terms of social status had much lower levels of behavioral issues and much more prosocial behavior than their neglected or rejected counterparts. In addition, the research reported gender differences in that social status was a more effective predictor of adjustment in boys in externalizing (e.g., aggression, hyperactivity) and girls in internalizing (e.g., social withdrawal, anxiety) problems. This study has revealed the importance of the peer group in determining psychosocial

adaptation in middle childhood and the necessity to develop gender sensitive interventions which focus on addressing social processes in school practices.

Warschburger et al. (2021) The aim of the study is to investigate the predictors of psychosocial adjustment in a group of 320 adolescents with chronic conditions (type 1 diabetes, cystic fibrosis and juvenile idiopathic arthritis). This article is a longitudinal, multi-centre study that they had to carry out over a period of 18 months. The researchers used the complex of the standardized measures: Perceived Stress Scale (PSS) was used to assess the subjective stress, Cognitive Emotion Regulation Questionnaire (CERQ) to assess the emotion regulation strategies and the well-being index (WHO-5) to assess the quality of life. The longitudinal research proved that more than the other maladaptive emotion regulation strategies, the catastrophizing, rumination and self-blame strategies stood out as having better predictive power on poor psychosocial adjustment in the long term. Positive refocusing and acceptance, in turn, were the adaptive strategies, which were associated with well-being. It is interesting to note that the perceived stress was a mediator, that the use of maladaptive coping behaviors leads to a high level of stress and in turn directly negatively affects the psychosocial functioning. The findings were very compelling to demonstrate that the psychological area adaptation in chronic illness is not entirely determined by the severity of the illness, but heavily relies on the changeable in the mind variables including the psychological coping styles.

Singh and Sharma (2016) This was a cross-sectional research, the aim of the study is to examine the predictors of psychosocial adaptation in 300 undergraduate students with different undergraduate degrees in Uttar Pradesh, India. The researchers used the Bell Adjustment Inventory (BAI) which is a highly developed instrument that offers a full picture of the adjustment in four important areas which include home, health, social, and emotional/occupational. The results of the study also showed that academic stress as a separate academic stress measure and interpersonal relationship quality were the most important predictors of overall adjustment scores. Students with a high amount of academic pressure and discord in relation to peers and faculty had a significantly lower level of adjustment in all fields of the BAI. It is interesting to note that a gender based analysis revealed that female students had higher scores of emotional adjustment problems especially in sub areas like mood changes and somatic sensitivity, than their male counterparts. The researchers pointed to the special strains of the college context and the necessity to implement the specific intervention that would support the academic load and social assimilation and promote the development of healthy psychosocial adaptation during the critical change process in development.

Patel and Mehta (2019) The aim of the study is to examine the psychosocial dynamics of relationship in the marital state and examined a sample of 200 married couples (400 people). The study did refer to the Dyadic Adjustment Scale (DAS) that is a 32-item, gold-standard, a scale that was constructed to test the quality of the marriage and other similar dyadic relationships. The DAS is made to assess four key aspects that are dyadic consensus (agreement on significant matters), dyadic satisfaction (fulfilled in the relationship), dyadic cohesion (shared activities) and affectional expression (emotional and sexual intimacy). The findings showed that there were high and effective communication patterns and emotion perception support resulting in strong predictions of high scores achieved on the dyadic adjustment. Couples who discussed the efforts of constructive communication behavior (e.g., active listening, "I" statements), but also those who perceived their partner to provide emotional support, voiced a lot more approval, contentment, and union between them. In contrast, the couples with reported marital conflict and insufficient communication were, in fact, significantly lower in terms of psychosocial readjustment, and the consequences were transferred over to the individual psychological health and social performance.

It was underlined that one of the major supporting pillars of adult psychosocial well-being is marital adjustment, and the DAS is an excellent tool to reflect its flexibility.

Komatsu, A. V., Costa, R. C. S., Buoso, F. P., Dos Santos, P. V., Caetano, L. A. O., & Bazon, M. R. (2023) The study was aimed at confirming the gender differences in adverse childhood experiences (ACEs) and empathy and also establish whether empathy can mediate influence of ACEs on psychosocial adjustment in vulnerable adolescents in Brazil. The measures used in the research were Adverse Childhood Experiences Scale, Interpersonal Reactivity Index (which measures empathy) and Strengths and Difficulties Questionnaire (which measures internalising/externalising problems and prosocial behaviour). The findings showed that the boys experienced more ACE (especially community violence) and girls more neglect/abuse (emotional). More perspective-taking empathy defended the negative impact ACEs had on externalising problems, but the high level of personal distress went with more internalising problems. The authors have concluded that the interventions should be made to support the adaptive empathy (perspective-taking) and help adolescents manage the emotional over-arousal.

Borg, M. E., Willoughby, T., et al. (2024) The study by Borg and other researchers aimed to present longitudinal information with relationship elaboration of the trends of solitude and sociability and changes of psychosocial acclimation of adolescents both pre- and during-COVID-19 pandemic. It also included self-reported scale of solitude preference and sociability and assessed adjustment with using Center For Epidemiologic Studies Depression Scale, UCLA Loneliness Scale and items that measured peer relationship quality. In a study of five weeks post-lockdown, the highly solitary and highly social adolescents had shown a monolithic or even increased adaptation of some six years (three before pandemic, three during). On the other hand, high solitude, and low in sociability notched a drastic increase in loneliness and depression. The findings highlight the importance of the fact that the fact that one likes staying alone, having the ability to be sociable is protective.

Wang, X., Zhang, Y., et al. (2024) The researchers aimed at testing relationship, symptom and transactional models of the two-way relationship between teacher psychological maltreatment and early adolescent psychosocial adjustment. The psychological maltreatment scale of the teacher (humiliation, rejection, terrorising, isolation) and the adjustment was measured by the internalising / externalising subscales of Strengths and Difficulties Questionnaire and standard test scores in the academic sphere. The findings (based on 5 waves (after every six months) of 4, 169 Chinese early adolescents) were in line with a transactional hypothesis in that teacher maltreatment was related to poorer adjustment six months later, and externalising problems were related to future teacher maltreatment. Internalisation problems acted as the result and the cause. The authors recommend school-wide policies that deal with teacher and student behaviours at the same time.

Afiyanti, Y., Milanti, A., Wahidi, K. R., & Fitch, M. (2024), aimed at finding out lived experience of Indonesian colorectal cancer patients who receive stoma on psychosocial adjustment. It was a qualitative phenomenological research which employed in depth semi structured interviews (no standardised scales) and analysed them using Colaizzi method. Major findings were that there were four themes: body image shock (shame, fear of leakage), learning to master the stoma (practical skills acquisition), selective disclosure (hiding the stoma due to stigma), and finding new meaning (seeing the stoma as a second chance). Cultural factors (collectivism, shame) had a strong role to play in the adjustment. Culturally sensitive nursing care and peer support programmes are suggested by the authors.

Chen, Y., Wang, L., et al. (2024), aimed to study the heterogeneous psychosocial adjustment trajectories to evaluate the predictive variables in the young to middle-aged women with breast cancer. They used the

Psychosocial Adjustment to Illness Scale -Self Report (PAIS-SR) which is given to 377 women four times (at the baseline, 1, 3, and 6 months after the surgery). The Latent class growth modelling showed that single three classes had been identified; resilient (52% -never depressed- always good adjusted), recovering (31% - poor at beginning but improved at 6 months) and chronic distress (17% - never recovered) classes. The predictor variables of chronic distress were younger (age less than 40), the absence of a partner, low income, and aggressive chemotherapy. The authors recommend that the screening be performed routinely after 3 months of surgery to know those individuals to provide them with particular help.

Queluz, F., Barham, E. J., and Del Prette, Z. A. P. (2019), aim to study the relationship between social skills repertoires of older adults caregivers, and the predictors of psychosocial adjustment. In this systematic review, 11 studies were synthesised that determine different social skills (e.g. Assertiveness Inventory, Social Problem-Solving Scale), and also, the predictors of adjustment (e.g. Zarit Burden Interview, depression scales, quality of life measures), taken in the studies. The findings were similar, as the participants with the higher levels of social skills had a lower level of caregiver burden, less depressive symptoms, and better social support. The interventions that best assisted in the process of enhancing adjustment were those that were implemented in the training of social skills. The authors find that the assessment of the caregivers should be based on social skills inventory and training which are incorporated in the support-programmes.

Karataş, S (2024). The aim of the study was to present a concise summary of major acculturation ideas and reviewing domain-specific circumstances (Family, peer, school), which come before the psychosocial adaptation of adolescents (2024). In this literature review, 78 studies were synthesised which employed different acculturation scales (e.g., Vancouver Index, Bicultural Involvement Questionnaire), and adjustment measurements (internalising/externalising, self-esteem, academic outcomes). Significant results: the acculturation gap with parents was a predictor of problems only when family conflict was high; co-ethnic peers helped in avoiding the distress of discrimination whereas cross-ethnic peers helped in adopting the host culture; inclusive school climate was always correlated with increased adjustment. The author reaches a conclusion that interventions should focus on several proximal areas at the same time.

Şahin, F. (2024), aimed to determine the impacts of solution-focused solutions on psychosocial adjustment and adherence to treatment in patients with schizophrenia. It was a randomised controlled trial that involved 53 outpatients (27 intervention and 26 control) using the Psychosocial Adjustment to Illness Scale (PAIS-SR) and the Medication Adherence Rating Scale (MARS). Intervention groups were given 6 weekly sessions of 90 minutes solution-oriented group sessions with a nurse. The outcome was quite encouraging: there was positive progress in psychosocial adjustment (32% after intervention, which was maintained at 3-month follow-up), and treatment adherence rose to 89% (as compared to 62% controls were kept at approximately 60%). The meaningful improvement was found to be 4. The author concludes that a short, nurse-led solution-focused intervention is economical in schizophrenia.

Nagase, K., Tsunoda, K., & Fujita, K(2024). The aim of the study was to examine psychosocial adjustment among mothers of children with autism spectrum disorder (ASD) who also have comorbid intellectual disability (ID) and/or ADHD. They administered Psychosocial Adjustment to Illness Scale, (caregiver version), the Zarit Burden Interview, and the Kessler Psychological Distress Scale (K6), to 150 mothers with 6-12 year old (ASD only, ASD+ID, ASD+ID+ADHD). Adjustment of mothers of the children with triple diagnosis (ASD+ID+ADHD) had worsened significantly, especially on the family relationship, social environment and psychological distress. This was mediated by challenging behaviours (aggression,

hyperactivity) and a lack of social support. The ID alone did not exacerbate the adjustment as compared to ASD alone, which means that hyperactivity/impulsivity are central components of distress.

Conforte, A. M. & Bakalar, J. L. The purpose of (2022) was to test connections between perceived military community support, child psychosocial adjustment, and parent psychosocial adjustment in military families. They involved 198 primary caregivers in the survey with the perceived military community support scale, Strengths and Difficulties Questionnaire (child adjustment) and depression, anxiety and PTSD symptom scales (parent adjustment). The structural equation modelling revealed that better child and parent adjustment were directly linked to high community support. Parent adjustment partially mediated the link between community support and child adjustment. The impact was not negligible when such deployments were taken into account. As a protective factor, the authors suggest building cohesive military community conditions (e.g., spouse groups, family events).

Dirikkan, F., Arabaci, L. B., & Mutlu, E. The purpose of (2018) was to test the connection between caregiver burden and psychosocial adjustment of caregivers to cardiac failure patients. They conducted the Zarit Burden Interview (ZBI) and the Psychosocial Adjustment to Illness Scale (PAIS-SR) on 150 primary caregivers of patients with an NYHA class III/IV heart failure. Findings revealed that there was a high positive correlation ( $r=0.67$ ) between burden and poor adjustment, particularly social environment and psychological distress. Burden and poor adjustment were also much higher and worse in female caregivers as compared to males. Caregiver burden, formal education, and taking care of a class IV ( vs. III) patient were independent predictors of poor adjustment. The authors suggest regular screening in the management of caregiver burden in the field of heart failure.

Antoniou et al. (2021), aimed to study the impact of COVID-19 quarantine on the psychosocial adjustment of 58 Greek students aged 10–12 years. Data were collected before (January 2020) and after (June 2020) the quarantine using the Teacher-Report Form of the Child Behaviour Checklist (TRF-CBCL), which measures internalizing problems (anxiety, depression, somatic complaints) and externalizing problems (aggression, rule-breaking). The findings revealed a significant increase in internalizing problems after quarantine, with mean scores rising from 51.2 to 58.7, and the percentage of students in the clinical range increasing from 8% to 29%. However, externalizing problems remained relatively unchanged. The study also found that students engaged in synchronous online learning showed better emotional adjustment compared to those in asynchronous learning, suggesting that real-time interaction helped maintain social connections and reduced the negative psychological impact of quarantine.

Silva et al. (2026). The aim of the study is to measure the fear of cancer progression (FoP) in psychosocial adjustment among middle-aged and older women with oncological disease. The Fear of Progression Questionnaire-Short Form (FoP-Q-SF) and the Psychosocial Adjustment to Illness Scale (PAIS) or other ones may have been standard measures. Findings indicated that FoP also exerted a strong direct negative impact on adjustment (emotional, social, functional) and mediated between clinical factors (e.g., time since diagnosis) and, thus, outcomes. The foP was higher in middle-aged women (35-44 years) compared to older women (>45), and the adverse effects on adjustment were more evident in the latter group, giving age-specific susceptibilities.

Hamid & Jarjis (2025) The aim of the study is to investigate the correlation between the psychosocial adjustment and competitive orientation of tennis players. The measurement of adjustment was conducted by use of a sport specific psychosocial scale (e.g., Athlete Psychosocial Adjustment Questionnaire), and competitive orientation by the Sport Orientation Questionnaire (SOQ) or Competitive Orientation Inventory (COI). The findings indicated a strong positive relationship; the greater competitive orientation

(in particular, goal orientation and competitiveness) the greater adjustment (reduced anxiety, self-esteem, improved relationships). Out of moderate to large variance, competitive orientation would have explained the difference, whereas there was no difference by gender, but larger scores were achieved by experienced players.

Zorba et al. (2026) The aim of the study is to examine the relationship between sleep quality and psychosocial adjustment among chronic dialysis patients. Sleep quality was measured by use of the Pittsburgh Sleep Quality Index (PSQI) and adjustment by the use of the Psychosocial Adjustment to illness Scale-self Report (PAIS-SR). Findings indicated a significant negative correlation: poor sleeping (PSQI >5) was associated with poorer adjustment of all spheres, particularly psychological distress, social environment and domestic environment. Hierarchical regression proved the quality of sleep as a predictor of adjustment independent of age, dialysis vintage, and comorbidity.

Li et al. (2025). The aim of the study is to measure whether there is a mediation between stigma and psychosocial adjustment among young and middle-aged patients with lung cancer through resilience. Stigma was assessed using Cataldo Lung Cancer Stigma Scale (CLCSS) or Social Impact Scale (SIS), resilience using Connor-Davidson Resilience Scale (CD-RISC) or Brief Resilience Scale (BRS) and adjustment using PAIS or FACT-L. Stigma was measured as a negative predictor of adjustment and resilience was used as a partial mediating Less resilience and increased stigma were found in younger patients (<40) as compared to middle-aged patients (40-60). The direct impact of stigma was also large, which justified the partial mediation.

### 3. METHODOLOGY

**3.1 Problem Statement:** Multitudes of ex-servicemen have difficulties in adapting to civilian society after a well organized military life. Their life roles, daily habits, identity and support networks vary and this may make mental and social adaptation challenging. Consequently, many of the veterans experience relationship issues, daily stress and inadequate psychosocial adaptation. Most of them result in depression, anxiety or stress, particularly following combat exposure, loss of military identity, diminished social support and finding new jobs. It is therefore necessary to know the relationship between psychosocial adjustment and depression, anxiety and stress.

**3.2 Aim :** To study the psychosocial adjustment and its relationship with depression, anxiety, and stress among ex-servicemen.

#### 3.3 Objectives :

1. Assess the Psychosocial Adjustment among ex-servicemen.
2. Assess the depression, anxiety, and stress among ex-servicemen.
3. Assess the Psychosocial Adjustment and its relationship with depression, anxiety, and stress among Ex-servicemen.

#### 3.4 Hypothesis :

H0 - There is no significant relationship between the psychosocial adjustments and depression, anxiety, and stress among ex-servicemen.

#### 3.5 Research Design :

The correlational research design, which involves the use of a quantitative, non-experimental approach. This design helps to find out if there is a relationship between adjustments and feelings like depression, anxiety and stress in ex-servicemen. The study looks at how psychosocial adjustments affect depression, anxiety and stress in ex-servicemen. It also tries to understand the relationship between adjustments and

depression, anxiety and stress. The correlational research design is used to examine adjustments and depression, anxiety and stress among ex-servicemen.

### **3.6 Sample and Sample Technique :**

Sample Size – 250

Sample Technique - Purposive Sampling Technique.

### **3.7 Inclusion Criteria :**

1. The study involves adults aged from 50 to 80 years.
2. Participation was open to male subjects.
3. The research focused on ex-servicemen, that is, individuals who have officially retired from the armed forces, including the Army, Navy, and Air Force.
4. Participants must be capable of understanding and responding in English

### **3.8 Exclusion Criteria :**

1. Participants who are still in the military services.
2. Individuals who are less than a year old in terms of retirement.
3. Participants who were uneasy reading or answering English.

### **3.9 Variable**

Independent Variable - Variable which is manipulated by the researcher, and which is deemed to directly impact the dependent variable.

Dependent Variable - Variable that we actually observe and measure in the experiment and it depends upon the independent one.

Independent Variable -Psychosocial Adjustment.

Dependent Variable- Depression, Anxiety and Stress.

### **3.10 Tools used**

Military to Civilian Questionnaire (M2CQ)

Depression Anxiety Stress Scales -21 (DASS-21).

### **3.11 Tool descriptive**

#### **Military to Civilian Questionnaire ( M2C -Q, Sayer et al., 2011)**

Military to Civilian Questionnaire ( M2C -Q, Sayer et al., 2011) is a self-report instrument that assesses the level of successful reintegration of veterans into civilian life after the deployment period. It was constructed based on the research on problems experienced by combat veterans and has also included items on psychological functioning and community involvement. It aided in finding the primary challenges the veterans face. The items in the questionnaire are rated on a 5-point Likert scale (0-4) and the higher the rating, the more difficult. Internal consistency is high (Cronbach 0.90-0.94 = ) and construct validity was established with good convergent and Discriminant correlations with depression and PTSD.

#### **Depression Anxiety Stress Scale (DASS-21) S.H. Lovibond and P.F. Lovibond.**

DASS-21 Lovibond and Lovibond designed the DASS-21 to evaluate the mood states in the last seven days. It consists of 21 questions, seven of which are on depression, anxiety and stress. The scale has a high level of reliability (internal consistency 0.83-0.94 among subscales) and convergent validity with other mental-health scales is high. It has great criterion validity and is highly sensitive (8497) and specific (>90) to discriminate between clinical and non-clinical cases.

### **3.12 Statistical assessment**

To test the linear relationship between psychosocial adjustment and depression, anxiety and stress, Pearson correlation coefficient will be done. This will show the positive, negative or non-existent associations.

### 3.13 Source of Data

The primary source of data will be collected through the Ex-servicemen Contributory Health Scheme and secondary sources of data will be collected from things that were already published like journals on Google Scholar and articles, some websites to get information.

### 3.14 Conceptual definition:

#### **Psychosocial Adjustment**

Psychosocial adjustment can simply be defined as the way somebody copes with both mental and social contents as well as keeping their emotions within themselves, maintaining a close relationship with friends and family and at the same time going about their daily chores without being stressed. It can simply be described as the process of adjusting oneself to a large life change or transition such as changing of residence, getting a new job or otherwise (Anderson, Keith, and Novak, 2002).

#### **Depression**

Depression is the constant state of sadness, lack of interest in things that you liked, and always feeling exhausted. We are handling a combination of thoughts, behavior, and physical complaints that complicate normal life. It becomes stuck on those negative self, world and future perceptions, the cognitive triad (Aaron Beck, 1967).

#### **Anxiety**

The worry is that persistent state of mind when you find yourself in the rut of fear, worry and the feeling of something bad could happen. The body responds by increasing the heartbeat, sweating, and tightening of the muscles. Admittedly, there are situations when it is better to be alert, however, when it is transferred into real-life situations and it seems to be stretched to the limit, it is a problem. It is simply a false interpretation of threat level against actual coping capacity (Beck, 1967).

#### **Stress**

Stress manifests itself at any given time when you feel that your surroundings are asking more than you believe you could cope with. It is a combination of emotional tension, thought, physical reactions, and all that is meant to bring you back to your balance. Lazarus and Folkman (1984) regarded stress as a reciprocal process between you and your environment and they emphasized the way you evaluate and attempt to cope with it.

### 3.15 Operational Definition

#### **Psychosocial Adjustment**

It is regarding the quality with which you cope with the mental stressors and social obstacles without breaking good relations and everyday habits. Essentially, are you flexible enough to be able to adjust in new environments, hold your mood together and get along with others without being overpowering? You can probably be happy and healthy in your social and personal life, had you the chance.

#### **Depression**

Depression refers to that moment when you simply cannot feel like doing things that you used to enjoy. You lack energy and your body is not in the best of conditions and it is difficult to get through with just one day. It also plays with the way you perceive the world- developing thoughts about yourself, sleep quality, ability to focus and attitude in life.

#### **Anxiety**

Anxiety occurs when one is extremely anxious, frightened or fearful of the next thing; what is going to happen. It may get your heart beating, will make you perspire, and you are restless. Life may give people

anxiety such as when they are unwell or due to medication but may also be spontaneous. Many people experience it, and it is often associated with anxiety as such.

**Stress**

Stress is a reaction of the body to physical and mental pressure. Although all of us are susceptible to stress, the responses occurring in our bodies vary depending on the individual and may affect your physical and mental well-being.

**3.16 Procedure:**

The research will be initiated by obtaining informed consent of the participants, purpose, procedures, and nature of the research. The respondents will complete a form that will include information on their age, military employment, employment status (post-retirement), length of employment, length of retirement, rank, and mode of discharge. They will also do the Military to Civilian Questionnaire, or M2C-Q, as a measure of reintegration into the civilian world, and the Depression Anxiety Stress Scale -21 (DASS-21) as an indicator of depression, anxiety and stress levels. The data collection will occur through offline means by using printed questionnaires in an area that is controlled in terms of privacy and accuracy. Subsequently, descriptive statistics will be used to provide a summary of demographics and scale scores, whereas inferential analyses, such as the Pearson correlation, will investigate the relationship between psychosocial adjustment and mental health variables (depression, anxiety, stress). To determine the relationship between psychosocial adjustment, and the outcome in mental health, the results will be analyzed.

**4. RESULT AND DISCUSSION**

A study on psychosocial adjustment and its relationship with depression, anxiety and stress among ex-servicemen. Two hundred and fifty responses were selected through the Purposive Sampling method. All the participants were assessed using the Military to Civilian Questionnaire (M2C-Q) and Depression Anxiety Stress Scale - 21(DASS-21). The age of the sample used in the study is 50 to 80 years.

**DEMOGRAPHIC ANALYSIS**

AGE GROUP	FREQUENCY(N)	PERCENTAGE(%)
54	30	30.0%
55	17	17.0%
56	40	40.0%
57	51	51.0%
58	16	16.0%
59	1	1.0%
61	16	16.0%
62	32	32.0%
64	15	15.0%

66	16	16.0%
68	15	15.0%
74	1	1.0%
TOTAL	100	100.0%

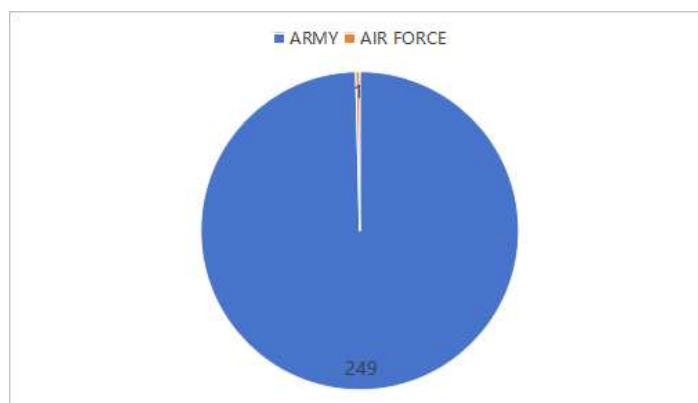
**TABLE 1 Distribution of samples based on Age Group (50-80 Years)**

Table 1 consists of 250 records with 249 (99.6%) from the Army and 1 (0.4%) from the Air Force. The huge proportion of the test subjects are retiring out of the Army at age 56-58. The highest record is 56 and 40 records respectively, and the lowest is 58 and 40 records respectively. The ages are between 54 to 74 years but the numbers of the older years are generally lower than 10 with the exception of age 61 where there were 16 counts (that is the highest age group in the test) that indicates that although the majority of the test subjects are retiring in the late 50s, there are still some of that test group who are in their early 60s. The cumulative number of all the ages is 250 complete records.

EMPLOYMENT STATUS	FREQUENCY
Employed/Self-employed	152
Retired with no second career	98
Total	250

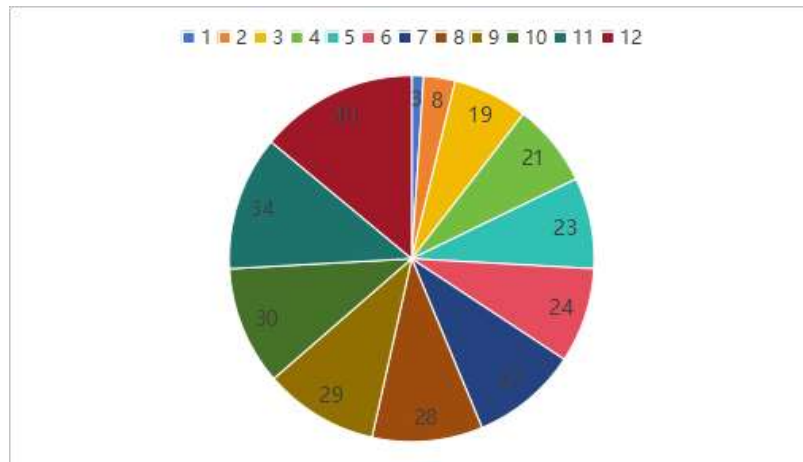
**TABLE 2 Distribution of samples based on Employment status**

Table 2 shows a clear majority (152 veterans, or 60.8) of the 250 respondents indicated that they were working or self-employed after retirement. This compares sharply to 98 veterans (39.2) who said they were fully retired and were not seeking a second career. These outcomes indicate that to a majority of the veterans leaving the military is not equivalent to leaving the economy. Rather it is merely a career change, which in most cases leads to either an extension of work or civilian entrepreneurship.



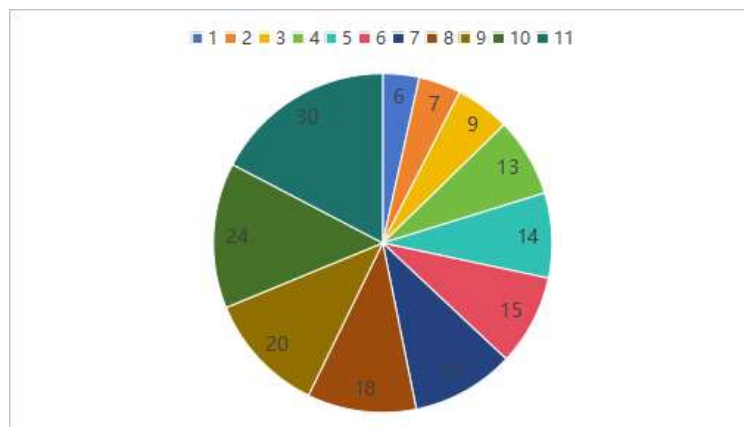
**TABLE 3 Distribution of samples based on Branch of service**

Table 3 represents the branch service compositions that have been extremely skewed in favor of the Army with 249 of the 250 veterans of the Army. The one Air Force veteran is rather of an outlier but hopefully he will soon be accompanied by some Navy and perhaps even Coast Guard veterans to give it a more representative showing of what our veterans are representing. At this point, we may state that the generalizations that will be drawn about the group of veterans that the site has featured will be applicable almost solely to Army veterans.



**TABLE 4 Distribution of samples based on Year of service**

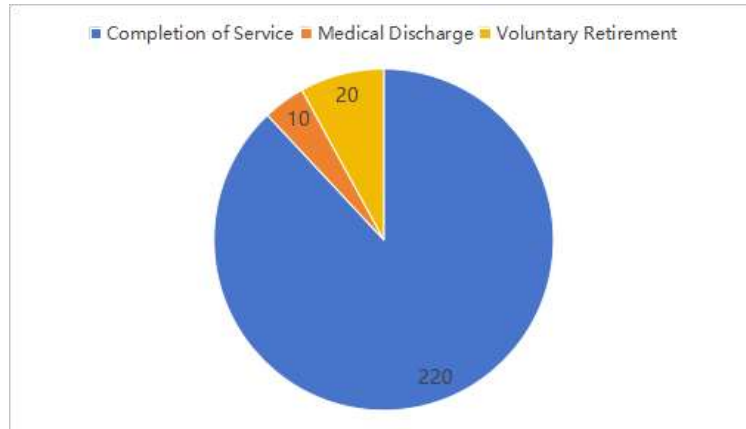
Table 4 shows the years of service distribution are very concentrated around the 21-40 range of service years with the mode values being 24 years (39), 29 years (38), and 21 years (34). Smaller groups were used in a shorter period and included 3 years (14), 8 years (1), and other periods. Considering the years of retirement, the most significant groups have retired 13 years (54) and 6 years (52). Similar to the distribution of years of service, this broad distribution with a second mode indicates that there are two large retirement cohorts, and implies that older respondents (e.g. age 74) have been retired longer than their counterparts in their late 50s.



**TABLE 5 Distribution of samples based on Time since retirement**

Table 5 shows the time since retirement is distributed over a chart. Retirement of 13 years (54 persons) and 6 years (52 persons) have made up the two largest groups of respondents, who comprise over 42% of the total distribution. There is a secondary cluster of 14 years (34 persons), 17 years (27 persons) and 20

years (28 persons). There are hardly any very short intervals (7, 9, 11 years). Only one person has the longest history of 30 years. This chart shows two giant retirement waves (one approximately 6 years ago and one approximately 13 years ago) and a small and constant stream of retirees in the years of transition and in later years.



**TABLE 6 Distribution of samples based on Type of discharge**

Table 6 shows 88% (220 people) left the Army by way of Completion of Service since they had a long tenure of service. The number of cases that involuntarily left the Army under Voluntary Retirement was 20 cases (8%) and the number of cases where the Army medically discharged the cases was 10 cases (4%). Although the military has physical requirements of Soldiers, the low rate of medical discharge could be that most service members retire without a single incident, or that the cases are underreported. On the other hand, the few service members who choose to separate on a voluntary retirement rank and file basis may suggest that early retirement is not a popular practice among the Army.

		PSYCHOSOCIAL ADJUSTMENT	DEPRESSION, ANXIETY AND STRESS
PSYCHOSOCIAL ADJUSTMENT	PEARSON CORRELATION	1	.836**
	SIG. (2-TAILED)		.000
	N	250	250
DEPRESSION, ANXIETY AND STRESS	PEARSON CORRELATION	.836**	1
	SIG. (2-TAILED)	.000	
	N	250	250

\*\* . Correlation is significant at the 0.01 level (2-tailed)

**TABLE 7 OVERALL CORREALATION TABLE**

Table 7 shows the outcome of the Pearson correlation analysis that there is a strong and statistically significant positive correlation between psychosocial adjustment and depression, anxiety and stress ( $r = .836, p < .01$ ). This implies that with high scores on depression, anxiety and stress, the psychosocial

adjustment scores are also high in a corresponding manner. The significance value ( $p = .000$ ) proves that this is a very significant relationship at the level of 0.01, so the probability of occurrence of such a correlation as a result of chance is extremely low. The results of the sample size of 250 respondents support a strong correlation between these variables. Such a firm positive association can suggest that the people with greater emotional distress also report significant changes in psychosocial adjustment, which indicates the close interdependence between mental health problems and adjustment mechanisms.

	N	MINIMUM	MAXIMUM	MEAN	STD. DEVIATION
PSYCHOSOCIAL ADJUSTMENT	250	16	46	21.36	7.492
DEPRESSION, ANXIETY AND STRESS	250	4	80	17.21	15.231
Valid N (listwise)	250				

**TABLE 8 DESCRIPTIVE STATISTICS**

Table 8 represents the descriptive statistics that will give a summary of the distribution of scores of psychosocial adjustment and depression, anxiety, and stress of the participants. To achieve the psychosocial adjustment, the score was between 16 and 46 with a mean of 21.36 and a standard deviation of 7.492. It means that there is a moderate degree of psychosocial adaptation among the participants, and some range of variability of responses. The scores included in depression, anxiety, and stress were between 4 and 80 with a mean of 17.21 and a higher standard deviation of 15.231 indicating that there was a higher difference in emotional distress levels in the sample. The greater standard deviation means that the participants were quite diverse in experiencing depression, anxiety, and stress. All variables used had a valid sample size of 250, which was used to give consistency in the analysis.

		PSYCHOSOCIAL ADJUSTMENT	DEPRESSION, ANXIETY AND STRESS
PSYCHOSOCIAL ADJUSTMENT	PEARSON CORRELATION	1	.598**
	SIG. (2-TAILED)		.000
	N	250	250
DEPRESSION	PEARSON CORRELATION	.598**	1
	SIG. (2-TAILED)	.000	
	N	250	250

\*\* . Correlation is significant at the 0.01 level (2-tailed)

**TABLE 9 CORRELATION (DEPRESSION)**

Table 9 indicates that there is a moderate to a strong positive relationship between psychosocial adjustment and depression ( $r = .598, p < .01$ ). This implies that the greater the degree of depression the greater the degree of psychosocial adjustment scores. The relationship is not as strong compared to the one that is found with stress, but it is statistically significant and meaningful. P-value 0.000 is a confirmation of reliability of this association. This is an indication that depressive symptoms are associated with the modification in the psychosocial adjustment of individuals, but the impact is not as strong as stress.

		PSYCHOSOCIAL ADJUSTMENT	ANXIETY
PSYCHOSOCIAL ADJUSTMENT	PEARSON CORRELATION	1	.571**
	SIG. (2-TAILED)		.000
	N	250	250
ANXIETY	PEARSON CORRELATION	.571**	1
	SIG. (2-TAILED)	.000	
	N	250	250

\*\* . Correlation is significant at the 0.01 level (2-tailed)

**TABLE 10 CORRELATION (ANXIETY)**

Table 10 shows the relationship between psychosocial adjustment and anxiety is determined to be moderate and positive ( $r = .571, p < .01$ ). This implies that the higher the level of anxiety, the higher the psychosocial adjustment scores are. The correlation is significant, and the p-value of the relationship is .000, which proves that the connection is not a coincidence. Though the strength of the relationship is a little lower than that of depression and much less than that of stress, anxiety also contributes significantly to the psychosocial adjustment. This observation underscores the fact that anxiety is one of the contributors of adjustment variation, and its effect is relatively moderate.

		PSYCHOSOCIAL ADJUSTMENT	DEPRESSION, ANXIETY AND
PSYCHOSOCIAL ADJUSTMENT	PEARSON CORRELATION	1	.015**
	SIG. (2-TAILED)		.000
	N	250	250
STRESS	PEARSON CORRELATION	.015**	1
	SIG. (2-TAILED)	.000	
	N	250	250

\*\* Correlation is significant at the 0.01 level (2-tailed)

**TABLE 11 CORRELATION (STRESS)**

Table 11 represents the correlation analysis of psychosocial adjustment and stress demonstrates that there is a very strong positive correlation between them ( $r = .915, p < .01$ ). This shows that there is a high association between stress and psychosocial adjustment of the participants. The close value of the correlation coefficient to 1 indicates that stress has a great role to play in determining the level of psychosocial adjustment. This is statistically significant as the p-value of .000 shows that this relationship is not by chance. This observation means that with an increase in stress, there is a corresponding variation in psychosocial adjustment in individuals and stress is a pivotal determinant in the overall pattern of adjustment

## 5. DISCUSSION

In the present study, a sample of 250 ex-servicemen aged 50-80 years was studied to determine the relationship between the psychosocial adjustment and depression, anxiety, and stress. The participants were chosen through purposive sampling method and took two standardized measures, the Military to Civilian Questionnaire (M2C-Q), which is a measure of challenges in coming back to civilian life and the Depression Anxiety Stress Scales-21 (DASS-21), which is a measure of the degree of emotional distress. Descriptive statistics indicated that on the average, participants had moderate levels of psychosocial adjustment problems, with the scores of 16-46, mean of 21.36 and the standard deviation of 7.492 indicating some variation in the adjustment of these veterans to civilian life. Conversely, the range of scores on depression, anxiety and stress was much broader (4 to 80), with a mean of 17.21 and at the same time a very big standard deviation of 15.231 indicating that there were many individual differences in the levels of psychological distress between the ex-servicemen with a very low level all the way up to the level of a clinical problem.

The essence of the research came out of Pearson correlation studies. A general correlation was found between the total psychosocial adjustment score and the depression-anxiety-stress score with a strong, positive and significantly significant correlation ( $r = .836, p < .01$ ). This means that an increase in the levels of emotional distress is strongly linked to an increased self-reported psychosocial adjustment problems. That is, the former servicemen who had worse depression, anxiety and stress also reported greater problems in social functioning, emotional regulation and daily living in the civil environment.

With the three components of emotional distress investigated independently, stress proved the strongest correlator with psychosocial adjustment. The correlation between psychosocial adjustment and stress was extremely high ( $r = .915, p < .01$ ) with a correlation coefficient approaching 1.0 indicating that stress has almost 84% of its variance with adjustment difficulties. This observation places stress as the leading psychological determinant of the effectiveness of the reintegration of the ex-servicemen into civilian life. Depression was also positively correlated with psychosocial adjustment with moderate-to-strong positive relationship ( $r = .598, p < .01$ ) meaning that depressive symptoms are significant factors in the adjustment problems though not as significant as stress. Anxiety showed a moderate positive correlation ( $r = .571, p = .01$ ), albeit slightly less than the one of depression, yet, a significant relationship. Each of the correlations was significant at the  $p = .01$  level ( $p = .000$ ) which proves that these correlations are extremely unlikely to have been a chance event.

Put together, these findings create a clear image: in ex-servicemen of the age of 50-80, poorer psychosocial adjustment is closely interconnected with increased levels of depression, anxiety, and stress, and stress is the most effective factor. The large range of scores of distress indicates that some veterans adapt rather well, whereas others have significant emotional problems that undermine their success in successfully

going through civilian life. Such results highlight the necessity of specific mental health programs that would focus more on the management of stress as well as depression and anxiety to enhance the psychosocial health of retired military personnel.

## 6. LIMITATIONS

Despite containing useful information about the correlation between psychosocial adjustment and depression, anxiety, and stress, the current research has certain limitations. To begin with, the research design used was a cross-sectional research design and this limits the possibility of establishing causal relationships between the variables. Although there were significant correlations, one cannot make a conclusion whether poor psychosocial adjustment is a result of psychological distress or vice versa.

Second, the data were gathered by means of self-report measures, which can be affected by such response biases as social desirability, exaggeration, or absence of self-knowledge. The participants could have under- or over-reported their stress, anxiety, depression or adjustment, which could have impacted the validity of the results.

The other restriction is the sample size and sampling method. The sample size (250 participants) is not completely representative of the general population, although this may be true. Convenience sampling or a particular subgroup would have restricted the generalizability of the findings to the similar populations only.

Also, the research failed to consider other confounding factors like personality, coping mechanisms, social support, socioeconomic status, or cultural determinants, which can also contribute to a high degree of psychosocial adjustment. These variables could have been excluded, which could limit a thorough understanding of the phenomenon.

Last but not least, the research was based only on the quantitative analysis, and especially on correlation, without bringing in the qualitative insights. This limits further investigation into the lived experiences of the participants and the situational aspects that impact on their psychosocial adaptation.

## 7. FUTURE SCOPE OF THE STUDY

The current research creates numerous possibilities in the way of further research. To begin with, longitudinal research design may be used in future research to gain a better insight into the direction and causal associations between psychosocial adjustment and psychological distress in the long-term. This would aid in the establishment of whether stress, anxiety, and depression changes are predictors of adjustment or the reverse.

Second, a researcher will be able to have a bigger and more heterogeneous sample of various demographics including age, occupation, and cultural context to make the results more generalizable. More detailed information can be obtained through comparative studies (e.g., students, professionals, clinical groups).

Other psychological variables that can also be included in future research are coping mechanisms, resilience, emotional intelligence, personality traits, and social support systems. The analysis of these variables could possibly be used to determine mediating or moderating variables that affect the relationship between psychosocial adjustment and mental health.

The other significant direction is the application of the mixed-method approaches, which integrate both quantitative and qualitative data, using interviews or case studies. This would give a better insight on personal experience and contextual influences to psychosocial adjustment.

In addition, intervention-based research could be carried out to determine the effectiveness of the use of psychosocial adjustment, the effectiveness of stress management programs or counseling techniques in enhancing the psychosocial adjustment and improving depression, anxiety, and stress.

Finally, the research can be more applicable to modern society as future studies could examine how modern lifestyle factors, including use of technology, work-life balance, and exposure to social media, affect psychosocial adjustment and mental health outcomes.

## 8. SUMMARY AND CONCLUSION

### SUMMARY

The current research was conducted based on the intention to investigate psychosocial adaptation and its correlation with depression, anxiety, and stress among former servicemen, as one of the populations, which may experience severe problems during the adjustment to the civilian realities, being highly structured military groups. This is a transition that is associated with many changes such as loss of identity, social role changes, occupational changes as well as diminished support systems, which have a negative impact on psychological well-being. To explore these relationships on a systematic basis, a quantitative and non-experimental correlational research design was followed in the study. The sample population was 250 former servicemen aged between 50 and 70 years through a purposive sampling method. The data were gathered through normal and valid measures i.e. through the Military to Civilian Questionnaire (M2C-Q) that evaluated psychosocial adjustment and Depression Anxiety Stress Scales (DASS-21) that evaluated the degree of depression, anxiety and stress measures. The descriptive statistics indicated discrepancies in psychological distress experiences between individuals presenting the effects of moderate psychosocial adjustment in the sample with the levels of depression, anxiety and stress being widely distributed/ vary in the sample. Besides, Pearson correlation analysis has shown a strong and statistically significant positive correlation between psychosocial adjustment and overall depression, anxiety, and stress, which means that, the higher an individual is affected by emotional distress, the more significant is the change in psychosocial adjustment ( $r = .836$ ,  $p < .01$ ). A further sub-division of the sub components showed that, stress was the one most strongly correlated with psychosocial adjustment ( $r = .915$ ,  $p < .01$ ), then came depression ( $r = .598$ ,  $p < .01$ ), and anxiety ( $r = .571$ ,  $p < .01$ ). All these results point to the fact that psychological distress correlates very well with the phenomena of psychosocial adjustments, and the most significant variable out of the three under discussion is stress.

### 9. CONCLUSION

According to the research results, one can make a conclusion that there is a strong correlation between the psychosocial adjustment and depression, anxiety, and stress of ex-servicemen. The findings are very clear and illustrative that people who undergo greater degrees of psychological distress are more likely to evolve significant shifts in their social, emotional, and functional regulation in civilian life.

Out of the three variables, the role of stress in psychosocial adjustment is the most dominant. This indicates that the strains that are involved in the change of life into the civilian world including financial uncertainty, loss of identity and loss of social support might have a strong effect on the adjustment process. Depression and anxiety also play a significant role, but to a relatively lower degree.

The paper has highlighted that psychosocial adjustment and mental health are highly intertwined and problems in one area may adversely affect the other. The lack of adaptation may make one more

susceptible to psychological disorders, and mental health problems that one may have can further complicate the reentering of civilian life.

To sum up, the results emphasize the relevance of early detection and treatment of psychological distress in ex-servicemen. Enhancing support networks, enhancing reintegration interventions, and psychological health stigma reduction are important measures in ensuring improved psychosocial adaptation and well-being. A better transition process can assist ex-servicemen to live meaningful, stable and fulfilling lives after their service.

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