Chapter Five

SUMMARY AND CONCLUSION

The etiology of peptic ulcer and ulcerative colitis has been one of the great riddles of internal medicine. An area of clinical research which has immediate practical implications for the medical practice as a whole is that of psychosomatic medicine. The term psychosomatic, therefore, indicates relationships between social and psychological processes or behaviour on the one hand, and destruction of tissue and physiological dysfunction, on the other. Psychosomatic gastrointestinal disorders open up a meaningful area of scientific investigation in psychology. The main thrust of the study is to focus on peptic ulcer and ulcerative colitis with all their physical symptoms that are usually the consequences of sustained emotional tension, such as alienation and health locus of control. In other words, the purpose of this work is to extend the line of research and to establish relationship between peptic ulcer and ulcerative; and between alienation and health locus of control.

Peptic ulcer results from an excessive flow of the stomach's acid containing digestive juices, which eat away the mucous membrane that lines the stomach or duodenum, leaving a crater like wound. Acid secretion occurs in response to emotional factors. The gastric secretions contain three major components, mucus, pepsin, and hydrochloric acid that are responsible for ulceration.
Ulcerative colitis is another major disorder of the gastrointestinal system. That the lower and the upper part of the gastrointestinal tract is quite responsive to parasympathetic stimulation, the bowel movements may increase in frequency during conditions of emotional conflict, and loss of support from a key figure, or may be a decrease in frequency of bowel movements, can result in a constipation condition. The passing of mucus of blood in the stool often shows the beginning of inflammation of the colon.

Alienation is considered to be a state of psychological isolation, lack of feeling of competence, interpersonal distrust, uncrystallized sense of identity and the feeling that individual lacks meaning and authenticity in his/her life. There are five subdimensions which have been claimed to tap alienation, that used in this study, in all the entirety for 'despair', 'disillusionment', 'unstructured universe', 'psychological vacuum' and 'narcissism', considering that it has the probability of being related to the psychological accompaniments of gastrointestinal disorders.

Health locus of control is another personality variable which was related to peptic ulcer and ulcerative colitis. On the basis of their experiences people develop generalized expectancies for internal versus external control of rein-
forcement, internal control refers to the perception of positive and/or negative events as being a consequence of one's own actions and, thereby, under personal control. Internals are less compliant, take more reasonable risks, perceive themselves as masters of their own fate and encountering failures or other negative outcomes could lead internals to strong feeling of personal responsibility and helplessness. External control refers to the perception of positive and negative event as being unrelated to one's own behaviour in certain situations and, therefore, beyond personal control. Externals are more sensitive, observe chance or fate as an essential factor, and more frank about their disturbances and less need to repress threatening.

The social variables of locale and sex were used as the probable source of variation in the occurrence of peptic ulcer and ulcerative colitis. The inclusion of the variable of locale (Srinagar and Aligarh) was guided by the consideration that climatic conditions, patterns of eating habits, attitudes, likes and dislikes for certain foods, play a potential role in causing peptic ulcer and ulcerative colitis. The variable of sex is a demographic consideration, and has some consequence in view of the fact that sex role stereotypes and cultural conditioning predispose members of
the two sex (males and females) rather differently so that they are not equally sensitive-insensitive to the stimuli they are exposes to, and hence used in this study.

The review of literature on peptic ulcer and ulcerative colitis was intended to provide a context in which the significance of the present investigation could be highlighted. Classifying the studies according to certain variables and giving the review an organised shape was not an easy affair. However, being a psychological study of physiological phenomenon, the review gave a greater coverage to the studies making use of psychological, biological, sociocultural, and personality variables.

The methodology was worked out in accordance with the objectives of the study which consisted, in the main, comparative analysis of the males and females reporting some kind of ulcer and colitis disturbances, in relation to alienation and health locus of control. The sample (N=400) of the study comprised male and female patients, suffering from peptic ulcer and ulcerative colitis from Srinagar and Aligarh. This sample was equally divided in terms of locale (N=200) and Sex (N=200). Out of each 200 patients from Srinagar and Aligarh, 100 were ulcer patients and 100 colitis patients. Further each ulcer and colitis group from Aligarh
and Srinagar, consisted of 50 males and 50 females. The data as collected by means of alienation and health locus of control scales, were subjected to analysis of variance, to determine the role of the sex status and region status in causing differences and to the t-test to determine the significance of differences between the groups. The data were also analyzed by means of Person Product Moment correlation method and the significance of difference between two correlation coefficients (Zobs).

The main findings of the study were:

- Sex was found to be significant as a source of variation, for peptic ulcer patients on alienation scores, while region and A x B interaction were not significant.

- Sex and region were found to be insignificant as a source of variation on alienation scores, for ulcerative colitis patients, whereas the interaction of A x B was significant.

- Sex, region, and A x B interaction were found to be significant as a source of variation for peptic ulcer patients on HLC scores.

- Sex was not found to be significant as a source of variation, for ulcerative colitis patients on HLC
scores, while region and the interaction of $A \times B$ were significant as a source of variation.

- Male peptic ulcer patients were significantly more alienated than female peptic ulcer patients on alienation scale.

- Peptic ulcer patients from Srinagar were more alienated than peptic ulcer patients from Aligarh on alienation scale.

- Significant differences were found between male and female ulcer patients from Srinagar, on alienation scale, but no significant differences existed between male and female ulcer patients from Aligarh.

- No significant differences existed between male ulcer patients from Srinagar and Aligarh, on alienation scale, and same was the case with female ulcer patients from Srinagar and Aligarh.

- Female colitis patients were found to be more alienated than male colitis patients on alienation scale.

- Colitis patients from Aligarh were found to be more alienated than colitis patients from Srinagar, on alienation scale.
Male and female colitis patients from Srinagar have shown significant differences, on alienation scale, and also male and female colitis patients from Aligarh.

No significant differences were found between male colitis patients from Srinagar and Aligarh, on alienation scale, while there were significant differences between female colitis patients from Srinagar and Aligarh.

Significant differences existed between peptic ulcer and ulcerative colitis patients, on alienation scale.

Male ulcer patients were found to be internals and female ulcer patients were externals.

Ulcer patients from Srinagar and Aligarh have shown significant differences, on HLC scale.

Significant differences were found between male and female ulcer patients from Srinagar, on HLC scale, and also, significant differences existed between male and female ulcer patients from Aligarh.

No significant differences existed between male ulcer patients from Srinagar and Aligarh, on HLC scale, whereas significant differences were found between female ulcer patients from Srinagar and Aligarh.
No significant differences were found between male and female ulcerative colitis patients, on HLC scale.

Significant differences existed between colitis patients from Srinagar and Aligarh, on HLC scale.

Significant differences were found between male and female colitis patients from Srinagar, on HLC scale, while no significant differences existed between male and female colitis patients from Aligarh.

Significant differences existed between male colitis patients from Srinagar and Aligarh, on HLC scale, while no significant differences were found between female colitis patients from Srinagar and Aligarh.

No significant differences were found between peptic ulcer and ulcerative colitis patients, on HLC scale.

The correlation analysis between health locus of control and alienation revealed significant differences between ulcer patients and colitis patients, ulcer patients from Aligarh and ulcer patients from Srinagar, male ulcer patients and female ulcer patients, and colitis patients from Aligarh and colitis patients from Srinagar. No significant differences were found between male colitis patients and female colitis patients.
Male peptic ulcer patients on the whole were found to be more alienated, so also, male peptic ulcer patients more internals than female peptic ulcer patients. Peptic ulcer patients from Srinagar were more internals and alienated than peptic ulcer patients from Aligarh.

The variables of sex status as such proved to be a source of variation for peptic ulcer patients on both alienation and health locus of control. Compared to females, males having stronger feelings of independence, high aspirations, hard-driving business orientation and ambition, while failing to cope with their level of aspiration and dissatisfaction, underwent a sense of hopelessness and distrust giving way to a lack of meaningful life.

Male peptic ulcer patients, by virtue of their being internals, tended to be more achievement-oriented, stressing individual responsibility more. Encountering failures led male patients to feel powerless and tend to stress with depression, drug use and abdominal pain. Female peptic ulcer patients expressed less need to repress favourable or threatening information. They were found to be more open about their pathology or anxieties.

Peptic ulcer patients from Srinagar as compared to those from Aligarh, having been found internals and alienated, were more likely to take initiative in attaining
goals and controlling the environment. They tended to see themselves as masters of their own fate and of their reinforcement and rewards, using the defense of repression which consequently seemed to give rise to the onset of peptic ulcer.

Health-internal male peptic ulcer patients from Srinagar and Aligarh, believed that one stayed or became healthy or sick as a result of his behaviour. Whereas, health-external female patients, Srinagar and Aligarh, were presumed to have generalized expectancies that the factors which determined their health were ones over which they had little control.

Female ulcerative colitis patients were more alienated than male ulcerative colitis patients on alienation, while no significant differences existed between male and female ulcerative colitis patients on health locus of control; and ulcerative colitis patients from Aligarh were found to be more internals and alienated than their Srinagar counterparts.

Female ulcerative colitis patients, regressed more when they fell ill and could adapted themselves with difficulty to the illness in a constructive way. Faced with failure they experienced worthlessness. In spite of all efforts to cope
with the situation, their self-confidence and self-reliance were replaced by a feeling of helplessness, futility and desperation and the consequent spell of alienation ensured followed by the onset of ulcerative colitis symptoms. Such emotional conflicts within the individual through the parasympathetic nervous system, produced changes in the colonic mucosa, responsible for the clinical and pathological signs of the disease. Male ulcerative colitis patients, finding one of his roles unsatisfactory, frequently switched his interest and concern on to the other role.

In the case of ulcerative colitis patients from Aligarh, when conflicts occurred with the key figure, and if the patients were unable to find a replacement for the loss of love object, a state of psychological isolation, interpersonal distrust, lack of feeling of competence, and intense frustration ensued along with internality directed behaviour. Among the ulcerative colitis patients from Aligarh who were characterized with alienated affect of the relapses, prolonged stay in hospital with its forced dependence on others and fear for the future, these characteristics became more marked when the disease carried pain and physical discomfort.

The study may be carried out on subjects whose lives are on all accounts free of stress and strains. While summing up the observations of the study which consisted mainly in
greater incidence of peptic ulcer among males as a whole and Srinagar, and ulcerative colitis among females and among Aligarh colitis patients on alienation and HLC measures. Some possibilities for future studies on the subject seemed to spring up. The variables which can be taken up may include socio-economic status, ecology, eating habits, awareness about one's own disease and so forth. These would perhaps provide answers to questions which the present study could not or, did not intend to and should this research be extended along with these variables and with other relevant personality variables, such as stress tolerance, power motivation, introversion extroversion would bring out the role of these in the precipitation of ulcerative colitis and peptic ulcer, thus lending support to the sociocultural determination of these ailments.