ABSTRACT

The main thrust of the study was to extend the line of research on gastrointestinal ailments and to establish relationship between peptic ulcer and ulcerative colitis, 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 in response to emotional factors. Ulcerative colitis is quite responsive to parasympathetic stimulation, that the bowel movements may increase or decrease in frequency during conditions of emotional conflicts and loss of support from a key figure. The passing of mucus or blood in the stool often shows the beginning of the inflammation of the colon.

Alienation is as a state of psychological isolation, interpersonal distrust and lack of meaning and authenticity in life. There are five subdimensions of alienation: 'despair', 'disillusionment', 'unstructured universe', 'psychological vacuum' and 'narcissism'. Health internal control refers to the perception of positive or negative events as being a consequence of one's own actions and
thereby under personal control. Health external control refers to the perception of positive or negative event as being unrelated to one's own behaviour in certain situations and, therefore, beyond personal control.

The social variables of locale (Srinagar and Aligarh) and sex (males and females) were used as the probable source of variation in the occurrence of peptic ulcer and ulcerative colitis.

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, by classifying the studies according to psychological, biological, sociocultural and personality variables.

The sample of patients (N=400) drawn from Aligarh and Srinagar (N=200 each) comprised 100 subjects suffering from peptic ulcer and another 100 suffering from ulcerative colitis. Further, each ulcer and colitis group from Aligarh and Srinagar, consisted of 50 males and 50 females. Analysis of variance (2 x 2), t-test, Pearson product moment correlation and the significance of difference between two correlation coefficients (Zobs), were the statistical
techniques used in the present study. The data were collected by means of Alienation and Health Locus of Control scales.

The main results were: male peptic ulcer patients were more alienated ($t=4.60, P < .01$) and more internals ($t=4.59, P < .01$) than female peptic ulcer patients, ($Z=2.85, P < .01$). Peptic ulcer patients from Srinagar were more alienated ($t=2.13, P < .05$) and more internals ($t=3.09, P < .01$) than peptic ulcer patients from Aligarh ($Z=2.92, P < .01$). Female ulcerative colitis patients were more alienated than male ulcerative colitis patients ($t=3.35, P < .01$), while no significant differences were found between male and female ulcerative colitis patients ($t=0.89, P > .05$), ($Z=0.57, P > .05$). Ulcerative colitis patients from Aligarh were more alienated ($t=2.35, P < .05$) and more internals ($t=2.13, P < .05$) than ulcerative colitis patients from Srinagar ($Z=3.50, P < .01$).