

ALIENATION AND HEALTH LOCUS OF CONTROL AMONG PEPTIC ULCER PATIENTS

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The study was designed to explore for any possible concurrence of peptic ulcer with alienation and health locus of control in samples drawn from Srinagar (J & K) and Aligarh (U.P.). The sample consisted of 100 subjects from Srinagar and 100 from Aligarh. Further, each group was divided into two equal halves in terms of gender (50 males and 50 females). The subjects completed alienation and health locus of control questionnaires individually. The results of analysis of variance revealed that the main effects sex and region were significant. The z-scores indicate that the correlations between alienation and health locus of control are significantly different for the patients of peptic ulcer from Srinagar and Aligarh and for male and female.

Peptic ulcer is caused by excessive reactions of stomach's acid e.g., pepsin, mucus and hydrochloric acid. The reasons of these excessive secretions, in most of the cases, are psychological such as anxiety and anger (Alexander, 1950) and chronic stress (Liebman, 1955). Because of this link between the psychological malfunctioning and the organic damage, the peptic ulcer has been classified as a psychosomatic disorder (3rd ed., DSM III, American Psychiatric Association, 1980). The extent of psychological distress and the occurrence of peptic ulcer may depend upon a number of factors such as alienation, health locus of control, sex, and the geographical area.

Alienation is a state of psychological isolation and interpersonal distress (Daly, 1968). It refers to the presence of distrust and estrangement in one's attitude toward those representing authority. The research on alienation has indicated many negative effects upon the psychological functioning and health of the individuals. It was found that subjects were unable to find truly authentic, meaningful and fulfilling way of life. The sense of low control seems to play a role in the development of anxiety, depression, personality disorders and even in psychosomatic death (Gurin, Gurin & Morrison, 1978). Selection of the variable of alienation has been guided by the consideration that it has the probability of being related to the psychological accompaniment of

gastrointestinal disorders. The one used in this study is some kind of assortment of existing concepts in social sciences, particularly in psychology.

The studies on health locus of control have differentiated between health internals and health externals (Wallston, Wallston, Kaplan, & Maides, 1976). Health internals believe that they have more control over their destinies, whereas, health externals believe that their outcomes are determined by the factors extrinsic to themselves such as fate, luck or chance. These beliefs can have dynamic influence upon the psychological and physical states of persons. It has been reported that hospitalized patients with internal locus of control belief possessed more information about their physical condition. They also asked both doctors and nurses more questions about their illness and showed less satisfaction with the amount of information they received about their disease from the hospital personnel than did the external patients. Internals seem to use the defense of repression, while the externals may be more frank about their disturbances and have less need to express threatening or unfavourable information.

The incidence of peptic ulcer may differ in female and male persons belonging to different geographical regions. This may be because of climatic conditions, patterns of eating habits, attitudes, likes and dislikes for certain foods. All these factors play an important role in causing peptic ulcer. The comparison groups from two geographically distant and different areas (Srinagar and Aligarh) have been mainly guided by this consideration.

The purpose of this study was to investigate the role of health, locus of control and alienation in the development of peptic ulcer.

METHOD

Sample

About 600 patients suffering from gastrointestinal disorders were initially drawn from Jawahar Lal Nehru Medical College affiliated with Aligarh Muslim University, Aligarh, and 600 patients from Sher-e-Kashmir Institute of Medical Sciences, Srinagar. Out

of the 600 patients from Aligarh, 152 were suffering from peptic ulcer (87 males and 65 females), whereas, from Srinagar, 171 were found to be peptic ulcer patients (98 males and 73 females). Necessary medical examinations like barium meal, X-ray, clinic diagnosis, acid studies and endoscopy were also carried out to confirm the diagnosis of peptic ulcer. As a next step a sample of 100 subjects each consisting of 50 males and 50 females, was selected among the peptic ulcer patients from Srinagar and Aligarh. The duration of hospitalization of the subjects was not taken into consideration. The average age of the total sample of 200 patients was 45.3 years.

Instruments

The personality measure of alienation (Kureshi & Dutt, 1979), with five factors namely: "Despair", "Psychological Vacuum", "Narcissism", "Disillusionment", and "Unstructured Universe", consisted of twenty one items. The scoring scheme was: 'always': 4, 'often': 3, 'sometimes': 2, 'never': 1. While the scoring for negative items (3,12,18,21) was the reverse of above.

The health locus of control (HLC) questionnaire consists of 11 items each having a 6-point rating scale (Wallston et al., 1976). The scale is scored in the external direction, with each item being scored from 1 (strongly disagree) to 6 (strongly agree) for externally-worded items (3, 4, 5, 6, 7, 9), and in the reverse order for internally-worded items (1, 2, 8, 10, 11).

Procedure

The subjects were approached individually and were asked about their consent to participate in study. They were assured of the confidentiality of their data. After developing rapport with the subjects, they were administered the instruments. Each subject was given the measure of alienation first followed by the health locus of control questionnaire.

RESULTS

Two separate two factor analyses of variance were performed on alienation, and health locus of control scores of ulcer patients with

the sex and region of the country. Pearson Product Moment Correlation between the alienation and health locus of control scores were performed for the patients from Srinagar and Aligarh and males and females. The significance of difference between the correlation coefficients for Srinagar and Aligarh patients and male and female patients were also computed.

Table 1

Two Factor Analysis of Variance on Alienation Scores of Peptic Ulcer Patients with Sex and Region

Source of Variation	Sum of Square	df	Mean Square	F	p
A (Sex)	326.41	1	326.41	10.62	<.01
B (Region)	55.25	1	55.25	1.80	n.s.
A x B	6.84	1	6.84	0.22	n.s.
Within Groups	6013.36	196	30.68		
Total	6402.36	199			

The result in table 1 show that the main effect of sex is significant, while the main effects of region and interaction are not significant. This shows a significant difference between male and female patients on alienation scores. The mean alienation scores of males are 53.28 and that of females are 49.50. This shows that males have higher alienation scores as compared to females. The mean alienation scores of Srinagar patients are 52.8 and that of Aligarh are 50.1. The patients from Srinagar scored higher on the alienation score as compared to the patients from Aligarh, but the difference was not significant.

Table 2

Two Factor Analysis of Variance on Health Locus of Control Scores of Peptic Ulcer Patients with Sex and Region

Source of Variation	Sum of Square	df	Mean Square	F	p
A (Sex)	578.00	1	578.00	41.55	<.01
B (Region)	255.38	1	255.38	18.35	<.01
A x B	62.72	1	62.72	4.50	<.05
Within Groups	2726.40	196	13.91		
Total	3560.50	199			

The result in table 2 indicate that the main effects of sex, region and the interaction are significant. This indicates a significant

difference between male and female patients, a significant difference between patients from Srinagar and Aligarh, and the interaction between the sex of the person and the area from where he or she belongs to. The mean health locus of control score of males was 37.6 and that of females was 41. The females scored higher as compared to the males on HLC. The mean HLC score of the patients from Srinagar was 38 and from Aligarh 40.4. The patients from Aligarh scored higher on HLC as compared to that of from Srinagar.

Table 3

Product Moment Correlations between Alienation Scores and Health Locus of Control and the Corresponding Fisher Z Values, with Standard Deviation of z and Corresponding z-Values from the Table of Standard Normal Distribution

Groups	N	r	Z	S.D.(z)	z	p
SUP	100	0.83	1.19			
				0.14	2.92	<.01
AUP	100	0.65	0.78			
Males	100	0.77	1.02			
				0.14	2.85	<.01
Females	100	0.55	0.62			

The results in table 3 show that there are significant differences between the correlations of alienation and health locus of control for the ulcer patients from Srinagar and Aligarh and males and females. The two variables show a higher correlation for the patients from Srinagar as compared to the patients from Aligarh, whereas, the correlations between HLC and alienation scores are higher for the males as compared to females.

DISCUSSION

The result of analysis of variance and the mean scores of different groups on alienation and health locus of control scales indicate that male peptic ulcer patients, on the whole, are found to be more alienated, and more health-internals than female peptic ulcer patients. Peptic ulcer patients from Srinagar are found to be

more health-internals, and more alienated than peptic ulcer patients from Aligarh. The variables of sex and region seem to play a role in alienation and internalization. These findings are further supported by the differences in the extent of correlations between alienation and health locus of control for the two comparison groups. There is a high correlation between alienation and health locus of control for male patients and the patients from Srinagar.

The findings suggest that males, compared to females, who, in our society, have stronger feelings of independence, accomplishment, self-sufficiency, rigid business orientation, aspirations and ambition, when fail to cope with their levels of aspiration become hopeless and frustrated. They tend to believe that one is powerless to do any thing that will have any significant effect in finding solution to a difficult situation. Male peptic ulcer patients, by virtue of their being health-internals, tend to be more achievement-oriented and less conforming and compliant. They value individual responsibility and are involved in reasonable risks. Encountering failures or other negative outcomes the male patients experience helplessness more strongly, which makes them vulnerable to pathogenic disorder of peptic ulcer. Female peptic ulcer patients have less need to repress unfavourable or threatening emotions. They are found to be more open and frank about their pathology or anxieties (Sahar & Kureshi, 1989). This may offer justification for an inherent commonality operating in alienation and internality.

Peptic ulcer patients from Srinagar, having been found health-internals and alienated, believe that promotions depend on hard work, on what you know rather than who you know. Facing to stressful events out of their control, they feel powerless and tend to respond to stress with anger, depression, drug use and abdominal pain (Sahar & Kureshi, 1989). Thus, when a subject is unable to elevate his experience of despair, detachment, bitterness, scorn and disdain, and if this experience extends over a prolonged period of time, a syndrome of psychophysiological stress may ensue, as reflected in peptic ulcer, suggesting as if internality covaries with alienation. Peptic ulcer patients from Aligarh are found flexible in choosing the expression of anxiety and loneliness and believe that the factors which determine their health are ones over which they have little control.

As regards the sex differences related to health care, it is of common observation that women react to stress with greater acknowledgement of symptoms of ulcer than men, whereas, men are reluctant to publicly admit symptoms and unpleasurable feelings. Women cope with problem by visiting doctors and they predominate wherever there is possibility of utilisation of the general health care system. On the other hand, serious life-endangering illness occurred among men. Men are reluctant to admit being helpless and isolated or to seek treatment for such feelings and may mitigate this by, self-prescribing many diversions to ward-off the incessant feeling of being unwell, while women have little options for these on moral or social considerations. Stereotypically, women are supposed to be externals, submissive, dependent, subjective, nonaggressive, emotional and having scant sanction of society to be otherwise.

Differences in peptic ulcer proneness may also be attributed to the use of substances, (e.g., tea, coffee and spices), which one relishes but which may be irritating and damaging to the digestive system. This may have contributed more to ulcer formation in the case of our Srinagar patients. Regularity in eating habits and the kind of eatables may also play an important role regarding the differences between the patients from Srinagar and Aligarh on alienation and health locus of control.

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