



Resilience And Adjustment Among Adults Living In Terrorism Prone Area And Non –Terrorism Prone Area

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ABSTRACT

This study aims to study the Resilience and Adjustment among Adults living in Terrorism prone area and Non –Terrorism prone area. A total of 160 postgraduate students were included in the study. There were two samples used; Sample 1 was collected from J&K, a terrorism prone area and Sample 2 was collected from Delhi, a non-terrorism prone area. For collection of data, Bell's Adjustment Inventory (Adjustment) and Nicholson McBride Resilience Questionnaire (Resilience) were used. Analytical methods of t-test and correlation were applied, and it was found that social adjustment of people living in terrorism prone area is higher than people living in non-terrorism prone area. Resilience of people living in terrorism prone area is higher than people living in non-terrorism prone area.

CHAPTER 1 : INTRODUCTION

In today's fast-paced world, the ability to adjust to changing circumstances is more important than ever. Whether it's adapting to a new job, dealing with a difficult coworker, or facing a major life change, being able to maintain a sense of equilibrium is key to achieving success and happiness. The process of adjustment involves not only adapting to external factors, but also maintaining a healthy internal balance.

There are various mechanisms that individuals can use to handle difficult situations and maintain this balance. For example, aggression can be used as a means of confronting and resolving conflicts, while compensation involves making up for a perceived shortcoming in one area by excelling in another. Identification involves taking on the characteristics of someone else as a way of coping, while projection involves attributing one's own feelings or thoughts to others.

Rationalization involves justifying one's actions or beliefs, while negativism involves reacting with pessimism or hostility. Withdrawal can be a way of taking a step back from a situation to gain perspective, while regression involves reverting to a more childlike state to cope with stress. Repression involves pushing uncomfortable thoughts or feelings out of consciousness, while sublimation involves channeling negative emotions into more positive outlets, such as creative pursuits.

By utilizing these mechanisms and finding a balance between the individual and the environment, individuals can achieve greater levels of harmony and success in their lives.

Meaning, nature, and dynamics of adjustment

Adjustment is a crucial aspect of human development and plays a significant role in an individual's ability to adapt to changing circumstances. It involves modifying one's behavior to establish a harmonious relationship with the environment and other people. According to experts, adjustment can be viewed as both an achievement and a process. As an achievement, it refers to an individual's ability to perform effectively in diverse situations, which is essential for a nation's progress. On the other hand, as a process, adjustment is critical for psychologists, parents, and teachers to study to analyze an individual's development from birth onwards.

A well-adjusted personality is better equipped to handle societal roles and satisfy their needs while conforming to social norms. The process of adjustment involves modifying one's behavior to adapt to changing circumstances and meet special conditions. It is essential to establish satisfactory relationships that represent harmony, conformance, and adaptation.

The process of adjustment is a vital aspect of human development that requires individuals to modify their behavior to establish a harmonious relationship with their environment and others. It is essential to achieving personal and societal progress and should be studied closely by psychologists, parents, and teachers.

The process of adjustment is a complex and ongoing phenomenon that is essential for human beings to adapt to their external environment. It involves a dynamic interaction between biological factors in growth and social experiences. To understand this process, it is essential to study the development of child from birth onwards. In the early stages of life, a child is entirely dependent on others for all their needs. However, over time, they learn to control their needs and adjust to their surroundings.

The process of adjustment is dependent on a range of factors that are related to the internal needs and external demands of the child. For example, young children lack the ability to control their instinctive impulses, which can be challenging in social situations. Conflicts may arise between internal needs and external demands, resulting in three alternatives. Firstly, an individual may hold back or alter their need. Secondly, an individual may alter the environment to satisfy their demand. Finally, an individual may use some mental mechanism to escape from the conflict.

Jean Piaget, a Swiss psychologist, studied the process of adjustment from various angles. He concluded that there were two types of people with regards to adjustment: assimilators and accommodators. Assimilators maintain their values and standard of conduct and maintain them in the face of changes in society. In contrast, accommodators alter their views in accordance with society.

The process of adjustment is a crucial part of human development. It involves a dynamic interaction between biological factors and social experiences, which ultimately shapes our ability to adapt to our external environment. Understanding this process is essential for individuals to navigate their lives successfully and to thrive in society.

Types of Adjustment

Adjustments go into one of two categories: (i) Normal adjustment: A relationship between a person and his environment is considered normal adjustment when it adheres to accepted norms. A child is deemed to be typically adjusted if they obey their parents, aren't extremely stubborn, frequently attend school, and have orderly routines. (ii) Abnormal adjustment Problem behaviour or maladjustment are examples of abnormal adjustment. When a person's relationship to his environment deviates from accepted norms,

maladjustment occurs. For instance, a delinquent or antisocial child may adapt to his environment yet still be categorised as maladjusted because of his moral transgressions..

Normal adjustment and aberrant adjustment are the two forms of correction. When a person and their environment interact according to accepted norms, this is known as normal adjustment. A youngster is deemed to be well-adjusted if they obey their parents, are not extremely stubborn, study regularly, and have orderly habits.

Atypical adjustment, on the other hand, refers to problematic behaviour or maladjustment. When a person's interactions with their surroundings deviate from accepted norms, maladjustment occurs. For instance, a delinquent or antisocial child may adapt to their environment, but because of their moral transgressions, they are still seen as maladjusted.

Abnormal adjustment may result from various factors, including biological factors, family dynamics, peer influences, and cultural factors. It can manifest in different ways, such as aggression, depression, anxiety, substance abuse, and social withdrawal.

It is essential to address abnormal adjustment as it can have long-lasting effects on an individual's life, such as poor academic and occupational performance, relationship difficulties, and mental health problems. Therefore, early identification and intervention are crucial in preventing the negative consequences of abnormal adjustment.

Areas of Adjustment

Health Adjustment: A person's capacity to deal with health-related difficulties is referred to as their level of health adjustment. This might involve both psychological and physical difficulties, such as controlling stress or worry brought on by health problems or managing a chronic illness or injury. Health adjustment entails creating constructive coping mechanisms, following prescribed treatment regimens, and keeping a positive view on one's health and wellbeing.

Social adjustment: The capacity of a person to adjust to and negotiate social conditions is referred to as social adjustment. This can involve establishing trusting bonds with others, settling disagreements, and speaking clearly with others. Establishing boundaries in relationships, strengthening interpersonal skills, and overcoming social problems like social anxiety are all part of social adjustment.

Emotional Adjustment: The capacity of a person to control and regulate their emotions in response to varied conditions is referred to as emotional adjustment. This can involve managing stress, producing positive feelings like happiness and contentment, and controlling unpleasant emotions like rage or despair. Developing effective coping strategies, stress management, and emotional intelligence are all components of emotional adjustment.

Home adjustment: The capacity of a person to cope with and adapt to changes in their immediate surroundings is referred to as "home adjustment." This can involve managing domestic duties and routines, adjusting to a new living arrangement, or coping with the loss of a home or personal belongings. Home adjustment includes learning appropriate coping mechanisms, creating a sense of stability and security in the house, and controlling stress caused by daily living at home.

Successful coping, stress management, and maintaining a positive outlook on life are all required for adjustment. Remembering that adjustment is a dynamic process that can occur at any point in a person's life is important. Numerous elements, such as personality, cognitive abilities, social support, and life events, might affect a person's ability to adapt to different situations and environments.

Characteristics of a Well-adjusted person

An individual who is able to successfully manage life's challenges while maintaining a happy outlook is said to be well-adjusted. Here are some traits of a person who is well-adjusted:

Emotional Stability: An individual with emotional stability is capable of controlling their emotions in a positive and constructive manner. They can handle stress, worry, and other unpleasant emotions with the help of appropriate coping methods, and they are not quickly overcome by their emotions.

A well-adjusted individual has resilience, which refers to their capacity to recover from setbacks and hardship. They can endure through challenging situations because they have a strong feeling of self-efficacy.

Positive Outlook: An individual that is well-adjusted has a positive outlook on life, which entails that they are hopeful and optimistic about the future. They are able to remain grateful and appreciative despite challenging circumstances and locate the bright side.

Flexibility: A person who is well-adjusted is adaptable and flexible, which means that they can change their behaviour in response to environmental changes and difficulties. They may approach new situations with an open mind since they are not dogmatic in their thoughts or behaviour.

Positive Relationships: A person who is in good mental health is able to develop enduring, wholesome relationships with friends, family, and coworkers. Effective communication, constructive conflict resolution, and the establishment of appropriate boundaries in interpersonal interactions are all skills they possess.

Self-care: A person in good emotional and physical health looks after themselves. They place a high priority on their personal health and wellbeing, and they partake in activities that encourage unwinding, stress reduction, and introspection.

Self-awareness: A person who is well-adjusted has a high level of self-awareness, which means they are able to identify their own advantages and disadvantages. They are capable of making decisions that are in line with their objectives and values since they are aware of their own values and priorities.

Over the years, there has been a substantial degree of terrorism and violence in the Indian state of Jammu and Kashmir (J&K). India and Pakistan have been at odds in this area, where militants from various factions have attacked civilians, security forces, and other targets in India. The international world and the Indian government are both concerned about the level of terrorism in J&K, despite fluctuations over time.

Various organisations have been fighting Indian authority in J&K since the late 1980s, either for independence or a union with Pakistan. Attacks carried out by the extremist organisations have included bombs, shootings, and kidnappings. The attacks were directed at the infrastructure, population, and security forces of India. Most of the time, traumatic stressors are unlikely to ever be introduced to a person (Rizvi and Jamal).

In contrast, the extensive Kashmir Mental Health Survey Report indicates that that an adult in Jammu & Kashmir has, on average, encountered 7.7 traumatic events during their life. The reported traumatic experiences included terrorist attacks, explosives, weapon assaults, crackdowns/raids, incarceration, questioning, torture, forced disappearances, violent deaths of known individuals, sexual and physical assault. Additionally, workers in the emergency services, such as nurses and firefighters, are routinely exposed to traumatic stress due to mishaps, fatalities, bomb explosions, grenade attacks, and other similar incidents. Along with the actual victims of these tragic incidents, this also happens. According to the 2015 MSF Survey, nearly 1.8 million adults in Jammu and Kashmir have 5 mental health problems. Of these, 41% have signs of depression, 26% have symptoms of anxiety and 19% have signs of Post Traumatic Stress Disorder (PTSD). Normal conditions see only 1% to 3% of the general population suffering from any kind of mental illness (these regions are also known as terrorist hotspots,

and it has been documented that from 1,700 in 1989 to 100,000 more people visited psychiatric hospitals in 2017).

When it comes to adjustment, terrorist attack survivors frequently confront serious difficulties. The psychological, emotional, and physical trauma brought on by terrorism can have a long-lasting impact on a person's health. However, with the correct assistance and tools, terrorist attack survivors can learn to adapt and go on with their lives.

Having the capacity to control one's emotions is one of the most crucial parts of adjustment for terrorist survivors. A variety of feelings, including as dread, wrath, grief, and worry, may be felt by survivors. It is crucial that survivors acquire effective coping skills for handling these feelings, including as treatment, support networks, and self-care routines.

For terrorist attack survivors, social support is also crucial. Strong social networks of friends, family, and neighbours can give survivors a feeling of security, acceptance, and worth. In support groups, survivors can connect with others who have gone through similar things and receive encouragement and empathy.

For terrorist attack survivors, having a sense of control over their lives is also crucial. This could entail making plans for the future, such as going back to work or school, following interests and hobbies, and taking part in worthwhile activities. Setting realistic goals and making progress towards them can give survivors a sense of direction and achievement.

For numerous decades, violence and terrorism have been present in the Indian state of Jammu and Kashmir (J&K), claiming many lives and leaving countless survivors who have been negatively impacted physically, intellectually, and emotionally. Terrorism survivors in J&K encounter a variety of difficulties, such as overcoming trauma, adjusting to physical impairments, coping with loved ones' deaths, and adjusting to a modified social and economic environment. For these survivors to deal with the effects of terrorism and begin to rebuild their lives, adjustment is a crucial process.

RESILIENCE

In the 1950s and 1960s, experts started to wonder how some obviously exceptional kids were able to get out of really challenging situations relatively undamaged. Since the initial research concentrating on underprivileged children's resistance to unfavourable outcomes, the concept of resilience has undergone tremendous change. Early study on resilience conceptualised the term as a personality feature that allows for positive results even in the face of tremendous adversity. Traumatology (looking at adults) and developmental psychology (looking at children and adolescents) are the two domains where resilience research first emerged.

Early resilience research with adults focused on identifying what led some individuals to avoid traumatic stress. In developmental psychology, researchers aimed to identify personal qualities (e.g., self-esteem) differentiating children who had adapted positively to socioeconomic disadvantage, abuse or neglect and catastrophic life events, from children showing comparatively poorer outcomes (Luthar, Cicchetti and Becker, 2000). These classic longitudinal studies of large cohorts of disadvantaged children revolutionised psychology and pioneered a methodological paradigm for resilience research.

Clarifying early studies was crucial for understanding important resilience construct elements, including:

1. the existence of danger in a person's life
2. the presence of safeguarding elements or systems
3. Recognition of the multifaceted spectrum of human reactions to hardship.

Psychologists started looking at other aspects in the 1980s and later, taking into account cultural background, social relationships, changes over the course of a lifetime, and, after the turn of the millennium, neurobiological processes (Masten and Wright, 2010). According to psychologists (Masten and Wright, 2010), protective factors are entrenched in culture, community, and social ties in addition to personality traits.

a group of phenomena marked by favourable adaptation patterns in the face of severe risk or adversity. Since two key judgements are necessary to classify people as belonging to this category of phenomena, resilience must be inferred. First, it is determined that people are "doing OK" or even better than OK in terms of a particular set of behaviour norms. Second, it has been determined that there have been extenuating conditions that have threatened positive results. Therefore, identifying the criteria or procedure for determining excellent adaptation as well as the existence of conditions that threaten good adaptation in the past or present is necessary for the study of this class of phenomena.

Individuals exposed to long-term adversity or potentially traumatic situations can undergo good psychological adaptation over time through a process known as psychological resilience.

Resilience theory, as it has emerged over the past ten to fifteen years, is based on three main principles.

Being resilient is a process that develops with time and environment. Resilience is developmental in the sense that people change and mature throughout their lives and that childhood and adolescence are crucial times to set the groundwork for functioning as adults.

At various times, various protective mechanisms play a more significant role in life experience and psychological health. People undergo "turning points" in their lives when their circumstances drastically shift. Overwhelming difficulties may foster strengths that later show themselves.

Resilience is a process rather than a product, yet "resilient outcomes" may refer to accomplishments deemed noteworthy given a person's circumstances.

The ability of the individual and their environment to adapt in a way that is mutually reliant defines resilience as an ongoing process of meaning-making and growth.

The complex interaction of numerous processes, from the individual to the systemic, is what makes resilience possible.

Most prominent resilience theorists, like Rutter and Masten, place a strong focus on the necessity of understanding protective mechanisms in order to comprehend the why and how of resilience. At critical junctures in life, a protective mechanism directly or indirectly influences a person's response to a risk circumstance in a good way, leading to adaptive outcomes. Protective mechanisms may support adaptive processes or counteract harmful ones. Protective mechanisms may theoretically function differently to:

1. lessen the impact of risk
2. lessen or stop adverse chain reactions
3. create new chances, or
4. develop and maintain self-efficacy (Rutter, 1990).

Protective mechanisms can operate with or without outside assistance. They are conceptually separate from risk mechanisms that either cause harm directly or indirectly or vulnerability mechanisms that make a person more vulnerable to risk (Luthar, Sawyer, and Brown, 2006).

Protective mechanisms are elements that, under specific conditions, are linked to adaptive functioning in the face of difficulty. Although some people use both terms interchangeably, the term mechanism is preferable when discussing a protective construct in the context of resilience. Mechanism encapsulates the process-based nature of resilience and shows that no one factor—no matter how potent—can produce an adaptive result on its own.

According to Frydenberg (1997), perceived social support is more strongly linked to functioning than objective support because what matters is whether a person feels that he or she has a meaningful relationship to turn to in times of need rather than whether they have received observable, tangible support like guidance or material resources. Despite the fact that a person's social network's size and makeup alter as they age (Hartup and Stevens, 1999), social support is consistently recognised as a protective mechanism. In the face of abuse, neglect, low socioeconomic position, and other difficulties, resilience is

promoted by mentoring relationships, access to trustworthy adult interactions, and supportive friends or romantic partners (Bernstein et al., 2011; Collishaw et al., 2007; Graber et al., 2015).

According to Stein et al. (2011), Collishaw et al. (2007), and Graber et al. (2015), coping skills are a crucial part of resilience and a major protective mechanism that supports resilience across a range of risks, ages, and cultures.

Reappraising a situation more favourably, controlling emotions, leveraging social support, gaining access to material resources, and preparing are only a few examples of specific coping techniques that have been shown to promote resilience. According to Ungar (2011), depending on a person's background, choices, and ideals, unusual coping methods like dropping out of school may actually be beneficial.

In some areas, like abuse and neglect, personality is linked to resilience. Academic resilience and critical comprehensions of resilience to poverty have been linked to a person's sense of self-efficacy (Canvin et al., 2009; Martin and Marsh, 2008). Some people believe that self-efficacy is a part of resilience itself (Yi et al., 2008).

In the narrow domains of health and organisational psychology, optimism and hope have been sporadically linked to resilience (Yi et al., 2008; Youssef and Luthans, 2007). Although research is still in its infancy, a sense of social hope within a community may support personal resilience (Eggerman and Panter-Brick, 2010). Ego-resiliency is a term that refers to a collection of dispositional qualities like self-efficacy, optimism, hope, and hardiness.

Different contexts have recognised gender differently as a risk factor. The manner in which gender functions as a protective factor are extremely dependent on (1) culture and (2) the particular risk at hand. It can be challenging to separate the connections between biology, socialisation, and culture. According to Gallo et al. (2009), Graber et al. (2015), Jordans et al. (2010), Netuveli et al. (2008), being a woman can be protective in situations involving abuse and neglect, health risks, low socioeconomic status (SES), psychological risks connected with ageing, and some conflict situations.

Due to cultural pressures towards stoicism and macho, boys and men are more vulnerable to the negative effects of hazards like violence, substance abuse, and low SES. These might encourage harmful behaviour. Compared to girls and women, who are more likely to seek emotional support and less likely to use violence, behaviour and impede support-seeking. While cultural ideals may encourage men to maintain good health and provide for the family, some research suggests that girls and women are less resilient than boys and men after exposure to disaster and climate hazards (Bonanno et al., 2007; Hobfoll et al., 2011; Punamaki et al., 2001; Rodriguez-Llanes et al., 2013).

A stable living situation, such as long-term foster placements or long-term housing to support homeless or often moving children, is one of the other individual-level protective mechanisms (Dumont et al., 2007; Obradovic et al., 2009). There is currently research being done on neurobiological differences in functioning (either existing before to risk exposure or emerging as physiological stress responses change over time). Resilience may be aided by physiological processes that underlie motivation, fear response, memory, emotional control, and cognitive performance (Wu et al., 2013).

In situations where there are low expectations for academic accomplishment, such as in communities with high rates of poverty and among people from various disadvantaged backgrounds, education is frequently seen as a sign of resilience (Obradovic et al., 2009). Education lies at the intersection of process and result.

Given the close connection between academic success and later psychological functioning, physical health, and employment opportunities, academic resilience is a topic of considerable interest. According to Morrison et al. (2006), academic resilience fosters long-term engagement, school ties, and comprehensive support across domains at the individual, family, peer, classroom, and institutional levels. According to some data, education may build up financial and social resources over time, promoting long-term resilience in the face of calamities (Frankenberg et al., 2013).

Multifaceted cross-cultural research shows that ethnicity and culture can be a kind of protection (Ungar, 2011).

Both material and intangible resources are provided across interpersonal, intrapersonal, and community dimensions through cultural values and strong bonds based on shared links. According to Wadsworth et al. (2009), culture can catalyse practical assistance and enhance meaning-making by fostering spiritual responses to difficulties. Strong family ties, higher health outcomes, and engaging in healthy behaviours for the benefit of the family are all characteristics of Hispanic cultures (Gallo et al., 2009). According to Eggerman and Panter-Brick (2010), cultures can promote morality and ideals that reinforce interpersonal ties and give meaning to lingering disputes.

Given the links between low SES and poor outcomes for health, well-being, and attainment, socioeconomic status is more frequently examined as a risk factor.

Being a process that develops throughout a lifetime, resilience is essentially developmental. In order to understand how functioning at one developmental stage affects a person later in life, psychologists are becoming more and more interested in adopting a lifetime view on resilience.

Early exposure to danger can have a significant, advantageous effect on subsequent adaptation. Adversity in life is related with higher mental health and wellbeing in adults when compared to no adversity at all (Seery, 2011). One significant study of adults who experienced severe abuse or neglect as children found that rates of difficulty with personality, health, relationship stability, and criminality were actually lower among resilient abused participants than among non-abused participants without abuse. This suggests that this experience may have been gained in childhood.

When resilience is attained in one area, its impacts can spread to other domains (Ungar, 2011). There are various conclusions to draw from this:

1. A person can grow as a result of their difficult experiences in addition to recovering from severe adversity.
2. Having psychological issues as a child or adolescent does not limit psychological health, successful reintegration, and fulfilling relationships as an adult.
3. Parental connections continue to be a crucial component in building resilience. However, interactions with peers, mentors, and adoring spouses can later in life help to build resilience.

Resilience is the capacity of a person to adapt and cope successfully in the face of trauma, stress, and adversity.

While the lack of psychopathology may be a crucial result in some situations, resilience is primarily about growth and constructive adaptation. It follows that those who exhibit resilience are capable of not just overcoming difficulties but also learning from them and becoming stronger as a result.

There must be some element of risk in order to show resilience. To put it another way, a person must face a difficulty and succeed in order to show they have resilience. The goal of resilience research is to recognise and comprehend the mechanisms and elements that support resilience, even those that may be obscured by the systems and cultures of the majority.

While some components of resilience may be applicable across dangers and cultures, it's also critical to recognise that when faced with complicated threats like poverty, abuse, or protracted conflict, domain-specific resilience mechanisms are required. This implies that depending on the particular difficulties that individual encounters, what it means to be resilient may change.

In the process of recovering from terrorism, survivors must be resilient. High-resilience people can more easily adjust to the difficulties terrorism presents and bounce back more swiftly. In the face of difficulty, resilience enables survivors to preserve a sense of control and hope. It also enables them to create efficient coping mechanisms to handle the stress and trauma of their experiences.

Research has indicated that a variety of interventions, such as psychotherapy, cognitive-behavioral therapy, and social support, can foster and develop resilience. As a result of these interventions, terrorism survivors may feel more resilient as they gain a sense of self-efficacy and control over their circumstances.

Terrorism can have a severe negative impact on survivors' life, leaving them feeling scared, anxious, and helpless. Survivors might also go through flashbacks, nightmares, and hypervigilance, which are all signs of post-traumatic stress disorder (PTSD). It can be challenging for survivors to go on with their lives because these symptoms might last for months or even years after the incident.

Despite the difficulties that terrorist survivors may encounter, many people show great resilience in the face of adversity. According to research, resilience can be developed and enhanced by a number of elements, such as social support, healthy coping mechanisms, and a feeling of meaning or purpose in life.

Social support is a key element in resiliency. According to studies, people with robust social networks and support networks are better equipped to handle traumatic circumstances and are more likely to exhibit resilience. Support from loved ones, friends, or mental health experts may be necessary in addition to taking part in support groups or other types of community-based help.

Utilising healthy coping techniques is a crucial component of resilience. Effective coping mechanisms, such as problem-solving, emotion control, and cognitive restructuring, increase a person's capacity to persevere in the face of adversity. These techniques can aid people in better managing their stress and gaining control over their lives.

Last but not least, resilience may also be influenced by one's sense of purpose or meaning in life. People are more likely to exhibit resilience and recover from adversity if they are able to find significance in their circumstances, whether via faith, personal development, or a dedication to social justice.

Although resilience plays a significant role in the lives of terrorism survivors, it's crucial to remember that resilience is a dynamic quality. Resilience is actually a dynamic process that may be developed and reinforced over time. Various therapies, such as counselling, support groups, and other forms of community-based support, can help terrorist survivors build resilience and get through the obstacles they face.

Both resilience and adjustment focus on a person's capacity to deal with and adjust to difficult circumstances, hence the two ideas are closely related. There are, however, some significant distinctions between the two.

An individual's capacity to overcome adversity and flourish in challenging situations is referred to as resilience. Positive adaptation, personal development, and improved psychological wellbeing in the face of stress, trauma, and other difficulties are frequently traits of resilience.

On the other hand, adjustment describes a person's capacity to adjust to a novel circumstance or setting. In response to novel conditions, this may entail modifications in behaviour, assumptions, attitudes, or feelings. Whether the changes provide better or worse results will determine whether an adjustment is positive or negative.

Although adjustment and resilience are related, resilience frequently entails more than only adapting to new conditions. Individuals who want to be resilient must actively look for help and resources, use coping mechanisms, and keep a positive attitude in the face of challenges.

In conclusion, both resilience and adaptability focus on a person's capacity to adjust to difficult circumstances. Adjustment, on the other hand, can be positive or negative depending on the results of the adaptation, but resilience is frequently characterised by positive adaptation and personal growth. When compared to adjustment, resilience frequently involves people actively seeking out help and using problem-solving techniques, whereas adjustment may entail a more passive adjustment to new circumstances.

Resilience can be shown by terrorist survivors in a variety of ways. For instance, individuals might be able to use their inner strengths—such as courage, tenacity, and resilience—to get through the trauma and start

afresh. They might also receive encouragement and support from their family, friends, and neighbours, who offer a sense of connection and belonging that helps foster resilience and adjustment.

On the other hand, adjustment describes a person's capacity to adjust to a novel circumstance or setting. In response to novel conditions, this may entail modifications in behaviour, assumptions, attitudes, or feelings. Rebuilding their homes and communities, dealing with legal and financial issues, managing their physical disabilities, and other problems may all be part of the adjustment process for terrorist attack survivors.

As they must traverse a variety of tough and frequently new settings, adjustment can be a complex and arduous process for terrorist attack survivors. However, with the correct assistance and tools, survivors can show incredible fortitude and adaptability in the face of difficulty.

For terrorist attack survivors, who deal with a variety of difficulties after a traumatic experience, resilience and adaptability are crucial themes. Terrorism can have catastrophic psychological impacts, but survivors can also show incredible adaptation and endurance. Survivors can reconstruct their lives and move on from a traumatic occurrence by developing healthy coping mechanisms, a sense of meaning and purpose, social support networks, and a positive attitude on life.

CHAPTER 2 : REVIEW OF LITERATURE

Dahlström, et al.,(2023) explored on The Adolescent Resilience Questionnaire (ARQ) was created to evaluate the five dimensions of ecological resilience, including Individual, Family, Peers, School, and Community. Our goal was to determine whether resilience, as measured by the ARQ, may reduce relationships between traumatic experiences and traumatic symptoms because resilience is a component of human survival. The Linköping Youth Life Experience Scale (LYLES), the Trauma Symptom Checklist for Children (TSCC), and the Adolescent Resilience Questionnaire (ARQ) were given to 650 teenagers between the ages of 15 and 17. The findings indicated that high scores on any ARQ component were unfavourably related to symptoms of trauma, and that the dimension. Male peers reduced the impact of trauma symptoms on adverse childhood experiences and interpersonally stressful situations. For females, the family factor mitigated the impact of trauma symptoms on noninterpersonal traumatic experiences. They concluded that resilience plays a significant role in assessing posttraumatic symptoms, and that different resilience components have distinct meanings for both boys and girls depending on the type of trauma experienced.

Cutuli, J. J et al., (2023) examined a sample of 106 parents and their infants (ranging in age from birth to 12 months), who were housed in emergency shelters for families suffering homelessness, we took social support into consideration as a resilience factor for the quality of parent-infant connections and parent melancholy. We used structured interview questions to measure social support, parent histories of negative childhood and adult experiences, and parent current depressive symptoms. We also used an observational approach to determine the quality of the parent-infant bond. The findings revealed distinct patterns between the hardship parents had encountered as children and that they had encountered more recently as adults. Parent-infant responsiveness was predicted by childhood adversity, with a favourable connection that was tempered by the degree of perceived social support. Only when they had substantial amounts of social support available to them did parents who experienced greater adversity as children become more receptive to their infants. Social support predicted lower scores for parent depression, but adulthood adversity predicted higher levels

Jacobs et al., (2023) aimed to determine whether self-focus and wellbeing orientations affected the relationship between mindfulness and resilience. 381 Dutch and Flemish workers in government, healthcare, and educational institutions made up the sample. To test the theories, hierarchical regression analyses were utilised. More resilience was linked to more mindfulness. Additionally, our results showed that rumination and wellbeing both mediated the relationship between mindfulness and resilience ($\beta = 0.13$, $p < .01$ and $\beta = .125$, $p < .05$, respectively). On the other hand, reflection had no moderating effect on the relationship between resilience and mindfulness ($\beta = 0.06$, $p = .21$). The findings showed that those who

ruminated a lot and had low well-being showed the largest correlation between mindfulness and resilience. These results imply that mindfulness might be advantageous for those with low well-being and high levels of rumination. They should therefore be encouraged to partake in mindfulness-based activities since they are expected to help them develop resiliency.

Rubinstein, D., & Lahad, M. (2023) studied how creativity, imagination, and fun might help people recover from or cope with trauma. While frequently lacking theoretical support, a variety of evidence-based trauma-focused treatments use imagination effectively. To further knowledge in the topic, a computerised literature search, clear inclusion criteria, and synthesis are used. We discuss neurological connections between PTSD and imagination, putting forth the theory that the default mode network and the hippocampus are key players in both. It is suggested that creativity is a highly significant predictor of resilience following stressful experience. Additionally, we go through how playfulness promotes resilience to trauma and aids in coping with it. Finally, we talk about the discrepancy between the frequent use of imagination in the treatment of post-traumatic stress disorder (PTSD) and the lack of intended comprehension of its mechanisms that bring change.

Shields, J. et al., (2023). explored three potential mediating mechanisms: (a) the emotion mechanism; (b) the competence mechanism; and (c) the social mechanism regarding the impact of regular video game playing on psychological resilience. According to a survey of 554 university students, playing video games frequently and for a long time both have positive indirect effects on psychological resilience through positive affect and social connection experiences in games, and a negative indirect effect through negative affect experiences in games. Contrary to predictions, having a strong sense of mental toughness is inversely correlated with game competency experience. Our work also sheds light on the value of upcoming game-based therapies by elucidating the mechanisms that connect playing video games to psychological resilience.

Ikizer, G., & Ozel, E. P. (2021). investigated two salutogenic or beneficial effects following exposure to terrorist attacks: resilience and posttraumatic growth (PTG). 331 college students who had been exposed to a terrorist attack in Turkey within the preceding 18 months of the data collection made up the sample. The Connor-Davidson Resilience Scale, the Posttraumatic Growth Inventory, and a participant information form were all completed by participants. Through correlation analysis and regression analyses with both linear and quadratic components, the association between resilience and PTG was investigated. PTG and resilience had a positive relationship. The only resilience domain that had a significant correlation across all growth domains was tendency towards spirituality. With the exception of life appreciation, the total score on the Posttraumatic Growth Inventory was substantially correlated with scores on all subscales. The study sample's results showed that there were only linear connections between PTG and the resilience domains. The correlation between resilience and PTG is positive and linear, which shows that resilience may be a key strategy for promoting growth.

Valiente et al., (2021) aimed to investigate how the COVID-19 pandemic affected people's psychological responses in the broader population, based on symptom patterns and the causes of such patterns. According to multinomial regression studies, being male, older, not having a history of mental health issues, having greater levels of psychological well-being, and having a strong sense of identity with all mankind are the key factors that increase the likelihood of resilience to COVID-19. Additionally, a major predictor of a resilient reaction to COVID-19 was having low scores in a number of variables, including intolerance to ambiguity, death anxiety, loneliness, and suspiciousness. These variables included anxiety and economic danger due to COVID-19, substance usage during confinement, and intolerance to uncertainty.

Lopez et al., (2021) performed a cross-sectional study with the goal of describing and analysing the relationship between the infant-juvenile population's struggles with psychological adjustment and the shift in habits as perceived by their parents, as well as their stress and resiliency during the total containment of the first wave of the COVID-19 pandemic in Spain, as well as analysing the course of the changes and the relationships between weeks 3 to 6, that is, the score of different participants in each week. The findings indicate that parents notice behavioural changes and psychological issues in their kids. Our findings also

show that parents experience significant levels of stress and resilience, with variations according to the ages of the kids. The confinement period heightens parents' perceptions of their children's psychological challenges and their own stress, as well as a decline in resilience. When a parent possesses resilience skills, these issues are lessened. These findings demonstrate that the association between parental stress and children's psychological issues is mediated by parents' resilience. These findings demonstrate that the COVID-19 lockout had a significant impact on families, affecting both parents and children.

Mao and Agyapong (2021) investigated how socioeconomic variables affect mental health and resiliency in the wake of both natural and man-made disasters. Both man-made and natural disasters, such as civil wars, as well as wildfires, earthquakes, tsunamis, and hurricanes, have been known to seriously harm the mental health of the victims. We examined some of the most researched social determinants of risk and protection for the resilience and mental health of catastrophe survivors, including gender, age, ethnicity, social support, and socioeconomic level. There was also discussion of a number of additional potential characteristics that some research had looked at, including prior trauma, childhood maltreatment, family mental history, and subsequent life stress.

Panigrahi and Suar (2021) aimed to investigate the antecedents of resiliency among Kerala flood survivors in India in 2018. Seven semi-structured questions were used in interviews with 21 survivors to explore their lived experiences. Following a thematic analysis of the responses, three themes—dispositional, cognitive, and situational attributes—rose. Self-efficacy, hope, optimism, striving, and grit are examples of dispositional qualities that combine adaptive mechanisms to address new problems. Cognitive traits like cognitive flexibility and reframing let survivors analyse problems and come up with adaptable solutions. Social support, community embeddedness, and collective efficacy are situational traits that provide a way to meet situational needs. These qualities help survivors to be resilient in overcoming the negative effects of the flood.

Shaw, Y., Pollio, D. E., & North, C. S. (2021) used categorical and open-text responses to six study questions about perceptions of oneself and others after the disaster to examine both positive and negative post-9/11 perceptions and attitudes towards oneself and others. Positive changes might be an indication of untapped resilience potential that is difficult to understand in situations where there has been a recent disaster because the immediate attention is on damage, loss, and emotional suffering. These findings also imply that those who have survived even the worst tragedies are able to recognise the good parts of their experience and are prepared to talk about them. It may be easier for disaster survivors to recover emotionally, become more resilient, and advance healing if efforts are made to help them see the positive sides of their disaster experience.

Walters et al., (2021) investigated project's preliminary findings are presented in this poster, which examines how the COVID-19 epidemic may have been impacted by the move to online learning and teaching under national social "lockdown" policies. This study of resiliency was conducted as a component of a UK university's first-year undergraduate computer science degree programme. The Nicholson McBride Resilience Questionnaire (NMRQ) and three open-ended questions about the biggest difficulty to their study during the COVID-19 pandemic, as well as how that barrier was overcome, were used to measure resilience. The survey's preliminary findings (N=103) show how learners' reactions to the delivery varied depending on their measured level of resilience.

Ahuja et al., (2020) compared the variables of resilience, well-being, and marital adjustment between participants who work from home and those who commute to their place of employment. Twenty people who work from their place of business and thirty people who work from home participated in the study. The participants answered questions from the Nicholson McBride Resilience Scale and the PGI General Wellbeing Scale. Based on data analysis using the Mann-Whitney U test, the results show that there is no statistically significant difference in any variable between participants who work from home and the population who works from their place of employment.

Anwar.N & Sumpter.C., (2020), devoted two weeks in New Zealand in the middle of 2019 to better understand the apparent societal resilience shown in the wake of the mosque tragedy in New Zealand. March 2019 and the methods used to coordinate the reaction among various governmental and non-governmental organisations. It soon became apparent that strong working linkages between national/municipal authorities and local residents/associations, formed long before the disaster, helped communication, coordination, and the targeted application of support. A relevant illustration of societal resilience following a terrorist event is the organic, personal rehabilitation process that was made possible by high levels of institutional trust and honest leadership.

Chen et al., (2020) studied how anxiety and resilience differ in response to natural disasters, enthusiasm often seems to outweigh empirical clarity because there is still a lot of uncertainty on what factors lead to resilient or pathological outcomes after exposure to natural disasters. Research on climate change and related natural disasters also has a number of significant methodological constraints, including the use of univariate analysis, cross-sectional designs, and retrospective assessments. We first evaluate the research looking at the effects of natural disasters on mental health while keeping these limitations in mind. Results indicate that, resilient outcomes are more prevalent than pathological ones.

Hasson and Li (2020) undertook a study with the goal of bringing together data from several nations on how resilience, stress, and well-being interact in undergraduate nursing students. There were 12 papers included in all. The level of resilience was found by outcome analysis to be moderate; stress levels were high and a percentage of nursing students experience poor psychological health. Resilience had a strong relationship with stress and wellbeing. It was discovered that resilience and low stress better predict wellbeing. Regarding resiliency, wellbeing, and stress among undergraduate nursing students, all the research made recommendations that should guide educational policy and practise.

Jameel et al., (2020) explored how emotional support, state negativity, and terrorism fear affected students' psychological suffering. Higher degrees of psychological adjustment were correlated with lower psychological distress. According to the structural model's findings, students' psychological discomfort is positively and significantly predicted by their fear of terrorism, and this relationship is totally mediated by state negative affect. The connection between psychological distress and state negative affect was mediated by emotional support, which had a negative correlation with psychological distress. The indirect impact of terrorism fear on distress, which is mediated by negative affect, was also modulated by emotional support, according to conditional process modelling utilising process macro. Investigating terrorism fear as a stressor in the acculturation of international students is an important addition of this study.

Ngente et., (2020) examined the various levels of adjustment among high schoolers in Aizawl City. The sample included one (1) high school from Deficit, one (1) high school from Ad-Hoc, two (2) high schools from Government, and five (5) high schools from Private management. The researcher used a descriptive research methodology. The study used the Bell's Adjustment Inventory (BAI-o), a standardised examination created by Dr. R.K. Ojha (2011) and published by National Psychological Corporation, 4/230, Kacheri Ghat, Agra. According to the survey, the majority of high school pupils in Aizawl have 'Very Unsatisfactory' health and emotional adjustment while they have 'Unsatisfactory' adjustment in their family and social lives.

Prime, H et al., (2020) showed the variety of ways in which the well-being of children and families may be at risk during COVID-19, researchers draw from relevant literature spanning topics of acute crises and long-term, cumulative risk. The conceptual framework given links social disruption brought on by COVID-19 to child adjustment through a cascading process involving carer well-being and family processes (i.e., organisation, communication, and beliefs). The approach is based on systemic models of human development and family functioning. An example of the importance of family processes in mitigating risk in the context of COVID-19 is given. It also shows how these processes can foster resilience through shared family values and strong ties.

Gao et al., (2019) found that Resilience, self-esteem, and positive social adjustment were all strongly correlated with negative life events ($r_s = 0.402$, $r_s = 0.292$, and $r_s = 0.239$, respectively). Resilience and self-esteem had a direct impact on positive social adjustment ($\beta = 0.639$ and 0.448 , respectively). Negative life events had an indirect impact on positive social adjustment ($\beta = 0.541$, 95% credible interval: 0.583 0.5501) through resilience ($\beta = 0.370$) and self-esteem ($\beta = 0.171$), in addition to being directly related to positive social adjustment ($\beta = 0.187$, 95% credible interval: 0.233 0.139). The overall impact of adverse life events on favourable social adjustment was 0.728, with resilience and self-esteem mediating 74.31% of this effect. Negative life events had a 2.893 times greater indirect impact on resilience and self-esteem than they did directly on social adjustment

Seiler and Jenewein (2019) looked into what influences cancer patients and survivors' resilience and PTG, and they discovered Cancer patients' resilience and, as a result, positive psychological and treatment-related outcomes are influenced by biological, individual, and—most importantly—social variables. PTG is a significant phenomenon in the cancer adjustment.

Short et al (2019) found that models accounted for substantial variance in post-traumatic stress symptoms (PTSS) (70%) and depressive symptoms (DS) (61%), with immediate loss/disruption, low self-reported resilience, and avoidant coping showing the strongest associations with symptoms. As predicted, results provided support for several modeled indirect pathways through avoidant coping to PTSS and DS. Further, helping behavior was consistently associated with increased PTSS, but not DS.

Stein, G. L et al., (2019) studied Latinx families characteristically depending on the values to supply important cultural scripts, and these values have been linked to favourable psychosocial results. Family pride was shown to be distinct from family values (familial support, obligation, reference, and respeto) using F actor studies. When familism values in both samples were taken into consideration, a relationship between familism pride and reduced depressive symptoms and increased joy was found.

Turan et al., (2019) aimed to apply Self determination Theory (SDT) to the adaptation process of forcibly displaced people, to identify the elements that may impede or facilitate how displaced people meet their psychological needs, and to look at the various behaviours they use to foster greater autonomy, competence, and relatedness. The possible venues for their postmigration adaptation, recovery, and expansion are highlighted using SDT concepts.

Diamond et al.,(2018)examined if the psychological resilience and vulnerability of Holocaust survivors who created art differed from those who did not.Holocaust survivors showed more severe PTSD symptoms compared to comparisons, regardless of whether they created art or not. Holocaust survivors who participated in art, however, reported greater levels of resiliency than any other group (survivors who did not participate in art and comparisons between participants and non-participants). To the best of our knowledge, these results represent the first quantifiable proof of a connection between appreciation of the arts and successful coping with the Holocaust.

Gandhi et al., (2018) studied undergraduate students from several colleges in Ahmedabad city were the subjects of the current study. Finding students who were having adjustment issues in college was the study's primary goal. The four facets of adjustment—home, health, social, and emotional—were investigated in both boy and girl participants. Using the quota sampling method, a sample of 64 students (32 Boys and 32 Girls) from various universities was chosen. Dr. R. K. Ojha's Bell's Adjustment Inventory, developed in 1968, was given to college students. To determine the statistically significant difference of adjustment across several variables, the t-test was used in the statistical analysis. The results showed that the emotional and social adjustment of male and female pupils differed significantly. The adjustment to their homes and to their health, however, did not differ much between the two groups. According to the findings, it can be concluded that there is a considerable difference between the adjustment levels of male and female students.

Kuniyal, B. (2018) examined and contrasted a few aspects of senior secondary school students' academic performance and adaptability. The current study was conducted on 100 senior secondary school students (50 male and 50 female students) enrolled in classes 11 and 12 at Navodaya Vidyalayas in the Uttarakhand district of Dehradun. For data collection, the R. K. Ojha-adapted Bell's Adjustment Inventory for Adolescent Students was used, and the average marks (CGPA) of the annual class 10 results released by the CBSE (Central Board of Secondary Education) were used as a measure of academic accomplishment. The "T" test was utilised, and the results showed that male and female adolescents varied significantly in terms of overall adjustment, including health, social, and emotional adjustment. Academic achievement also differs significantly between male and female adolescents. Regarding their degree of adjustment, students performed about averagely. However, for both groups of students, there were inverse but significant associations between academic success and adjustment.

Dooley et al., (2017) looked at the connection between lifetime stress exposure prior to cancer diagnosis and postdiagnosis psychological functioning among 122 breast cancer survivors to determine if moderate stress exposure fosters psychological resilience to cancer. Using an interview-based assessment, lifetime acute and chronic stress was evaluated, and psychological functioning was evaluated using tests of intrusive thoughts related to cancer and measures of positive and negative affect. As a result, participants with moderate acute stress reported less intrusive thoughts than those with low or high acute stress, according to the results, which showed that acute stress exposure was connected with cancer-related intrusive thoughts in a quadratic pattern ($p = .016$). Similar to this, a quadratic association between acute stress exposure and positive affect appeared ($p = .009$), with people reporting the highest levels of positive affect when under moderate acute stress.

Srunjas et al., (2017) employed a comprehensive review of literature on resilience in adults with acquired brain injury (ABI) from journals, books, and online. Resilience has been linked to adaptation and adjustment in those who have had severe injuries like ABI. There is, however, a dearth of study on the resilience construct. A focus on resilience may enable recovery in a broader meaning that goes beyond anticipated results, whereas rehabilitation normally focuses on the identification and removal of impairments for improving functioning.

Chambers et al., (2016) have established that following prostate cancer, there are distinct trajectories for quality of life (QoL), life satisfaction, and psychological adjustment, with age and socioeconomic deprivation having varied effects on men's survivability profiles and the influence of functional status on outcomes growing over time. These findings highlight the need of considering the life path of males when determining survivorship care after cancer, in addition to treatment side effects.

Dekker and Groot (2016) aimed to define the psychological adjustment process to chronic disease and examine the potential inclusion of several categories of the psychological adjustment process in the ICF (International Classification of Functioning, Disability and Health). They discovered Major components in the adjustment process include personal background, social and environmental background, emotional, cognitive, and behavioural responses, acute and persistent illness stresses, and personal background. In theory, these categories might be combined with different ICF elements.

Dunn et al., (2016) found older age, less education, less income, comorbidities, and hormone treatment use all predicted lower physical QOL. Younger age, lower income, not being partnered, and comorbidities were all associated with lower life satisfaction. Younger age, poorer income, comorbidities, and having had a radical prostatectomy or brachytherapy all indicated worse psychosocial trajectories. Over time, better bowel, sexual, and urine function were associated with better overall results. Prostate specific antigen testing-related anxiety was uncommon.

Keles et al., (2016) studied the contrasts between unaccompanied refugees who maintained or improved good mental health (healthy or resilient) and those who did not (clinical and vulnerable) were explored. The impact of pre-migration traumatic exposure and acculturation-related factors on unaccompanied refugee children's long-term trajectories of psychological adjustment was investigated using person-based analysis. Results showed that gender, pre-migration traumatic events, and the degree of post-migration acculturation difficulties made a difference in the refugee groups' mental health trajectories.

Smith et al. (2016) People with multiple sclerosis (MS), their care partners, and community stakeholders were interviewed to define the meaning of resilience, elements promoting resilience, and challenges to resilience. Participants struggled to come up with a clear definition of resilience, but they came up with compelling descriptions of the idea. Resilience was found to be facilitated by psychological adaptation, social connection, life meaning, planning, and physical soundness. Barriers to resilience include physical exhaustion, unpleasant thoughts and feelings, societal constraints, social stigma, and resilience depletion.

Newton-John, T. R. O., Mason, C., & Hunter, M. (2016) studied the role of resilience in adjustment and coping with chronic pain. The study aimed to explore the role of resilience in coping with persistent pain problems and whether it adds to the prediction of adjustment to chronic pain beyond the measures of pain coping. It involved 101 individuals with chronic pain who completed self-report measures of resilience and coping, and pain-related outcome data were collected. The results indicated that higher resilience was associated with less fear avoidance, less pain-related disability, and lower reported pain intensity. Resilient individuals reported better social support and were more likely to be working, and had greater pain self-efficacy. However, resilience did not significantly contribute to the prediction of depression and disability scores, beyond the existing measures of pain coping. The study suggests that resilience may require a refinement in measurement with this population to better understand chronic pain adjustment.

CHAPTER 3: METHODOLOGY

AIM

The aim of this study was to assess Resilience and Adjustment among Adults living in Terrorism prone area and Non –Terrorism prone area.

OBJECTIVES

1. To Study the differences on the level of Resilience among Adults living in Terrorism and Non-Terrorism Prone Area.
2. To find out the differences on the level of dimensions of Adjustment (social, health, home and emotional) among Adults living in Terrorism and Non-Terrorism Prone Area.
3. To measure relationship between Resilience and Adjustment among Adults living in Terrorism prone Area and Non- Terrorism Prone Area

HYPOTHESES

- H1. There will be Significant difference on the level of Resilience among Adults living in Terrorism and Non-Terrorism Prone Area.
- H2. There will be Significant difference on the level of Social Adjustment among Adults living in Terrorism and Non-Terrorism Prone Area.
- H3. There will be Significant difference on the level of Home Adjustment among Adults living in Terrorism and Non-Terrorism Prone Area.
- H4. There will be Significant difference on the level of Health Adjustment among Adults living in Terrorism and Non-Terrorism Prone Area.
- H5. There will be Significant difference on the level of Emotional Adjustment among Adults living in Terrorism and Non-Terrorism Prone Area.
- H6. There will be Significant relationship between Resilience and Adjustment among Adults living in Terrorism Prone Area.
- H7. There is Significant relationship between Resilience and Adjustment among Adults living in Non-Terrorism prone Area.

SAMPLE AND IT'S SELECTION

Purposive Sampling was employed for data collection. Two different samples were chosen. Sample 1 was 80 postgraduate students from Jammu University, who were also residents of J&K, and had been affected by terrorism directly or indirectly. Although direct survivors were preferred. Sample 2 was 80 postgraduate students from Amity University and University of Delhi. Each research participant in Sample 1 fulfilled our following pre- requisites: -

- a) must be a post graduate student
- b) must be a resident of J&K
- c) must have witnessed terrorism, primarily or secondarily.

For Sample 2, following prerequisites were ensured: -

- a) must be a post graduate student
- b) must be a resident of Delhi NCR
- c) must not have witnessed terrorism, primarily or secondarily.

Description of Tools employed

1) Bell's Adjustment Inventory

The Bell's Adjustment Inventory, created by Dr. R.K. Ojha in 1968, was used to gather data. The four dimensions of this inventory are home, health, social adjustment, and emotional adjustment. The inventory's score is entirely unfavourable. There are 35 questions for each dimension, and the answers can only be "Yes" or "No." One point is to be given for each "Yes" response; the "No" responses are unimportant. If a person responds with a "Yes," it means that they are having difficulties, and a "No," it means that they are not having any problems at all.

Table 1: Reliability coefficients of the inventory

| Method | Home | Health | Social | Emotional |
|--------------|------|--------|--------|-----------|
| Split-Half | 0.84 | 0.81 | 0.87 | 0.89 |
| Test- Retest | 0.91 | 0.90 | 0.89 | 0.92 |

Table 2:

Validity coefficients of The Inventory

| Areas | Home | Health | Social | Emotional |
|-----------|------|--------|--------|-----------|
| Home | 0.72 | | | |
| Health | | 0.79 | | |
| Social | | | 0.82 | |
| Emotional | | | | 0.81 |

2) Nicholson McBride Resilience Scale

A test of psychological resilience that people can administer to themselves is the Nicholson McBride Resilience Questionnaire (NMRQ). It was created to evaluate people's capacity to handle stress and adversity in their daily lives. Typically, the NMQ is self-administered. It usually takes 5 minutes to complete and consists of a series of questions assessing a person's capacity for handling stress and hardship. A five-point Likert scale measuring 22 responses, from "strongly disagree" to "strongly agree," is used to calculate the results. Scores 0–37 represent a level of developing resilience, whereas scores 38–43 represent established resilience, 44–48 represent a strong level of resilience, and scores 49–60 represent an exceptional level of resilience. It has a reliability of 0.76 and validity of 0.80.

Procedure

Instruments for data collection (Bell's Adjustment Inventory and Nicholson McBride Resilience Questionnaire) were assessed as soon as the topic was decided. After that, we began the process of gathering data. We gave each participant assurance that their answers would be kept confidential. After carefully gathering the data, we moved on to SPSS data analysis.

CHAPTER 4: ANALYSIS OF RESULTS

After the data was collected and scored, it was analysed in SPSS. Adjustment and Resilience of terrorism prone area and non- terrorism prone area was compared using t-test and correlation. Adjustment was studied in four spheres namely, social adjustment, health adjustment, emotional adjustment, and home adjustment.

Table 3: Mean, SD and t value for Home Adjustment among Adults (terrorism-prone and non-terrorism prone area)

| | SAMPLE (ADULTS) | N | MEAN | SD | t-value | P |
|-----------------|----------------------|----|-------|------|---------|-------|
| HOME ADJUSTMENT | Terrorism prone | 80 | 12.82 | 6.89 | 0.885 | Insig |
| | Non -Terrorism prone | 79 | 12.00 | 4.66 | | |

Findings indicate no significant difference on home adjustment among adults in terrorism prone and non-terrorism prone area.

Table 4: Mean, SD and t value of Health Adjustment among Adults (terrorism-prone and non-terrorism prone area)

| | SAMPLE (ADULTS) | N | MEAN | SD | t-value | P |
|-------------------|----------------------|----|------|-------|---------|-------|
| HEALTH ADJUSTMENT | Terrorism prone | 80 | 9.78 | 6.45 | 0.80 | Insig |
| | Non -Terrorism prone | 79 | 9.86 | 5.009 | | |

The analysis show that there is no significant difference between health adjustment of people residing in terrorism prone area and non- terrorism prone area.

Table 5: Mean, SD and t value of Social Adjustment among Adults (terrorism-prone and non-terrorism prone area)

| | SAMPLE (ADULTS) | N | MEAN | SD | t-value | P |
|-------------------|----------------------|----|-------|------|---------|------|
| SOCIAL ADJUSTMENT | Terrorism prone | 80 | 15.21 | 5.25 | 2.510 | Sig* |
| | Non -Terrorism prone | 79 | 17.21 | 4.79 | | |

Significant at 0.05 level

Table 5 depicts that there exists a significant difference between mean of terrorism prone and non-terrorism prone populations with regard to social adjustment at 0.05 level of significance ($t=2.510$, $p<0.05$).

Table 6 : Mean, SD and t value of Emotional Adjustment among Adults (terrorism-prone and non-terrorism prone area)

| | SAMPLE (ADULTS) | N | MEAN | SD | t-value | P |
|----------------------|----------------------|----|-------|------|---------|-------|
| EMOTIONAL ADJUSTMENT | Terrorism prone | 80 | 13.85 | 6.22 | 1.32 | Insig |
| | Non -Terrorism prone | 79 | 15.26 | 6.88 | | |

Table 6 depicts that there is no significant difference between emotional adjustment of terrorism prone and non- terrorism prone populations.

Table 7: Mean, SD and t value of Resilience among Adults (terrorism-prone and non-terrorism prone area)

| | SAMPLE (ADULTS) | N | MEAN | SD | t-value | P |
|------------|----------------------|----|-------|------|---------|------|
| RESILIENCE | Terrorism prone | 80 | 39.16 | 8.32 | 2.116 | Sig* |
| | Non -Terrorism prone | 79 | 41.69 | 6.67 | | |

Significant at 0.05 level

Table 7 shows that there is a significant difference between mean of terrorism prone and non- terrorism prone population with regard to resilience ($t=2.119$, $p<0.05$).

Table 8: Correlation between Resilience and Total Adjustment in Terrorism Prone Sample

| VARIABLES | N | r | p |
|------------------|----|--------|-------|
| Resilience | 80 | -0.071 | Insig |
| Total Adjustment | 80 | | |

The findings reveal no correlation between total adjustment and resilience among terrorism prone sample.

Table 9: Correlation between Resilience and Total Adjustment in Non-Terrorism Prone Sample

| VARIABLES | N | r | p |
|-------------------|----|--------|-------|
| Resilience | 79 | -0.220 | Insig |
| Social Adjustment | 79 | | |

In the non-terrorism susceptible sample, the results show no significant correlation between resilience and total adjustment.

CHAPTER 5: DISCUSSION

The aim of this study was to assess Resilience and Adjustment among Adults living in Terrorism prone area and Non –Terrorism prone area. Terrorism prone population consisted of 80 adults and non- terrorism prone population consisted of 79 adults. For analysis of adjustment, Bell's Adjustment Inventory (BAI) by Dr. RK Ojha was used. For analysis of resilience, Nicholson McBride Resilience Questionnaire (NMRQ) was used. Following the collection of the data, it was analysed using SPSS by computing the mean, standard deviation, t-test, mean, and Pearson's correlation.

Table 3 shows no significant difference on home adjustment among terrorism prone and non- terrorism prone area. Home adjustment is the person's behaviour in adjusting to their home circumstances, including the family's ambiance, the parents' marital status, the family's financial situation, the relationships between siblings, and the parents' attitudes towards their children's social lives. The Ecological Systems Theory, which was developed by Urie Bronfenbrenner, places a strong emphasis on the significance of

comprehending the dynamic interactions between people and their environment. According to this theory, people exist inside a variety of layered systems, including the macrosystem (cultural values and norms), exosystem (settings that have an indirect impact on the individual), and microsystem (immediate surroundings). A person's adjustment at home can be viewed as a process of negotiation and adaptation with their immediate physical and social environment as well as the larger systems to which they belong.

Table 4 shows that there exists no significant difference on the domain of health adjustment among terrorism prone and non terrorism prone area. The development of one's personality is heavily influenced by one's health. The basis of satisfaction and adjustment is good health. The individual should be in good physical and mental health. A person who is physically and psychologically fit always feels more at ease in society than a person who is unhealthy.

In table 5 social adjustment of people living in terrorism and non terrorism prone area was analysed and it indicated a significant difference ($t=2.510$, $p<0.05$). Social adjustment involves the capacity to live and work with others in harmony and to engage in fulfilling interactions and relationships. accommodation to the needs, restrictions, and societal norms . It also indicated that people living in terrorism prone area had a higher social adjustment.

Israeli citizens' long-term psychological repercussions of terrorism were investigated in a study by Hobfoll et al. in 2007. According to the research, those who were exposed to terrorist attacks demonstrated signs of post-traumatic growth, including a heightened sense of self-awareness, strengthened interpersonal bonds, and higher life enjoyment. According to the post-traumatic growth theory, which was created by psychologists Richard Tedeschi and Lawrence Calhoun, those who endure trauma can go through constructive psychological changes and experience personal development as a result. This could shed light on why certain terrorist attack survivors have better social adjustment.

In table 6, no significant difference exists on the domain of emotional adjustment among terrorism and non terrorism prone area. An emotionally stable individual may be well adjusted, whereas an emotionally unstable state might result in mental illnesses and poor adjustment. A healthy personality is developed through emotional adjustment. It is the apex of personality adjustment, and when emotional adjustment is made, physical, intellectual, mental, and esthetical changes are also feasible.

In Table 7, it is evident that there is a significant difference in the population's resilience between terrorism prone and non- terrorism prone population ($t=2.119$, $p<0.05$). It also indicates that people of terrorism-prone area have a higher resilience. According to a study by Benight and Bandura from 2004, those who had painful experiences related to terrorism were more resilient than people who had traumatic experiences unrelated to terrorism. The protective elements and mechanisms that help people deal with adversity and bounce back are the subject of resilience theory. According to studies, victims of terrorism frequently have high levels of resilience, which can be related to a variety of elements including social support, cognitive flexibility, optimism, and problem-solving abilities.

Table 8 indicates no correlation between adjustment and resilience in terrorism prone area. In table 9, no correlation was analysed between adjustment and resilience of non- terrorism prone area.

Our first hypothesis was that there will be a significant difference on the level of resilience among adults living in terrorism and non-terrorism area, which is accepted as Table 7 shows a significant difference on the level of resilience among adults living in terrorism prone and non-terrorism area, with resilience of people living in terrorism prone area being higher than people living in non-terrorism prone area.

Our second hypothesis, which was that there will be a significant difference on the level of social adjustment among adults living in terrorism and non-terrorism area, which is accepted as indicated in Table 5 ($t=2.510$, $p<0.05$), with social adjustment of people living terrorism prone being higher than people living in non- terrorism prone area.

Our third hypothesis was that there will be a significant difference on the level of home adjustment among adults living in terrorism and non- terrorism prone area is rejected ($t=0.885$, $p>0.05$). The fourth hypothesis that there will be a significant difference on the level of health adjustment among adults living in terrorism

and non- terrorism prone area is rejected ($t=0.080$, $p>0.05$). Fifth hypothesis that there will be a significant difference on the level of emotional adjustment among adults living in terrorism and non- terrorism prone area is rejected ($t=1.32$, $p>0.05$). Our sixth and seventh hypothesis is also rejected as there is no significant relationship between resilience and adjustment among adults living in terrorism prone and non- prone area

CHAPTER 6: SUMMARY AND CONCLUSION

The aim of this study was to assess resilience and adjustment among adults living in terrorism prone area and non –terrorism prone area. Two sampes were collected , Sample 1(terrorism prone) was collected from J&K and Sample 2 (non- terrorism prone) was collected from Delhi NCR. Total sample size was 169 . With the exercise of t-test and correlation, it was found that social adjustment of people living in terrorism prone area is higher than people living in non-terrorism prone area. It was also found that people living in terrorism prone area had a a higher resilience tham people living in non-terrorism prone area.

However, we also recognize that a situation is perceived differently by different individuals. It requires their unique life experiences, values, motivations and many other skills to view a situation, make meaning of it and finally cope with it.

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