

## RELATIONSHIP BETWEEN ALIENATION AND NEUROTICISM AMONG PATIENTS WITH CHRONIC DISEASES

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Article Info	ABSTRACT
<p><b>Article History:</b> Received: 24<sup>th</sup> January 2026 Accepted: 01<sup>st</sup> February 2026 Published: 05<sup>th</sup> February 2026</p>	<p>Research Background: Chronic diseases are long-term conditions requiring continuous management. Psychological factors such as alienation and neuroticism are commonly observed among patients. Alienation reflects social disconnection, while neuroticism involves negative emotional tendencies (Eysenck, 1967; Costa &amp; McCrae, 1992). The study examined their relationship among chronic disease patients.</p> <p>Objectives: The study objective was to find out the relationship between alienation and neuroticism among patients with chronic diseases.</p> <p>Procedure: A purposive sampling technique has been employed for the selection of participants in the present study. The total sample has consisted of 300 patients diagnosed with chronic diseases, selected from the Satara and Solapur districts of Maharashtra. The age range of the participants has been restricted to 30 to 60 years. The study Alienation Scale developed by Hardeo Ojha and Neuroticism Scale developed by Ivan Scheier and Raymnd Cattell and Prepared by K. Kapoor and S. D. Kapoor have been used.</p> <p>Conclusions: It can be concluded that alienation has shown a positive and statistically significant relationship with neuroticism among chronic disease patients, indicating that patients experiencing higher levels of alienation have also exhibited higher levels of neuroticism.</p>
<p><b>Keywords:</b>  <i>Chronic Diseases, Alienation, Neuroticism</i></p>	

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**How to Cite:** Lokhande, G. V. (2026). Relationship between Alienation and Neuroticism among Patients with Chronic Diseases. *IIP: International Multidisciplinary Research Journal (IIPIMRJ)*, 3(1), 871-877.

## INTRODUCTION

Chronic diseases, also known as non-communicable diseases (NCDs), are long-term health conditions that typically persist for more than three months and often continue for years or even a lifetime. These diseases generally develop gradually, do not resolve spontaneously, and require ongoing medical care, lifestyle management, and periodic monitoring to prevent complications and control symptoms (World Health Organization [WHO], 2023). According to WHO (2023), chronic diseases are responsible for approximately 74% of global deaths, indicating their significant public health impact.

The development and progression of chronic diseases are influenced by a combination of genetic, behavioural, environmental, and socioeconomic factors. Modifiable risk factors include physical inactivity, unhealthy dietary patterns, tobacco and alcohol use, and stress, while non-modifiable factors such as age, gender, and genetic predisposition also contribute to disease vulnerability (Mills et al., 2020).

Beyond the physical impact, chronic diseases have profound psychological and social consequences. Patients often experience emotional stress, anxiety, depression, and social isolation due to continuous medical monitoring, lifestyle modifications, and uncertainty about disease outcomes (Katon et al., 2015).

**Alienation** is a multidimensional psychological and social construct reflecting feelings of estrangement or disconnection from oneself, others, or society. It encompasses emotional and social experiences such as powerlessness, meaninglessness, normlessness, social isolation, and self-estrangement (Seeman, 1959). In psychological terms, alienation is linked to emotional detachment, social withdrawal, and reduced engagement with meaningful life activities. In social sciences, it also reflects broader systemic and structural influences that contribute to feelings of disconnection from work, community, or cultural norms (Fromm, 1955; Marx, 1844/1975).

Alienation can manifest in several domains among patients with chronic diseases:

- **Social alienation:** feelings of isolation or exclusion from social groups or community.
- **Occupational alienation:** disengagement or dissatisfaction with work-related roles and responsibilities.
- **Self-alienation (personal estrangement):** a disconnect from one's values, emotions, or authentic identity.
- **Cultural alienation:** a sense of dissonance between personal beliefs or behaviors and societal norms or cultural expectations.

**Neuroticism**, one of the most extensively studied personality traits, refers to the tendency to experience negative emotions such as anxiety, depression, irritability, guilt, and mood instability (Eysenck, 1967; Costa & McCrae, 1992). It represents stable individual differences in emotional regulation and sensitivity to stressors (John & Srivastava, 1999; Matthews, Deary, & Whiteman, 2003). Neuroticism is not inherently pathological but exists on a continuum where individuals vary in emotional responsiveness and vulnerability to stress.

In cognitive-behavioural perspectives, individuals high in neuroticism tend to exhibit maladaptive thought patterns, including rumination, catastrophizing, and negative self-evaluation, which can exacerbate emotional distress (Clark & Beck, 2012). Costa and McCrae (1992) further identified six sub-facets of neuroticism: anxiety, hostility, depression, self-consciousness, impulsiveness, and vulnerability to stress. High neuroticism is associated with frequent mood fluctuations, heightened emotional reactivity, and negative interpretations of life events.

Research has shown that alienation and neuroticism are often interrelated. Individuals experiencing higher levels of alienation may exhibit heightened neurotic tendencies, which in turn can amplify depressive symptoms and emotional distress (Kotov et al., 2010). In patients with chronic diseases, the continuous physical and psychological stressors may reinforce the interaction between alienation and neuroticism, affecting mental health, self-concept, and overall quality of life. Understanding this relationship is crucial for developing interventions aimed at improving emotional adjustment, reducing social isolation, and enhancing coping mechanisms among patients with chronic illnesses.

## OBJECTIVES OF THE STUDY

1. To study the relationship between alienation and neuroticism of patients of chronic diseases.

### HYPOTHESIS OF THE STUDY

1. There will be a positive correlation between alienation and neuroticism among the patients of chronic diseases

### RESEARCH PROCEDURE

#### Variables of the Study:

##### Correlational Variables

- a) Level of Alienation
- b) Level of Neuroticism

#### Sample Size and Selection Procedure:

A purposive sampling technique has been employed for the selection of participants in the present study. The total sample has consisted of 300 patients diagnosed with chronic diseases, selected from the Satara and Solapur districts of Maharashtra. Out of the total sample, 150 participants have been selected from patients diagnosed with diabetes. Similarly, 150 participants have been selected from patients diagnosed. The age range of the participants has been restricted to 30 to 60 years.

#### Operational Definitions:

##### a) Alienation:

In this study, the level of alienation among chronic disease patients has been measured using the Alienation Scale developed by Hardeo Ojha. Patients who obtained scores of 66 and above on the scale have been classified as having a high level of alienation. Those who obtained scores between 57 and 65 have been classified as having a moderate level of alienation. Patients who scored 47 and below have been classified as having a low level of alienation.

##### b) Neuroticism:

In this study, the level of neuroticism among chronic disease patients has been measured using the Neuroticism Scale developed by Ivan Scheier and Raymond Cattell and Prepared by K. Kapoor and S. D. Kapoor. Patients with Sten scores between 6.0 and 6.6 have been classified as having a high level of neuroticism. Those with Sten scores between 5.1 and 5.9 have been classified as having a moderate level of neuroticism. Patients with Sten scores between 5.0 and 4.1 have been classified as having a low level of neuroticism.

#### Data Collection Materials:

##### 1. Alienation Scale

In the present study, the Alienation Scale developed by Hardeo Ojha (2023) and published by the National Psychological Corporation, Agra, was utilized to assess the level of alienation among the participants.

##### 2. Neuroticism Scale

The Neuroticism Scale developed by Ivan Scheier and Raymond Cattell and Prepared by K. Kapoor and S. D. Kapoor (1974) is a standardized psychological tool designed to measure the level of neuroticism as an important personality characteristic among individuals. This scale is a self-report instrument administered in a paper-and-pencil format, making it appropriate for both individual and group testing situations. The instrument contains a fixed number of items, and commonly used versions of the scale include 40 items.

Histogram no.1 has illustrated the distribution of the dependent variable, Level of Alienation, among the 300 respondents. In the histogram, the horizontal axis has represented the scores of the level of alienation, whereas the vertical axis has shown the number of respondents falling within each score category. Based on the figure, the mean score of alienation has been 55.867, with a standard deviation of 8.599. The histogram has also included a normal curve line, which has closely followed the general pattern of the bars displayed in the graph. The overall arrangement of the bars has formed a bell-shaped pattern.

## STATISTICAL ANALYSIS AND RESULTS

Plot No. 1: Histogram Showing Normality of Alienation Scores

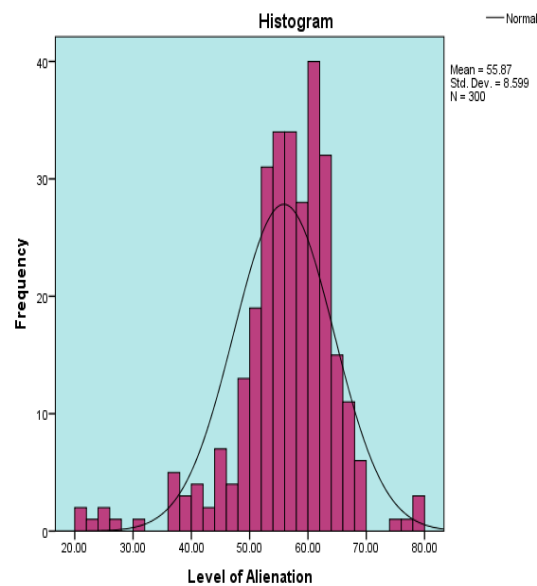


Table No. 1: Descriptive Statistics of Alienation Scores Based on Each Cell.

Chronic Diseases Patients	Gender Chronic Patients	Mean	SD	N
Diabetic Disease Patients	Male Diabetic Patients	55.840	6.083	75
	Female Diabetic Patients	54.680	9.354	75
	<b>Total</b>	<b>55.260</b>	<b>7.885</b>	<b>150</b>
High Blood Pressure Patients	Male High Blood Pressure Patients	57.640	9.206	75
	Female High Blood Pressure Patients	55.307	9.199	75
	<b>Total</b>	<b>56.473</b>	<b>9.246</b>	<b>150</b>
<b>Total</b>	Male Chronic Disease Patients	56.740	7.828	150
	Female Chronic Disease Patients	54.993	9.251	150
	<b>Total</b>	<b>55.867</b>	<b>8.599</b>	<b>300</b>

Table No. 1 has provided important information by presenting the mean and standard deviation values for groups that have been categorized according to both independent variables. In addition, the table has also included total rows, which have made it possible to understand the mean and standard deviation for groups divided by only one independent variable, as well as for the overall sample. This arrangement has helped in making meaningful comparisons across different groups.

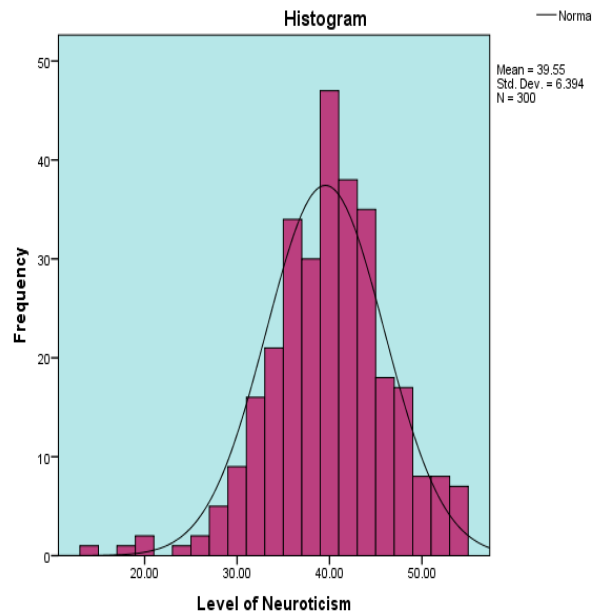
From Table No. 1, it has been observed that the mean alienation score of male diabetic patients has been 55.840, with a standard deviation of 6.083. On the other hand, female diabetic patients have shown a mean alienation score of 54.680, with a standard deviation of 9.354. Further, when both male and female diabetic patients have been considered together, the total mean score of diabetic patients has been 55.260, with a standard deviation of 7.885 on alienation.

With reference to high blood pressure patients, Table No. 4.8 has shown that male patients have obtained a mean alienation score of 57.640, with a standard deviation of 9.206. In comparison, female high blood pressure patients have recorded a mean score of 55.307, with a standard deviation of 9.199. When the scores of both male and female high blood pressure patients have been combined, the total mean score

has been found to be 56.473, with a standard deviation of 9.246 on alienation.

Similarly, considering the overall chronic disease group, it has been observed from Table No. 4.8 that male chronic disease patients have reported a mean alienation score of 56.740, with a standard deviation of 7.828. In contrast, female chronic disease patients have shown a mean score of 54.993, with a standard deviation of 9.251. When both male and female chronic disease patients have been taken together, the overall mean alienation score has been 55.867, with a standard deviation of 8.599.

#### Plot No.2: Histogram Showing Normality of Neuroticism Scores



Histogram No. 4.13 has presented the distribution of the dependent variable, Level of Neuroticism, among the 300 respondents. The mean score of neuroticism has been found to be 39.55, with a standard deviation of 6.394. The observed scores have ranged approximately from 14 to 55. This clustering of bars around the middle range has indicated that a large number of respondents have reported moderate levels of neuroticism. The pattern of the bars has formed a bell-shaped distribution, with the highest frequencies appearing around the average score and fewer cases appearing toward the extreme values.

**Table 2 : Shows descriptive statistics of the neuroticism on the basis of each cell.**

Chronic Diseases Patients	Gender	Mean	SD	N
Diabetic Disease Patients	Male Diabetic Patients	38.387	6.114	75
	Female Diabetic Patients	39.320	6.789	75
	<b>Total</b>	<b>38.853</b>	<b>6.455</b>	<b>150</b>
High Blood Pressure Patients	Male High Blood Pressure Patients	40.227	5.872	75
	Female High Blood Pressure Patients	40.267	6.697	75
	<b>Total</b>	<b>40.2467</b>	<b>6.277</b>	<b>150</b>
<b>Total</b>	Male Chronic Disease Patients	39.307	6.045	150
	Female Chronic Disease Patients	39.793	6.737	150
	<b>Total</b>	<b>39.550</b>	<b>6.394</b>	<b>300</b>

Table no. 2 is very useful as it provides the mean and standard deviation for the groups that have been split by both independent variables. In addition, the table also provides "Total rows, which allows means and standard deviations for groups only split by one independent variable or none at all to be

known.

From Table No. 4.14, it has been observed that the mean neuroticism score of male diabetic patients has been 38.387, with a standard deviation of 6.114. On the other hand, female diabetic patients have reported a mean score of 39.320, with a standard deviation of 6.789. When both male and female diabetic patients have been considered together, the overall mean score of diabetic patients has been 38.853, with a standard deviation of 6.455 on neuroticism.

With reference to the high blood pressure group, the table has shown that male high blood pressure patients have obtained a mean neuroticism score of 40.227, with a standard deviation of 5.872. Similarly, female high blood pressure patients have recorded a mean score of 40.267, with a standard deviation of 6.697 on neuroticism. When both groups have been combined, the total mean score of high blood pressure patients has been 40.247, with a standard deviation of 6.277.

Further, the table has also presented the combined statistics based on gender across both types of chronic diseases. It has been observed that male chronic disease patients have shown a mean neuroticism score of 39.307, with a standard deviation of 6.045. In comparison, female chronic disease patients have reported a slightly higher mean score of 39.793, with a standard deviation of 6.737. When both male and female chronic disease patients have been considered together, the overall mean neuroticism score has been found to be 39.550, with a standard deviation of 6.394.

**Table no. 3: Relationship Between Alienation and Neuroticism.**

		<b>Alienation</b>	<b>Neuroticism</b>
<b>Alienation</b>	Pearson Correlation	1	0.150**
	Sig. (2-tailed)		0.009
	N	300	300
<b>Neuroticism</b>	Pearson Correlation	0.150**	1
	Sig. (2-tailed)	0.009	
	N	300	300
**. Correlation is significant at the 0.01 level (2-tailed).			

Table no. 3 presents the Pearson product-moment correlation between the level of alienation and level of neuroticism among the patients of chronic diseases. The analysis was conducted on a sample of 300 respondents. From the table it is observed that the correlation coefficient ( $r$ ) between alienation and neuroticism is 0.150. This value indicates a positive relationship between the two variables. It suggests that when the level of alienation increases among chronic disease patients, the level of neuroticism also tends to increase. Although the strength of the relationship is relatively low, the direction of the relationship is positive.

The significance value (Sig. 2-tailed) is 0.009, which is less than the level of significance of 0.01. This indicates that the obtained correlation is statistically significant at the 0.01 level. Therefore, the relationship between alienation and neuroticism is considered meaningful and not due to chance. The analysis is based on a sample size of  $N = 300$ , which provides sufficient data to examine the association between the two variables. The positive and significant correlation indicates that patients who experience higher levels of alienation are likely to show higher levels of neuroticism.

Therefore, hypothesis no. 1, there will be a positive correlation between alienation and neuroticism among the patients of chronic diseases, is accepted. The findings suggest that alienation is significantly related to neuroticism among the patients of chronic diseases in the present study.

### CONCLUSIONS

The results of the correlational analysis have demonstrated that alienation has shown a positive and statistically significant relationship with neuroticism among chronic disease patients. Patients experiencing higher levels of alienation have also exhibited higher levels of neuroticism. Therefore, alienation has been established as a significant psychological correlate of neuroticism among patients with chronic diseases.

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