...I have a beautiful daughter and she is now 29 yrs. old. She has had seizures since the age of 5 and has been on many medications without success. As she grew older the seizures started to take a mental toll on her. This caused her to be depressed and feel unworthy. For a long time, she refused to look at herself in the mirror. I took her shopping for clothes, I fixed her hair, I tried everything to spark interest in her self but she just wanted to die. I became her therapist, her friend, her nurse and her companion as well. There were many nights that I held her in my arms and cried with her. Through love, understanding and therapy we came out of this phase...

...Many times dealing with our son’s condition is like having a door slammed in our face, whether by doctors, the school system or even the parents of other children; but we refuse to give up on our son and we’re still searching for a cure. Does anybody really care?...

...I think my sense of humour and the thought that somebody out there looks out for me, helps me and takes me through each new day with epilepsy....
Anecdotes such as these are not uncommon for people with epilepsy and their caregivers. Epilepsy or convulsions as they are commonly known is a major health problem in developed as well as developing countries. Research estimates indicate that globally, approximately 10% of the population will experience a seizure at some point in their lives (Hauser & Hesdeorffer, 1990). Not only is epilepsy seen synonymous with mental deterioration and insanity, it is also stigmatised and therefore looked upon with a hopelessness of outlook that leads only to pessimism and despair (Bridge, 1949). For many, it means a disgrace to the family background and a blot on the family pride that is to be hidden away from the eyes of the world and therefore epilepsy is often endured in secret or suffered in silence. Often epilepsy is thought of as something to be ashamed of, to keep from public knowledge and the unfortunate aspect being that there is no basis for the stigma that is often associated with epilepsy.
What sets epilepsy apart from other chronic diseases such as asthma or diabetes is the stigma attached to it that often leads to rejection and discrimination. Rejection is made apparent more so when persons with epilepsy seek education, employment, marriage, friendship etc. Very often these negative attitudes stem from a lack of knowledge about epilepsy and its manifestations.

Epilepsy can begin at any age but in almost 65% it begins before age 20 (Hauser & Hesdeorffer, 1990). Thus, it is most common during one's formative years. Ignorance and negative attitudes of parents and society have a cumulative detrimental impact on patients causing them to feel isolated, withdrawn and overprotected or neglected. Therefore the impact that epilepsy has on people’s lives goes beyond the experience of seizures themselves and imposes a large economic and social burden on our health care system.
Most children with epilepsy do not develop any differently than children without epilepsy. However, children who have frequent or severe seizures that remain uncontrolled or who are being treated with large amounts of Anti Epileptic Drugs (AED's) are known to experience some delays in development (Seidenberg et al. 1986). There are various factors that have a cumulative impact on developmental delays for the child with epilepsy. These delays in development are more pronounced in older children and in children with early seizure onset, with higher lifetime total seizure number and with multiple seizure types. Also according to a study conducted by Seidenberg et al (1990), those patients taking anti epileptic drugs had significantly lower scores on cognitive processes such as concentration, mental processing and alertness. Therefore children with epilepsy may be more susceptible to the adverse effects of both seizures and the anti epileptic medication that they are prescribed for the same. Hence it is important that knowledge about the condition, in this case epilepsy, is given to individuals in care giver roles e.g. parents and siblings and school teachers.
This is extremely essential to improve the overall quality of life for the person living with epilepsy.

Epilepsy being a chronic illness although neurological in nature also has enormous psychosocial implications. Epilepsy when chronic in nature is often long term and very often like other chronic diseases is not only long lasting and but also shows a slow progression. Depression, lack of self esteem, poor family relations and anxiety disorders are not uncommon for those living with epilepsy. It has been documented that people with epilepsy have higher rates of psychopathology than the general population. It is anticipated that this morbidity may be due to a reaction to chronic illness, cortical dysfunction and anti-epileptic medication (Smith et al., 1986).

Depression has been associated with epilepsy from the ancient times of Hippocrates. It has been documented as the most prevalent psychiatric disorder in epilepsy.

It occurs in up to 80% of epileptic patients (Robertson et al., 1987). There are various aetiiological factors, which contribute to the problem.
Psychological factors such as social stigma attached with epilepsy and the obvious discrimination, occupational difficulties, unpredictable losses of consciousness leading to a feeling of low personal control over life are some of the contributory factors. Also it has been researched that anti epileptic drugs may produce depression as a side effect e.g. Phenobarbital (Hirtz & Nelson, 1985). It is important that this kind of depression is diagnosed early and treated adequately as there is not only an impairment of quality of life, but also a potentially high suicide risk (Barracklough, 1981). Therefore it is important to identify and analyse the occurrence of depression in people with epilepsy to improve the overall quality of life and more importantly for proper treatment implementation involving various forms of psychotherapy.
Another question commonly associated with epilepsy is that do people with epilepsy have a particular type of personality that is different from others or an ‘epileptic personality’ as it is commonly called? Anecdotal evidence from parents of children with epilepsy suggests that it is a common observation that previous to the onset of seizures the behaviour of most epileptic children is considered somewhat over reactive, high strung or spoilt. Parents frequently describe a change in the child’s temperament. For example, common observations are that he becomes irritable, nothing satisfies him, his span of attention is short; he sleeps restlessly, demands his own way, or goes into a temper tantrum. Such instances are common amongst children with epilepsy and are enough to try the patience of the best of families. In such situation lies the basis for permanent personality disorders. A study conducted at the John Hopkins Epilepsy Clinic shows that, evidence of maladjustments of varying degrees were found in a large proportion of the children with epilepsy; and in many of them the course of the disease was influenced by the attention that the maladjustment problems received therefore indicating the need for
identification of behavioural and psychological problems and the need to intervene (Bridge, 1949).

It has been estimated that 20% of the patients with epilepsy are refractory (non responsive) to medication. Hence the illness not only becomes chronic in nature but the impact of epilepsy on a person's quality of life is tremendous (Murthy, 1999). It has been well documented that the experience of a chronic illness dramatically changes an individual's life and the life of the immediate family, which is often the primary care giver. In addition to a physical or cognitive disability, which could be an outcome, a chronic illness impacts one's emotional well being, financial status and interpersonal relationships amongst other things. It is not uncommon to hear that people with epilepsy often ask, "Why me?" or as in the case of the family 'Why my family member?' Therefore emotions such as anxiety, sadness, guilt and anger are commonly found in people and families where someone suffers from a chronic illness like epilepsy.
Also children with epilepsy see the disorder through the window of their parent’s eyes. How will epilepsy affect the child often depends on how epilepsy affects the parents. On hearing the diagnosis of epilepsy, parents are likely to go through a series of emotional responses e.g. shock, bewilderment, disappointment, hopelessness, guilt, anger and grief. It is known that family therapy as a form of intervention can help parents realize that life goes on and that the child with epilepsy and the family can enjoy life and flourish if the parents take a positive outlook towards the illness (Devinsky, 2002).

Epilepsy as a disease can be disabling due to the unexpectedness of the occurrence of a seizure. The restrictions imposed by it cause the individual with epilepsy and their family to re-evaluate their lives therefore the intervention for not only the afflicted member but for the whole family becomes even more important. The problems associated with epilepsy such as behaviour disturbances, overprotective and fearful attitude of the family, non supportive attitude of school authorities affect the individual and the family in a tremendous manner (Shah, 2000).
Regardless of the severity of the condition and the age, people with epilepsy need special attention to ensure that they have a positive outlook and that their self esteem remains intact (Devinsky, 2002).

Also it is significant to acknowledge that in day to day practice, physicians often hesitate to accept a psychological explanation for the physical symptoms of a patient. There is no doubt that when emotional reactions are aroused as a result of external circumstances or disease, the physical state of the body is also affected. Between the two there develops interplay of effects that often start a vicious cycle- the emotional reactions to physical disease causes additional physical changes that aggravate the symptoms of the disease. Hence it is important for medical professionals to be aware of both possibilities to plan the examination and the treatment of patients accordingly (Bluglass, 1991).
Therefore, research done in the field of epilepsy in relation to its psychosocial implications raises many questions. For example: Is it only medical compliance that is essential to control seizures? Can a comprehensive care module be developed that addresses the psychosocial implications of epilepsy? Do neurologists and medical professionals realise the need for psychotherapeutic interventions for people with epilepsy and their families?

It is questions like these that form the basis of the present investigation. The study presented in the following chapters is an evaluation of the differential impact of psychotherapeutic interventions namely Family Therapy (FT), Cognitive Behaviour Therapy (CBT), and Yoga which have been implemented as forms of intervention for management of epilepsy. The current study is one of the few studies conducted in India which focuses on the importance of psychotherapeutic interventions for effective management of epilepsy.
It is important to note that in a country like India; taking into considerations its population and the fact that the majority of its population lives below the poverty line, it is unlikely that treatment options go beyond medication (Mani, 1998). For some people living with epilepsy; there is no timely medical management. Therefore intervention with the family or psychotherapeutic interventions of any kind that would benefit the individual and which provides for a skill set to manage epilepsy better is only a prerogative of a few who live in cities.

Western literature in the past few decades provides an insight into the holistic management approach towards epilepsy which takes into account the psychosocial management of epilepsy and emphasises the importance of such comprehensive interventions. Studies done in the west provide for adequate evidence which indicates that majority of people with epilepsy can have their seizures managed successfully (Baker, 1997; Devinsky, 2002; Besag, 2004).
However there remains a proportion of patients who fail to achieve adequate seizure control even with modern anticonvulsant treatments using serum level monitoring\(^1\) and all other advances in medical technology. Also there are a significant number of patients either with or without continuing seizures who suffer from the neurological and psychosocial consequences of epilepsy. Important amongst these are cognitive and behavioural complications and their impact on the day to day living of the person with epilepsy. Therefore the need for psychotherapeutic interventions and its effectiveness needs to be researched in greater depth.

Further, according to the W.H.O./I.L.A.E, out of the 50 million people with epilepsy worldwide, 80% of them live in developing countries. The higher incidence (>1%) suggests that a different spectrum of causes is predominant, namely unhygienic conditions, poor ante and postnatal care, birth complications and malnutrition (Murthy, 1999). This can be prevented, to a large extent, through education and awareness of the condition itself.

\(^1\) Serum level monitoring tests for the level of drug/medication in the individual's body.
Therefore education on epilepsy is essential which also can be done through comprehensive modules conducted by the various Epilepsy associations in the different states reaching out even to the rural sector.

Therefore what emerges from the discussion above is that the goal of treating and helping individual's with epilepsy should be to attain the best quality of life with the fewest seizures (hopefully none), the fewest number of medicines, and the fewest side effects. It is evident from most studies that the population suffering from epilepsy is achieving only a miniscule part of this goal where in the overall quality of life and the escape from side effects are still uphill battles. Hence systematic and focussed programs are required to educate people about epilepsy which will eventually help form an aware and empathising society consequently alleviating the stigma associated with epilepsy. Also an evaluation of interventions programs is necessary in order to develop psychotherapeutic interventions, which are specific to the needs of the individual with epilepsy.
Where scientific literature related to these issues is concerned, Indian studies form a minute part of the vast research available internationally. Therefore it becomes imperative for professionals working in the field to systematically study epilepsy and its psychological implications in the Indian context and document it; consequently contributing to the immense literature available on the subject.

The study presented in the following chapters describes in detail the comprehensive psychotherapeutic intervention module implemented for individuals with epilepsy in the city of Mumbai. The module takes into consideration the specific needs of the individual with epilepsy based on the various psychological implications of the illness.

The study presented also evaluates the effectiveness of this module using different psychotherapeutic interventions (namely Family Therapy, Cognitive Behaviour Therapy and Yoga) in light of the psychological variables (namely depression, self esteem and family relationships) affecting people living with epilepsy.